

Setting Priorities, Serving the Nation: **A Shared Agenda for Social Work Education**

Presented by the
Council on Social Work Education (CSWE)

and the

Association of Baccalaureate Social Work Program Directors (BPD)
Group for the Advancement of Doctoral Education in Social Work (GADE)
National Association of Deans and Directors of Schools of Social Work (NADD)
St. Louis Group for Excellence in Social Work Research and Education



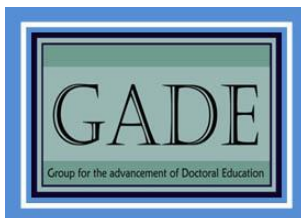
COUNCIL ON SOCIAL WORK EDUCATION

STRENGTHENING THE PROFESSION OF SOCIAL WORK

Leadership in Research, Career Advancement, and Education



The Association of
BACCALAUREATE SOCIAL WORK PROGRAM DIRECTORS



**ST. LOUIS
GROUP**

*for Excellence in Social
Work Research and
Education*

October 2012



Setting Priorities, Serving the Nation: A Shared Agenda for Social Work Education 2012

Contents

Executive Summary.....	3
Section 1: Investing in Social Work	5
Section 2: Building Social Work Capacity Through Education and Training	9
Section 3: Social Work Education Excellence & Student Support.....	15
Section 4: Enhancing Social Work Through Research	20



Executive Summary

It is likely you or someone you care about will interact with a social worker at some point in your lifetime. That is because social workers serve in all types of settings, such as schools, hospitals, VA facilities, rehabilitation centers, social service agencies, child welfare organizations, assisted living centers, nursing homes, and faith-based organizations. A signature attribute of the profession is its reach.









Social work education teaches students about the human dimensions and complexities of social interactions across gender, generation, race, economic status, culture, and belief. As the sole accrediting agency for baccalaureate and master's programs of professional social work education in the United States, the Council on Social Work Education (CSWE) is responsible for developing and ensuring compliance with accreditation standards that define competent preparation of social workers entering the profession. Founded in 1952, CSWE is a nonprofit national association representing about 2,500 individual members as well as nearly 700 graduate and undergraduate programs of professional social work education. Social work education focuses students on leadership and direct practice roles helping individuals, families, groups, and communities by creating new opportunities that empower people to be productive, contributing members of their communities.

Despite social workers' reach into communities, barriers still exist that prevent the profession from having sufficient strength to support those in need. Among the greatest challenges facing the profession is low wages coupled with high educational debt. Support is needed to ensure that social work students—who seek careers that focus primarily on helping others—will be able to make ends meet, support their families, and pay off their educational debt. These issues must be addressed immediately, because the need for social workers is expected to grow as more Americans seek services. For example, in 2010 there were approximately 650,500 social workers in the United States; that number is expected to increase by an additional 161,200 social workers by 2020 based on projected demand (Bureau of Labor Statistics, 2012a).

This *Shared Agenda for Social Work Education* is offered by CSWE and its partners in the social work education community: the Association of Baccalaureate Social Work Program Directors, the Group for the Advancement of Doctoral Education in Social Work, the National Association of Deans and Directors of Schools of Social Work, and the St. Louis Group for Excellence in Social Work Research and Education. Together we offer 17 recommendations for key investments the incoming presidential administration can make to achieve real, measureable improvements for meeting the social, health, and behavioral health needs of all Americans by investing in the social work profession.

These recommendations are organized into four sections, with specific actions identified within each. The symbols shown on the right indicate the type of recommendation that is being made and whether it refers to an action requiring legislation, the need to build capacity in the workforce, focusing on healthcare, and so forth.

Symbol Key

-  Higher Education
-  Training
-  Diversity/Cultural Competency
-  Financial Assistance/Aid
-  Healthcare
-  Legislation
-  Research
-  Capacity Building



Setting Priorities, Serving the Nation: A Shared Agenda for Social Work Education 2012

Section 1: Investing in Social Work

Recommendation 1 – Invest in the social work profession and social work education to ensure the profession is able to meet the needs of vulnerable populations.

Recommendation 2 – Incorporate social work into activities and initiatives across the federal government to promote and advance interprofessional education, training, and practice.

Recommendation 3 – Support the appointment of social workers to positions throughout the federal government and seek inclusion of social workers, educators, and researchers on federal advisory bodies.

Section 2: Building Social Work Capacity Through Education and Training

Recommendation 4 – Fully fund health professions training programs, including programs authorized in the *Patient Protection and Affordable Care Act*.

Recommendation 5 – Implement the recommendations made in the Institute of Medicine report, *The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands?*

Recommendation 6 – Support and enhance the Substance Abuse and Mental Health Services Administration Minority Fellowship Program.

Recommendation 7 – Fund the Health Professionals Educational Assistance Scholarship Program at the Department of Veterans Affairs.

Recommendation 8 – Enact the *Health Equity and Accountability Act* to fill in health care equity gaps and build a culturally competent workforce.

Section 3: Social Work Education Excellence and Student Support

Recommendation 9 – Ensure integrity in higher education and programs of professional social work by supporting the autonomy of professional accreditors.

Recommendation 10 – Encourage transparency and create common sense reporting requirements regarding college cost and student outcomes.

Recommendation 11 – Fully fund existing programs and create new programs that expand access and encourage minority students to complete master's and doctoral programs in social work.

Recommendation 12 – Authorize new programs to enhance the size, quality, and diversity of the social work workforce in the reauthorization of the *Elementary and Secondary Education Act*.

Recommendation 13 – Enact a reauthorization of the *Higher Education Act*.

Recommendation 14 – Support and fully fund loan forgiveness programs created in the *Higher Education Opportunity Act of 2008* and the *College Cost Reduction and Access Act of 2007*.

Recommendation 15 – Create a sustainable future for the Pell Grant Program.

Section 4: Enhancing Social Work Through Research

Recommendation 16 – Promote a more culturally and professionally diverse researcher pool at the National Institutes of Health.

Recommendation 17 – Increase funding for social science and behavioral health research at the National Institutes of Health.



Section 1: Investing in Social Work

Chances are you or someone you care about will require the assistance of a social worker at some point in your lifetime. That is because social workers serve in all types of settings, such as schools, hospitals, VA facilities, rehabilitation centers, social service agencies, child welfare organizations, assisted living centers, nursing homes, and faith-based organizations.

A signature attribute of the profession is its reach. Social workers practice in every sector of society to support individual, family, and community health and well-being and to empower people to become active agents in their own lives. In doing so, social workers have a profound effect in whatever capacity they serve, whether it's hospital discharge planning for a cancer patient, counseling an elementary school child, providing psychoeducation to a group of HIV patients, conducting case management with persons with severe mental illness at a community mental health center, delivering psychotherapy in a private practice setting, guiding and supporting a grieving parent in an emergency room, teaching asset management to struggling families, providing in-home services to a homebound older adult, or consulting on program development with a local human service agency.

There is an urgent need for the federal government to invest in social work. As the population ages, the demographics of the country shift, and more families and communities seek services, the nation needs to be prepared to meet the health, behavioral health, and human service needs of its people. Social workers are prepared to meet these needs. However, we need policies and programs that enhance our ability to recruit, educate, and retain sufficient highly skilled social workers to meet the demands of our population.

Recommendation 1



The administration must **invest in the social work profession and social work education** to ensure that the profession is able to meet the needs of vulnerable populations. This investment should include efforts to build capacity in the social work workforce to address challenges around recruitment and retention.

History: There has never been a national program geared toward building the social work workforce. Instead, investment has been random, driven primarily by the specific missions and needs of federal agencies or populations served by the federal government. In fact, funding for one program important to social workers (e.g., child welfare training) can often be in competition for funding with another program for social workers aimed at a different population (e.g., older adults). Conversely, when it comes to other professions of priority to the federal government (e.g., teachers, law enforcement, military), federal programs exist to build overall capacity. The *Dorothy I. Height and Whitney M. Young, Jr. Social Work Reinvestment Act* is legislation calling for greater federal investment in the social work profession. Although the bill was first introduced in the House and Senate during the 110th Congress, it has yet to be enacted.

The Need: With the exception of a few fields of practice such as child welfare, maternal and child health, and veteran health, social work has not traditionally been seen as the go-to



Setting Priorities, Serving the Nation: A Shared Agenda for Social Work Education 2012

profession by the federal government, despite the role social work plays in so many areas of interest to government agencies and programs. As described earlier, social workers serve in all settings in which vulnerable populations seek care, assistance, or support. But the profession is often overlooked. Social work must be considered a prioritized profession.

Act Now: The administration should direct the creation of a commission or interagency working group to make recommendations on how to build capacity in the social work profession to bolster a robust health professions workforce capable of meeting administration priorities. The commission or working group should investigate the extent to which federal agencies engage social workers in their activities and develop agency-specific plans for addressing shortfalls. One possible mechanism for addressing this need would be to enact the *Dorothy I. Height and Whitney M. Young, Jr. Social Work Reinvestment Act*, which among other things calls for the creation of a social work commission. However, an act of Congress is not required to create an interagency working group or commission to tackle this issue. Your administration should take steps to prioritize and invest in the social work profession.

Recommendation 2



At each federal agency for which it is appropriate, social work must be incorporated into activities and initiatives to promote and advance **interprofessional education, training, and practice** and include social work as a contributing member of the health, behavioral health, and human services care team.

History: Social work education is fundamentally interdisciplinary and interprofessional. Social workers conduct internships in healthcare settings and function as part of the team to coordinate and integrate care. Social work educational curriculum addresses knowledge and skills to function on interprofessional teams and it is typically the social worker on the healthcare team who speaks to and addresses issues related to health disparities, race, culture, and system. Others on the team turn to the social worker for this expertise. Unfortunately, social work is regularly overlooked as a critical and contributing member of the healthcare team.

The Need: An interdisciplinary team approach that includes social work is needed whether the focus is on providing the best possible care to older adults, veterans and military families, persons with disabilities, children and youth, Tribal peoples, or others who require quality health care. As the federal government turns to interdisciplinary models of care (e.g., Accountable Care Organizations, Care Transitions, Patient-Centered Medical Homes), social work cannot be overlooked. Until now, models and demonstrations have focused on clinical outcomes without a major emphasis on social and environmental determinants of health. Leaving out such a large piece of the health care puzzle will create an incomplete picture for the patient. The recent findings of a national survey of primary care providers and pediatricians conducted by the Robert Wood Johnson Foundation show that, “85 percent [of those surveyed] believe that unmet social needs — things like access to nutritious food, reliable transportation and adequate housing — are leading directly to worse health for all Americans.



Setting Priorities, Serving the Nation: A Shared Agenda for Social Work Education 2012

Furthermore, 4 in 5 physicians do not feel confident in their capacity to meet their patients' social needs, and they believe this impedes their ability to provide quality care" (Robert Wood Johnson Foundation, 2011).

A growing body of evidence is proving that health outcomes can be improved if care models are in place involving social workers in patient care and case management roles. Social workers provide interdisciplinary care teams with a holistic view of the patient, his or her family, and the environment, thereby improving care. Unfortunately, physician practices have been slow to move toward such a holistic view.

The many professions represented in the health care workforce are beginning to organize to think about how to provide and promote interprofessional education to change the future of patient care by producing graduates who can transition more easily from education to interprofessional practice. The federal agencies responsible for providing quality health care must follow suit and engage all professions that have a role to play, because each offers a unique contribution.

Act Now: The administration must support the inclusion of social workers in health care teams and encourage federal agencies, such as the Centers for Medicare and Medicaid Services, the Health Resources and Services Administration, the Substance Abuse and Mental Health Services Administration, the Department of Veterans Affairs, and the Department of Defense to fully incorporate a holistic approach to care into existing programs and care demonstrations and models and integrate social workers into such activities.

Recommendation 3

The administration should support and promote the **appointment of social workers** (including social work educators and researchers) **to senior executive service and other positions** throughout the federal government when appropriate. In addition, federal agencies should seek **inclusion of social workers, educators, and researchers on federal advisory bodies** and in other capacities to provide helpful insight into agency priority setting.

History: Engaging stakeholders such as social work educators, practitioners, researchers, and leaders in decision making can help ensure the development of policies that make sense in the real world. Social workers employ interventions based on evidence, helping vulnerable populations find their voices and achieve access to fundamental necessities such as health care, employment, and education. Social workers offer a unique perspective into the social service and health care needs of society, and their expertise should be used whenever possible.

The Need: The federal government could improve its dialogue with the stakeholder community at every level and in every agency that has a role to play in addressing the needs of vulnerable populations. As the federal government continues to implement the *Affordable Care Act*, and as policies continue to be created to tackle challenges such as veteran suicide, homelessness, bullying in American schools, families still struggling to



Setting Priorities, Serving the Nation: A Shared Agenda for Social Work Education 2012

escape from the economic recession, and other important issues, the perspective of the social worker, who serves on the frontlines in these areas, should be sought to provide a holistic view of the population being served.

Act Now: As the administration seeks to fill positions throughout the federal agencies and seeks external expertise to inform federal agency priority setting and decision making, your administration is encouraged to look to social workers with sound credentials, extensive experience, and demonstrated leadership in understanding and addressing the needs of vulnerable populations. In addition, social work expertise should be sought for advisory bodies that provide external advice to the Secretary of Health and Human Services (HHS) and the agencies within HHS, as well as the Secretary of Education.



Section 2: Building Social Work Capacity Through Education and Training

Although the need for social workers is well-substantiated and sure to grow with changing demographics, growing need for services, and increasing access to care for millions of Americans, providing sufficient numbers of qualified social workers is challenging for several reasons. There are significant obstacles to recruitment into the social work profession, the most prevalent being low wages coupled with high educational debt. To ensure that the nation has the number of social workers it requires, there need to be mechanisms in place to ensure that social work students—who seek a career that is focused on helping others—will be able to make ends meet, support their families, and pay off their educational debt. There is a need for programs that encourage students to enter into and remain in social work careers.

Not only must we turn out more social workers to ensure the profession is large enough to meet demand, social workers also must be culturally competent to adequately address the unique needs of our diverse population. Increasing the size of the workforce and equipping social workers with the skills, understanding, and sensitivity to allow them to provide the most appropriate services based on population needs together will make for a more robust profession and better care to consumers.

Recommendation 4



Fully fund health professions training programs, including programs authorized in the *Affordable Care Act* (ACA), that seek to create a more robust, well-trained, and culturally competent social work workforce capable of meeting the needs of vulnerable populations. Critical programs include the Title VII Health Professions programs at the Health Resources and Services Administration (HRSA), including the Mental and Behavioral Health Education and Training Grants.

History: HRSA offers programs that seek to enhance the quality, size, and distribution of the health care workforce to meet the needs of all communities. These programs, which are authorized under Title VII of the *Public Health Service Act*, were reauthorized and new programs were created in ACA. This reauthorization helped to improve the efficiency of the programs and enhance efforts to recruit and retain health professionals in underserved communities.

HRSA's Title VII Health Professions programs are the only federal programs designed to offer interdisciplinary training to health care providers to meet the needs of all Americans, including the underserved in rural and urban communities and those with special needs. These programs also help increase minority representation in the health care workforce. For many health, behavioral health, and human service professions such as social work, the Title VII programs are the only source of federal support to build much-needed capacity.

Recognizing the severe shortage of mental and behavioral health care providers within the larger workforce, a new Title VII program was authorized in ACA. The **Mental and Behavioral Health Education and Training Grants** program provides grants to



Setting Priorities, Serving the Nation: A Shared Agenda for Social Work Education 2012

institutions of higher education (schools of social work and other mental health professions) for faculty and student recruitment and professional education and training. This new program is a critical lifeline for schools of social work trying to graduate enough social workers to meet societal demand.

The Need: Currently, there are more than 33 million people living in Health Professional Shortage Areas (U.S. Department of Health and Human Services, 2011), which are defined as urban or rural areas, populations, or a medical facility deemed by the secretary of Health and Human Services to have a shortage of health professionals (U.S. Department of Health and Human Services, n.d.a). These numbers do not fully account for the 77 million baby boomers who will require more care in the coming years despite a growing shortage of workers prepared to meet the need. It is estimated that by 2050, the number of social workers working in long-term care will grow to approximately 109,000, nearly double the current workforce for this population (U.S. Department of Health and Human Services, 2006). Other projections show that the ratio of geriatricians to the number of older Americans will drop to one for every 3,798 older adult by 2030 (American Geriatrics Society, 2012).

The statistics are just as staggering for the mental and behavioral health workforce. Currently, about 87 million Americans live in Mental Health Shortage Areas (U.S. Department of Health and Human Services, n.d.b). The need for social workers is expected to grow faster than the average for most other professions through 2018, especially for those working with older Americans (Bureau of Labor Statistics, 2012b).

The Title VII programs have not been immune to efforts to cut discretionary spending, including proposals by some in Congress to cancel certain Title VII programs altogether despite the proven value of and demand for these programs. Taking such action would spell certain disaster for the future of the U.S. health care workforce, which is already facing a crisis.

Act Now: HRSA's Title VII programs should be supported at the levels authorized in ACA, including \$35 million for the Mental and Behavioral Health Education and Training Grants program, which is one of the only programs in the federal government explicitly focused on recruitment and retention of social workers and other mental and behavioral health professionals. Although authorized at \$35 million for fiscal years (FY) 2010 through 2013, the Mental and Behavioral Health Education and Training Grants program received \$10 million in FY 2012 through a transfer from the Prevention and Public Health Fund. Further, the president's budget request for FY 2013 would reduce funding to \$5 million, and Congress has yet to provide an annual appropriation for this critical program.

The president must continue to support these programs that have proven an ability to leverage modest amounts of funding to provide tremendous help for increasing capacity in the health professions.



Recommendation 5



Implement the recommendations made in the **Institute of Medicine (IOM) report, *The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands?***

History: In July 2012 the IOM released a report, *The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands?* (Institute of Medicine, 2012). The report is a follow-up to the 2008 report, *Retooling for an Aging America: Building the Health Care Workforce* (Institute of Medicine, 2008), which addressed the issue of the immediate health care workforce crisis to meet the needs of older adults. The 2012 report takes it a step further to outline challenges facing the workforce equipped to meet the mental health and substance use needs unique to older adults.

The Need: The report finds that “at least 5.6 million to 8 million—nearly one in five—older adults in America have one or more [mental health and substance use] conditions, which present unique challenges for their care” (Institute of Medicine, 2012). The report also finds a lack of workforce training in geriatrics specific to mental health and substance use, and further, opportunities (such as financial incentives to encourage providers to enter and remain in the field) are scarce for health care professionals seeking to specialize in mental health and substance use for the geriatric population. The IOM calls on numerous federal agencies to take responsibility for enhancing capacity in this area, including the Health Resources and Services Administration, the Substance Abuse and Mental Health Services Administration, the Centers for Medicare and Medicaid Services, the National Institute on Drug Abuse, the National Institute of Mental Health, the Administration on Aging, and the Agency for Healthcare Research and Quality.

Act Now: The administration should implement the recommendations made within the IOM report, *The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands?*, as quickly as possible.

Recommendation 6



Support and enhance the Substance Abuse and Mental Health Services Administration (SAMHSA) Minority Fellowship Program (MFP) by (1) putting the program on a growing budget path, (2) promoting the program as a model for other federal programs and agencies that seek to create a diverse and culturally competent behavioral health care workforce, and (3) enacting legislation to formally authorize the program into law.

History: The SAMHSA MFP was established in 1973 to address concerns about the lack of racial and ethnic minority mental health professionals and the poor quality of mental health services for underserved minorities. The program is designed to help reverse the disparities that exist in mental health services and improve the quality of those services to minority populations through the training of additional minority mental health professionals.

The program provides stipends, mentoring, and professional development opportunities to doctoral level students or psychiatric residents to increase the number of culturally



Setting Priorities, Serving the Nation: A Shared Agenda for Social Work Education 2012

competent behavioral health professionals who teach, administer, conduct services research, or provide direct mental health and substance abuse services to underserved populations. Current grantees of the program include CSWE, the American Nurses Association, the American Psychiatric Association, the American Psychological Association, the American Association for Marriage and Family Therapy, and the National Board for Certified Counselors, Inc. These grantee associations each identify exemplary students/residents to participate in the program who have an interest in serving in underserved communities.

Since 1975 CSWE's MFP program has supported 629 fellows representing diverse ethnicity as well as geographical diversity; fellows from 63 universities in 35 states including the District of Columbia have been supported by the program. About 71% have gone on to successfully attain doctoral degrees, and more fellows are currently in the pipeline. Compare this to the national average for doctoral degree completion, which is about 50%. The other MFP grantee associations have experienced similar success.

The Need: Although the MFP has been successful in bolstering a behavioral health workforce that is trained to meet the unique needs of diverse communities, the current workforce cannot meet the demand for culturally competent behavioral health care. Studies have shown that ethnic minority mental health professionals practice in underserved areas at a higher rate than non-minorities. Furthermore, a direct positive relationship exists between the numbers of ethnic minority mental health professionals and the use of needed services by ethnic minorities (Substance Abuse and Mental Health Services Administration, 2001).

Act Now: The MFP was funded at \$5,706,000 in FY 2012. This is a modest amount considering the effect the program has on nurturing a diverse health care workforce and addressing the behavioral health needs of minority populations. As the demand for mental and behavioral health services continues to grow, especially among minority communities, so too must investment in proven programs like the MFP. The president should support a growing budget path for the MFP over the next few years.

This model of support for doctoral fellows across a variety of health professions has proven successful and should be looked to as a model for other federal programs and initiatives seeking to create a health care workforce that is diverse, culturally competent, and skilled to meet the needs of communities, families, and individuals in need, especially because the behavioral and mental health needs of minority populations in the United States continue to be grossly underserved.

Finally, there have been efforts in recent years to formally authorize the MFP through legislation. Such an authorization would put the program on a more stable and hopefully sustainable footing, making it, after nearly 40 years of success, a recognized and valued program within SAMHSA. Congress should pass and the president should sign into law legislation that authorizes the MFP into statute.



Recommendation 7



Fully implement and fund the Health Professionals Educational Assistance Scholarship Program, which was reauthorized in the *Caregivers and Veterans Omnibus Health Services Act of 2010* (Public Law 111-163), to provide scholarships to social workers and other health, behavioral health, and human services professionals who agree to provide services to our nation's veterans.

History: In 2010 Congress passed and the president signed into law the *Caregivers and Veterans Omnibus Health Services Act of 2010* (Public Law 111-163), a bill that authorizes new and expands existing programs within the Department of Veterans Affairs (VA) aimed at addressing issues critical to veteran care, such as caregiver support, women veterans, rural health improvements, mental health care, and homelessness, among other issues. The law also reauthorized a scholarship program within the VA that expired in the 1990s. The **Health Professionals Educational Assistance Scholarship Program** provides scholarships to bachelors or master's students in select health professions in return for a 2-year service obligation with the Veterans Health Administration. In the past the scholarship funds were awarded primarily to nurses. However, through the reauthorization the program was broadened to explicitly name social workers among the eligible health professions, recognizing the important role social workers play as a critical component of the VA's clinical health care team.

The Need: Social work has a long history of successfully working with veterans and military families. However, as the mental and behavioral health needs of American soldiers and veterans continue to increase, so must the capacity of the workforce responsible for providing services to these brave Americans. A recent example is the shocking increase of suicides in the military and among veterans. The rate of suicide among veterans jumped significantly in 2012, rising 18% above the same period in 2011 (Williams, 2012).

The social work education community is encouraged by the recent commitment by the VA to hire an additional 1,600 mental health professionals around the country, including in rural areas. The scholarship program, which will provide hands-on training to social work students on the special needs of veterans, is another way the VA can work to meet its goal.

Act Now: Although the Health Professionals Educational Assistance Scholarship Program was reauthorized in 2010, the VA has not yet had the necessary funds to implement it, despite projections in the president's budget requests for FY 2011, 2012, and 2013. For FY 2013 the president's budget request included \$3,506,000, the same amount requested in FY 2012. Social work students, educators, and practitioners anxiously await word that the program has been funded and will begin offering support for training. The president should work with the VA to fund and implement this program starting in FY 2013.



Recommendation 8



Congress should pass and the president should immediately **sign the *Health Equity and Accountability Act*** to fill in some of the health care equity gaps that remain following passage of the ACA and to build a culturally competent workforce.

History: The *Health Equity and Accountability Act* has been reintroduced in the last several Congresses. It builds on the strengths of the ACA and provides additional tools necessary to address and eliminate health and health care disparities experienced by minority and underserved populations. The bill will pave the way for the elimination of access barriers to affordable health insurance coverage, promotion of investments in innovative health delivery methods and technologies, and advancement of research and data collection about the health needs and outcomes of our communities. The bill also ensures that a full range of culturally and linguistically appropriate health care and public health services are available and accessible in every community, creates a pipeline and new training opportunities for minority-serving professional and allied health care workers, and incorporates strategies to address a range of disease-specific mental and behavioral health issues facing minority communities. In addition, the bill includes programs designed to enhance the social work workforce, including loan repayment and training. These are all important steps toward eliminating racial and ethnic health disparities and creating a sustainable health care system that can pave the road to health equity.

The Need: Gaps remain despite provisions in the ACA aimed at promoting and protecting health equity. To address the magnitude of disparity among the diverse U.S. populace, additional steps must be taken. Countless studies document the staggering health and mental health related disparities among racial groups, such as the disproportionately higher rates of cancer, heart disease, diabetes, and mental and behavioral health disorders among African Americans (U.S. Department of Health and Human Services, 2012). According to a 2009 study, differences in receiving timely and quality care contribute to about 42% of the racial disparity between Whites and African Americans (Macinko & Elo, 2009).

Equity is not only a concern for racial groups. Although the ACA takes major steps to address the needs of other communities, such as lesbian, gay, bisexual, and transgender (LGBT) people, only one provision in the law mentions the LGBT community explicitly, despite research finding increased risks and rates of mental health and substance abuse conditions (including depression, anxiety, and thoughts of suicide) among this group (Baker & Krehely, 2011). Troubling data on instances of disparity can be found for racial, ethnic, and cultural groups across the U.S. population, including Latinos, veterans, American Indians/Alaska Natives, immigrants, and others.

Act Now: Congress should pass and the president should immediately sign the *Health Equity and Accountability Act*.



Section 3: Social Work Education Excellence & Student Support

As the sole recognized accreditor of baccalaureate and master's programs of professional social work education in the U.S. and the largest social work education membership organization, it is important for CSWE to be active and engaged in national conversations regarding education policy issues, such as transparency, student outcomes, and education quality. In addition, federal policies should provide accreditors with the latitude and flexibility they require to appropriately regulate programs to meet the needs of students and ultimately the profession.

Further, because social work jobs commonly offer low salaries, loan forgiveness and other incentive programs are needed to help encourage recent graduates to take these much needed jobs and serve in communities with high need populations. Social work students also need access to programs that expand accessibility to postsecondary education, such as Pell Grants.

Recommendation 9



Ensure **integrity in higher education and programs of professional social work** by supporting the autonomy of professional accreditors to gauge and promote program quality. Support the existing voluntary peer-based accreditation system and reject proposals to federalize the current system of accreditation.

History: Accreditation has always been a form of self-regulation. It has been used by the Department of Education to recognize Title IV (federal student aid) eligibility for institutions of higher education. The National Advisory Committee on Institutional Quality and Integrity (NACIQI) advises the Department of Education and the secretary on matters of accreditation, reviews and recommends accrediting agencies for recognition, and identifies issues with accreditation processes. In recent years NACIQI has convened to create a set of recommendations to the secretary for the next reauthorization of the *Higher Education Act*.

The Need: NACIQI has submitted recommendations to the secretary regarding accreditation in the next *Higher Education Act* and is expected to continue to participate in future discussions regarding the future of accreditation. Some of these recommendations encourage increasing federal involvement in the accreditation process. In addition, the Department of Education issued proposed rules on program integrity that would have created a federal definition of a *credit hour*. The social work education community supports academic freedom and believes in the ability of individual accreditors to best fulfill the accrediting purpose and will resist attempts to federalize the accreditation process.

Act Now: The social work education community rejects attempts to federalize the accreditation process, including efforts to define a *credit hour*, such as recent effort through proposed regulations on program integrity. Although CSWE, the accrediting body for programs of professional social work, is not recognized by the Department of Education, we support the efforts of the Council for Higher Education Accreditation to respond to greater calls for transparency and measures of quality in education. We also value the need for



Setting Priorities, Serving the Nation: A Shared Agenda for Social Work Education 2012

transparency and accountability, and equipping our students with information about schools and programs; however, we encourage the administration to consider the time and cost burden on increased data collection and reporting regulations as well as standardizing definitions.

Recommendation 10



Encourage transparency and create common sense reporting requirements for institutions and professions regarding **college cost and student outcomes** to provide the best information to prospective students.

History: The administration and Congress have urged greater transparency in college cost and student outcomes in recent years. This has included the creation of a standardized federal student financial aid “shopping sheet,” which would allow students to compare the costs of education at different institutions. The Department of Education has also proposed rules on “gainful employment,” which would measure debt-to-income ratios of graduates and require more transparency in employment results of graduates.

The Need: With the large amount of debt being taken on by our students (the average debt load for a student completing a master’s of social work is \$49,017; FinAid Page, 2012), the social work education community supports efforts that allow students to make informed decisions regarding the cost of their education.

Act Now: The social work education community supports efforts in the reauthorization of the *Higher Education Act* to encourage transparency on college cost and student outcomes but asks that policy makers work with institutions of higher education to create thoughtful measurements and reporting mechanisms that will provide the best information for students.

Recommendation 11



Adequately fund programs enacted in the *Higher Education Opportunity Act of 2008* and new programs in the upcoming reauthorization of the *Higher Education Act* that **expand access and encourage minority students to complete master’s and PhD programs in social work**.

History: The 2008 reauthorization of the *Higher Education Act* created several new programs that received bipartisan support from lawmakers and a diverse group of advocates. One of those programs was the **Loan Forgiveness Program for Service in Areas of National Need**, which identified child welfare and mental health workers as professionals serving areas of national need. To be eligible, the law requires that an individual obtain a degree in a related profession, including social work. The program would forgive up to \$10,000 in federal student loans. In addition, the **Patsy T. Mink Fellowship Program** establishes fellowships to encourage women and minorities to enter the professoriate. The social work education community supports the goals of each of these new programs.



Setting Priorities, Serving the Nation: A Shared Agenda for Social Work Education 2012

The Need: Although these programs were part of the 2008 *Higher Education Act* reauthorization, they have not yet received funding. Both programs address identified national needs. As noted in the 2007 National Academies report, *Understanding Interventions that Encourage Minorities to Pursue Research Careers*, “the scientific workforce responsible for advances in knowledge needed to improve human health and well-being is not representative of the general population. African Americans, Hispanics, American Indians, and other minority groups are severely underrepresented among the scientific workforce in general and among biomedical and behavioral researchers in particular” (Olson & Fagan, 2007).

Act Now: Congress should appropriate funding for these authorized programs starting in FY 2013 and continue the authorization of these programs in the upcoming *Higher Education Act* reauthorization.

Recommendation 12



Support authorization of any new programs in the **reauthorization of the *Elementary and Secondary Education Act*** that enhance the size, quality, and diversity of the social work workforce.

History: The *Elementary and Secondary Education Act* (ESEA) authorizes all federal programs within the Department of Education regarding K-12 education. It was last authorized in 2001 under the name *No Child Left Behind*. The social work education community supports the goals of the reauthorization of ESEA, including equality in education for all students and college and career readiness standards. We also hope to support social workers who work within the K-12 schools as school social workers and child welfare workers.

The Need: As an important component of K-12 schools, school social workers and child welfare workers within the system should have an active voice in the reauthorization and be considered in the creation of new programs in the reauthorization.

Act Now: The administration and Congress should support legislative efforts that include social workers within reauthorization of the *Elementary and Secondary Education Act* and the K-12 school system.

Recommendation 13



Congress should pass and the president should immediately sign a **reauthorization of the *Higher Education Act***.

History: The *Higher Education Act* was last authorized in 2008, 5 years after the previous authorization expired in 2003. The administration and Congress must work together in a bipartisan manner to pass legislation to reauthorize the law in 2013.

The Need: The *Higher Education Act* authorizes all programs within the Department of Education that relate to postsecondary education, including federal student aid programs such as the Pell Grant and discretionary grant programs such as Graduate Assistance in Areas of



Setting Priorities, Serving the Nation: A Shared Agenda for Social Work Education 2012

National Need, and includes the federal regulations governing higher education, including accreditation and Title IV. A delay in the reauthorization of this important legislation will cause uncertainty in these important programs and regulations.

Act Now: The administration and Congress should enact a reauthorization of the *Higher Education Act* in a bipartisan and timely manner.

Recommendation 14



Continue to **support and fully fund loan forgiveness programs** created in the *Higher Education Opportunity Act of 2008* and the *College Cost Reduction and Access Act of 2007*. This would include the Income-Based Repayment Program and Public Service Loan Forgiveness Program.

History: The **Income-Based Repayment (IBR)** program and the **Public Service Loan Forgiveness** program were created as part of the *College Cost Reduction and Access Act* in 2007. IBR allows eligible federal student loan borrowers to cap payments on federal student loans at 10% of gross income. Qualification is based on income, and after 25 years in IBR, federal student loans may be forgiven. The Public Service Loan Forgiveness program forgives federal student loans after 10 years for those borrowers who have full-time employment in the public service sector, including social workers employed through government or at nonprofit institutions.

The Need: Student assistance programs and policies are crucial for social workers who complete years of schooling, sometimes carrying a high student loan debt, to serve the public good in positions that regularly provide low wages. With an aging population and more people generally seeking health care and social services, the need for additional social workers is increasing. For example, the U.S. Bureau of Labor Statistics estimates that employment for social workers is expected to grow faster than the average for all occupations through 2020, particularly for health care social workers and mental health and substance abuse social workers, professional areas projected to increase by 34% and 31%, respectively, over the decade of 2010 through 2020 (Bureau of Labor Statistics, 2012a). These programs were created to encourage students to consider public service without giving them the crippling concern of high debt and low wages.

Act Now: The president and Congress should support the IBR program and the Public Service Loan Forgiveness program and expand them in the upcoming reauthorization of the *Higher Education Act*.

Recommendation 15



Create a **sustainable future for the Pell Grant program**, one that allows the program to allow more students to enter higher education and to provide assistance to those who need it the most. In addition, resist efforts to reduce federal financial student aid overall by cutting non-Pell programs, such as subsidies for federal student loans.

History: The Pell Grant is the cornerstone of federal student aid programs, providing a maximum FY 2012 grant of \$5,550 in need-based aid. As more students become eligible for the



Setting Priorities, Serving the Nation: A Shared Agenda for Social Work Education 2012

program and as legislation requiring additional mandatory funding for the program expires, the program has faced significant funding shortfalls, which have threatened the sustainability of the program and provided uncertainty for recipients and the institutions of higher education.

The Need: The administration and Congress must create a sustainable funding path for the Pell program while continuing to allow for increases in the number of recipients due to the current economic downturn, and for minimum inflationary increases to the maximum award amount. The Pell program will once again be facing substantial funding shortfalls in FY 2014 (National Association of Student Financial Aid Administrators, n.d.). Any changes considered by Congress and the administration to create a sustainable Pell Grant program must not come at the expense of cuts to other federal student aid programs, such as the subsidies that delay interest accumulation for student borrowers within the federal student loan program.

Act Now: The Pell program will face a significant funding shortfall in FY 2014. The administration and Congress must take action now to strengthen and protect this important program.



Section 4: Enhancing Social Work Through Research

Social work research, education, and practice are inextricably linked and focus on a common goal: ensuring vulnerable populations receive appropriate services. Social work research is used to (1) study the circumstances facing vulnerable populations and the needs of those populations to succeed in their circumstances, (2) evaluate the accessibility to and effectiveness of existing services, and (3) determine best practices for social work educators and practitioners for serving the community. Investment in social work research enables evidence-based approaches to social work practice, in turn providing the very best service to vulnerable populations.

Social work research is an important component of the human sciences. It largely represents the translation of basic discovery into useable information and practices that enable evidence-based service to populations in need.

Recommendation 16



Nurture a **diverse research enterprise at the National Institutes of Health (NIH)** by promoting a more culturally and ethnically diverse researcher pool and greater diversity in the professional background of researchers. Better engage social work researchers in NIH research opportunities to advance understanding of the social determinants of health.

History: NIH is committed to reducing health disparities in the United States through its support of scientific research focused on identifying the underlying causes of diseases and other conditions that disproportionately affect racial, ethnic, and other health disparity populations. As the nation's population continues to diversify, NIH can play a vital role in addressing disparities related to cancer, diabetes, infant mortality, AIDS, cardiovascular illnesses, and many other areas.

Key to improving disparities research is increasing the diversity of the biomedical research workforce and the diversity of NIH-funded investigators. Additionally, to address the range of issues that affect underrepresented groups, research should explore not just biological systems but also external conditions that affect human welfare. To do this, researchers of various backgrounds are needed, including social work researchers.

The Need: In the face of an increasingly diverse population and persistent health disparities, just \$2.5 million of NIH's \$30.6 billion FY 2012 budget is estimated to be dedicated to minority health research (National Institutes of Health, 2012a). Additionally, an August 2011 article in *Science* magazine showed that between 2006 and 2010, Black researchers were 10% less likely to receive NIH funding than White investigators (Ginther et al., 2011). Responding to this, NIH convened a working group to make recommendations on improving diversity in the biomedical workforce, such as implementing mentorship networks for underrepresented minorities to receive guidance throughout their careers and taking steps to remove bias from the peer review process (National Institutes of Health, 2012b). NIH leadership has acknowledged that



Setting Priorities, Serving the Nation: A Shared Agenda for Social Work Education 2012

there is much work to be done to reduce the disparities in grant success rates, as well as the health disparities that pervade the nation.

NIH also should acknowledge the value of providing research support for investigators of nonbiomedical research backgrounds. Through the NIH Office of Behavioral and Social Sciences Research, the National Institute for Nursing Research, the National Institute on Aging, and other institutes and centers there is some support for social welfare research that is awarded to social work researchers, but more is needed. This research enhances our understanding of why health care interventions that have proven to be effective are not achieving the same results in certain populations or regions. Social welfare research and research on the social and environmental determinants of health are essential to completing the research pipeline that begins with the most basic biomedical research and ends with services to consumers and patients.

Act Now: To effectively advance a minority health research agenda, NIH must increase the dollars allocated to minority health research. It also should implement the recommendations of the diversity working group. Finally, efforts must be made to support researchers trained in social welfare and the social sciences by expanding the pool of funding provided to these investigators and their research areas.

Recommendation 17



Increase the amount of funding dedicated **to behavioral and social sciences research at NIH** and other federal agencies to better understand social determinants of health and the behavioral effects on health, and also to better translate basic biomedical research discoveries into health care practice. In addition, ensure that social work is included in research opportunities involving interprofessional research teams.

History: Congress established the Office of Behavioral and Social Sciences Research (OBSSR) in the NIH Office of the Director in recognition of the role that behavioral and social factors play in improving health and health care (National Institutes of Health, n.d.). OBSSR coordinates behavioral and social science research across the agency and also provides grants to researchers. The Agency for Healthcare Research and Quality (AHRQ) supports health care outcomes research, but its funding is threatened every year during the budget process, such as a draft FY 2013 appropriations bill that proposed eliminating the agency entirely. The research supported by OBSSR and AHRQ, as well as other federal agencies, helps improve individual care and the quality of the health care system overall.

The Need: Although \$3.5 billion in NIH funding is dedicated to behavioral and social sciences research (National Institutes of Health, 2012a), a greater investment is needed to ensure that the groundbreaking discoveries made possible by basic and translational research are reaching patients and disadvantaged populations. NIH's support for behavioral and social sciences research is how the agency reaches unique investigators and fields of study that provide the context necessary for understanding why certain biological and health care treatments are successful. The substantial federal investment



Setting Priorities, Serving the Nation: A Shared Agenda for Social Work Education 2012

in basic and translational biomedical research will be lost without a strong understanding of the human behaviors and social factors that affect health outcomes. This is true at NIH and other agencies that fund research.

Act Now: The administration and Congress must increase funding for the NIH Basic Behavioral and Social Sciences Opportunity Network (OppNet) that strengthens behavioral and social sciences research at the agency. By May 2012 OppNet had provided nearly \$26 million for this research since the program was initiated in 2009 (National Institutes of Health, 2012c), but more support will allow for the exploration of social and behavioral factors that can affect the efficacy of health care treatments and interventions. Also, more funding should be dedicated to applied behavioral research to ensure the findings are reaching all patients, particularly those in underserved settings.

Additionally, AHRQ must be fully funded to ensure it can strengthen its research on priority populations. Social work researchers tend to focus on these groups, such as older adults, minorities, the economically disadvantaged, those living in rural and inner city areas, and those with chronic illnesses.

Finally, as interdisciplinary research teams become more necessary and common, social work must be included to ensure that the perspective of the individual and/or community and the needs of that individual or community are integrated in the research project.

If you have questions or require additional information about this *Shared Agenda for Social Work Education*, please visit www.CSWE.org or contact Dr. Darla Spence Coffey, President, Council on Social Work Education, 1701 Duke Street, Suite 200, Alexandria, VA 22314, (703) 683-8099, dcoffey@cswe.org.



Works Cited

The American Geriatrics Society, Geriatrics Workforce Policy Studies Center. (2012). *The demand for geriatric care and the evident shortage of geriatrics healthcare providers*. Retrieved from http://www.americangeriatrics.org/files/documents/Adv_Resources/PayReform_fact5.pdf

Baker, K., & Krehely, J. (2011). *Changing the game: What health care reform means for gay, lesbian, bisexual, and transgender Americans*. Retrieved from http://www.americanprogress.org/wp-content/uploads/issues/2011/03/pdf/aca_lgbt.pdf

Bureau of Labor Statistics. (2012a). *Occupational outlook handbook: Social workers*. Retrieved from <http://www.bls.gov/ooh/community-and-social-service/social-workers.htm>

Bureau of Labor Statistics. (2012b). *Occupational outlook handbook: Social workers*. Retrieved from <http://data.bls.gov/cgi-bin/print.pl/oco/ocos060.htm>

FinAid Page, LLC. (2012). *Student loans*. Retrieved from <http://www.finaid.org/loans/>

Ginther, D. K., Schaffer, W. T., Schnell, J., Masimore, B., Liu, F., Haak, L. L., & Kington, R. (2011, August). Race, ethnicity, and NIH research awards. *Science*, 333, 1015–1019.

Institute of Medicine. (2008). *Retooling for an aging America: Building the health care workforce*. Retrieved from <http://www.iom.edu/Reports/2008/Retooling-for-an-Aging-America-Building-the-Health-Care-Workforce.aspx>

Institute of Medicine. (2012). *The mental health and substance use workforce for older adults: In whose hands?* Retrieved from <http://www.iom.edu/Reports/2012/The-Mental-Health-and-Substance-Use-Workforce-for-Older-Adults.aspx>

Macinko, J., & Elo, I. T. (2009). Black–White differences in avoidable mortality in the USA, 1980–2005. *Journal of Epidemiology and Community Health*, 63, 715–721.

National Association of Student Financial Aid Administrators. (n.d.). *CBO estimates Pell program to hit troubled waters in FY 2014*. Retrieved from http://www.nasfaa.org/advocacy/budget-2013/news/CBO_Estimates_Pell_Program_to_Hit_Troubled_Waters_in_FY2014.aspx

National Institutes of Health. (n.d.). *About OBSSR*. Retrieved from http://obssr.od.nih.gov/about_obssr/about.aspx

National Institutes of Health. (2012a). *Estimates of funding for various research, condition, and disease categories*. Retrieved from http://report.nih.gov/categorical_spending.aspx

National Institutes of Health, ACD Working Group on Diversity in the Biomedical Research Workforce. (2012b). *Executive summary of the draft report of the advisory committee to the director working group*



Setting Priorities, Serving the Nation: A Shared Agenda for Social Work Education 2012

on diversity in the biomedical research workforce. Retrieved from http://acd.od.nih.gov/06142012_DBR_ExecSummary.pdf

National Institutes of Health. (2012c). *Mission statement*. Retrieved from <http://oppnet.nih.gov/about-mission.asp>

Olson, S., & Fagen, A. P. (2007). Understanding interventions that encourage minorities to pursue research careers: Summary of a workshop. Retrieved from http://www.nap.edu/catalog.php?record_id=12022#toc

Robert Wood Johnson Foundation. (2011). *Health care's blind side: The overlooked connection between social needs and good health*. Retrieved from <http://www.rwjf.org/vulnerablepopulations/product.jsp?id=73646>

Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. (2001). *Mental health: Culture, race, and ethnicity—A supplement to mental health: A report of the surgeon general*. Retrieved from <http://www.surgeongeneral.gov/library/mentalhealth/cre/sma-01-3613.pdf>

U.S. Department of Health and Human Services. (2006). *The supply and demand of professional social workers providing long-term care services: Report to Congress*. Retrieved from <http://aspe.hhs.gov/daltcp/reports/2006/SWsupply.htm>

U.S. Department of Health and Human Services. (2012). *African American profile*. Retrieved from <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=51>

U.S. Department of Health and Human Services, Health Resources and Services Administration. (n.d.a). *HPSA designation criteria*. Retrieved from <http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/designationcriteria.html>

U.S. Department of Health and Human Services, Health Resources and Services Administration. (n.d.b). *Shortage designation: Health professional shortage areas and medically underserved areas/populations*. Retrieved from <http://bhpr.hrsa.gov/shortage/>

U.S. Department of Health and Human Services, Health Resources and Services Administration. (2011). *Final report to the secretary*. Retrieved from <http://www.hrsa.gov/advisorycommittees/shortage/nrmcfinalreport.pdf>

Williams, T. (2012, June 8). Suicides outpacing war deaths for troops. *The New York Times*. Retrieved from <http://www.nytimes.com>