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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

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.

Source: Minnesota Board of Social Work, October 2019. Analysis done by MDH. Percentages are based on 14,353 actively licensed social workers who provided valid birth dates to the licensing board.
 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.
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.

Source: MDH Social Worker Questionnaire, 2018. Respondents could select as many languages as applicable, but were instructed not to include languages spoken only through an interpreter. The chart is based on 4,383 valid survey responses.
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.

Source: MDH Social Worker Workforce Questionnaire, 2018. Percentages are based on 5,292 valid responses.
Education: Graduates by Institution

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.

### Social Work Graduates (Bachelor’s and Above), by Institution and Year

<table>
<thead>
<tr>
<th>Region</th>
<th>Institution</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>Saint Cloud University</td>
<td>92</td>
<td>98</td>
<td>102</td>
</tr>
<tr>
<td></td>
<td>College of St. Scholastica – Duluth</td>
<td>108</td>
<td>84</td>
<td>102</td>
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<tr>
<td></td>
<td>University of Minnesota – Duluth</td>
<td>41</td>
<td>45</td>
<td>61</td>
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<tr>
<td>Northeast</td>
<td>Bemidji State University</td>
<td>31</td>
<td>31</td>
<td>35</td>
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<tr>
<td></td>
<td>Concordia College – Moorhead</td>
<td>19</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Minnesota State University - Moorhead</td>
<td>69</td>
<td>94</td>
<td>61</td>
</tr>
<tr>
<td>Northwest</td>
<td>Minnesota State University – Mankato</td>
<td>90</td>
<td>93</td>
<td>92</td>
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<tr>
<td></td>
<td>Saint Olaf College</td>
<td>10</td>
<td>17</td>
<td>107</td>
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<tr>
<td></td>
<td>Winona State University</td>
<td>107</td>
<td>84</td>
<td>107</td>
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<td>Southeast</td>
<td>Southwest Minnesota State University</td>
<td>25</td>
<td>15</td>
<td>12</td>
</tr>
<tr>
<td>Twin Cities</td>
<td>Argosy University</td>
<td>13</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Augsburg College</td>
<td>23</td>
<td>19</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>Bethel University</td>
<td>24</td>
<td>20</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Metropolitan State University</td>
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<td>41</td>
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<td>North Central University</td>
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<tr>
<td></td>
<td>St. Catherine University</td>
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<td>204</td>
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<tr>
<td></td>
<td>University of Minnesota – Twin Cities</td>
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<td>130</td>
<td>134</td>
</tr>
<tr>
<td></td>
<td>University of St. Thomas</td>
<td>160</td>
<td>145</td>
<td>175</td>
</tr>
</tbody>
</table>

**Total** | **1,128** | **1,115** | **1,199**

*The table above includes only degrees at the Bachelor’s level and higher.*
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.

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 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’ Primary Work Settings

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

Source: MDH Social Worker Workforce Survey, 2018. The survey includes questions on both the “primary” and “secondary” settings in which providers work. For the purposes of the analysis in this section, we present data only on the setting social workers reported as their “primary” setting. The chart above is based on 4,579 valid responses.
Social Workers at Work: Specialties

Social Work Specialties in Minnesota

- Mental and Behavioral Health: 52%
- Aging: 21%
- Family and Child Welfare: 21%
- Adolescents: 19%
- Medical Healthcare: 18%
- School Social Work: 16%
- Developmental Disorders and Disabilities: 14%
- Addictions: 10%
- Diversity, Discrimination, and Poverty: 9%
- Community Organizational: 6%
- Research, Education, and Policy: 4%
- International: 1%
- Other: 10%

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.

Source: MDH Social Worker Workforce Survey, 2018. Percentages are based on 5,309 valid responses. Respondents could select all specialties that applied; therefore, the total does not equal 100.
“How often do you provide clinical training, precepting, or supervision to students, interns, or residents?”

- 56% Never
- 31% Occasionally
- 10% Frequently
- 4% All the time

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

Source: MDH Social Worker Workforce Survey, 2018. Percentages are based on 4,392 valid responses.
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.

Source: MDH Social Worker Workforce Survey, 2018. Percentages are based on 4,392 valid responses.
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.
“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)?

- Informal learning on the job: 38%
- Formal on-the-job training: 23%
- Continuing education/professional development: 21%
- Formal educational coursework or training: 18%
- Does not apply to my job: 1%
- None: 1%

- 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 provide 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).

Source: MDH Social Worker Workforce Survey, 2018. Percentages are based on 5,293 valid responses.
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.

Source: MDH Social Worker Workforce Survey, 2018. Percentages are based on 4,854 valid responses.
Two ways to present geography

By State Planning Areas

By rural-urban commuting areas (RUCAs)

For more information:
http://apps.deed.state.mn.us/assets/imi/areamap/plan.shtml

For more information:
https://www.health.state.mn.us/data/workforce/method.html#ruca
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 populated 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.
Geographic Distribution: by Rurality

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

- **Metropolitan**: 427
- **Large Town**: 442
- **Small Town Rural**: 491
- **Isolated Rural**: 1,138

- 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.

Source: Minnesota Board of Social Work, August 2019. MDH cleans and geocodes all addresses to identify location of practice. Analysis based on 11,957 valid Minnesota business addresses.
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](http://www.health.state.mn.us/data/workforce/method.html))
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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Suggested citation: Social Worker Fact Sheet, December 2019. Minnesota Department of Health, Office of Rural Health and Primary Care