

**REDUCING HEALTH DISPARITIES IN
SOCIAL WORK LICENSURE:
A Report to the Minnesota Board of Social Work**



**November 16, 2006
Submitted by
Colleen McDonald, MA
Program Consultant**

Acknowledgements

First, I would like to offer a special thank you to Jannina Aristy, Director of the Multicultural Specialty Provider Network (MSPN) for inviting the Committee to participate in MSPN's Community Roundtable Discussions, and for her editorial contributions to this report. MSPN provides a variety of services and programs to address individual and systemic barriers to building a diverse mental workforce through its Grow Our Own Initiative: Helping to Shape a New Workforce in Mental Health. It addresses barriers via three major components: Programmatic, Advocacy and Public Education. This initiative supports the President's New Freedom Commission's priority on workforce development in mental health, as it pertains to enhancing the availability of ethnically and racially diverse mental health professionals in order to contribute to the elimination of health disparities.

Second, I would like to thank all of the participants for taking the time to attend the roundtable discussions or participate in an interview. We have had interesting dialogues that have left me even more committed to ensuring an equitable process for licensure. Participating organizations include:

American Indian Family Center
College of St. Scholastica
Center for Families
Individual staff from Community-University Health Care Center
Hmong Mental Health Providers' Network
Institute for Minority Development
Minnesota African Women's Association
Staff from La Familia
Staff from CLUES

I would also like to thank current and previous ESL Committee Members who volunteered their time and resources including: Board members Peter Langseth, Casey Ladd Bowman & Ray Garza, Pam Luinenberg, Linda Gensheimer, Steve Maxwell, Randy Herman, Ralph Holcomb, Christine Black Hughes, David Zander, Kathy McGraw Schuchman, Vone and Mee Moua.

Finally, I would like to thank the Otto Bremer Foundation and the Greater Twin Cities United Way who provided funding for research performed by Ralph Holcomb, Ph.D.

Introduction

In the last three decades, the state of Minnesota has experienced unprecedented growth in immigrant and refugee populations arriving from Southeast Asia, the Horn of Africa, and Latin America, especially from Mexico, Central and South America, and to a lesser degree the Caribbean. While local, county and state governments have made progress in meeting the needs of the diverse populations, there still exists great disparity in the availability and quality of culturally appropriate mental health services for newcomers.

For growing ethnically diverse populations, available mental health services are limited and many mainstream providers often have difficulty meeting the Department of Human Service standards for culturally competent care. The workforce shortage and lack of culturally competent providers has prompted many community agencies and advocates to seek solutions to improve the array and depth of mental health services available in Minnesota for ethnic populations. Strategies have focused on increased training for mainstream providers on the use of interpreters, recruitment of social workers reflective of the communities they serve, and the development of ‘team’ models of care through the use of bilingual mental health practitioners paired with clinical providers (Hmong Mental Health Providers Network & Council on Asian-Pacific Islanders, 2002, HACER, 1999; Multicultural Specialty Provider Network, CUHCC).

Despite the implementation of these strategies, the workforce shortage of ethnically and racially diverse social workers still persists across cultural communities. Reports have outlined several reasons for this continuing shortage. In 2001, the Minnesota legislature enacted legislation to grant licenses to foreign born social workers through an alternative licensure option, and to explore the underlying causes for this disparity (Chapter 90, 2001 Laws). This report builds upon the work of earlier research to offer another view at the barriers to licensure, policy barriers and recommendations for the licensure process.

Prologue to the Statute

A concerned group of mental health social workers examined ways to increase the number of foreign-born social workers for whom English is a second language in 1999. In addition, other mental providers involved in serving ethnic communities have also examined the workforce shortage. While evaluating the number of licensed social workers, they discovered that foreign born applicants had a significant lower rate of passage for the social work licensure examination. Although all licensure exam applicants have completed a bachelor’s degree in social work at accredited universities or college, anecdotal evidence pointed to an estimated 32 percent difference between failure rates for foreign-born applicants for who English is a second language and other applicants. During the 2001 legislative session, the group requested that the state of Minnesota conduct an in-depth evaluation to quantify the disparity and determine the root causes of this disparity. The state of Minnesota responded by commissioning the Board of Social Work to hire an independent researcher to examine the licensure exam failure for foreign-born applicants for who English is a second language.

ESL Committee

To monitor progress on this issue, the Board set up a subcommittee, informally called the ESL committee, to continue efforts to ensure an equitable licensure process. The committee has various members including social work educators, a representative from the Coalition of Social Workers, MN Social Work Board Members, and Directors from community agencies, such as Multicultural Specialty Provider Network (MSPN), WISE, and Wilder. The committee meets bimonthly; generally the day prior to the Minnesota Board of Social Work's meeting. Membership is open, and anyone can attend the meeting.

Report On Disparity in Passage Rates

Dr. Holcomb's report (September 2004) did confirm a disparity in passage rates for foreign born applicants. Additionally, Dr. Holcomb's findings discovered that foreign born applicants were not alone in experiencing disparities in passage rates. His research pointed to significantly lower rates of passage for all minority candidates as compared to their White counterparts.¹

Race/Ethnicity	Fail Rate	Passage Rate
African American	37.9%	43.4%
Asian/Pacific Islander	53.6%	29.8%
Caucasian	6.1%	80.9%
Hispanic	26.4%	50.7%
Multi-Racial	--	100%
Native American/Alaskan Native	20.3%	53.7%
Race Not Report	9.3%	76.9%

What are the underlying causes of this disparity? Dr. Holcomb found that a variety of factors contributed to the disparities in the passage rates for foreign born applicants. These factors (2004) included:

- Exam format
- Exam construction
- Educational system
- Language
- Cultural orientation
- Individual attributes

¹ Statistical analysis does not reflect unduplicated tests only tests taken, therefore an applicant could have taken the exam a number of times. This table is adapted from his report, page 12.

Dr. Holcomb recommended that the Board review alternative licensure options, such as the Texas model of alternative licensure (2004). He also called for an exploration of how the structures around the examination: the educational system; opportunities for support and preparation; and, the structure of the exam itself might explain exam failure.

Research performed by Dr. Gensheimer documents how Hmong mental health providers struggle with the complexity of navigating cultures and systems to provide quality care to their community members (2006). The study demonstrates how Hmong mental health providers “work from a place of embeddedness within Hmong culture” (24) that is critical to providing effective mental health services to their community members. This *embeddedness* within culture has several implications for the social work educational process and employment in the field. Interviewees discussed how their Western training didn’t provide them with the tools that they needed, and how they had to make large adaptations from what they learned in social work programs to provide quality and effective care in their community. Moreover, they spoke about the difficulty practicing in a system that doesn’t place the same importance on certain cultural values (concept of time or family connections) key to Hmong engagement in care and expectations of service. Mainstream providers attempting to provide care to members of the Hmong community often have limited specific cultural information that impedes their work and their effectiveness. The study outlines recommendations for changing the mental health system and the education of providers (both mainstream and Hmong) to better serve the Hmong community and others from high context cultures.

Activities Engaged By the ESL Committee and the Minnesota Board of Social Work

The first year of meeting, the ESL Committee’s activities primarily focused on raising funding to hire the independent researcher as outlined in the statute, discussion around the alternative licensure option that was enacted under this statute and monitoring the progress of the findings from the study. When Dr. Holcomb released his report and recommendations, the ESL Committee then focused its efforts on the many issues raised in the report and discussed how to ensure an equitable process for foreign born applicants. The ESL Committee pursued various possible solutions and attempted to engage stakeholders, including the Association of Social Work Boards (ASWB). Efforts included:

- Completion of a literature review on standardized examinations and cultural issues for tests as it pertains to licensure.
- Exploration of alternative licensure options through interviews with states that utilized alternative licensure options. Testing methods were looked at under the guiding principles of feasibility to the Board and the applicant, and whether or not the methods evaluated the competencies upheld by the Board.
- Meetings with ASWB to learn about the test-writing process and possibilities to ascertain more information about which sections of the test that foreign born applicants had demonstrated higher rates of failure.

- Meeting with the Hmong Mental Health Providers' Network around the licensure issue and Dr. Holcomb's report.
- Discussions with social work educators who served on the committee around how education programs can better prepare foreign born licensure applicants.

The Multicultural Specialty Provider Network (MSPN), a member of the ESL Committee representing a non-profit organization involved in capacity building of diverse providers, invited the Board's Committee to partner in a series of Roundtable Discussions. These stakeholder meetings were part of their major workforce development initiative, the *Grow Our Own Initiative, Helping to Shape a New Workforce in Mental Health*. Funded by the Saint Paul Foundation and the Bigelow Foundation, the purpose of these roundtable discussions were to identify the barriers experienced by diverse social workers in Minnesota throughout the licensure process and identify recommendations in order to craft a policy agency for legislative reform inclusive of the communities experiencing disparities in passage rates.

MSPN organized roundtable discussions to engage communities in finding ways to increase the number of ethnically and racially diverse social workers. As a program consultant to the Board, I collaborated with Jannina Aristy from MSPN to hold four community roundtables at American Indian Family Center, the Institute of Minority Development, Center for Families, and the Neighborhood House.

Throughout these discussions, the ESL Committee made a commitment that the communities who will be impacted by the policy recommendations should be engaged. The Committee had difficulty engaging foreign born social workers in the past since these social workers are often overburdened as one of a few licensed social workers serving their communities, and often are distrustful of government systems. A partnership between MSPN and the Committee was of key value to ensuring stakeholder input and guiding a legislative proposal for this population.

The purpose of the ESL committee's participation in the community roundtables was twofold: 1) To disseminate the findings identified in Dr. Holcomb's report submitted to the Minnesota Board of Social Work; and 2) to dialogue with the impacted communities about what the Board could do to ensure an equitable licensure process. Initially, the ESL Committee chose to widen its community roundtable discussions to include American Indian and African American social workers or practitioners since Dr. Holcomb's report demonstrated a disparity for all ethnic groups except Whites.

After presenting preliminary findings from these discussions at the July board meeting, the Board requested that I focus my efforts on dialoguing with foreign-born social workers per the statute, and that I engage participants in Greater Minnesota since all the roundtables took place in the Twin Cities metropolitan area. Given the time constraints and difficulty finding host sites, I interviewed social workers, social work educators and other parties via the telephone. These interviews primarily focused on foreign born social

workers, some of whom had taken the exam and a few who had utilized the alternative licensure option.

Methods Utilized

The total number of participants who engaged in the roundtable format or individual interviews is forty-eight. This number includes participants from the Hmong Mental Health Providers' Network conducted a few months prior to these roundtables. The number of foreign born applicants interviewed comprised 50% of the total participants; minority and American Indian participants comprised 42%². The remaining 8% of participants included social work educators and mental health professionals who worked throughout the State on immigrant and refugee mental health issues, social work educators, and other interested stakeholders. Eighty-six percent came from the Twin Cities metro area, 14% came from Greater Minnesota. Notes from interviews and the roundtables were transcribed and grouped utilizing a content analysis method. After reading through the data three times, I developed categories through inductive classification. I grouped the data according to these dominant categories:

- ❑ Factors contributing to disparity in licensure rates
- ❑ The concept of cultural competence as it relates to the social work field and its implications for evaluation
- ❑ Recommendations and suggestions to 'bridge' the disparities for licensure applicants

The Board requested that I present the findings from the foreign born social workers, separate from findings from the roundtables held with American Indian and African American participants. Since the Board was charged by the statute to only examine foreign born applicant issues, they wanted the findings to be presented separately. The Board also requested that I report the findings from the Twin Cities metropolitan area versus Greater Minnesota to capture the differences and/or similarities experienced by diverse social workers working and living in these areas.

Limitations of this Report

This document does not constitute a rigorous qualitative research report, rather this report carefully summarizes issues and recommendations put forth by the participants and key informants in an effort to engage the greater Minnesota community. Throughout these discussions, the consultant offered some solutions as was being discussed in the ESL committee. Therefore, many participants did not have knowledge of all available options due to timing and the ongoing work of the ESL committee.

² The number seems high because one of the two focus groups for the other groups had an overwhelming turnout.

Findings

Foreign Born Applicants

Foreign born social workers supported Dr. Holcomb's findings in regards to the barriers facing foreign born social workers taking the exam.

The multiple choice format for the exam posed particular problems for foreign born applicants, who come from systems that did not value or utilize multiple choice questions as a common evaluation method. Many stated that the questions on the multiple choice exam were convoluted and particularly difficult for foreign born applicants who haven't had as much practice with these types of exams as compared to their American counterparts. For the majority of foreign born applicants who had attended school in other countries, multiple choice exams were not utilized as a means of evaluating student's performance.

"Multiple choice exams were evaluation methods used during primary school grades, and that essay and oral exams were the norm past these grade levels. The more advanced one goes in schooling, the less one utilizes multiple choice...instead essays and oral exams are employed to measure higher level thinking."—Participant

These comments were voiced by foreign born applicants from countries spanning different continents, including Peru, Cameroun, Laos, and Somalia. For foreign born applicants who attended schools in Europe, Italian and French higher education institutions did not utilize multiple choice methods either; oral examination and essays served as the primary methods of evaluation.

The foreign born applicants expressed anxiety at taking the exam given the format. American students are quick readers, one respondent stated, and we are not used to taking this kind of exam. Suggestions around changing the format included having headings that indicated where the questions were coming from, so that they can have feedback on these areas. Applicants felt that this would also assist them in preparing to take the exam the second time. Having the ability to go back and look at answers would also be helpful, two respondents felt. The test, they felt, differed from class work and what they learned in the classroom was not what was on the exam.

Foreign born applicants spent considerable time discussing the role of culture in social work practice, cultural competency and how to measure cultural competency in an examination format. Overwhelmingly, the foreign born applicants felt the exam inadequately addressed cultural competency as a critical skill for prospective social workers.

"When looking at health disparities, are social workers who are working within diverse populations being tested? Are they adequately prepared?"—Participant

"We want the exam to be more representative of the communities involved in being served."—Participant

"We have to accept that this is a multicultural world. One size does not fit all."
—Participant

The exam had limited examples of working across cultural groups and did not look at cross-cultural themes such as acculturation. The focus of these discussions centered around the participants' desire to move beyond limited stereotypes or 'cultural archetypes' that are often superficial and false, towards a deeper evaluation of cultural competency that integrates both culturally specific information and guiding principles. One example given of a 'cultural archetype' involved one vignette that asked about Latina issues and specifically focused on a profile client from Puerto Rico:

“Not all Latinas have the same issue, nor the same culture, there are many variations between our countries and our experience. I come from Peru and Puerto Rico is a completely different cultural context.”—Participant

Foreign born applicants agreed that there should be some form of measurement. However, at least five respondents stated that passing the exam does not ensure that they are competent practitioners because the exam doesn't measure what is intended. When discussing possible alternative options, only a handful of participants viewed the alternative licensure option as 'being a second class social worker'. All of the participants supported a mixed method exam with oral questions, short answers or essay questions. If these options were not feasible, they overwhelmingly supported the alternative licensure option.

Twin Cities Metro Region vs. Greater Minnesota

The seven key informants interviewed from Duluth, Rochester and others who work across the State of Minnesota echoed the comments of Twin Cities Metro Region. The shortage of culturally competent mental health services and insufficient training for existing providers constitutes a major access issue to mental health services for foreign born populations living in Greater Minnesota.

Very few foreign born providers are available, and mainstream providers need training and education. As one social work educator eloquently stated:

“The educational system needs to take a serious look at their curriculum around preparing their students on diversity...there is a push in the field to infuse more globalism and internationalism...it would be helpful to foreign born and American born social workers to look at situations from multiple perspectives.”

Of the five key informants interviewed, all agreed with an alternative licensure option that included increased supervision. Since there are so few licensed social workers residing in Greater Minnesota, many social workers work for county agencies like many foreign born social workers do in the Twin Cities. The workforce shortage experienced in the Twin Cities becomes amplified in Greater Minnesota, particularly in areas such as Owatonna or Wilmar that have experienced an influx of New Americans moving to work at manufacturing plants or other industries. The infrastructure and training opportunities for social workers working in these areas remains limited and, in some cases, inadequate.

African American and American Indian Groups

The educational system, the shortage of culturally specific providers and the need to build a culturally diverse workforce were some of the dominant themes discussed in these two community roundtables. Some participants gained a better understanding of the role of licensure and how it can and does benefit their respective communities. At least four participants spoke of the prohibitive cost to pursue studies and to take the exam.

Participants also spoke of how the educational system needs to have greater minority representation and more information available about the licensure process:

“The licensure process is intimidating and ‘a mystery.’ It is intimidating to prepare without many resources. In taking the sample test to prepare the questions were biased and inaccurate about our community.” –Participant

Many students who completed social work programs stated that they did not receive enough information about the licensure process, why licensure is important and how to take the exam during their studies. Participants said that often significant time lapses between when the student takes the exam and finishes their schooling. When trying to work, go to school and pay for supervision, cost becomes an issue to retaking the exam and to completing the licensure requirements. Participants recommended a better connection between education and licensure.

American Indian and African American participants from these roundtables voiced many of the exam issues that the foreign born participants brought forth, including concerns about the construction of the exam:

“Who is the representative from the American Indian community? How acculturated are they?” --Participant

To measure cultural competency, some tribal reservations have required potential social workers to pass a certification program to measure their understanding of American Indian cultural and tribal groups to work on the reservation. Several participants felt that evaluation of cultural competency and social work skills should be conducted in a real-life setting, because as one respondent stated, “On paper it is easier to measure skills than in a clinical setting.” Participants proposed looking into additional clinical supervision as a way to measure cultural competency.

Participants agreed that short answer or essay questions would be a fair way of evaluation. Clinical supervision was also viewed as an equitable way to evaluate a social worker’s skills although there were very few licensed American Indian or African American social workers who could offer case consultation. Participants in the American Indian community roundtable discussed the development of weekly group supervision by an American Indian licensed social worker for American Indian social workers in the Twin Cities. Culturally specific supervision remains difficult to find due to the workforce shortage.

Participants from these roundtable discussions appreciated the Board's efforts to engage them in the licensure discussion. Participants requested that the Board consider expanding the alternative licensure option to include their communities who also are experiencing disparities in the passage rates per Dr. Holcomb's report.

Conclusions

The discussions from these dialogues support Dr. Holcomb's report that outlined the factors leading to disparities in social work licensure for foreign born applicants.

Furthermore,

- **Groups expressed overall support of an alternative licensure option.** Ninety-five percent of participants questioned supported the alternative licensure option if other options were not available. While all participants did not have all the available alternative options in front of them, participants overwhelmingly supported the addition of supervision and/or a change in exam format.
- **Participants who are people of color, immigrants, refugees or American Indians universally spoke of how culture impacts the exam passage rates and also how the licensure process does not measure applicant's abilities to provide culturally competent care.** Clinical supervision, or supervised work in a 'real setting' emerged as one solution to measure cultural competency since the ability to take a test might not measure one's skills in providing care to diverse clients.
- **Participants alluded to the complexity of the issue and spoke of the need to look at all aspects of the process.** Participants recommended involving higher education, communities, consumers and the ASWB.

Participants valued the Board's action and desire to look into this issue. For many participants this opportunity served to bridge the gap between policy and practice, or what is taking place in the community. The Board has acted in a different capacity on this issue, and the participants expressed their appreciation in being consulted and hoped to continue to be engaged in the process.

Recommendations

Based on the work of the ESL committee, the findings of the MSPN roundtable discussions and the key informant interviews and meetings that I held, I recommend the following next steps:

- Pursuance of a provisional licensure option that would become a permanent licensure option following the satisfactory completion of additional clinical hours under supervision for all licensure levels (LGSW, LSW, LICSW) for foreign born

applicants.

- Expand the provisional licensure option for other minority groups (American Indians and African Americans) who are experiencing disparities in passage of the exam as indicated in Dr. Holcomb's report.
- Collaborate with social work education programs to bridge the gap between the licensure process and the educational process. Particular attention should be paid to recruiting prospective social workers from communities experiencing a shortage by raising community awareness early on in a student's career. Efforts to recruit students could take place as early as high school.
- Continued advocacy for examination change, particularly around the evaluation of cultural competency, at the national ASWB level since this issue is not limited to the state of Minnesota. Two states have expressed interest in working with Minnesota to address this issue.
- Invite promising programs that might assist in increasing foreign born applicants and other applicant's passage rates on the exam to come and speak to the Board as their findings emerge.
- Involving consumers in the Boards' decision making processes by working with NAMI, MHA or other organized consumer groups to ensure that the communities served have adequate representation. Since the Board's role is to protect the consumers, the Board should engage consumer groups to ensure that the communities being served have adequate protection and that all social workers follow the code of ethics.
- Maintaining a committee structure that may or may not be independent of the Board to continue work on the multi-faceted addressing the shortage of mental health services for Minnesota's growing minority, immigrant and refugee populations.

Everyone involved in the committee's work and the participants have struggled to define the many issues affecting the licensure process. Ensuring equitable access for all social work licensure applicants is one major step in building the state's capacity to provide for the mental health needs of all Minnesotan residents.

Works Cited

Holcomb, R. (September 2004). *An Investigation into Alternative Licensure*. A Report to the Minnesota Board of Social Work.

Gensheimer, L. (2006). "Learning from the experiences of Hmong mental health providers." *Hmong Studies Journal* 2006, 7:1-31.