

# The Minnesota Social Work Workforce

## Findings from the 2022 MDH Workforce Survey

---



Presented to the MN Board of Social Work, July 21, 2023

Teri Fritsma, Lead Healthcare Workforce Analyst  
Teri.Fritsma@state.mn.us

# About MDH's Healthcare Workforce Analysis Group

---



We are within the Health Policy Division > Office of Rural Health & Primary Care

- Through legislative mandate, we survey nearly all licensed healthcare providers at the time they renew their license.
- Our work informs: legislation, professional associations, post-secondary institutions, licensing boards, work groups, other research, and media.

# What data do we collect and analyze?

## EVERY SURVEY CYCLE

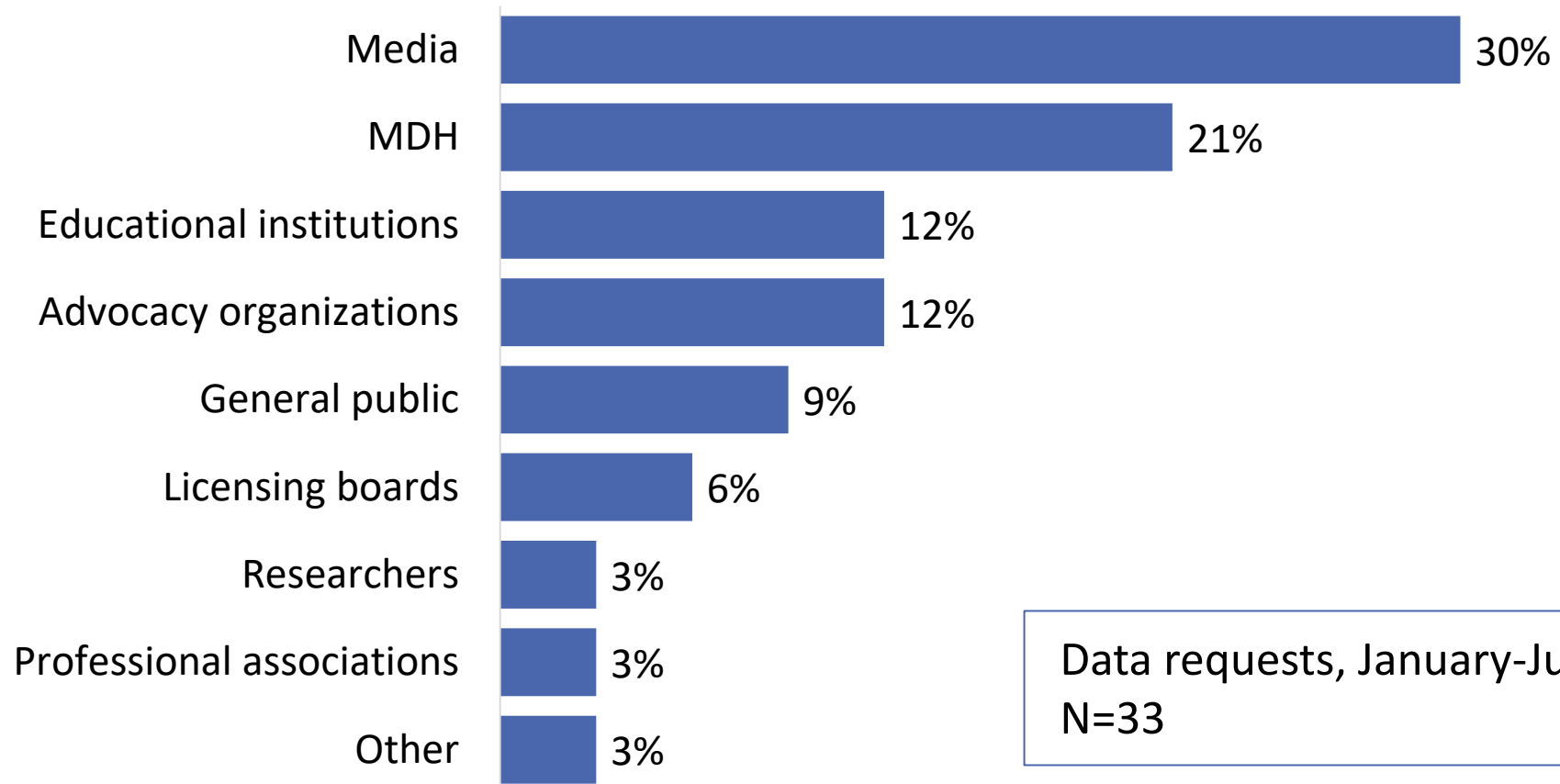
- Demographics—race, age, sex
- Language(s) spoken in practice; cultural competence
- Education and preparation
- Work location / practice characteristics
- Hours worked
- Future plans (e.g., retirement, career mobility)

## SPECIAL MODULES THAT CHANGE YEARLY

- What entices people to supervise/precept
- Use of telehealth
- Job satisfaction / burnout
- What motivates people to practice in rural areas.
- (We're open to new ideas for the 2024 cycle!!)

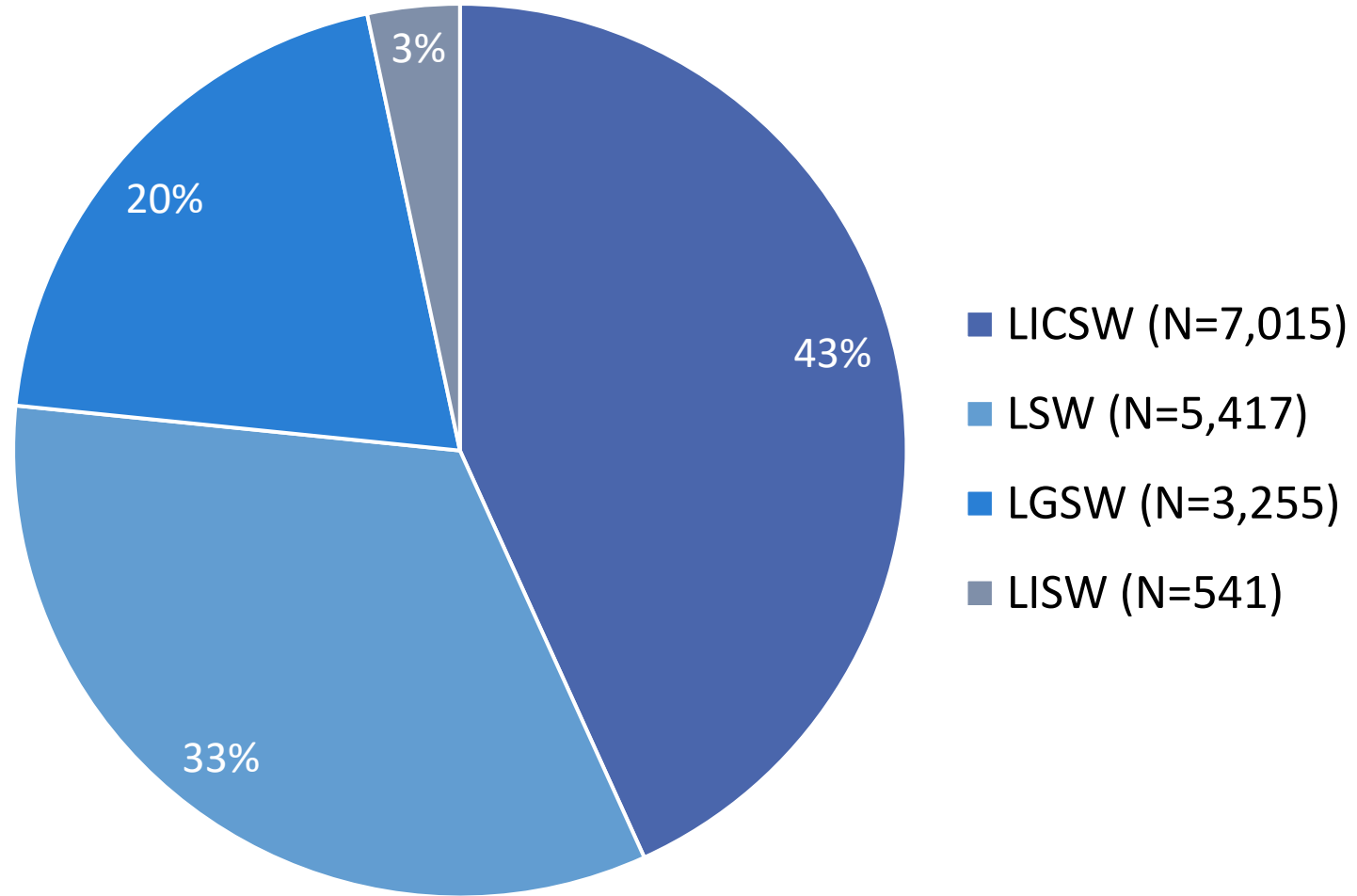
# Data requests so far in 2023 came from...

---

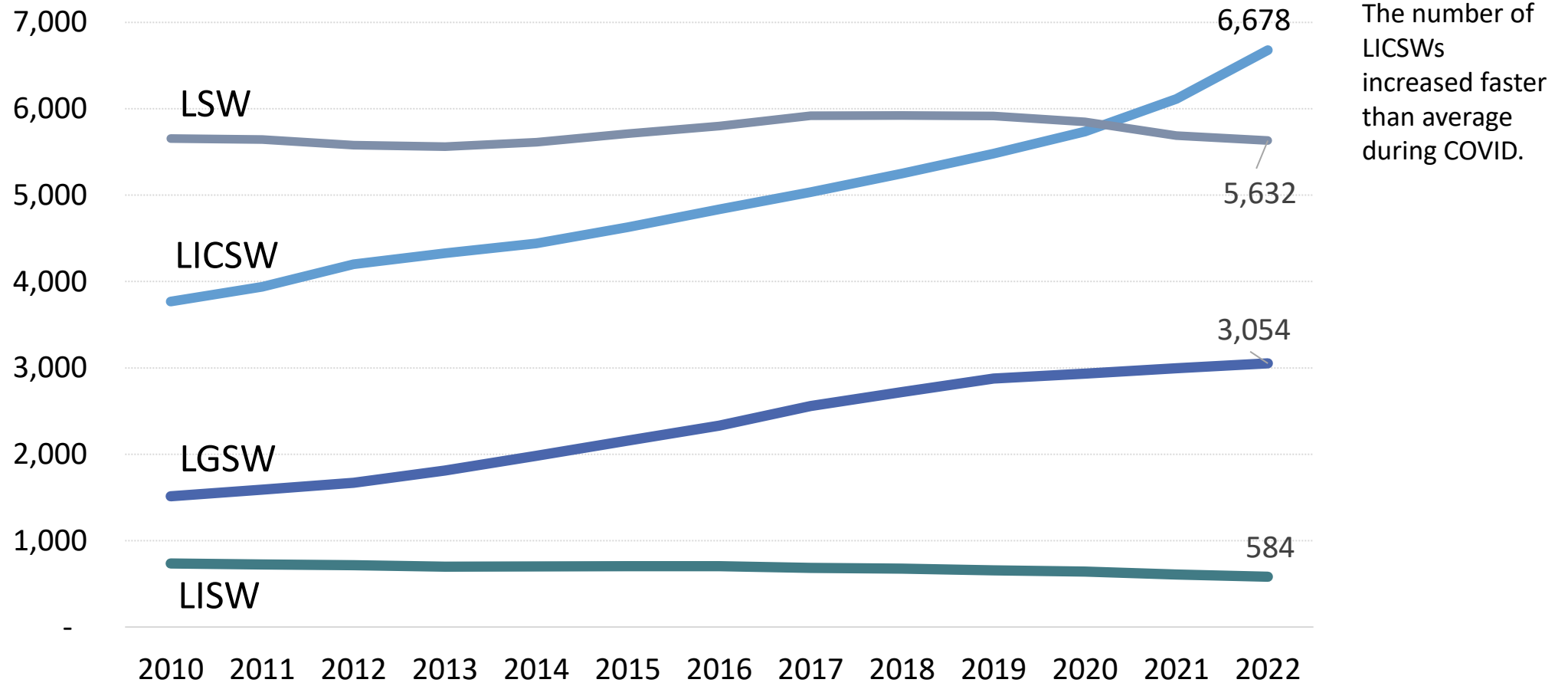


# Actively licensed social workers, July 2023

---



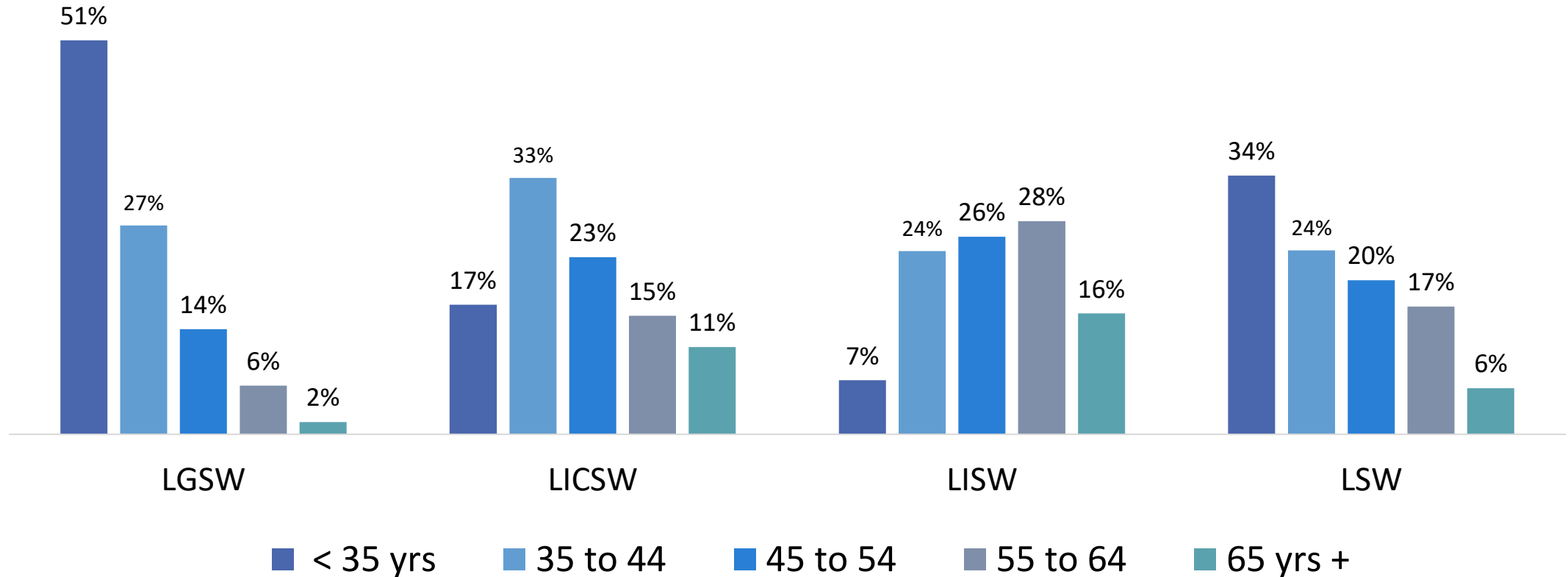
# Estimated\* number of social work licensees, 2010-2022



Data source: MDH analysis of the Minnesota Board of Social Work data. \*Please note: these are not exact historical counts, but are based on an analysis of the number of people who had active licenses at any point during each calendar year. Official counts could differ.

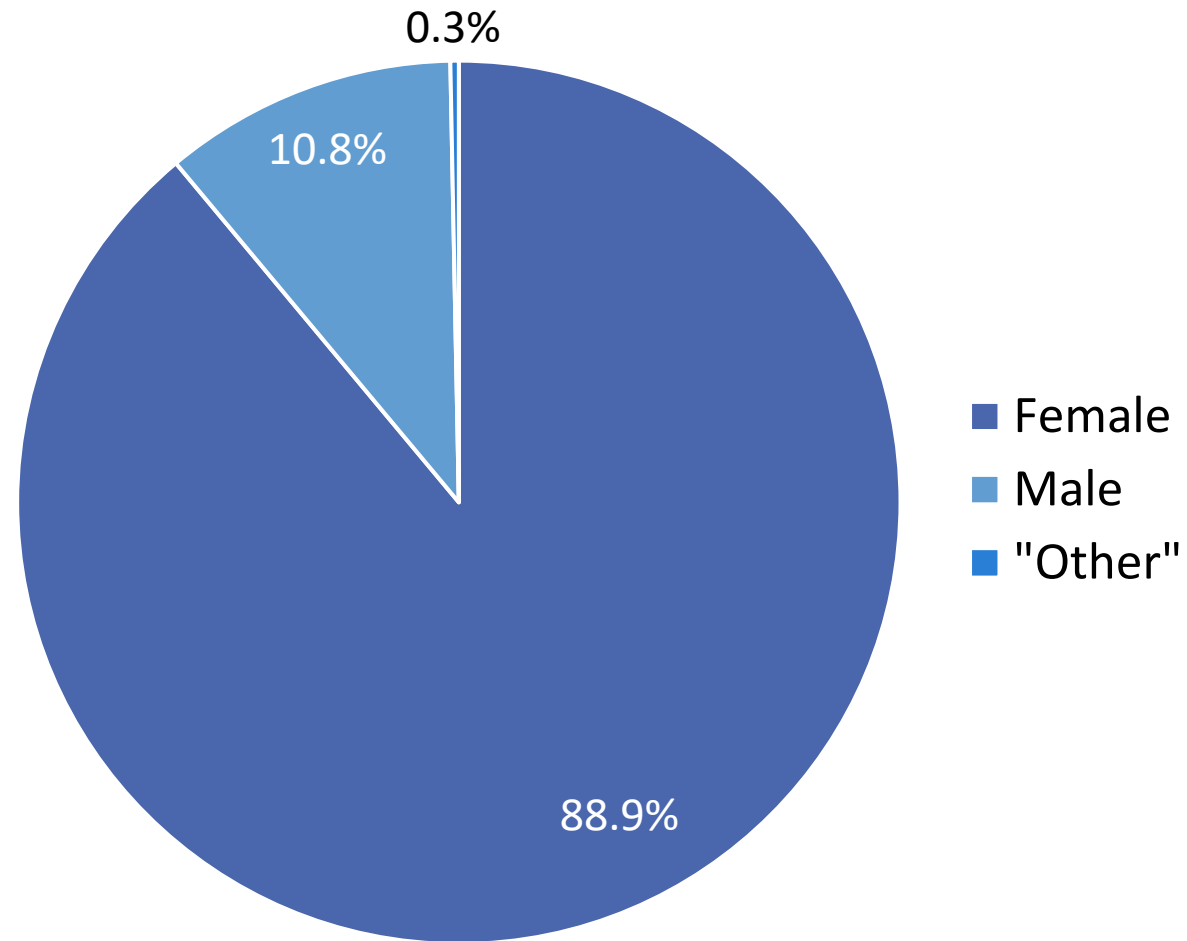
# Age ranges, by social work license type

---



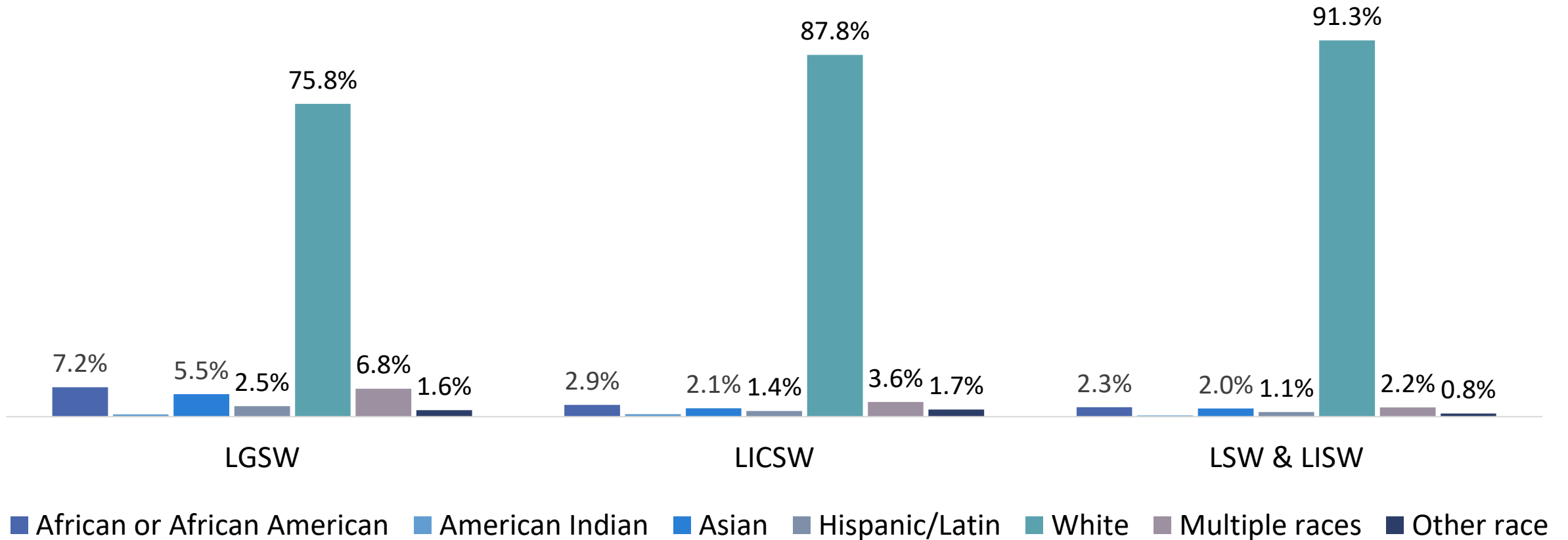
# Gender, all social work license types combined

---



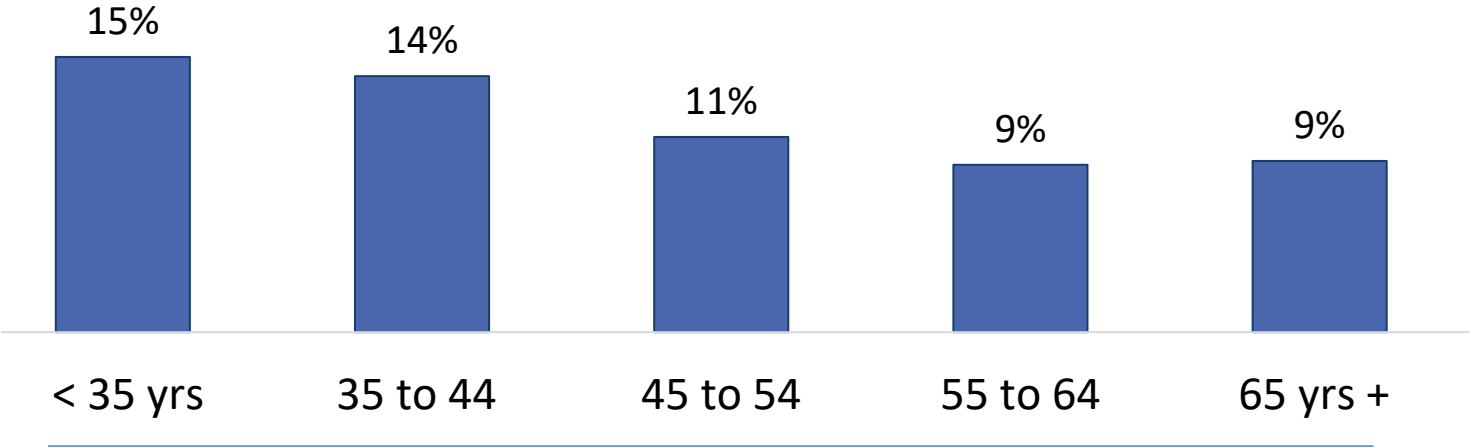


# Race and ethnicity of licensed social workers



# Racial diversity of social workers, by age category

---



Share of non-white licensed social workers, by age group

Data sources: Share of non-white social workers comes from the MDH Healthcare Workforce Survey (Social Workers only), administered from February 2022 through February 2023. The share of graduates of color in Minnesota comes from the Integrated Postsecondary Educational Data System (IPEDS). The share of non-white Minnesotans comes from the Minnesota Compass: <https://www.mncompass.org/topics/demographics/race-ethnicity#:~:text=22%25%20of%20Minnesotans%20are%20people,and%20two%20or%20more%20races.>

# Share of social workers who speak other languages in their practices

---

*“Other than English, what languages do you personally speak in your practice?”*

Spanish	2.8%
Hmong	0.7%
Somali	0.7%
Sign Language	0.4%
Arabic	0.1%
Lao	0.1%
Oromo	0.1%
Swahili	0.1%
Vietnamese	0.1%
Serbo-Croatian	0.0%
Russian	0.0%
Other	1.1%

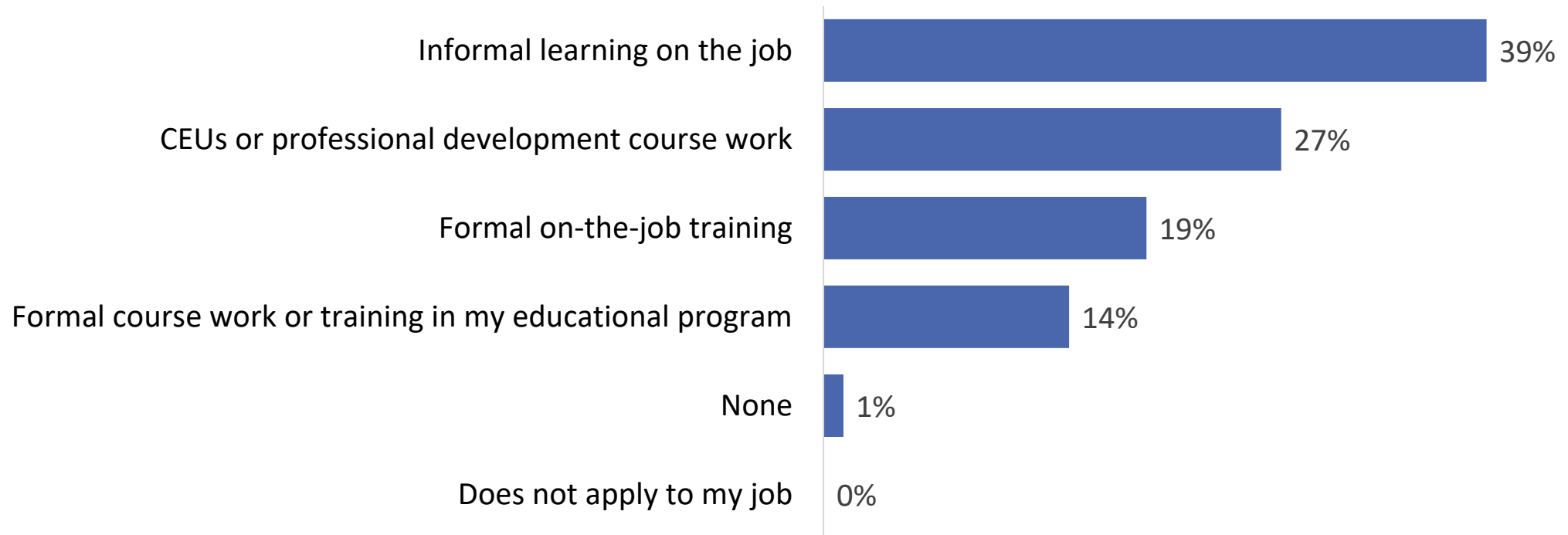
*“Which of the following underserved patient groups do you serve on a **daily basis**, if any? (Check all that apply.)”*

### Mental health clinicians and LADCs

Patient Group	White providers	Providers of color
Immigrants/refugees	21%	39%
Other racial or ethnic minority group members	52%	68%
Low-income or uninsured patients	59%	68%
Medicaid, MinnesotaCare, or other Minnesota health care program recipients	63%	62%
Patients who require an interpreter	19%	29%
Veterans	24%	21%
Populations with disabilities	45%	47%
Unsure	3%	4%
None of these	7%	4%

# How social workers become “culturally competent”

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



# How social workers become “culturally competent”

---

*“Why did you select that response?”*

“As much as I love to learn in courses and additional educational opportunities, lived experience on the job from my clients and colleagues has taught me more than any of my courses or other forms of formal education.”

“Because 15+ years in the field does what book learning and seminars can’t do. You make mistakes, embarrass yourself and still try to do better, ask for help, seek information and insight by asking questions.”

“Both my undergraduate and graduate degree in Social Work provided a lot of course work in diversity and working with diverse populations.”

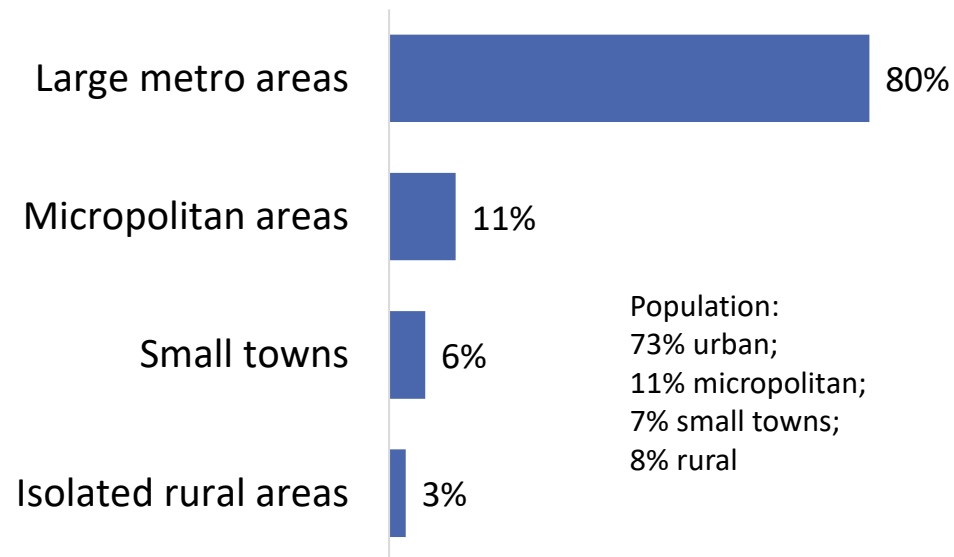
“Center for Practice Transformation has amazing CEUs.”

“Course work is helpful, but informal learning through connecting with and learning from others is what has been most impactful.”

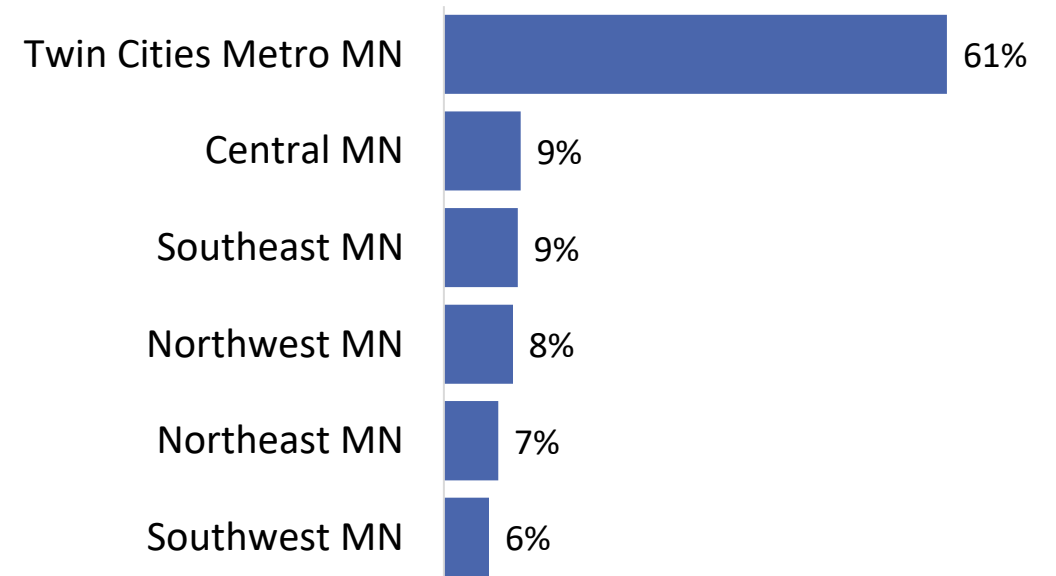
“Direct work within different cultures is the best way to learn. I can take infinite trainings on cultural competency but without direct work, one does not truly develop skills or learn about effective treatment for different populations.”

# Where MN social workers practice

## Employment across rural-urban settings

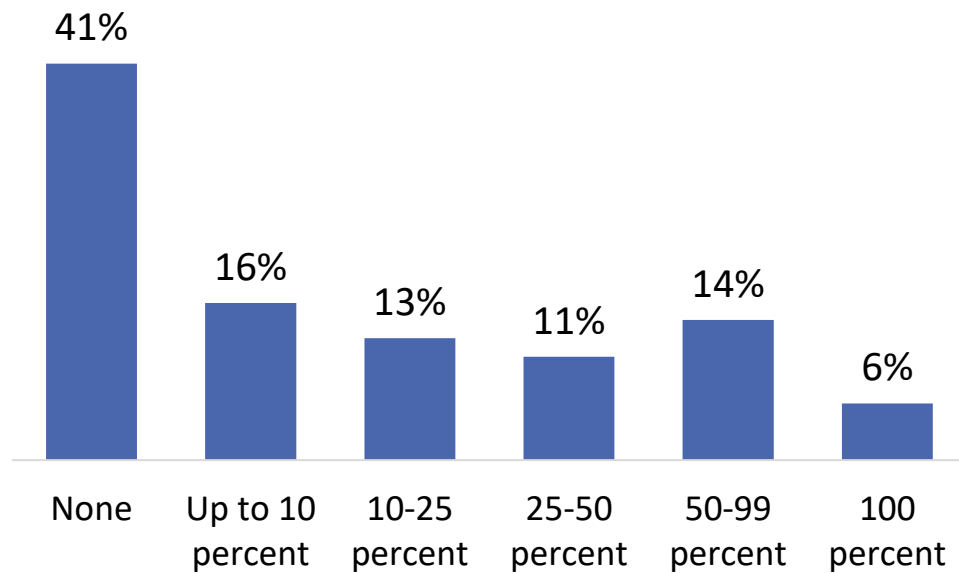


## Employment across Minnesota regions

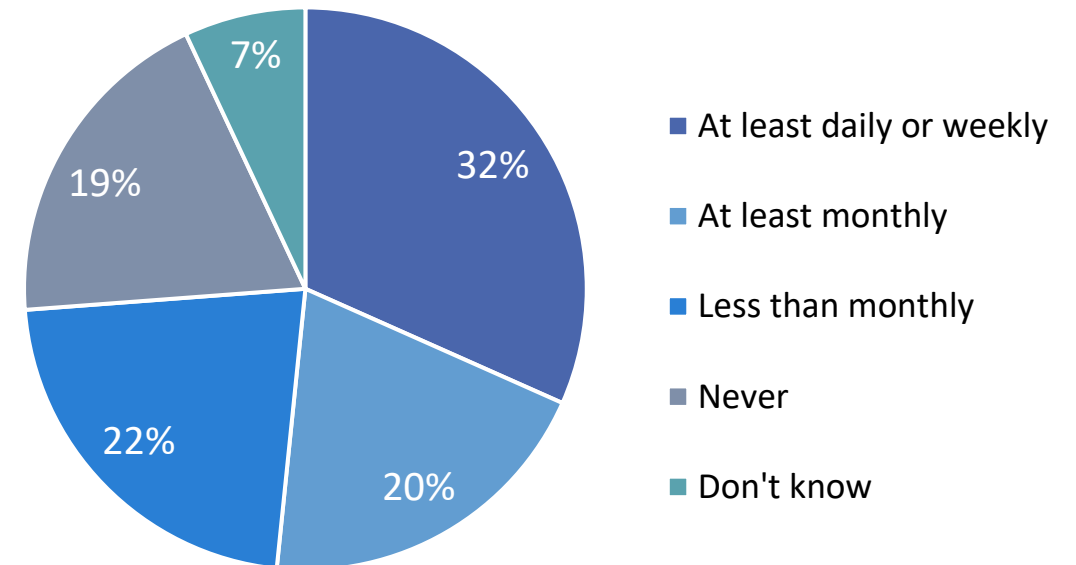


# Use of telemedicine

*“Approximately how much of the care that you personally provide is via telemedicine?”*



*“Not including those who are on vacation or at a cabin, how often do you provide care via telemedicine to people who live in areas that are more rural than where you practice?”*





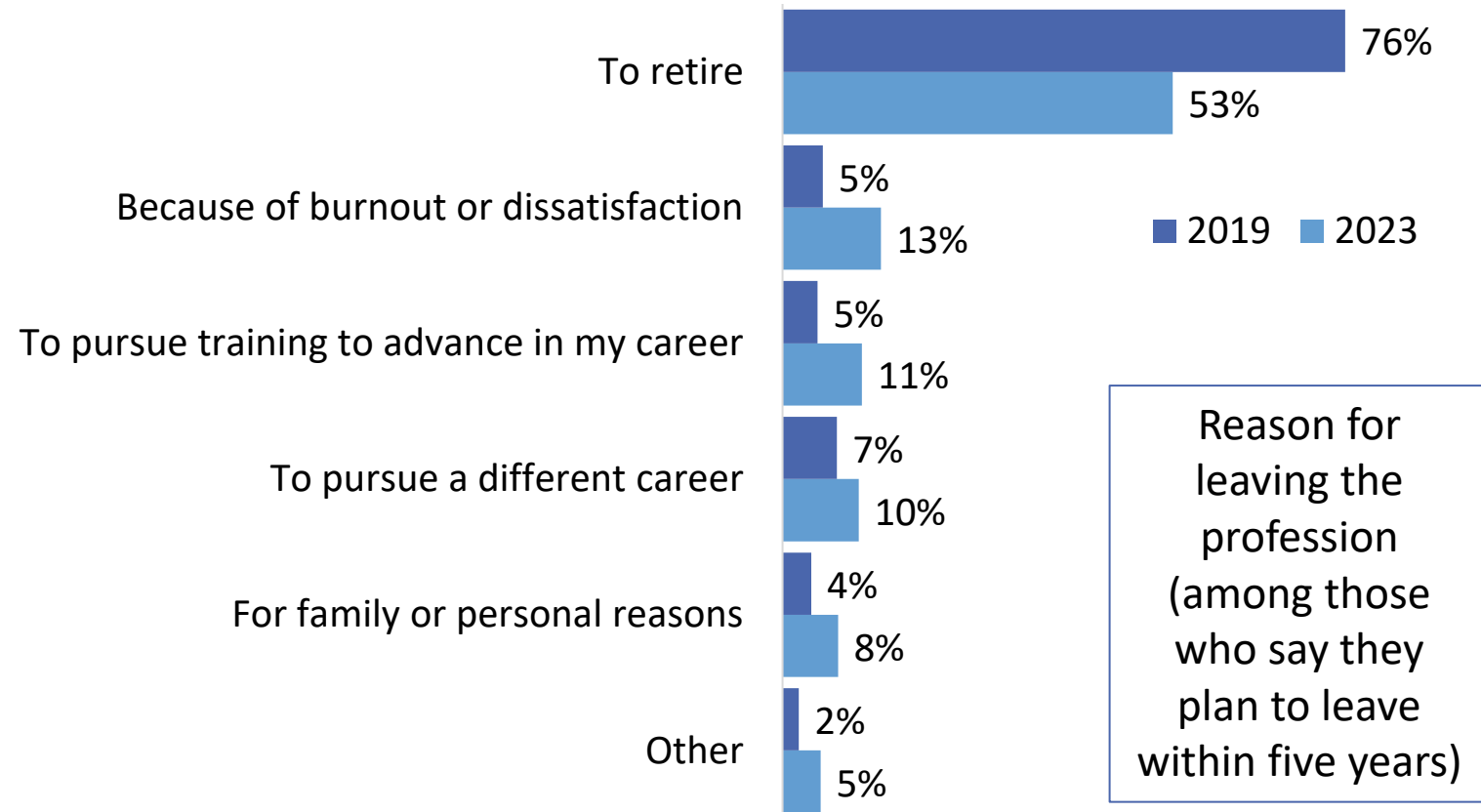
# Plans to leave the social work workforce (pre- and post-COVID)

**12%**

Share of social workers who plan to leave the profession within five years, **2019**

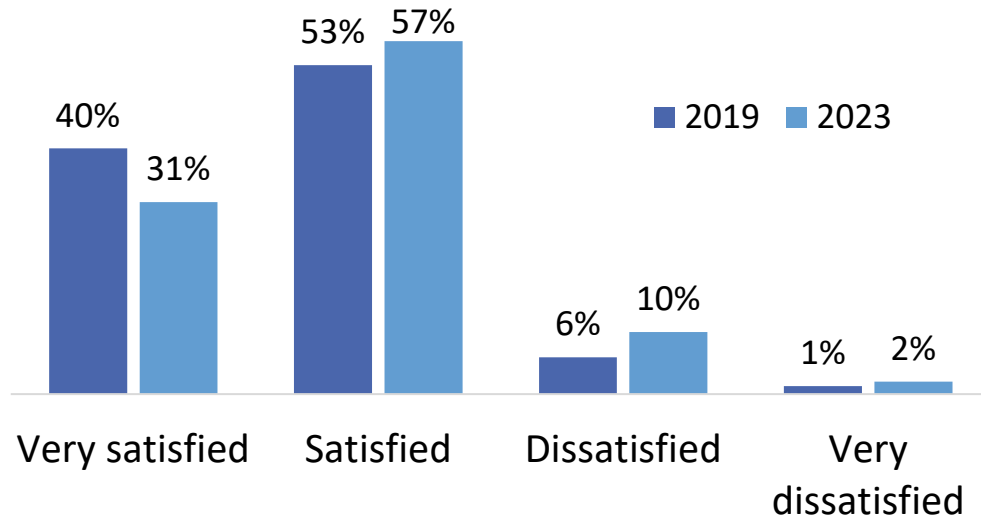
**17%**

Share of social workers who plan to leave the profession within five years, **2023**

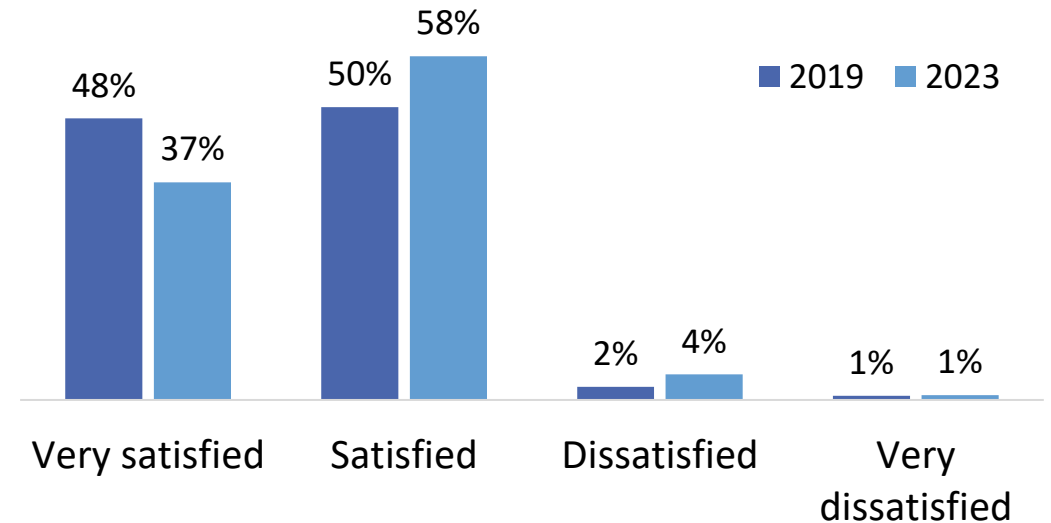


# Work satisfaction (pre- and post-COVID)

*“How satisfied have you been with your work in the last 12 months?”*



*“How satisfied are you with your work overall?”*



# Thank you! + Contact information

---



Teri Fritsma, Lead Healthcare Workforce Analyst

[Teri.Fritsma@state.mn.us](mailto:Teri.Fritsma@state.mn.us)