Looking Toward the Future of Social Work Practice: First Steps Toward Building a Bold Agenda

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Abstract: *Major changes are underway in American society and in social work practice itself. This paper overviews these changes, examines their potential for impact upon future social work practice, and outlines ways that the field can adapt to them. The intent is to stimulate broad discussions in the field about developing a bold agenda for social work practice in the future. The field of social work can respond to these changes by taking a series of key steps: transforming initial preparation; modifying supervision and internships; creating centers of excellence in social work practice; fostering opportunities to engage in policy development; deploying the Grand Challenges and their emerging solutions; and transforming how the Council on Social Work Education (CSWE) defines standards for training and practice. To undertake these initiatives, a field-wide task force will be needed in the future to discuss, develop, and implement this bold agenda.*

Keywords: *Future of social work practice; population effects; communication effects; community effects; care organization effects*

In this manuscript, we examine some key examples of major changes in American society and in social work practice. We then examine how all these factors are likely to influence future social work practice and the steps the field will need to take to prepare for these changes. We hope that this work will be the first step in building a major transformative agenda for social work.

The voice and perspective taken in this manuscript are those of the authors, as informed by their professional experiences. The senior author served as one of the founders of the Grand Challenges for Social Work (GCSW) Initiative more than thirteen years ago. In the intervening period, the senior author has had many opportunities to converse with those who have served on the executive committee and the leadership group for this initiative, and those leading specific Grand Challenge areas. Many of these conversations have provided background for the arguments advanced here. For the past nine years, the junior author has been teaching in accredited social work programs, with a focus on practice and clinical skills, and has also been a clinically practicing social worker for twelve years. These activities provided the opportunity to witness some of the changes happening in the social work practice field. Finally, for the past ten years, the senior author has instructed doctoral students in social work (DSW) at the University of Southern California (USC) Suzanne Dworak-Peck School of Social Work, and the junior author is a graduate of this program. Because the USC DSW program focuses on the Grand Challenges in social work and how social work practitioners are responding to them, it offers a wonderful field laboratory for observing many of the changes described in this paper.

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The United States currently is experiencing a major period of demographic, social, and cultural transition. Some key examples of this transition include the following: The composition of the population is changing (Bipartisan Policy Center, 2023), as are local communities and how they function (Newport, 2018; Saad, 2019). Patterns of communication are also changing rapidly due to the introduction of social media, technology, and artificial intelligence (AI; Sullivan et al., 2023; Ward & Manderscheid, 2024).

Social work practice is currently undergoing a number of major transitions. The following are key examples of these transitions: The relative distribution of people with specific conditions being seen for care is in flux. At the same time, the very structure of care organization is undergoing rapid evolution (Manderscheid & Ward, 2024a).

What effects will all these factors have on social work practice in the future? And what steps will the field need to take in order to adapt? This paper explores each of these issues.

What is Changing?

This section explores the demographic, social, and cultural changes underway in American society and also examines related changes in the distribution of people with different conditions being seen in social work practice and the problems they are experiencing. Finally, it examines changes in how care is being organized today.

Changing Demographic Structure

American society and its distribution by age, sex, race, and ethnicity are changing at a very rapid pace. Some of the key changes include the rapid growth of seniors age 65+, the relatively rapid decline in the number of children being born, and an unexpected decline in longevity of the US population prior to and during the COVID-19 pandemic (Martin et al., 2023). Specifically, in 2020, 17% of the US population was age 65 and older, a 39% increase from 2010. By 2050, this number will increase to about 23% of the US population (Population Reference Bureau, 2024). Further, the general fertility rate in the United States decreased by 3% from 2022 to 2023, reaching a historic low (CDC, 2023). This marks the second consecutive year of decline, following a brief 1% increase from 2020 to 2021. From 2014 to 2020, the rate consistently decreased by 2% annually (Hamilton et al., 2024). Taken together, these two trends portend rapid aging of the population in the future.

Similarly, the race and ethnic composition of the population is also changing rapidly. A relatively rapid increase is occurring in the number of Hispanics and Asians in the US population (Budiman & Ruiz, 2021; Piña & Martinez, 2025). Other smaller groups, including people of Middle Eastern origin, have also begun to expand (Arab American Institute, n.d.). Specifically, the U.S. grew by 19.5 million people between 2010 and 2019—a growth rate of 6.3% (Frey, 2020). While the white population declined by a fraction of a percent, Latino or Hispanic, Asian American, and Black populations grew by rates of 20%, 29%, and 8.5%, respectively (Moslimani & Noé-Bustamante, 2023; Piña & Martinez, 2025).

Changing Community Functioning

Our local communities are also changing at a very rapid pace. Historically, most people lived in communities with shared cultures, experiences, and events. Today, our communities do not share these same characteristics. Frequently, our current communities are divided along cultural, linguistic, and religious lines, so that they no longer function like communities did historically (Arndt-Couch, 2023; Dunkelman, 2011). Consequently, an urgent need exists to promote indigenous leadership, sharing of experiences, inclusion of historically excluded groups, and culture building so that communities actually function as empowering, living, and connected entities (Hogg Foundation for Mental Health, n.d.). The outgoing US Surgeon General, Dr. Vivek Murthy, spoke to the critical nature of community building for the health and well-being of America (U.S. Department of Health and Human Services, 2025).

Changing Communication Structures

The authors assert that changing communication systems will have a strong impact on how social workers deliver care in the future and the problems they see in care. As defined and discussed immediately below, the use of Artificial Intelligence (AI) and asynchronous communication will likely increase the social isolation of clients seen in care.

Until relatively recently, human communication has occurred either directly, face-to-face, or synchronously using tools, such as telephones or letters. It has only been in the past quarter-century that we have introduced asynchronous and, even more recently, one-sided communication technology because the communication partner is a technological response system. Over the past year (Bohr, 2020), AI has also been introduced into this picture, in which it can be used to support both synchronous and asynchronous communication in real-time with a provider (Clary et al., 2022).

Changing Client Problems

Social isolation has been increasing for some time due to larger amounts of time spent on social media (Bonsaken et al., 2023; Murthy, 2023), as well as the mandates of the COVID-19 pandemic that restricted people to their residences for protracted periods of time (Noten et al., 2022). As Surgeon General Murthy pointed out, social isolation has led to greater levels of loneliness and related problems, such as depression and anxiety. Social isolation leads not only to the exacerbation of mental and substance use conditions but also to physical health conditions as well (Murthy, 2023). The latter can include a greater risk of cardiovascular disease, dementia, stroke, and premature death (Murthy, 2023).

At the same time, the levels of resilience in the US population are being tested. Younger people, particularly those from Generation Z, are being asked to deal with much more complexity than previous generations (Society for Resource Management, n.d.). This burden can lead to greater difficulties in interpersonal relationships, as well as problems in educational and work settings.

Taken together, these factors are leading to changes in the number and relative distribution of people seen in social work practice. Anxiety and depression are more prevalent, as is the need to improve coping skills (Terlizzi & Zablotsky, 2024). Further, as the volume of clients with these types of problems increases, social workers are being confronted with very heavy workloads and the potential for burnout (Childs et al., 2024; Ratcliff, 2024; Watson & Begun, 2024; Wilson, 2016).

Changing Organization of Care

The organization of care is changing in both the behavioral health and health care fields (Nilsen et al., 2020; Silverstein, 2023). These changes involve the progressive development of systems of care and financing reforms that include broader arrays of interventions. For example, integrated care initially involved only mental health and primary care; subsequently, substance use care was added, and more recently, social care (Manderscheid & Ward, 2024). Such systems are gradually being embedded in value-based purchasing arrangements (Center for Medicare and Medicaid Services, 2024). Value-based purchasing arrangements link clinical performance to outcomes and provide financial incentives for improved outcomes.

Similarly, at a micro level, integrated care practices are being built that include a full range of services, from warm lines and respite care to community-based outpatient care, to community residential and inpatient care (Manderscheid & Ward, 2024). Historically, all these systems operated separately as small entities. Thus, the organization of behavioral healthcare is becoming more complex, growing in scale, and is subject to new financing arrangements. Social workers need to understand these changes and to have the tools available to address them as they occur.

What Will be the Impact of These Changes on Social Work Practice?

The major interrelated changes just described are likely to have a range of significant impacts on future social work practice. Below, we describe these impacts in three major categories: first, how social work practice specifically will change due to changing demography and changing problems experienced by clients; second, how changing community functioning and changing organization of care will impact social work practice in general; and third, how changing communication strategies and tools will affect social work practice.

Effects of Changing Demographics and Distribution of Client Problems

Changing demography and problem distribution portend considerable modifications in future social work practice. As the demography of American society changes, so too will the focus on different population groups who need and seek care. As the clientele changes for private and public health insurance plans, they likely will adapt to the health and behavioral health needs of the groups that they represent (McKinsey & Company, 2024). For example, Medicare and Medicaid will likely adapt insurance plans to the increased numbers of older people and those with disabilities (Stockdale et al., 2024). Similarly, the

growth of new ethnic and racial populations will impact insurance plans, how care is delivered, and how care is adapted for clients from diverse cultural backgrounds (Bailey et al., 2021).

The progressive aging of the US population and the low current birth rate are likely to tilt care progressively toward older people (Osterman et al., 2022). There will be fewer families with children. Those families likely to be seen in practice will more typically come from minority and culturally diverse backgrounds (Mather & Lee, 2020; Menchaca et al., 2023).

The changing number and relative distribution of types of clients seen imply the need for a number of adaptations in social work practice. The nature of these problems, more frequently anxiety and depression (Wilson & Dumornay, 2022; World Health Organization [WHO], 2022), and the need for improved capacity to cope, suggest the need for better and more frequent support by providers. Further, this support also may extend beyond an actual visit to more frequent virtual sessions at various times (Boehringer Ingelheim, n.d.; Chen et al., 2022). A second implication of these changes is that care will be much more likely to be episodic, in which a person will be seen for a period, then leave care for a subsequent period, and then return even later. As concern with personal well-being continues to grow in the US population (Murthy, 2023), we assume that this will also increase episodic use of care.

Effects of Community Functioning and Care Organization

Communities are undergoing many changes today, with major efforts to foster better communication and cross-sharing of culture and events. These changes are likely to have a large impact on how social work practice will function in the future. Among these effects will be the greater focus on the role that the positive and negative social and physical determinants of health play in the prevention or development of trauma and subsequent behavioral health conditions (Arndt-Couch, 2023). Thus, we expect that future social work practice will include more direct work to address these positive and negative determinants at the community level. A major implication of this change will be the need for an expanded role for clinical social workers to spend less time on direct clinical activities and more time on community-level interventions, including public health strategies that enhance the functioning of local communities.

Changing patterns of care organization will also lead to significant changes in social work practice. In the future, progressively more care will be conducted within an integrated care framework that includes behavioral health, health, and social components (Manderscheid & Ward, 2024). Thus, among all social workers engaged in clinical practices in this future environment, relatively fewer will be conducting individual practices and relatively more will be engaged in interdisciplinary and intersectoral team practices (Tadic et al., 2020). As the benefits of integrated care become more fully realized, these trends are likely to accelerate even more.

It should be noted, however, that the broader implementation of integrated care does not necessarily imply dramatic changes in the structuring of behavioral health care entities

or their integration into broader health care organizations. Most of the teamwork described here is likely to be done through virtual linkages among behavioral health, health, and social care organizations rather than through fundamental organizational restructuring (Manderscheid & Ward, 2024).

Effects of Changing Communication Structures

The changing nature of interpersonal communication also has large implications for the future of social work practice. The most obvious of these changes is that much more care will be virtual, interspersed with less frequent interpersonal visits (Gbadamosi & Ajewumi, 2024). Such care is already quite prevalent (Palmer et al., 2022). In the future, communication with clients is predicted to also be supported directly by AI, in which one visit might be virtual with a provider, and another might be virtual with an AI system (Ward & Manderscheid, 2024).

The changing nature of support from a provider for a client also has implications for the locale of interpersonal care. In the future, more interpersonal care likely will be provided in a client's home, at a coffee shop, or even at a community center or library (WHO, 2021). Such changes would reduce stigma and seem congruent with the increasing informality of how behavioral healthcare is delivered. Already several years ago, budget proposals by the Biden Administration for fiscal years 2022-2023 provided for an expansion of behavioral health services into community settings such as community centers, libraries, and homeless shelters.

Another important aspect of client support is communication between a provider and an AI system. Recent developments suggest that AI is moving beyond administrative assistance and decision support toward integration across the entire continuum of care. Emerging generative and agentic AI systems are increasingly being used to assist with clinical documentation, diagnostic support, treatment planning, risk assessment, care coordination, and monitoring of patient progress (Alowais et al., 2023; Thakkar et al., 2024). In some healthcare settings, AI-enabled systems now support real-time clinical workflows, generate care plans, facilitate patient communication, and assist providers in identifying changes in patient status. Surveys indicate that physician adoption of health AI has increased substantially, with approximately two-thirds of physicians reporting use of AI tools in practice by 2024–2025, particularly for documentation, clinical decision support, and care planning. At the same time, growing attention has been directed toward governance, transparency, privacy protections, and human oversight as healthcare organizations explore the use of increasingly autonomous AI agents in clinical settings (American Medical Association, 2025; McKinsey & Company, 2025; WHO, 2024). Thus, AI systems are evolving from supportive technologies to integrated partners in assessment, treatment planning, intervention support, and outcome monitoring, while still requiring clinician oversight and ethical safeguards.

Each of the potential changes in locale of care and type of care identified above has the potential to seriously impact the social work profession. They could lead to the de-

professionalization of care with adverse effects on care quality and outcome. For these reasons, such changes warrant our attention and planning. It will be essential that the field of social work understands these changes as they occur and adapts professional practice to address them.

How Should Social Work Adapt to These Profound Changes?

As a result of the profound changes discussed above and their likely effects upon social work practice, transformations will be needed in how individuals are prepared for social work practice, how they practice once in the field, and how the social work field itself adapts. The following future steps are recommended for consideration.

Transforming Individual Preparation

To determine what needs to be done to reform training moving forward, it is essential to examine what social workers are currently doing. The most recent workforce estimates from the U.S. Bureau of Labor Statistics continue to demonstrate strong demand for social workers across child welfare, healthcare, behavioral health, and community-based settings. The 2022 data reported approximately 728,600 social workers employed in the United States, with the largest concentrations working in child, family, and school settings, healthcare, and mental health and substance use services (U.S. Bureau of Labor Statistics, 2023). Of this total, 355,300 (49%) work directly with children, families, and schools, 191,400 (26%) are engaged in healthcare social work, 113,500 (16%) are engaged in mental health or substance use care social work, and 68,400 (9%) are engaged in all other types of social work. Although not clearly differentiated, these numbers suggest that most social workers in practice are engaged in direct clinical work or closely related activities. This is further confirmed by a Council on Social Work Education (CSWE) survey of new MSW social workers, which found that 82% of new MSWs are engaged in direct work with individuals, families, and groups, while only 5.7% are engaged in direct work with communities and 7.5% in other types of indirect work. Thus, the results of this survey suggest that only about 13.2% of new MSWs are engaged in work that relates to macro practice (Salsberg et al., 2020). Another important finding from this survey is that approximately 23% of new MSWs go to work outside of the social work field and, therefore, are not included in these findings.

CSWE has already recognized and responded to these trends in current social work practice. In its 2023-2024 Annual Survey, CSWE (2025b) reported that the top three areas of training specialization were social work with individuals, families, and groups (i.e., clinical and direct practice, offered by approximately 38% of schools), social work with organizations and communities (including policy practice, administration, leadership, community development, and macro advocacy, offered by approximately 24% of programs), and advanced generalist practice (i.e., integrated clinical and community practice and multi-level practice, offered by approximately 47% of programs).

Other accredited schools offer certificate programs primarily with a micro focus, including school social work, geriatrics or aging, child advocacy, and trauma. Like the numbers reported above for individuals in actual practice, these numbers suggest the need to increase the number of training programs engaged in social work with organizations and communities. Further, CSWE has already undertaken work examining the role of artificial intelligence and technology in social work practice and education. The COVID-19 pandemic accelerated the use of telehealth, virtual service delivery, and technology-supported practice, increasing the need for social workers to develop competencies related to digital practice, integrated care, and emerging technologies (Kim, 2026).

Because of the current imbalance in practice between micro and macro work, the relative focus will need to shift further toward macro practice in the future. Such a shift will be necessary to increase the capacity of the social work field to engage in macro, policy work, and advocacy at the national, state, and county levels. The distinction between the two will also need to be blurred. All new students and many in current practice will need training in community health determinants and public health strategies, as well as training in integrated care and interdisciplinary and intersectoral approaches (Maiden & Weiss, 2023). This will require considerable revision of curricula in social work at every level. Recent workforce studies continue to document shortages of social workers, particularly in behavioral health and rural communities, further highlighting the need to prepare graduates for evolving workforce demands and interdisciplinary practice environments (Franklin et al., 2024; Kim, 2026). A further implication is that those who will provide such training in social work programs will need retooling to be able to offer this expanded curriculum.

CSWE (2025a) already recognizes the importance of this transformation. It promotes both a macro and a micro focus, as well as interdisciplinary work, through its standards, programming, and partnerships. Further, CSWE also offers policy practice practicums funded by the New York Community Trust (H. Vakalahi, personal communication, September 24, 2024). This work needs to be continued and expanded further in the future.

Modifying Supervision and Internships

Currently, most supervision experiences of trainees involve direct social worker and client interaction (NASW, 2013). The majority do not include experiences in community development, policy development, opportunities with public health initiatives, or opportunities to work on the social and physical determinants of health. Neither are there many opportunities for students to have internships where they can develop knowledge and experience in these essential areas of practice. Thus, new pathways will need to be developed for supervision and internships.

Creating Centers of Excellence in Social Work Practice

Currently, no principal place exists for social work students or practitioners to learn about best field practices that are developing because of new research evidence or new field-based practice evidence. Hence, a need exists for the field to identify financial

resources to create several Centers of Excellence in Social Work Practice. These centers would be designed to monitor developments in research and field practice and to share this information broadly with academic social work training programs, policymakers, researchers, trainees, and current practitioners in the field. Such centers also could offer short-term credential training for those who seek training in specific areas of need, e.g., training in a new practice to address a particular social determinant of health.

Some of the functions identified for the Centers of Excellence can also be carried out by national social work organizations such as CSWE and NASW. Thus, it would be very useful for any new Centers of Excellence to develop collaborative, ongoing partnerships with any of these entities.

Fostering Opportunities to Engage in Policy Development

For the social work field to have the desired national impact on critical community and clinical issues, it will be essential for more opportunities to be provided for trainees and current practitioners to engage in advocacy and policy development. This may be done by offering testimony to a county board, state legislative committee, or congressional committee; organizing a community-based grassroots initiative on a key topic; or by proposing policy changes to address key issues confronted by social workers in the field. When possible, social workers should be provided with training or internship opportunities, or even temporary organizational roles, to engage in these activities.

Deploying the Grand Challenges for Social Work and Their Emerging Solutions

For a decade, work has been underway throughout the social work field to devise practical solutions to the GCSW (Barth et al., 2022). Because solutions to many of these issues exist only on a small scale, they are not broadly available to those working in the field. Trainees and practitioners need opportunities to view these solutions in actual practice and to learn how they might adopt these same solutions in their own communities. Implementation of this recommendation could become a task for the Grand Challenges Initiative. The continuing primary purpose of the initiative is to transform social work education at all levels.

The solutions being developed for several of the GCSW Initiatives will have particular relevance to the future of social work practice. Specifically, we would like to identify the GCSW crosscuts on behavioral health, disability, gender issues and eliminating racism, and how each of these interacts with the problems being addressed for individual and family well-being, for example, closing the heath gap; those that address strengthening the social fabric, for example, eradicating social isolation; and those that promote a just society, for example, promoting smart decarceration.

Transforming How CSWE Defines Standards for Training and Practice

Each of the specific areas just discussed above has major additional implications for transformations needed in CSWE activities. Ensuring social work education remains

nimble to current and future trends will require a consistent and comprehensive review of curricula, accreditation and practice standards, and the code of ethics. This work should be broad-based to take the best advantage of the knowledge base of the field regarding the changes that are currently underway and their implications.

CSWE already has major work underway regarding standards for training and practice. Through collaboration between the Council on Accreditation and the Commission on Educational Policy , CSWE regularly conducts environmental scans and reviews to ensure that accreditation standards remain responsive to emerging developments in social work education and practice. This process culminated in the adoption and implementation of the 2022 Educational Policy and Accreditation Standards (EPAS), which all accredited programs are expected to operate under as of July 2025 (CSWE, n.d.). The revised EPAS reflect evolving expectations regarding anti-racism, diversity, equity, inclusion, environmental justice, and workforce needs while maintaining a competency-based framework for professional preparation. As social work practice continues to evolve, CSWE continues to provide guidance and interpretation to help programs remain aligned with emerging trends and changing educational environments (CSWE, 2025b).

CSWE also partners with the Association of Social Work Boards (ASWB) and the Social Work Leadership Roundtable to address workforce issues and improve the accuracy of national social work workforce data. In addition, ASWB has completed a comprehensive analysis of contemporary social work practice involving more than 25,000 social workers and is implementing revised competency assessments and licensing examinations scheduled for launch in 2026 (ASWB, 2025a). These efforts emphasize validity, fairness, accessibility, transparency, and alignment with current professional practice (ASWB, 2025b). Concurrently, the Social Work Leadership Roundtable continues to collaborate with organizations such as the Bureau of Labor Statistics (BLS) and the Health Resources and Services Administration (HRSA) to strengthen workforce data collection and improve projections regarding the future social work workforce.

Convening to Begin Building a Bold Agenda for the Future

To implement the steps just outlined will require the creation of a high-level task force representative of all key elements in the field — academic, research, policy, and practice. All major entities should come together to form this task force. This should include entities such as the CSWE, the National Association of Social Workers (NASW), the Society for Social Work and Research (SSWR), the Association of Baccalaureate Social Work Program Directors, and the National Association of Deans and Directors. It also should include the GCSW (Barth et al., 2022) initiative and other major initiatives in the field.

Initially, the leaders of these major organizations should be convened to develop a name and a vision statement for the task force, as well as to address the following essential questions. Who will lead the task force? How will the task force be organized into specific workgroups? Where will the task force be housed? How will it be accountable to the field?

The inclusion of representatives from all components of the social work field must be broad enough to represent all domains in which social workers are engaged. Specific efforts

will need to be undertaken to reach out to social workers who are not typically part of such activities; these could include social workers who are not engaged in typical social work occupations, e.g., social workers who serve as chief executives of managed care entities, social workers in practice who no longer are members of national organizations such as NASW, bachelor's-level social workers who practice in fields that do not require licensure, among others. Developing channels of communication with these social workers can be instrumental in broadening the efforts of the field to adapt to future needs.

Figure 1. *Adaptational Framework for the Future of Social Work*

The task force also should include clients who use social work services, as well as family members and other representatives of the community. As a key part of its work, the task force also should engage representatives from the public and private sectors, including health and primary healthcare communities.

Finally, the work of this task force should be informed by and linked to the work of futurists in the social work field who are beginning to consider these issues. Specifically, we would like to note the work of Dr. Laura Nissen (2025) in this regard. In the next decade, it is the authors' hope that this futures work will focus on bringing the solutions being developed by social workers for the Grand Challenges to communities throughout the US that currently are experiencing these problems.

Conclusion

To stimulate broad discussion in the field, this paper has explored a bold agenda for the future of social work. This proposed agenda has been developed in response to the changes underway in American society, in the types of problems being seen in care, and in the actual organization of care (see Figure 1).

The authors hope that all corners of the field, academic, research, policy, and practice.—will participate in this dialogue. The goal will be to define a vision for the social work field of the future and to identify key steps by which this future can be actualized. If social work is to play a key role in the American society of the future, nothing could be more important than undertaking this essential journey today.

References

Alowais, S. A., Alghamdi, S. S., Alsuhebany, N., Alqahtani, T., Alshaya, A. I., Almohareb, S. N., Aldairem, A., Alrashed, M., Bin Saleh, K., Badreldin, H. A., Al Yami, M. S., Al Harbi, S., & Albekairy, A. M. (2023). Revolutionizing healthcare: the role of artificial intelligence in clinical practice. *BMC Med Educ,* 23, 1-15.

American Medical Association. (2025, February 12). *Physician enthusiasm grows for health care AI*. Author.

Arab American Institute. (n.d.). *National Arab American demographics*. Author.

Arndt-Couch, R. (2023). *Institute on Social Practice Integration Research and Education (INSPIRE): A workforce development solution to close the health gap* [Doctoral Capstone Project]. Suzanne Dworak-Peck School of Social, University of Southern California Los Angeles, CA.

Association of Social Work Boards [ASWB]. (2025a). *Practice analysis*. Author.

ASWB. (2025b, December 11). *Upcoming changes to the social work licensing exams*. Author.

Bailey, S. R., McConnell, K. J., & Burk, M. (2021, June 9). *Racial and ethnic inequities in health care coverage and access: 2013-2019*. The Commonwealth Fund.

Barth, R. P., Messing, J. T., Shanks, T. R., & Williams, J. H. (Eds.). (2022). Grand challenges for social work and society (2nd ed.). Oxford University Press.

Bipartisan Policy Center. (2023). Demographic transition: Changes in demographic trends and implications for the United States. Author.

Boehringer Ingelheim. (n.d.). Welcome to the PDT Pathway—where a new era in mental health has begun. Author.

Bohr, A., & Memarzadeh, K. (2020). The rise of artificial intelligence in healthcare applications. In A. Bohr & K. Memarzadeh (Eds.), *Artificial intelligence in healthcare* (pp. 25-60). Academic Press.

Bonsaksen, T., Ruffolo, M., Price, D., Leung, J., Thygesen, H., Lamph, G., Kabelenga, I., & Geirdal, A. Ø. (2023). Associations between social media use and loneliness in a cross-national population: do motives for social media use matter? *Health Psychology and Behavioral Medicine*, *11*(1), 1-18.

Budiman, A., & Ruiz, N. G. (2021, April 9). Asian Americans are the fastest-growing racial or ethnic group in the U.S.. Pew Research Center.

Council on Social Work Education [CSWE]. (2023). 2022-23 Annual Statistics on Social Work Education in the United States [PDF]. Author.

CSWE. (2025a). *2022 EPAS implementation timeline*. Author.

CSWE. (2025b). 2023-2024 social work education in the United States: Summary of the CSWE Annual Survey of Social Work Programs. Author

CSWE. (n.d.). *2022 EPAS accreditation toolkit.* Author. https://www.cswe.org/accreditation/policies-process/2022epas/toolkit/

Centers for Medicare & Medicaid Services. (2024). *Innovation in Behavioral Health (IBH) model*. Author.

Chen, P. V., Helm, A., Caloudas, S. G., Ecker, A., Day, G., Hogan, J., & Lindsay, J. (2022). Evidence of phone vs video-conferencing for mental health treatments: A review of the literature. *Current psychiatry reports*, *24*(10), 529-539.

Childs, T. M., Iachini, A. L., Reitmeier, M., Browne, T., DeHart, D., Bengel, A., & Haynesworth, M. (2024). Exploring social work practitioners' perspectives on the contributors to burnout since the COVID-19 pandemic. *Social Work, 69*(2), 142-150.

Clary, N. E., S., K., & Smith, K. S. (2022). Developing a roadmap for harnessing technology in social work: Training the next generation of social workers. *Smith College Studies in Social Work, 92*(2), 111-132.

Dunkelman, M. (2011). The transformation of the American community. National Affairs.

Franklin, C., Dosanjih, L., Sloan, S. K., Voss, T., Lee, P.-C., Hong, J., Lim, C., & Swearingen, E. (2024). *2024 Texas social work workforce study*. University of Texas at Austin, Steve Hicks School of Social Work.

Frey, W. H. (2020, January 2). *The 2010s may have seen the slowest population growth in U.S. history, census data show*. Brookings Institution.

Gbadamosi, O. A., & Ajewumi, O. E. (2024). Telehealth and digital platforms in social work: Enhancing client access and care delivery. *International Journal of Research Publication and Reviews, 5*(9), 3216-3230.

Hamilton, B. E., Martin, J. A., & Osterman, M. J. K. (2024). Births: Provisional data for 2023 (Vital Statistics Rapid Release No. 35). CDC.

Hogg Foundation for Mental Health. (n.d.). *Community*. The University of Texas at Austin.

Kim, J. J. (2026). The licensed social work workforce from the 2024 Social Work Workforce Survey. *Research on Social Work Practice, 36*(4), 431-447.

McKinsey & Company. (2024, December 12). *The future of Medicare Advantage*. Author.

Maiden, R. P., & Weiss, E. L. (Eds.). (2023). Social work education and the grand challenges: Approaches to curricula and field education. Oxford University Press.

Manderscheid, R. W., & Ward, A. (2024a). Stepping into the future of behavioral health: Opportunities, challenges, and possibilities. *American Journal of Orthopsychiatry, 94*(4), 422-431.

Manderscheid, R., & Ward, A. (2024b). Mental health services from 1990 to 2023. *Oxford Bibliographies in Social Work*.

Martin, J. A., Hamilton, B. E., & Osterman, M. J. K. (2023). *Births in the United States, 2022* (NCHS Data Brief No. 477). National Center for Health Statistics.

Mather, M., & Lee, A. (2020, February 11). *Children are at the forefront of U.S. racial and ethnic change*. Population Reference Bureau.

Menchaca, A., Pratt, B., Jensen, E., & Jones, N. (2023, May 22). Examining the racial and ethnic diversity of adults and children. U.S. Census Bureau.

Murthy, V. H. (2023). *Our epidemic of loneliness and isolation: The U.S. Surgeon General's advisory on the healing effects of social connection and community*. Office of the Surgeon General, U.S. Department of Health and Human Services.

Moslimani, M., & Noé-Bustamante, L. (2023, August 16). Facts on Latinos in the U.S. in 2021. Pew Research Center.

National Association of Social Workers [NASW]. (2013). *Best practice standards in social work supervision*. NASW & Association of Social Work Boards.

Newport, F. (2021, August 6). Impacts of shifts in American culture. Gallup News.

Nilsen, P., Seing, I., Ericsson, C., Birken, S., & Schildmeijer, K. (2020). Characteristics of successful changes in health care organizations: An interview study with physicians, registered nurses, and assistant nurses. *BMC Health Services Research, 20*(1), 1-8.

Nissen, L. B. (2025). *Anticipatory social work: Foresight approaches and tools for social imagining and collective praxis*. Oxford University Press.

Noten, S., Stoop, A., De Witte, J., Landeweer, E., Vinckers, F., Hovenga, N., van Boekel, L. C., & Luijkx, K. G. (2022). "Precious time together was taken away": Impact of COVID-19 restrictive measures on social needs and loneliness from the perspective of residents of nursing homes, close relatives, and volunteers. *International journal of Environmental Research and Public Health*, *19*(6), 1-18.

Osterman, M. J. K., Hamilton, B. E., Martin, J. A., Driscoll, A. K., & Valenzuela, C. P. (2022, February 7). *Births: Final data for 2020* (NCHS National Vital Statistics Reports). CDC.

Palmer, C. S., Brown Levey, S. M., Kostiuk, M., Zisner, A. R., Tolle, L. W., Richey, R. M., & Callan, S. (2022). Virtual care for behavioral health conditions. *Primary Care*, *49*(4), 641-657.

Piña, G., & Martinez, G. (2025, October 22). Key facts about U.S. Latinos. Pew Research Center.

Population Reference Bureau. (2024, September 13). *2024 world population data sheet*. Author.

Ratcliff, M. (2024). Social workers, burnout, and self-care: A public health issue. *Delaware Journal of Public Health*, *10*(1), 26-29.

Saad, L. (2019, August 16). 10 major social changes in the 50 years since Woodstock. Gallup.

Salsberg, E., Quigley, L., Richwine, C., Sliwa, S., Acquaviva, K., & Wyche, K. (2020). *The social work profession: Findings from three years of surveys of new social workers*. The George Washington University Fitzhugh Mullan Institute for Health Workforce Equity.

Silverstein, J. (2023, May 9). 4 trends shaping behavioral health care. Behavioral Health Business.

Society for Human Resource Management. (2023, November 17). The loneliest least resilient demographic alive. Author.

Stockdale, H., Fox-Grage, W., Teshale, S., & Hodges, K. (2024, January 12). *States will continue to focus on older adults and people with disabilities in 2024*. National Academy for State Health Policy. Retrieved January 17, 2025, from

Sullivan, W. P., Hostetter, C., & Commodore-Mensah, M. (2023). Experiences of mental health professionals in the rapid pivot to telehealth: Implications for social work practice. *Advances in Social Work, 23*(2), 377-395.

Tadic, V., Ashcroft, R., Brown, J. B., & Dahrouge, S. (2020). The role of social workers in interprofessional primary healthcare teams. *Healthcare policy/Politiques de sante*, *16*(1), 27-42.

Terlizzi, E. P., & Zablotsky, B. (2024). *Symptoms of anxiety and depression among adults: United States, 2019 and 2022* (National Health Statistics Reports No. 213). National Center for Health Statistics.

Thakkar, A., Gupta, A., & De Sousa, A. (2024). Artificial intelligence in positive mental health: A narrative review. *Frontiers in Digital Health*, *6*, 1-11.

U.S. Bureau of Labor Statistics. (2023, April 18). *Social workers: Occupational outlook handbook*. Author.

U.S. Department of Health and Human Services. (2025, January 7). *As he concludes his second tenure, 21st U.S. Surgeon general issues parting prescription for America*. Author.

Ward, A. A., & Manderscheid, R. (2024). Social work confronts technology. *Health & Social Work,* 50(1), 69-71.

Watson, V. C., & Begun, S. (2024). Burnout in social work: A review of the literature within the context of COVID-19. *Social Work in Public Health*, *40*(1), 19-30.

Wilson, F. (2016). Identifying, preventing, and addressing job burnout and vicarious burnout for social work professionals. *Journal of Evidence-Informed Social Work*, *13*(5), 479-483.

Wilson, S., & Dumornay, N. M. (2022). Rising rates of adolescent depression in the United States: Challenges and opportunities in the 2020s. *The Journal of adolescent health: official publication of the Society for Adolescent Medicine*, *70*(3), 354-355.

World Health Organization [WHO]. (2021). *Guidance on community mental health services: Promoting person-centred and rights-based approaches*. Author.

WHO. (2022, March 2). *COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide: Wake-up call to all countries to step up mental health services and support*. Author.

WHO. (2024). *Ethics and governance of artificial intelligence for health: Guidance on large multi-modal models*. Author.

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