BOSTON UNIVERSITY

ADVANCING LEADERSHIP

in Public Health Social Work Education

Toolkit

Introduction

Welcome to the Public Health Social Work (PHSW) Education Toolkit, a project of the Boston University Advancing Leadership in Public Health Social Work Education (BU-ALPS) grant, funded by the Health Resources and Services Administration (HRSA). The PHSW Toolkit is one of three documents developed by the BU-ALPS team. In addition to the PHSW toolkit, there is an MSW/MPH Handbook to promote promising practices in the administration of MSW/MPH programs and a set of Recommendations to the Field aimed at elevating and revitalizing this important area of practice.

The BU-ALPS team is passionate about public health social work education. Led by a public health social worker and longtime director of the successful Boston University MSW/MPH Program, our team is comprised of MSW/MPH and MPH graduates, all of whom have practiced at the intersection of public health and social work (SW). We are guided by the conviction that public health social work is a powerful and essential skill set for contemporary social workers who want to engage in "upstream" prevention-oriented social work, cross-sectoral efforts to improve health outcomes, and the promotion of health equity. Our goal is to promote the integration of public health social work (PHSW) into all levels of social work education and professional development.

In developing the PHSW Toolkit, the BU-ALPS team engaged in a variety of efforts to better understand the current state of public health social education. We surveyed MSW deans, MSW/MPH Program faculty and directors, APHA members, and other key informants on the availability and quality of (PHSW) education. We also conducted website reviews to gather information about PHSW content in social work education and interviewed a select set of public health and social work experts and key informants. Through these efforts, we gained a better understanding of the gaps and challenges faced by those who would like to include PHSW into social work education. While no toolkit can address all of the knowledge gaps, we endeavored to develop content in response to identified needs.

We hope that this toolkit will result in increased integration of PHSW into social work education and professional development. The resources we developed which will remain available on the Boston University School of Social Work Center for Innovation in Social Work and Health website. We welcome your feedback and contributions as we continue to update them.

Sincerely,

Betty J. Ruth, MSW, MPH, Principal Investigator, BU-ALPS

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Using this Toolkit

This Toolkit includes an overview of public health social work history, definitions, and examples of contemporary practice. In addition, we have developed a model PHSW syllabus, as well as a resource guide that can link educators and practitioners to additional curriculum-building materials. Finally, our slide decks include foundational content—epidemiology, social determinants of health, and prevention for PHSW—as well as topical content on major public health issues for educators to "grab and use" as they need it. We encourage you to adapt the tools and instruments for your own purposes.

SUGGESTED CITATION

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Section 1:

Introduction & Background

Public Health Social Work: An Introduction

Public Health Social Work (PHSW): PHSW is the sub-discipline within social work that uses multifaceted, wide-lens public health approaches to address major health issues, promote health equity and mitigate health problems (Ruth, Sisco, & Marshall, 2016).

History: One of the oldest forms of social work, PHSW dates to the early 20th century when social workers and public health officers collaborated on infectious disease control, maternal and child health promotion, and the settlement house movement (Hopkins, 1926; Popple & Leighninger, 2011; Ruth, Sisco & Marshall, 2016). Moved by shared Progressive Era values of promoting human health and well-being, social work was considered a key component of public health, even at its inception. From its outset, public health-informed social work distinguished itself from other forms of social work by its willingness to investigate social factors as causes of poor health. Early public health social workers used a tripartite approach (See Figure 1), combining epidemiologically-informed casework, community-level interventions, and vigorous policy advocacy to bring about major societal changes that improved overall health (Bracht, 1978; Rice, 1959; Ruth & Marshall, 2017; Ruth & Wilkinson, 2018).

Ruth & Wilkinson, 2018

Public health social work's successes helped to reduce infant and maternal morbidity; to establish maternal and child health and disaster response; and later, to destigmatize and respond to the AIDS epidemic (Combs-Orme, 1988; Ruth, Sisco & Marshall, 2016). And, while social work's role in public health has evolved over the course of a century, the fundamentals of PHSW remain. Built upon the synthesis and integration of theories, knowledge, frameworks, and interventions from both fields, contemporary PHSW work is a powerful bridge to the inter-professional and cross-sectoral collaboration needed to address the complex health challenges of the 21st century (Ruth, Sisco & Marshall, 2016).

PHSW's key characteristics include:

- A shared commitment to promoting individual and population health and well-being
- Use of epidemiologically-informed approaches
- Attention to the needs of vulnerable sub-populations and health injustice
- A focus on addressing the social and macro determinants that shape health
- Capacity to address unmet social needs that contribute to poor health
- An emphasis on prevention at all levels
- Multi-level intervention—from individual to systems—to impact and improve people's health
- Reliance upon cross-sectoral, inter-professional, and transdisciplinary collaborations
- Advocacy for systems, environmental, and structural change in the conditions that affect health

Why Public Health Social Work is Needed Now

Worsening health statistics and lack of prevention: The U.S. spends more money than any other nation on health care, while experiencing worse health outcomes. This includes a declining life expectancy and consistently low rankings in cross-national comparison studies of health outcomes, health equity, system efficiency, and health care access (Bradley &Taylor, 2013; Schneider, Sarnak, Squires, Shah, & Doty, 2017). While health care expenditures amount to approximately 1/6 of the total Gross Domestic Product, more than 95% of health care dollars goes to disease treatment, despite the proven power of prevention to decrease death and morbidity (Mays & Smith, 2011; World Bank, 2017). The health reforms associated with the Affordable Care Act (ACA), enacted in 2010, have resulted in important positive benefits, such as increased health care access for 20 million Americans, prevention funding, Medicaid expansion, and consumer protections regarding pre-existing conditions. Despite the ACA, approximately 20 million people remained uninsured in 2016 (NCHS, 2017). And, though more are insured, nearly 40% of those aged 65 and under are enrolled in high-deductible health plans which increase the out-of-pocket costs shouldered by consumers; in turn, this impedes effective use of health care and contributes to poorer health outcomes (Dolan, 2016). Moreover, since its inception and increasingly since the 2016 election, attempts to undermine or limit the reach of ACA have continued. While several efforts to gut health reform have failed, the path ahead remains unclear, and the real, but modest, gains achieved by expanding health insurance are at risk (Jost, 2017).

"I truly believe in the transformative power of public health social work. It is not just the marriage of two skillsets, but instead representative of a whole that is greater than the sum of its parts. Despite this, being a PHSW requires the ability to navigate uncharted waters, to be a pioneer and a champion of a professional role and skillset that is not universally recognized."

–Bonnie Wennerstrom, Healthier Washington Connector, Seattle (WA), MSW, MPH

Rampant health inequities and unmet social needs: Within this environment of uncertainty, health inequities associated with race, class, gender, and other social determinants of health have persisted, even while new ones emerge (Bailey, Krieger, Agenor, Graves, Linos & Bassett, 2017). Epidemiologists have long attempted to quantify the impact of these inequities and social factors on national mortality. For instance, Galea, Tracy, Hoggatt, DiMaggio, and Karpati (2011) argue that close to half of national deaths are attributable to social factors. The Centers for Disease Control and Prevention hypothesize that health inequities are a major factor in the top five causes of death, estimating that 40% of all deaths are preventable (CDC, n.d.). Because health inequities reflect larger, embedded social inequities, increasing access to health care addresses only 10-20 % of the problem. Therefore, it is not surprising that the ACA expansion was only partially successful in addressing the deep and persistent racial inequality in health (Hood, Gennuso, Swain, & Catlin, 2016).

"I believe that all public health and social work professionals are best equipped to deal with the suffering in our society when they are able to view social ills through both lenses. By treating the individual, we can help one person in a profound and meaningful way. By integrating that help into a broader, public facing perspective, we can support the revitalization of communities that have been devastated by addiction and many other health disparities."

– Dan Hogan, Substance User Health Program Manager, Codman Square Health Center, Boston (MA), MSW, MPH

In addition to the egregious health inequities experienced by populations of color, widening economic inequality has also produced increases in premature mortality among other groups, notably disadvantaged whites. Rural, middle-aged, females, and those without a high school education have experienced increased mortality and declining life expectancy

since the 1990s (Woolf, 2017). These powerful health inequities are intermingled with other societal crises. Political and social division, a growing chronic disease burden, a rapidly aging population, urbanization, the attacks on immigrants and immigration, expanding epidemics of suicide, trauma, and opiate addiction, the effects of ongoing wars, environmental degradation, and emerging global health concerns all converge on the health system (Ruth, Sisco, & Marshall, 2016). Thus, the impact of social factors and unmet social needs on population health outcomes has garnered additional interest; increasingly, health systems recognize the need to address these as a part of good health care, presenting an important opportunity to reconnect social welfare and health (Robert Wood Johnson Foundation, 2011; Shier, Ginsburg, Howell, Volland, & Golden, 2013).

The current status of health social work: Health social workers, who labor daily within this fragmented, expensive, and unequal health system, are close witnesses to the suffering and cost at the human level. Roughly half of the profession's workforce—some 300,000 practitioners—work in health social work; estimates indicate that within a decade, 70% of social workers will work within health (BLS, 2015; Stanhope, Videka, Thorning, & McKay, 2015). Health social work is increasingly diverse and includes numerous sub-specialties, such as medical social work and behavioral health. While the number of social workers in each sub-specialty is unknown, there is agreement that the majority of health social work focuses on clinical services to individuals and families. Indeed, social workers are now the leading providers of mental health services in the U.S. (Beddoe, 2013; NASW, 2015).

"The integration of public health into social work requires the understanding of intervention at the individual level and prevention at the community level. This integration impacts and improves the social work profession by bringing professional knowledge and skills to help solve health and social problems afflicting communities and populations at large."

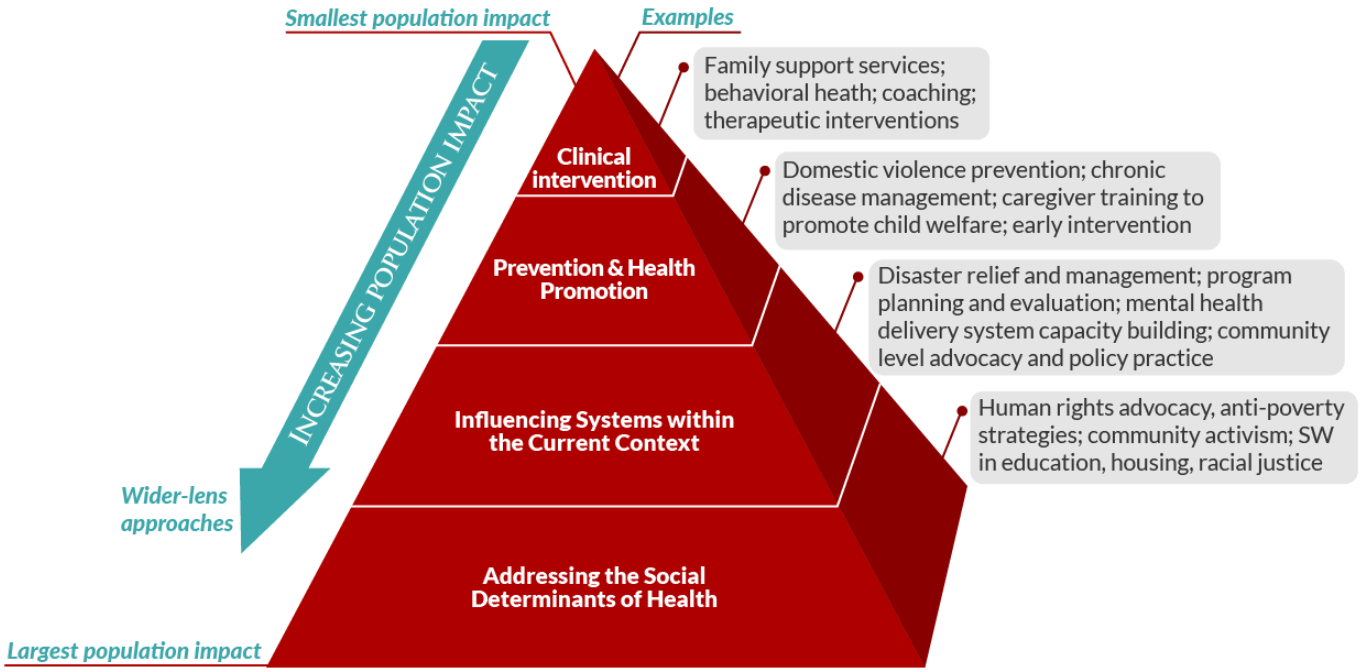
– Eric Kamba, Alumna, Executive Director of Congolese Development Center, (MA), MSW, MPH

Ongoing cost containment-driven pressures have resulted in significant challenges. These include pressure to justify social work's roles and the decentralization of social work departments, lack of funding streams for historic social work activities, and task shifting to other health professionals (Dziegielewski, 2013). Health social work experts have called for profession-wide efforts to strengthen social work as a core health profession (Allen & Spitzer, 2015; Ruth, Sisco & Marshall, 2016). Recommendations include the need to align the profession with health reform and to adopt evidence-based and integrated approaches (Reisch, 2012; Stanhope et al., 2015); prioritize training social workers for new skills, roles, and competencies (Auerbach, Mason, & Laporte, 2007; Judd & Sheffield, 2010; Vourlekis, Ell & Padgett, 2001); and commitment to measuring outcomes, particularly those that demonstrate the profession's impact on reducing health care costs (Rowe, Rizzo, Vail, Kang, & Golden, 2017; Steketee, Ross, & Wachman, 2016). We further recommend that the strengthening of health social work requires a broader conceptualization of its impact and a deeper commitment to integration of PHSW (Ruth, Wachman, Marshall, Backman, Harrington, Schultz & Ouimet, 2017).

Using PHSW to increase the health impact of social work: The scientific study of health social work outcomes has grown slowly, in part due to poor articulation of social work practice roles; in turn, this has limited the profession's ability to garner recognition, funding, and new opportunities in this dynamic health environment (Andrews & Browne, 2015; Rowe et al., 2017; Steketee, Ross, & Wachman, 2016). Impact models, which provide a visual representation of a profession's roles and activities, can enable better understanding of existing and potential practice and roles (Ruth et al., 2017). The Social Work Health Impact Model (Ruth, Wachman & Schultz, 2014) (SWHIM- Figure 2), adapted from Frieden's Health Impact Pyramid (2010), is a visual model portraying some of the multi-method and multi-level practices of health

social work, together with their level of population health impact (Ruth et al., 2017). Unlike other clinically-dominant professions, social work has retained an ongoing presence in policy, advocacy, prevention, macro, and community practice and as the model indicates, these areas are key to expanding social work's health impact. The SWHIM suggests that social work's multi-level capacities can be enhanced, not by abandoning valuable clinical practice, but by infusing wide-lens PHSW approaches into all areas of practice, linking practice across levels, and building out practice to consciously address the social determinants of health. Such "rebalancing" is essential to an integrated health social work that can have a more powerful impact on health justice. However, it requires deliberate infusion of PHSW into education and professional development (Ruth et al., 2017).

Social Work Health Impact Model, (Ruth, Wachman, & Schultz, 2014)



Education for PHSW: Although PHSW is a longstanding practice within the profession—and a growing area of interest—education for health social work remains largely focused on teaching clinical care in health settings. The Health in all Social Work Programs Study (Ruth et al., 2017) found that most social work courses and specializations at the baccalaureate, masters, and continuing education levels focus on clinical practice and that wide-lens public health social work content is rare.

Yet for the profession to effectively address health inequities and increase its health impact, social work education must change. While clinical approaches are profoundly valuable to individuals and families, they have minimal population impact. Clinical practice must be paired with public health approaches if the profession is to successfully address the social determinants of health that produce health inequities. The failure to teach this broader set of skills limits graduates' abilities to work, collaborate, and lead on these issues in the larger health arena. It also undermines the use of public health approaches in many apparent "non-health" practice domains where they could be vital, such as child welfare, homelessness, military and veterans' services, forensic social work and social work in schools. As the SWHIM implies,

PHSW is a multi-level practice that can link clinical practice to prevention and other approaches that will enable social work to broadly maximize its impact on social injustice.

Several obstacles have impeded the inclusion of PHSW content into social work education and professional development. At the baccalaureate and masters' levels, curricula are jam-packed, making the addition of new content a challenge. Many social work faculty members lack familiarity with public health approaches and may feel uncomfortable teaching PHSW content. The CSWE EPAS standards include prevention and health promotion, but it is unclear how programs connect these PHSW content areas to curriculum. Moreover, the only PHSW competencies that exist are decades old and need updating. Finally, the proliferation of MSW/MPH programs may had had an unintended effect; students interested in prevention and public health social work enroll in them, reducing the pressure on schools of social work to teach PHSW. Finally, the development of up-to-date PHSW curriculum resources has been slow.

A PHSW Call to Action

More than a century has passed since the development of PHSW. Since that time, public health social workers have continued to work at multiple levels, in many domains, on the bridge that merges public health with social work. While still a numerical minority, public health social workers have been called the "future of social work" (Clark, 2006). Clearly, there are compelling reasons why the profession, particularly social work education, should reclaim PHSW for a broader purpose.

First, social work has an important opportunity to redefine its role in health during this dynamic moment. Given the clinical nature of most health social work, it is understandable that the primary focus of social work leaders has centered on strengthening clinical practice in health care (Allen, 2012; Andrews & Browne, 2015; Collins, 2013; Darnell, 2013; Dziegielweski, 2013). However, as the SWHIM implies, the intentional adoption of a wide-lens public health framework can enhance the profession's visibility, increase its value proposition, and, most importantly, strengthen its impact on health equity. By increasing specific focus on PHSW as a unifying narrative and practice, the profession gains a century's worth of experience in melding clinical, intermediate, and population approaches for greater impact at a time when emerging opportunities—systems integration, care management, patient-centered care, addressing unmet social needs, and inter-professional practice—require widening the lens (Ruth, et al, 2017). This paves the way for further sharing of social work's historic professional skills, such as person-in-environment and ecological approaches, cultural responsiveness, community organizing, and socially just practices, in the emerging arena (Beddoe, 2013; Mizrahi & Gorin, 2013).

The second reason to embrace PHSW education and practice is ethical. The challenges at home and in the global sphere — health inequities, racism, gender discrimination, climate change, violence, mental illness, persistent chronic and infectious diseases, and economic inequality— are profound, pressing, and intractable. No one profession can solve them and, as the SWHIM illustrates, clinical interventions, by themselves, have minimal impact on systemic injustice. Efforts to promote health equity must, by necessity, be transdisciplinary, cross-sectoral, political, and connected to improvements in social welfare. Simultaneously, it is worth remembering PHSW history; the work of addressing unmet needs and social determinants is difficult and controversial. During especially divisive times, cross-sectoral collaboration can protect against political attacks on a given profession (Siefert, 1983). The increased recognition of the role of unmet social needs in health outcomes has redirected health system focus back to social welfare, and by extension, social work.

The historic truth is that the profession of social work, with its deep and varied practices across all of social welfare, has always focused on addressing unmet social needs and other social determinants of health (Zerden, Jones, Lanier & Fraser, 2016). Although social workers employed in education, criminal justice, child welfare and veterans' services are having an impact on health outcomes, their work may not be conceptualized as "health social work." Yet this work shapes health outcomes, and practitioners need to be able to use public health approaches to widen the lens and impact of their work. The profession would benefit from internalizing this understanding of social determinants of health, and broadly conveying it to society. PHSW, with its long track record of collaborative work on health and social welfare, is an intellectual and practical bridge upon which to build this important message of the profession's work.

Still, transformations in professions do not simply happen; recalibration requires questioning the status quo, re-imagining how things could be otherwise, and taking decisive steps to create a new reality that includes educating for prevention, population health, and other wide-lens approaches (Witkin, 2014). The list of tasks is long and begins with reclaiming and teaching the profession's PHSW history and practice. But we are in a new era of social work education and practice. A new generation of mission-driven students and practitioners are seeking to address the root causes of social problems and illnesses; they want to learn to promote health equity, to address the social determinants of health, and help build a just society. Attracted to the values, ethics, and practice of social work, as well as the science, prevention, and pragmatism of public health, many current students and practitioners crave an integrated practice that enables them to work with people and populations. PHSW, with its broader conception of health, is that practice. It is time to recognize its historic significance, value its current capabilities, and provide leadership for expanding its place in both social work and public health (Ruth & Marshall, 2017).

Section 2:

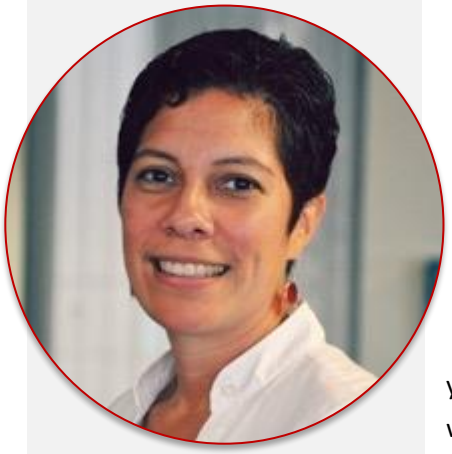
Resources for Integrating PHSW into SW Education

Resources for Integrating PHSW into SW Education

The following section provides a variety of tools to assist educators and students in understanding and integrating PHSW into various areas of social work education.

Profiles in PHSW

This section includes profiles of public health social workers across a wide range of practice with varying educational backgrounds. (The profile instruments used to create these profiles are included in the Appendices).



"In the past, social work was very well understood and the profession never needed to define itself—although it really was only known as a clinical profession. Now, public health has surpassed social work in its brand and professional identity. Public health is well-respected in the health care field and is always brought to the table. And there are more public health folks in the administrative roles than social workers. And when social work is invited to the table, we don't come with data that can tell our stories and make the case for ourselves."

Jenn Valenzuela

Chief People Officer, Health Leads, Boston (MA)

Jenn Valenzuela graduated from the Boston University MSW/MPH Program in 2000/2001. She was a Clinical Practice major at the School of Social Work and Health Policy/Management major at the School of Public Health. Jenn is currently Chief People Officer at a national health organization, Health Leads, where she has worked for seven years. She describes her job as "100% PHSW. I have both feet firmly planted in both social work and public health At Health Leads, we deliver direct services to approximately 10,000 patients in health care settings every year. With my clinical hat on, I lead all the program implementation and integration in health systems and clinics across the country. My team is responsible for coaching and training staff, establishing and promoting best practices, and codifying Health Lead's program model using data analytics and clinical expertise." Jenn notes that her experience as a clinical social worker in health settings has informed her thinking about always keeping patients first and that her public health expertise allows her to speak with health care executives about population health strategies.

Jenn's achievements are numerous: While at Children's Hospital, she led a five-year U.S. Department of Health and Human Services Office of Population Affairs randomized control trial to study the effects of individual life skills and parenting interventions among urban teen parents. She also spearheaded a partnership with fifteen community service organizations to create, develop and implement an Annual Summit for Teen Empowerment and Parenting Success, which is now in its 7th year. At Health Leads, she has created a Patients Advisory Council to increase the voices of those who receive services, co-led the development of a client database, and has recently been promoted to the Executive Team where she heads up the organization's equity work.

She is also passionate about the need for social work to strengthen its role in health. She notes that when she started in public health almost twenty years ago, almost no one knew what an MPH was. At that point, "Social work was very well understood and the profession never needed to define itself—although it really was only known as a clinical profession. Now, public health has surpassed social work in its brand and professional identity. Public health is well-respected in the health care field and always brought to the table. And there

are more public health folks in the administrative roles than social workers. And when social work is invited to the table, we don't come with data that can tell our stories and make the case for ourselves." Jenn observes that much of the conversation in health care is about social determinants, population health, unmet social needs and empathic inquiry. She is concerned that social work, which has been doing this work forever, has not told its story well enough. "We must do better!"

Jenn makes a compelling case for PHSW. She sees public health social workers as capable of bringing and keeping social justice at the forefront of the work. "Public health social worker is the best combination. We're people that can see the bigger picture and look at how to prevent the problem, while at the same time recognizing that the problem still exists and we can intervene…when I tell people I'm a public health social worker, I have to explain it. But once I do, they get it."

Jenn's advice to students: *Rather than waiting until after graduation, engage in leadership development while in school and learn "concrete things like facilitation of meetings, team leadership, staff development and financial management."*

Meredith Munn Wheeler,
Project Manager, Community Catalyst, Boston (MA), MSW

Meredith is a Project Manager for the Together for Medicaid Program at Community Catalyst, a national policy advocacy organization based in Massachusetts. She is a 2014 alumna of Boston University School of Social Work, where she majored in Macro Practice, and was an MSW/MPH student who chose not to continue in the program. "When I landed a dream job after my MSW graduation that allowed me to work in a more health/public health-oriented setting, I ultimately decided to focus on that rather than on finishing the remainder of my public health degree – a decision that was highly impacted by my existing loan debt and concerns about adding additional debt to finish the MPH."

"Public health approaches can go beyond clinical interventions which sometimes provide limited value in solving the root of long-standing problems. We can treat individuals and support families and communities in dealing with their health or other issues but the root causes of many issues are systemic in nature and require policy or systems changes. It is imperative that professionals who understand both orientations work together to craft more comprehensive approaches to systems change."

Still, Meredith sees her work in policy advocacy as highly informed by both public health and social work. On a day to day level, "I manage the operations of a large grant project that supports the work of state-level Medicaid advocates fighting on two key priorities: closing the Medicaid coverage gap by expanding Medicaid in states that have not done so, and preventing harmful changes to the Medicaid program in states that have already expanded Medicaid." Meredith notes that she and her colleagues do not refer to the work as PHSW, but "the focus of the project on expanding access to health coverage among low-income people – and in non-expansion states disproportionately low-income people of color – has a distinct population health and health equity mission…The core of what we do embodies the spirit of public health social work."

She notes that she believes she successfully integrates both public health and social work into her work and that colleagues seem to understand and value both perspectives. Regarding public health, Meredith observes, "Public health approaches can go beyond clinical interventions which sometimes provide limited value in solving the root of long-standing problems. We can treat individuals and support families and communities in dealing with their health or other issues, but the root causes of many issues are systemic in nature and require policy or systems changes. It is imperative that professionals who understand both orientations work together to craft more comprehensive approaches to systems change." She also believes that her skills as a social worker help her do policy advocacy in health: "I can gracefully facilitate meetings or trainings and develop advocacy tools for use by those fighting on the front lines for better health care access. Every time I need to analyze a new piece of research or give advice about how to approach collecting and sharing a personal health care story, I draw on many facets of my public health social work education." Meredith says that there are challenges in working with an interdisciplinary team, but she feels lucky that she works in a setting where there are many different disciplines collaborating: "Sometimes I feel like I'm putting on my 'social work hat' and others, my 'public health hat.' Those are the times I really have to sit myself down and reconcile the two more purposefully."

Meredith loves her work. “The best part is the tenacious and dedicated advocates I get to work with from all across the country, especially in very conservative states. I have never met so many fierce and optimistic people! They do incredible work and win incredible victories despite odds stacked against them.”

Meredith’s advice to students: *“Don’t be afraid to spell out your skillset. A lot of employers still see 'social work' and hear 'clinician'. For me it was important to talk openly with prospective employers about why I chose social work over some of the more traditional macro disciplines (public policy, public administration), and how my education in both social work and public health impacts my approach in my career. If an interviewer or colleague doesn’t know what public health social work is, tell them. Make sure you have a nice concise elevator speech that meshes with the specific skills in your portfolio you’re hoping to highlight.” Meredith is hoping that more public health social workers will be drawn into health policy advocacy. “I highly recommend a career in policy advocacy. It’s never a dull moment and you’ll have a chance to draw on so many of the skills you’re learning as a student. I sometimes think social workers can be a little afraid to be political, but remember that the roots of our profession are in advocacy and activism!”*

"Equity work focuses on those who are most disproportionately impacted by negative outcomes across sectors. If social workers are to understand people in the context of systems, then a social determinants perspective is critical. It is particularly important for racial equity work. SDOH is where social workers apply their understanding of power, privilege, and oppression to support systems change because we understand that systemic and institutional racism, and its intersection with other oppressed identities, is what is reducing life expectancy and otherwise killing many people of color every day."

Janine Anzalota,

Civil Rights Program Manager, Office of Equity and Social Justice, King County Executive, Seattle (WA), MSW, MPH

Janine is a 2004/2006 alumna of the Boston University MSW/MPH Program, where she majored in clinical social work at BUSSW and Health Services at BUSPH. "I'm currently the Civil Rights Manager in the Office of Equity and Social Justice for the King County Executive in Washington State. King County is the 11th largest county government in the country." As part of her work she is restructuring civil rights policies, ordinances, and programs so that they better support the county's racial equity and social justice goals; this includes helping to build a new equity, civil rights and social justice commission, which will have oversight of the county's implementation of its equity and social justice strategic plan. Her work she is restructuring civil rights policies, ordinances, and programs so that they better support the county's racial equity and social justice goals; this includes helping to build a new equity, civil rights and social justice commission that will have oversight of the county's implementation of its equity and social justice strategic plan. Janine's position includes multiple responsibilities and tasks: "I provide consultation to internal departments and work groups developing racial equity goals and strategies. I co- facilitate trainings on equity and social justice for the county, investigate discrimination, and enforce the local and federal laws. In addition, I provide equity and social justice recommendations to improve the workplace in response to issues brought forward by employees where a claim does not meet the threshold for an investigation." Janine calls herself a public health social worker, and notes that "I don't think I'd have a holistic approach to how systems and institutions impact people if I didn't have both public health and social work backgrounds."

Janine's career focus, now and going forward, is racial equity, particularly in government services. She feels prepared to do the work. "I have no problem explaining why social work and public health perspectives and skills are so important to racial equity work. I learned about the systemic and institutional work through my personal life experience as a woman of color, and my work experience gave me the language. But I would not have had the employment opportunities I had if I didn't have both degrees. My ability to articulate the value and intersection of public health and social work was what got doors open for me." She notes the importance of a social determinants of health approach in equity work. "Equity work focuses on those who are most disproportionately impacted by negative outcomes across sectors. If social workers are to understand people in the context of systems, then a social determinants perspective is critical. It is particularly important for racial equity work. SDOH is where social workers apply their understanding of power, privilege, and oppression to support systems change because we understand that systemic and institutional racism, and its intersection with other oppressed identities, is what is reducing life expectancy and otherwise killing many people of color every day."

When reflecting on her clinical skills, Janine notes that in some ways, they're just "really good people skills. I use them to provide formal mediations, as well as to mediate issues among my colleagues without them knowing I'm doing it. Another way I use them is to help navigate group dynamics to facilitate a process that results in a policy change."

Over the years, Janine has had many accomplishments. She was the first Latina appointed Executive Director of the Mayor's Office of Fair Housing and Equity in Boston, MA. She was also the national co-chair for the Government Alliance on Race and Equity. With that role, she successfully revised the City of Boston's internal policies, wrote legislation, and provided testimony to support enactment of fair housing policies that uphold or strengthen racial equity. Her collaboration with her previous employer, the Boston Public Health Commission, led to an integrated Racial Equity Health Impact Assessment for the city, and additional advocacy of housing discrimination as a public health issue led to foundation funding of a partner program that will be conducting a study on race-based housing discrimination later in 2018.

Throughout all of this, Janine has prioritized mentoring, counseling and providing career guidance to students of law, social work and public health. Because she doesn't think PHSW is broadly understood, she urges practitioners with the skills and degrees to carefully articulating how they are integrated and add value to the work. She coaches students to talk about their skills, to write white papers, case studies, and other means of highlighting the contributions of both public health and social work.

Janine's advice to students: *"Don't think that because your boss does not understand this integration that you should drop one degree from your resume or not talk about your integrated skillsets. As advocates, it is our responsibility to keep pushing why public health social work is important. People aren't just going to understand how it adds value. As a young professional, I didn't back down when people didn't understand the integration. I knew I'd prove it to them through my work, and I did."*

Kathy Burk

Health Services Director, Mississippi State Department of Health, (MS), MSW

Kathy Burk is a 1993 MSW graduate of the University of Southern Mississippi. She began her career in child and protective services, but after earning her MSW, a colleague told her about working in public health and she was interested. "But until my classmate asked me to apply for a job in public health, I had no idea that social workers were employed at the health department!" Kathy's first position in public health was social work supervisor in a district comprised of ten counties in west central Mississippi. "I supervised seven social workers who provided services within those ten counties. These included working with high risk maternity patients and infants; HIV patients who needed housing; family planning patients; children with developmental delays; children with special health care needs and basically any community need that was identified." Kathy notes that she has served in several different roles, and that she has "loved every one of them. I served as the state social work director; deputy director of field services, which included supervision of a multidisciplinary team that included the social work director, nursing director, nutrition director, environmental health consultant and office systems director." She went on to be the state's WIC director and finally landed in her current role as Health Services Director. Kathy's office of Health Services includes Women's Health; Child/Adolescent Health; Oral Health; Tobacco Control; Preventive Health; WIC; and Health Data & Research; the team is truly inter-professional and consists of social workers, nurses, doctors, and other allied health personnel.

"Social work is integrated into numerous public health programs within the department of health largely due to the ongoing relationship-building with public health leadership over the years. In public health, a clear understanding of social justice is critical. I often say that if I were not a social worker, I actually could not do this job! Our agency values social workers because of our ability to negotiate, analyze situations, and utilize the 'soft skills' of making teams work."

Kathy describes the role of public health social workers within her setting: "Social work is integrated into numerous public health programs within the department of health largely due to the ongoing relationship-building with public health leadership over the years. In public health, a clear understanding of social justice is critical. I often say that if I were not a social worker, I actually could not do this job! Our agency values social workers because of our ability to negotiate, analyze situations, and utilize the "soft skills" of making teams work." Kathy believes that relationship-building is at the core of what she and her social work team do: "My social work education prepared me to understand the importance of relationships in working with staff and partners at all levels, but also in acquiring services for clients. With positive relationships, we can often obtain services for those we serve. Additionally, our understanding of human behavior and cultural competence helps when working with a large staff of people from a variety of backgrounds." She notes that one of her seasoned social workers once observed that "doctors and nurses use their prescription pads to provide medicine to patients to make them better, but social workers' relationships are our prescription pads," and she agrees. Kathy is very proud that social workers hold key leadership roles within the agency. "Our Directors of Women's Health; Breast and Cervical Cancer; Child & Adolescent Health, Perinatal HighRisk Management Program/Social Services Director are all social workers.

Kathy sees public health social workers as "change agents who are crucial to bringing partners together to solve problems." She notes that "We have to sometimes push the

envelope to get people with the right skills to the table to work toward resolution of problems. We understand the value of partnerships to get things done and systems changed. Improved health is not health care and does not happen in a clinic." Kathy sees health as the result of many factors—changing human behavior, empowering communities, partnerships across sectors, advocacy and education—all of which can bring about change and improve population health. She describes a recent success: An instructor at a school of nursing supervises staff at a school clinic. She and Kathy met to discuss the need for and lack of funding for a social worker in the clinic. Kathy was able to leverage public health funds to partner with the school and provide for a full-time public health social worker to join the team.

Kathy's advice to students: *"I believe there is an increased understanding of the need for social workers in public health." Her advice to students: "The next generation needs critical skills in program effectiveness, analysis, evaluation and other research skills, as well as passion for improving the health of every community and the ability to work with teams and partners."*

Emily Shea

Commissioner of Elder Affairs, City of Boston (MA), MSW, MPH

Emily Shea is a 1998/1999 graduate of the Boston University MSW/MPH Program. She majored in Clinical Practice with a focus on gerontology at the School of Social Work and Health Services Administration at the School of Public Health. Emily focused on clinical practice so she could better prepare for her career in health administration and has found her clinical background has helped her understand human behavior, mental health, the ethics of professional boundaries, and how to work effectively one on one with people. She became an administrator early on in her career and "For the past seven years, I have worked as the Commissioner for the Commission on Affairs of the Elderly at the City of Boston. My office serves as Boston's Area Agency on Aging and Boston's Council on Aging. We assess needs, plan and fund an aging services network of grassroots agencies, and provide direct services for older adults in the city. It is our job to make sure older adults in our city have access to the supports they need (both health and social determinants of health). But we also work to ensure that we, as a city, recognize all that elders have to offer and contribute. I use the skills I learned in school every day. I keep my clinical knowledge in the back of my mind as I work on individual situations and issues or when moving larger projects forward. I love my job because I get to work on a policy level, systems change level, and individual level, so it is never boring, and it is definitely public health social work!"

"For the past seven years, I have worked as the Commissioner for the Commission on Affairs of the Elderly at the City of Boston…I use the skills I learned in school every day. I keep my clinical knowledge in the back of my mind as I work on individual situations and issues or when moving larger projects forward. I love my job because I get to work on a policy level, systems change level, and individual level, so it is never boring."

Emily notes that she has benefited from having the MSW/MPH degree combination and a public health social work orientation, "I think my work lends itself to both social work and public health, so it's been easy to integrate. In fact, it would be hard to do the role without the integration of the two…Much of what we do is geared toward health care and the social determinants of health." But she also observes that many of her colleagues don't know about or understand public health social work or how her background makes her better at the job. She observes, "I'm often asked about my work, but I tend to speak about it in terms of the aging field, not necessarily public health social work. However, if those of us actually doing this work could look for more opportunities to raise public health social work's visibility, that might be a good thing, especially given that more of us are graduating every year." Emily recommends the development of public health social work talking points to help brand the work. "This is hard, because there is so much variability in what we do, but it would be helpful for practitioners and students alike to strengthen their identities as public health social workers."

***Emily's advice for students*:** *"There is a growing emphasis on the social determinants of health and their impact on health care costs. This represents one of the biggest opportunities for MSW/MPH graduates."*

Practice Examples

This sub-section provides examples of everyday public health social work. By connecting the practice activities to the Social Work Health Impact Model (page 8), these examples help familiarize students and faculty with the rich diversity of PHSW.

Behavioral Health Integration Specialist. A public health social worker employed at a non-profit public health institute provides technical assistance to community health centers on behavioral health integration. He works to transform the healthcare delivery system into one that is more focused on wellness and prevention. His primary task is to integrate behavioral health—mental health and substance abuse—into the primary care practice. He tracks outcomes and manages population health data via electronic health records review; and, builds collaborative networks between medical providers, social workers, and social service partners in the community. His work is primarily reflected in the three lower tiers of the SWHIM—prevention, systems innovation, and addressing the social determinants of health, although he acknowledges that he relies daily upon his clinical skills.

Director of a Fair Housing Department. A public health social worker directs the department of fair housing and equity for a large city; in this context, she is practicing at the two lower tiers of the model, facilitating access to the scarce health resource of housing through government processes, and addressing the SDOH, such as racism, discrimination, and economic inequality, which form the barriers to housing access.

Program Supervisor. A youth development-oriented public health social worker works within a large community hospital's health improvement department. She oversees community-based substance abuse prevention and youth development initiatives. Defining health broadly, her work spans the prevention continuum, from substance use disorder prevention and education, to crisis intervention and treatment, to recovery and support. She also supervises a youth-led community-based group, promotes formal and informal partnerships among community leaders, and connects the hospital to the community in order to strengthen services. Her work focuses on the bottom three tiers of the SWHIM.

"The importance of the integration of public health and social work is so clear, so logical to me, that I don't understand why anyone would choose just one! An education in public health provided me with the technical skills to understand and use data, take a population health and systems approach to problem solving, and focus on prevention upstream. An education in social work layered on the elements of social determinants of health, community empowerment and organizing, and gave me a firm understanding of the systemic oppression and discrimination that exists in our society, disproportionately impacting the lives of our most vulnerable individuals."

– Lisa Gentry, Alumna, Behavioral Health Network Director, UnitedHealthcare Community Plan of Louisiana, (LA), MSW, MPH

Manager of Population Health. This PHSW manager promotes care integration, prevention, and effectiveness measurement at a major public hospital. She works on many projects and builds population health infrastructure at the practice level through the development of primary care clinical transformation activities. For instance, she has designed ways to improve communications—such as inter-professional "huddles"—between pharmacy, medicine, and behavioral health. She has established protocols for patient navigation including "pre-visit planning," so that the highest need patients

receive coordinated high-quality care that includes prevention. And, she works to improve care by engaging in quality improvement mechanisms, including the development of a clinical decision support tool embedded within electronic medical records that prompts providers to remind patients to get annual PAP smears. Her work also spans the three lower levels of the SHWIM.

Director of Capacity Building. A global health public health social worker manages capacity building on a large $80 million global health project that provides low-income countries with funds to address AIDS, tuberculosis, and malaria. She facilitates capacity development among organizations, governments, and civil society stakeholders to help them use their expertise, and voices, to promote efficient and high-impact use of the funds they receive for prevention, treatment, and care. She is working at the level of prevention, systems innovation, and social determinants of health within a global context—again, the bottom three tiers of the SWHIM.

Public Health Social Worker, Parkinson's Disorders Unit. A hospital-based public health social worker provides case coordination and psychosocial support for frail patients coping with the disorder. Additionally, she collaborates with the inter-professional health care team to design and implement health promotion programs to address falls prevention, stress management, and exercise promotion, since these preventive interventions are associated with decreased morbidity and increased quality of life for people with Parkinson's (Banez, Tully, Amaral, Kwan, Kung, Mak, Moghabghab, & Alibhai, 2008; Shurer, 2013). She links clinical practice (the "tip" of the SWHIM), to the second tier, the prevention level.

School-Based Public Health Social Worker. This social worker provides clinical services to vulnerable youth of color who have experienced trauma by facilitating weekly trauma-focused group therapy sessions. As part of her job, she also participates in legislative advocacy as a member of a local children's mental health coalition, whose goals are to increase funding and improve school policies that focus on decreasing school-to-prison pipeline. This social worker works on all four levels of the SWHIM—from preventive clinical group work to addressing the SDOH and systems of mass incarceration.

Disaster Response Global Public Health Social Worker. A social worker responding to the Ebola epidemic describes the many dimensions of her work (Viscusi, 2017). She provids clinical services, including crisis intervention, grief counseling, and trauma response. She provides clinical services, including crisis intervention, grief counseling, and trauma response. She also provides basic health education on Ebola, participates in early identification of cases and contact tracing, and surveys households that are at risk for new cases. At the community level, she helps to organize community efforts to decrease fear and destigmatize Ebola. She helps to streamline efforts to provide for orphaned children and advocates with government and donors for additional resources. Here, the social worker engages in all levels of PHSW—clinical, preventive, systemic, and structural. Her work occurs at all levels of the SWHIM.

About Competencies

This brief review of competences in public health, social work and PHSW helps frame competency based PHSW education.

The concept of professional competence is central to professions. A competent professional can practice with effectiveness and efficiency according to the standards of his or her profession. Competence is comprised of numerous components, including knowledge, values, skills, and behaviors (Drisko, 2014). Social work uses a competency-based educational (CBE) approach to shape social work education, ensuring that graduates are prepared to practice according to the competencies and standards of the profession. Since the early 2000s, the Council on Social Work Education (CSWE) has developed, revised, and promulgated its Educational Policy and Accreditation Standards (EPAS) to strengthen social work education and to assess educational outcomes (Bracy, 2017). There are currently nine holistic and interconnected EPAS standards; these encompass the broad competencies of professional social work practice which students must achieve (Poulin & Matis, 2015) **(https://www.bu.edu/ssw/files/2016/07/CSWE-2015-Competencies.pdf)**. Interest in sustaining lifelong practice competence after graduation is widespread and many organizations are shaping social work practice standards and competence. For instance, the National Association of Social Workers issues standards in various practice areas, including in health, although not for PHSW **(https://www.socialworkers.org/practice/practice-standards-guidelines)**. Competencies for specific areas of health social work have also been developed by separate practice organizations, such as nephrology, neonatal intensive care, and palliative care social work **(https://www.nhpco.org/social-work-competencies)**.

PHSW Competencies and Standards: For any area of practice to thrive, those within it must be able to describe what it is, what it does, what it looks like in practice, who is doing it, and why employers need it. A set of competencies and standards is essential to this task and can help faculty, students and practitioners orient themselves. In the late 1990s, a joint five-year effort by the APHA then-Social Work Section and the Association of State and Territorial Public Health Social Workers, resulted in a document that aimed for a unified vision of PHSW (Cornet, 2013). The resulting Public Health Social Work Standards and Competencies **(https://nciph.sph.unc.edu/cetac/phswcompetencies_may05.pdf)** contain 14 professional standards and five core competencies intended to flesh out an integrated PHSW practice (Associations of State and Territorial Public Health Social Workers, 2005). The PHSW competencies emphasize the use of social epidemiology, community organization, social planning, leadership, and link these to **The Ten Essential Public Health Services** to illuminate PHSW's specific roles and competencies. This represented an important advance. Unfortunately, the competencies were not widely circulated or used; given the advances in competency-based education in social work and public health, the competencies now require significant revision (Cornet, 2013). They can, however, be a starting point for familiarizing students with historic efforts to define the practice.

Public Health Competencies: In addition, an examination of the various organizations that promulgate public health standards and competencies can be useful as well. For example, the Council on Education in Public Health (CEPH) revised its MPH accreditation criteria in 2016; these new criteria offer insight into master's level public health practice **(https://ceph.org/assets/2016.Criteria.pdf/).** The Public Health Foundation's *Core Competencies for Public Health Professionals* represent an effort to develop a consensus set of skills for the broad practice of public health **(http://www.phf.org/programs/corecompetencies/Pages/About_the_Core_Competencies_for_Public_Health_Professionals.aspx)**. Finally, the *National Public Health Performance Standards* provide a framework to help public health agencies and practitioners ensure high quality delivery of the *Ten Essential Public Health Services* **(https://www.cdc.gov/stltpublichealth/nphps/index.html; https://www.cdc.gov/stltpublichealth/publichealthservices/essentialhealthservices.html)**.

We recommend that students become familiar with a broad range of competencies and standards across social work and public health, as part of their introductory education in PHSW. We have included an exercise in a later section to support student understanding and integration of the competencies.

Model PHSW Syllabus

Courses in PHSW at the baccalaureate and master's level are exceptionally rare (Ruth et al., 2017). Yet, one course can provide an important introduction to PHSW. Particularly for schools that cannot offer MSW/MPH programs, the inclusion of a single PHSW course can serve as a cost-effective way to introduce prevention and PHSW into BSW/MSW education. A sample PHSW syllabus is included here.

A Model Syllabus in Public Health Social Work: Core Concepts and Practical Applications

Instructor

Name:

Email:

Telephone:

Office Location:

Office hours:

Course Description

This introductory course in public health social work is designed to introduce core concepts of public health social work, integrate perspectives from the distinct, but related, fields of public health and social work, and provide students with practical skills that can be applied in a variety of settings. The course provides a foundation for understanding, embracing, and communicating about public health social work as practice discipline within the social work profession. It integrates theory and skills of the social work and public health professions and engages students in critical thinking about their potential for promoting social justice and health equity. The course is divided into four sequential phases:

1) Overview and Orientation to Public Health and Public Health Social Work,
2) Six Core Concepts of Public Health Social Work,
3) Practical Application of Public Health Social Work (PHSW in Action), and
4) Integration and Professional Development. This course is appropriate for dual degree students who are early in their educational trajectories, MSW students and BSW students.

Competency Orientation

This course supports the attainment of social work competencies established by the Council on Social Work Education (CSWE) and public health competencies established by the Council on Education for Public Health (CEPH), listed below. By the end of the course, each student should be able to:

- Discuss the history, values, and core concepts of Public Health Social Work (PHSW).
- Describe the relationship between clinical and macro social work methods utilizing person-in-environment and population health perspectives.
- Explain how prevention theory and practice applies to the student's field education experience.
- Demonstrate competence in evidence-based PHSW practice skills.
- Articulate how the course has influenced the student's own professional identity, perspective, and aspirations.

CSWE Social Work Competencies:

1. Demonstrate Ethical and Professional Behavior
2. Engage Diversity and Difference in Practice
3. Advance Human Rights and Social, Economic, and Environmental Justice
4. Engage in Practice-informed Research and Research-informed Practice
5. Engage in Policy Practice
6. Engage with Individuals, Families, Groups, Organizations, and Communities
7. Assess Individuals, Families, Groups, Organizations, and Communities
8. Intervene with Individuals, Families, Groups, Organizations, and Communities
9. Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities

CEPH Public Health Competencies:

Evidence-based Approaches to Public Health

1) Apply epidemiological methods to the breadth of settings and situations in public health practice
2) Select quantitative and qualitative data collection methods appropriate for a given public health context

3) Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate
4) Interpret results of data analysis for public health research, policy or practice

Public Health & Health Care Systems

5) Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings
6) Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels

Planning & Management to Promote Health

7) Assess population needs, assets and capacities that affect communities' health
8) Apply awareness of cultural values and practices to the design or implementation of public health policies or programs
9) Design a population-based policy, program, project or intervention
10) Explain basic principles and tools of budget and resource management
11) Select methods to evaluate public health programs

Policy in Public Health

12) Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence
13) Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes
14) Advocate for political, social or economic policies and programs that will improve health in diverse populations
15) Evaluate policies for their impact on public health and health equity

Leadership

16) Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making
17) Apply negotiation and mediation skills to address organizational or community challenges

Communication

18) Select communication strategies for different audiences and sectors
19) Communicate audience-appropriate public health content, both in writing and through oral presentation
20) Describe the importance of cultural competence in communicating public health content

Inter-professional Practice

21) Perform effectively on inter-professional teams

Systems Thinking

22) Apply systems thinking tools to a public health issue

Textbooks and Materials:

Required Readings: No textbook—only Course Packet for Purchase

Recommended Textbook: Turnock, B. (2017). Public Health: What It is and How It Works. 6th Edition. Sudbury, Massachusetts. Jones and Bartlett.

Course Requirements

Assignment	Due Date	Percent of Grade
Assignment 1: Organizational Prevention Assessment	**Week 8**	**30%**
Assignment 2: PHSW Agency-Based Project	**Week 13**	**40%**
Assignment 3: Integrating PHSW Ethical Principles	**Week 15**	**15%**
Assignment 4: PHSW Self-Assessment and Professional Development Plan	**Week 16 (in class)**	**5%**
Class Participation and Attendance	**Ongoing**	**10%**

[INSERT SCHOOL INFORMATION HERE]

Course Outline

Phase 1: Overview and Orientation to Public Health Social Work

Week 1

Introduction to Course

1) Course purpose and structure
2) Overview of current health and healthcare landscape
3) Locating the traditional role of social work

Session Objectives:

By the conclusion of this week, participants will be able to:

- Understand the purpose and structure of this public health social work course;
- Demonstrate a basic understanding of the current health and healthcare landscape as it relates to social work and public health;
- Articulate the traditional role(s) of social work in health and health care.

Readings

Commonwealth Fund (2015). US Health Care from a Global Perspective. Available at **http://www.commonwealthfund.org/publications/issue-briefs/2015/oct/us-health-care-from-a-global-perspective**

Bradley, E.H. & Taylor, L.A. (2013). The American health care paradox: Why spending more is getting us less. New York: Public Affairs.

Dickman, S. L., Himmelstein, D. U., & Woolhandler, S. (2017). Inequality and the health-care system in the USA. The Lancet, 389(10077), 1431–1441. **https://doi.org/10.1016/S0140-6736(17)30398-7**

Williams, D. R., & Wyatt, R. (2015). Racial Bias in Health Care and Health: Challenges and Opportunities. Journal of the American Medical Association, 314(6), 555–556. **https://doi.org/10.1001/jama.2015.9260**

Craig, S. L., & Muskat, B. (2013). Bouncers, brokers, and glue: The self-described roles of social workers in urban hospitals. Health and Social Work, 38(1), 7–16. **https://doi.org/10.1093/hsw/hls064**

Andrews, C., & Browne, T. (2015). Social work and the Affordable Care Act: Maximizing the profession's roles in health reform.

Week 2

Public Health: An Overview

- What is public health: core functions and services
- Historical perspectives and future directions

Session Objectives:

By the conclusion of this week, participants will be able to:

- Discuss what public health is, including its core functions and services as a field of practice;
- Outline core public health theoretical models for practice;
- Define key public health terms; and
- Engage in discussion on similarities and differences between social work and public health as fields of practice in health and healthcare.

Readings

Frieden TR. A framework for public health action: the health impact pyramid. Am J Public Health. 2010;100(4):590–595.

The Centers for Disease Control and Prevention: State, Tribal, Local & Territorial Public Health Professionals Gateway. (2017). The Public Health System & the 10 Essential Public Health Services. Retrieved from **https://www.cdc.gov/stltpublichealth/publichealthservices/essentialhealthservices.html**

Richardson (2012). Investing in public health: barriers and possible solutions. Journal of Public Health, 34(3), pp. 322-327

DeSalvo, K. B., O'Carroll, P. W., Koo, D., Auerbach, J. M., & Monroe, J. A. (2016). Public health 3.0: time for an upgrade. American Journal of Public Health, 106(4), 621.

Bayer, R., & Galea, S. (2015). Public Health in the Precision-Medicine Era. New England Journal of Medicine. **https://doi.org/10.1056/NEJMp1506241**

The Future of Public Health, Institute of Medicine (1988). 10 Essential Public Health Services, Core Public Health Functions Steering Committee, 1994. **https://www.networkforphl.org/_asset/dd8lf6/Public-Health-Core-Functions-and-10-Essential-Services.pdf**

Week 3

PHSW Practice: History, Definitions, and Relationship to Health Systems

1) PHSW History
2) Brief review of common elements/ differences between SW and PH
3) PHSW Definitions and
4) Distinctive Features
5) What Makes it PHSW?

Session Objectives:

By the conclusion of this week, participants will be able to:

1) Define public health social work;
2) Engage in discussion on the history of public health social work, including driving forces and historical events leading to significant changes in practice and theory;
3) Expand their discussion of the similarities and differences between social work and public health;
4) Initiate discussion on the integration of public health and social work into the fluid practice of public health social work

Readings

Ruth, B. J., & Marshall, J. W. (2017). A History of Social Work in Public Health. American Journal of Public Health. 107: S3, S236-S242. **https://doi.org/10.2105/AJPH.2017.304005**

Bowen, E. A., & Walton, Q. L. (2015). Disparities and the social determinants of mental health and addictions: Opportunities for a multifaceted social work response. Health & Social Work, 40(3), e59-e65.

Ruth, B. J., Marshall, J. W., & Sisco, S. (2016). Public health social work. In C. Franklin (Ed.), Encyclopedia of Social Work. New York: National Association of Social Workers, Oxford University Press.

Rose, S. M., Hatzenbuehler, S., Gilbert, E., Bouchard, M. P., & McGill, D. (2016). A Population Health Approach to Clinical Social Work with Complex Patients in Primary Care. Health & social work, 41(2), 93-100.

Darnell, J. S., & Lawlor, E. F. (2011). Health policy and social work. Chapter 5 in Gehlert, S and Browne, T, Handbook of health social work, 2nd edition (New York: Wiley).

Phase 2: Core Concepts

Week 4

Core Concept #1: Critical Importance of Epidemiology

- Overview of epidemiology/relevance to social work
- Focus on social epidemiology

Session Objectives:

By the conclusion of this week, participants will be able to:

1) Outline what epidemiology is;
2) Discuss the relevance of epidemiology, particularly social epidemiology, to social work and particularly public health social work;
3) Apply principles of social epidemiology in practice of public health social work through actual case examples and exercises.

Readings

Tuthill, K. (2003). John Snow and the Broad Street Pump: On the Trail of an Epidemic. Cricket 31(3), pp. 23-31, Nov. 2003. Available here: **http://www.ph.ucla.edu/epi/snow/snowcricketarticle.html**

Galea, S., Riddle, M., & Kaplan, G. A. (2010). Causal thinking and complex system approaches in epidemiology. International Journal of Epidemiology, 39(1), 97–106. https://doi.org/10.1093/ije/dyp296 Rose – Sick Individuals and Sick Populations

Krieger, N. (2001). Theories for social epidemiology in the 21st century: An ecosocial perspective. International Journal of Epidemiology, 30(4), 668–677. **https://doi.org/10.1093/ije/30.4.668**

Marent, B., Forster, R., & Nowak, P. (2012). Theorizing participation in health promotion: A literature review. Social Theory & Health, 10(2), 188–207. **https://doi.org/10.1057/sth.2012**

Galea, S., Tracy, M., Hoggatt, K. J., DiMaggio, C., & Karpati, A. (2011). Estimated deaths attributable to social factors in the United States. American Journal of Public Health,101(8), 1456-1465.

3. Wallerstein, N. B., Yen, I. H., & Syme, S. L. (2011). Integration of social epidemiology and community-engaged interventions to improve health equity. American Journal of Public Health, 101(5), 822–830. **https://doi.org/10.2105/AJPH.2008.140988**

Week 5

Core Concepts #2 and #3: Social Determinants and Population Health

- Defining social determinants of health
- Defining and differentiating population and public health

Session Objectives:

By the conclusion of this week, participants will be able to:

1) Define what is meant by social determinants of health and population health;
2) Articulate how population health relates to the practice of public health social work; and
3) Discuss and apply the role and power of integrating social determinants of health and population health as core components of the practice of public health social work.

Readings

Braveman, P., & Gottlieb, L. (2014). The Social Determinants of Health: It's Time to Consider the Causes of the Causes. Public Health Reports, 129(1_suppl2), 19–31. https://doi.org/10.1177/00333549141291S206

Heller, J. (2016). A Framework Connecting Criminal Justice and Public Health. Human Impact Partners. **https://humanimpact.org/a-framework-connecting-criminal-justice-and-public-health/**

Centers for Disease Control and Prevention, Duke Community and Family Medicine, du Beaumont Foundation. The Difference between Population Heath and Public Health. Practical Playbook. Featuring Denise Koo, MD, MPH, CAPT, USPHS. **https://www.youtube.com/watch?v=GDWDb_G7Hvs**

Lofters, A., & O'Campo, P. (2012). Differences that matter. In P. O'Campo & J. R. Dunn (Eds.), Rethinking social epidemiology: Towards a science of change. New York: Springer.

Link, B. G., & Phelan, J. C. (1996). Editorial: Understanding Sociodemographic Differences in Health - The Role of Fundamental Social Causes. American Journal of Public Health, 86(4), 471–473.

Moniz, C., Rose, G., & Marmot, M. (2010). Social Work and the Social Determinants of Health Perspective: A Good Fit. Health & Social Work. 35(4), 310-313.

Week 6

Core Concept #4: Health Equity

- Defining health disparities and health equity
- Linking epidemiology, SDOH, and population health to health equity promotion

Session Objectives:

By the conclusion of this week, participants will be able to:

1) Define and discuss the principles of health disparities and health equity;
2) Identify the connection between social determinants of health, population health, health disparities and health equity;
3) Review the need for integrating skills of epidemiology to appropriately address health disparities and achieve health equity; and
4) Discuss roles for public health social work in appropriately addressing disparities and working towards health equity through actual case examples.

Readings

Braveman, P., Kumanyika, S., Fielding, J., LaVeist, T., Borrell, L. N., Manderscheid, R., & Troutman, A. (2011). Health disparities and health equity: The issue is justice. American Journal of Public Health, 101(S1), S149-S155. **https://doi.org/10.2105/AJPH.2010.300062**

Bailey, Z.D., Krieger, N., Agenor, M., Graves, J., Linos, N., & Bassett, M.T. (2017). Structural racism and health inequities in the USA: Evidence and interventions. The Lancet, 389(10077), 1453-1463.

Braveman, P. (2014). What are Health Disparities and Health Equity? We Need to Be Clear. Public Health Reports. Supplement 2 (129), 5-8. **https://doi.org/10.1177/00333549141291S203**

Diez Roux, A. V. (2011). Complex Systems Thinking and Current Impasses in Health Disparities Research. American Journal of Public Health. 101, no. 9 (September 1, 2011): pp. 1627-1634. **https://doi.org/10.2105/AJPH.2011.300149**

Mechanic, D. (2002) Disadvantage, inequality, and social policy. Health Affairs, 21(2), pp.48-55.

Wilkinson, G. W., Sager, A., Selig, S., Antonelli, R., Morton, S., Hirsch, G. et al. (2017). No Equity, No Triple Aim: Strategic Proposals to Advance Health Equity in a Volatile Policy Environment. American Journal of Public Health. **https://doi.org/10.2105/AJPH.2017.304000**

Week 7

Core Concept #5: Prevention

- Levels of Prevention and the Role of Social Work
- Integrating prevention skills into all of SW

Session Objectives:

By the conclusion of this week, participants will be able to:

1) Outline, define and provide examples for the three main levels of prevention;
2) Discuss the role of prevention in social work practice;
3) Identify ways to expand prevention work in social work through integration of public health social work.

Readings

Offord, D. R. (2000). Selection of levels of prevention. Addictive Behaviors, 25(6), 833–842. **https://doi.org/10.1016/S0306-4603(00)00132-5**

Thornton, R. L. J., Glover, C. M., Cené, C. W., Glik, D. C., Henderson, J. A., Williams, D. R., & Chan, H. T. H. (2016). Evaluating Strategies for Reducing Health Disparities by Addressing the Social Determinants of Health. Health Aff (Millwood), 35(8), 1416–1423.**https://doi.org/10.1377/hlthaff.2015.1357**

Rishel, C. W. (2015). Establishing a Prevention-Focused Integrative Approach to Social Work Practice. Families in Society, 96, 125-132.

O'Connell, M., Boat, T., & Warner, K. (2009). Defining the Scope of Prevention. In Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities. National Research Council (US) and Institute of Medicine (US) Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions; O'Connell ME, Boat T, Warner KE, editors. Washington (DC): National Academies Press (US); 2009. Chapter 3; pp. 59-70

Rapoport, L. (1961). The Concept of Prevention in Social Work. Social Work, 6(1), 3–12.

Bigler (2005) Harm Reduction as a Practice and Prevention Model for Social Work. Journal of Baccalaureate Social Work: 2005, Vol. 10, No. 2, pp. 69-86.**https://doi.org/10.18084/1084-7219.10.2.69**

Week 8

Core Concept #6: Understanding and Applying Social Work in Heath Impact

- Examine examples of PHSW in practice
- Conceptualize "widening the lens"
- Identify PHSW approaches/strategies that can be applied across various SWHIM categories to address multiple problems

Session Objectives:

By the conclusion of this week, participants will be able to:

1) Define what is meant by "upstream" and "downstream" interventions;
2) Apply the Social Work in Health Impact Model to current practice examples; and
3) Articulate how the integration of public health social work "widens the lens" of social work practice.
4) Apply intersectionality to public health social work

Readings:

Ruth, BJ, Wachman, M, Marshall, JM, Backman, A, Harrington, C, Schultz, N, Ouimet, K. (2017). Health in all social work programs: Findings from a national analysis. American Journal of Public Health, 107(S3), S267-S273.

Ross, A., Congress, E., & Matsuzaka, S. (2018). Intersectionality, Social Work, and Health. In Health and Social Work: Practice, Policy, and Research: Volume 1. Chapter 4; pp 1-67.

Martinez, DB. The Liberation Health Model, Theory and Practice (2014). Chapter 1 in Martinez, DB, and Fleck-Henderson, A (2014). Social Justice in Clinical Practice: A Liberation Health Framework for Social Work. Florence, KY: Routledge, pp. 9 -28.

Hawkins, J. D., Shapiro, V. B., & Fagan, A. A. (2010). Disseminating effective community prevention practices: Opportunities for social work education. Research on Social Work Practice, 20(5), 518–527. **https://doi.org/10.1177/1049731509359919**

Phase 3: PHSW in Action: Setting-Specific Examples

Week 9

PHSW in Action: Integrating PHSW in Health Care Settings

- Identify and describe PHSW opportunities in health care settings using SWHIM

Session Objectives:

By the conclusion of this week, participants will be able to:

- Articulate the definition of public health social work;
- Apply the Social Work in Health Impact Model to health care settings; and
- Identify and describe opportunities to integrate public health social work into health care settings.

Readings

Monterio, C., Arnold, J., Locke, S., Steinhorn, L., & Shanske, S. (2016). Social workers as care coordinators: leaders in ensuring effective, compassionate care. Social work in health care, 55(3), 195-213.

Rose, S. M., Hatzenbuehler, S., Gilbert, E., Bouchard, M. P., & McGill, D. (2016). A Population Health Approach to Clinical Social Work with Complex Patients in Primary Care. Health & social work, 41(2), 93-100.

Stanhope, V., Videka, L., Thorning, H., & McKay, M. (2015). Moving Toward Integrated Health: An Opportunity for Social Work. Social Work in Health Care. **https://doi.org/10.1080/00981389.2015.1025122**

Davis, T. S., Guada, J., Reno, R., Peck, A., Evans, S., Sigal, L. M., & Swenson, S. (2015). Integrated and Culturally Relevant Care: A Model to Prepare Social Workers for Primary Care Behavioral Health Practice. Social Work in Health Care. **https://doi.org/10.1080/00981389.2015.1062456**

Pockett, R., & Beddoe, L. (2017). Social work in health care: An international perspective. International Social Work, 60(1), 126–139. **https://doi.org/10.1177/0020872814562479**

Sullivan SD, Weiss KB, Lynn H, et al. The cost-effectiveness of an inner-city asthma intervention for children. J Allergy Clin Immunol. 2002;110(4):576–581.

Week 10

PHSW in Action: Integrating PHSW in Educational Settings

1) Identify and describe PHSW opportunities in educational settings using SWHIM

Session Objectives:

By the conclusion of this week, participants will be able to:

- Articulate the definition of public health social work;
- Apply the Social Work in Health Impact Model to educational settings; and
- Identify and describe opportunities to integrate public health social work into educational settings.

Readings

Zajacova, A., & Lawrence, E. M. (2018). The Relationship between Education and Health: Reducing Disparities Through a Contextual Approach. Annual Review of Public Health. 39: 273-289 **https://doi.org/10.1146/annurev-publhealth-031816-044628**

Freudenberg, N. & Ruglish, J. (2007). Reframing dropout as a public health issue. Prev Chronic Dis 2007;4(4). **http://www.cdc.gov/pcd/issues/2007/ oct/07_0063.htm.**

Semple, R., Droutman, V., & Reid, B. (2017). Mindfulness goes to school: Things learned (so far) from research and real world experiences. Psychol Sch. 2017 January; 54(1): 29–52. doi:10.1002/pits.21981.

Key JD, Gebregziabher MG, Marsh LD, O'Rourke KM. Effectiveness of an intensive, school-based intervention for teen mothers. J Adolesc Health. 2008;42(4): 394–400.

McCarter (2017). The School-to-Prison Pipeline: A Primer for Social Workers. Soc Work. 2017 Jan 1;62(1):53-61. doi: 10.1093/sw/sww078.

**Note to instructors: Not strong enough article to demonstrate public health social work, but could be used to illustrate ways an approach could be enhanced through PHSW.

Week 11

PHSW in Action: Integrating PHSW in Community-Based Settings

• Identify and describe PHSW opportunities in community-based settings using SWHIM

Session Objectives:

By the conclusion of this week, participants will be able to:

1) Articulate the definition of public health social work;
2) Apply the Social Work in Health Impact Model to community-based settings; and
3) Identify and describe opportunities to integrate public health social work into community-based settings.

Readings

Pittman, M., Sunderland, A., Broderick, A., & Barnett, K. (2015). Bringing community health workers into the mainstream of U.S. healthcare. Discussion Paper. Washington, DC: Institute of Medicine of the National Academies.

Tkatch, R., Musich, S., MacLeod, S., Alsgaard, K., Hawkins, K. & Yeh, S. (2016). Population health management for older adults: Review of Interventions for Promoting Successful Aging Across the Health Continuum. Gerontology & Geriatric Medicine, 2, pp.1-13.

DeBate, R., Plescia, M., Joyner, D., & Span, L. P. (2004). A qualitative assessment of Charlotte REACH: An ecological perspective for decreasing CVD and diabetes among African Americans. Ethnicity and Disease. 14(3 Suppl 1). S77-82

Williams, D.R., Costa, M.V., Odunlami, A.O., & Mohammed, S.A. (2008). Moving upstream: How interventions that address the social determinants of health can improve health and reduce disparities. Journal of Public Health Management and Practice, 14(6), S8-S17.

Pope, L., Hopper, K., Davis, C., & Cloud, D. (2016). First-episode incarceration. Retrieved from **https://www.vera.org/publications/first-episode-incarceration-creating-a-recovery-informed-framework-for-integrated-mental-health-and-criminal-justice-responses**

Minkler, M., Garcia, A. P., Williams, J., Lopresti, T., & Lilly, J. (2010). Sí se puede: Using participatory research to promote environmental justice in a Latino community in San Diego, California. Journal of Urban Health, 87(5), 796–812. **https://doi.org/10.1007/s11524-010-9490-0**

Week 12

PHSW in Action: Global Health and Environment

Expanding SW's Conceptualization of the 'Social Environment'

1. Global Perspectives
2. Environmental Health and Justice

Session Objectives:

By the conclusion of this week, participants will be able to:

1) Articulate the definition of public health social work;
2) Apply the Social Work in Health Impact Model to environmental and global health settings; and
3) Identify and describe opportunities to integrate public health social work into environmental and global health settings.

Readings

Philip, D., & Reisch, M. (2016). Rethinking Social Work's Interpretation of 'Environmental Justice': From Local to Global, 5479(October), 471–483. **https://doi.org/10.1080/02615479.2015.1063602**

Cooper, S. (2016). Global mental health and its critics: moving beyond the impasse. Critical Public Health, 26(4), 355–358. **https://doi.org/10.1080/09581596.2016.1161730**

George, A. S., Scott, K., Sarriot, E., Kanjilal, B., & Peters, D. H. (2016). Unlocking community capabilities across health systems in low- and middle-income countries: lessons learned from research and reflective practice. BMC Health Services Research, 16(Suppl 7), 43–46. **https://doi.org/10.1186/s12913-016-1859-7**

Jackson, R. J. (2003). The Impact of the Built Environment on Health: An Emerging Field. American Journal of Public Health. **https://doi.org/10.2105/AJPH.93.9.1382**

Campbell, C., Greenberg, R., Mankikar, D. & Ross, R. (2016). A Case Study of Environmental Injustice: The Failure in

Four social theories for global health. The Lancet. 375(9725): 1518-1519. Perspectives. **https://doi.org/10.1016/S0140-6736(10)60646-0/**

Week 13

PHSW in Action: Partnership Models

1. Cross-sector partnerships
2. Integral role of SW

Session Objectives:

By the conclusion of this week, participants will be able to:

1. Discuss the role of partnerships and collaboration in public health social work;
2. Identify examples of successful cross-sectoral partnerships for advancing health equity; and
3. Outline opportunities for integrating this work into their current field work and course of study.

Readings

Weinstein, L., LaNoue, NM., Plumb, J., King, H., Stein, B., & Tsemberis, S. (2013). A Primary Care–Public Health Partnership Addressing Homelessness, Serious Mental Illness, and Health Disparities. JABFM. May–June 2013 Vol. 26 No. 3 pp. 279-277.

Gray, L. A., & Price, S. K. (2014). Partnering for Mental Health Promotion: Implementing Evidence-Based Mental Health Services Within a Maternal and Child Home Health Visiting Program. Clinical Social Work Journal, 42(1), 70–80. **https://doi.org/10.1007/s10615-012-0426-x**

Warshaw, C., Gugenheim, A. M., Moroney, G., & Barnes, H. (2003). Fragmented Services, Unmet Needs: Building Collaboration Between the Mental Health and Domestic Violence Communities. Health (San Francisco), (September/October), 230.

Israel, B. A., Schulz, A. J., Parker, E. A., & Becker, A. B. (1998). Review of community-based research: Assessing Partnership Approaches to Improve Public Health. Annual Review of Public Health, 19(1), 173–202. **https://doi.org/10.1146/annurev.publhealth.19.1.173**

Haggerty, K. P., & Shapiro, V. B. (2013). Science-based prevention through communities that care: A model of social work practice for public health. Social Work in Public Health, 28(3–4), 349–365. **https://doi.org/10.1080/19371918.2013.774812**

Pockett, R. (2003). Learning from each other: The social work role as an integrated part of the hospital disaster response. Social Work Health Care. 2006;43(2-3):131-49.

Phase 4: Conceptual Integration and Professional Development

Week 14

Ethical PHSW Practice

1. Compare/contrast ethics across disciplines
2. Holding population and person simultaneously
3. Managing cross sectoral and interprofessional tensions

Session Objectives:

By the conclusion of this week, participants will be able to:

1. Compare and contrast the Ethical Codes and Principles for the fields of social work and public health;
2. Discuss how to ethically practice within a population health perspective;
3. Articulate how to manage interprofessonal ethical tensions; and
4. Apply both professional ethical guides to practice within public health social work.

Readings

NASW Code of Ethics: **https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English**

Public Health Ethical Principles: **https://www.apha.org/-/media/files/pdf/membergroups/ethics/ethics_brochure.ashx**

Kass, N. (2001). An ethics framework for public health. American Journal of Public Health, 91(11); pp. 1776-1782

Thomas, J., Sage, M., Dillenberg, J.,& Guillory, V.J. (2002) A code of ethics for public health. American Journal of Public Health, 92(7); pp. 1057-1060

Kant, JD. Becoming a Liberation Health Social Worker (2014). Chapter 2 in Martinez, DB, and Fleck-Henderson, A (2014). Social Justice in Clinical Practice: A Liberation Health Framework for Social Work. Florence, KY: Routledge, pp. 9 -28.

PHSW Standards and Competencies - **https://nciph.sph.unc.edu/cetac/phswcompetencies_may05.pdf**

Week 15

PHSW Professional Development

1) Professional Development Planning
2) Identifying Resources and Opportunities

Session Objectives:

By the conclusion of this week, participants will be able to:

- ✓ Identify resources and opportunities for integration and practice of public health social work;
- ✓ Engage in professional development planning for how to advance a career in public health social work;
- ✓ Articulate a personal public health social work mission statement to guide professional practice; and
- ✓ Provide course feedback for ongoing improvement of course materials.

Readings

PHSW Resource Guide [insert link from Boston University Advancing Leadership in Public Health Social Work Education documents, 1/2019]

Ruth, B. J., Marshall, J. W., Velásquez, E. E. M., & Bachman, S. S. (2015). Teaching Note—Educating Public Health Social Work Professionals: Results From an MSW/MPH Program Outcomes Study. Journal of Social Work Education, 51(1), 186–194. **https://doi.org/10.1080/10437797.2015.979096**

Ruth, B. J., Wyatt, J., Chiasson, E., Geron, S. M., & Bachman, S. (2010). Teaching Note: Social Work and Public Health: Comparing Graduates from a Dual-Degree Program. Journal of Social Work Education. 42(2),429-439. **https://doi.org/10.5175/JSWE.2006.200404117**

Assignment Instructions

Assignment 1: Prevention Assessment (30%)

Overview:

The purpose of this assignment is to develop practical skills in prevention assessment and reporting.

- ✓ Using epidemiologically informed approaches, briefly review the literature on social determinants of health that are most relevant to the population served by your agency and your agency's mission.
- ✓ Categorize the existing suite of services provided by your agency along the Institute of Medicine continuum of care.
- ✓ Using the SWIHM model, identify the location of services along the pyramid, relevant linkages to additional services and programs in the community, and any existing gaps. How does the work conducted by your agency explicitly connect to SDOH, health equity and other key PHSW, or how could it?
- ✓ Make recommendations for feasible ways to enhance prevention-oriented programming into your agency's existing suite of services. What resources will be needed to make these changes?

Further instructions:

- ✓ Length: Minimum of 4 pages; maximum of 5 pages (double spaced; excluding reference page).
- ✓ Times New Roman Font size 12 should be adopted in the paper with 1-inch margins.
- ✓ Throughout the paper you should use the APA reference style. Literature sources (required readings fo this course, as well as relevant independent sources from peer reviewed academic journals) should be cited.

Assignment 2: PHSW Prevention Project (40%)

Overview:

Based on your earlier prevention assessment and recommendations, choose at least one specific actionable item that expands the scope of prevention-oriented services at your agency, develop a plan to implement this actionable item, and implement it if possible. If your agency is already engaged in prevention-oriented work, you may use this assignment to critically assess the program.

Details:

Structure: The structure of this paper should be as follows:

Part 1 (Background): What is the problem that you are seeking to change with your actionable prevention item?

Part 2 (Plan): What is your proposed solution? What will it entail? What resources are needed? How will you acquire them?

Part 3 (Impact): What is the likely impact of the plan on your target population? On your agency? Might there be any unintended consequences for agency staff, or other key stakeholders? If so, describe those here.

Part 4 (Implementation Reflection): Were you able to implement your plan? If so, how did it go? If not, what specific steps would be needed to do so?

Part 5 (Summary): The last page of this assignment should take the form of a memo that would be appropriate to send to your agency director.

Further instructions:

1. Length: Minimum of 5 pages; maximum of 7 pages (double spaced; excluding reference page).

2. Times New Roman Font size 12 should be adopted in the paper with 1-inch margins.

3. Throughout the paper you should use the APA reference style. Literature sources (required readings for this course, as well as relevant independent sources from peer reviewed academic journals) should be cited.

Assignment 3: Ethics Integration (15%)

Overview:

Social work and public health both rely upon codes of ethics to provide information to the public and ethical guidance to practitioners. As public health social workers, it is important to understand and utilize both codes.

1. Compare and contrast the two Codes of ethics. How do they differ? What do they share? Do you notice anything that is missing?
2. What can you learn about each field by examining these statements of cherished values and principles?
3. Describe an ethical tension between PH and SW that might occur your agency. As a PHSW practitioner, what steps might you take to resolve this tension?

Further instructions:

1. Length: Minimum of 4 pages; maximum of 5 pages (double spaced; excluding reference page).
2. Times New Roman Font size 12 should be adopted in the paper with 1-inch margins.
3. Throughout the paper you should use the APA reference style. Literature sources (required readings for this course, as well as relevant independent sources from peer reviewed academic journals) should be cited.

Assignment 4: PHSW Self-Assessment and Professional Development Plan (5%)

Overview:

This is an in-class exercise that will occur in Class 15. Students will identify and assess current PHSW skills and competencies, aggregate PHSW resources for ongoing use, and create a personalized professional development plan.

Guide for Grading Policy and Recommended Grade Equivalents [SAMPLE]

95-100A

90-94 A-

87-89 B+

83-86 B

80-82 B-

76-79 C+

70-75 C

Below 70 F

Students with Disabilities

[INSERT YOUR SCHOOL'S INFORMATION]

Any student with a documented disability (e.g. physical, learning, visual, hearing, psychiatric, etc.) and who has registered with the Office of Disability Services at XX may be entitled to accommodations. Students should register with the Office of Disability Services at the beginning of the semester.

Exercises to Promote PHSW Integration

Students benefit from practice in integrating both public health and social work approaches. These flexible exercises can be integrated into courses or seminars, or adapted for use in advising.

Exercise: Identify opportunities for PHSW in an agency setting. Reflect upon one of your field internships or current social work position. What broad health or social determinants of health issues are addressed in your setting and is the agency using PHSW approaches? If so, describe them. If not, what first step would you take to help the agency "widen the lens" to include prevention and health promotion, community health work, policy analysis, advocacy, and a structural focus on social determinants of health?

Exercise: Enhance understanding of the fields of social work and public health by reviewing their Codes of Ethics. Social work and public health both rely upon codes of ethics to provide information to the public and ethical guidance to practitioners. As public health social workers, it is important to understand and utilize both codes. After reading the two codes, compare and contrast them. How do they differ? What do they share? Do you notice anything that is missing? What can you learn about each field by examining these statements of cherished values and principles? Code of Ethics of the National Association of Social Workers **(https://www.socialworkers.org/pubs/code/code.asp)** and the American Public Health Association Principles of the Ethical Practice of Public Health **(https://www.apha.org/apha-communities/member-sections/ethics).**

Exercise: Use the Social Work Health Impact Model to help you identify and expand health social work practice roles and behaviors. Review the Social Work Health Impact Model (SWHIM). Drawing on your own practice experience, identify an area of practice or professional role and locate it on the SWHIM. Utilize the SWHIM model to imagine ways you might "widen the lens" or expand your practice.

Exercise: I'm a public health social worker. Spend a few minutes imagining you're in a job interview. Start by saying "I'm a public health social worker and here's why." What did you come up with? Could you define the practice as it relates to your interests and skills with this imaginary position? How might you use the definitions, the Social Work Health Impact Model, and other PHSW concepts to help you explain how and why your practice differs and what makes you a good candidate?

Exercise: Discuss ways that agencies and settings might engage in prevention. Review the definitions of primary, secondary, and tertiary prevention in the glossary. Then, identify a community health issue that may or may not be currently addressed in your agency (e.g., high rates of child abuse and neglect; the spike in opioid-related deaths; suicide rates within a community at-risk). Assess whether your agency is involved in prevention. If it is, determine the level of prevention and identify who conducts the prevention. Are social workers involved? What roles do they play in prevention programming? Consider how your agency might get involved in primary prevention of this issue, if it is not already. How might services or professional activities look different if the goal shifted to primary prevention?

Exercise: Learning from our PHSW ancestors. Read, reflect, and respond to Ruth Cowin's biography (See Appendices). As one of the "grandmothers of PHSW," what in her story inspires or guides you?

Exercise: Attend a conference/speaking engagement/in-service training. Reflect on what you hear and write a few paragraphs on how you might use PHSW to add to the discussion or improve the project. If the engagement included PHSW, comment on what you learned and how you might apply it in other areas. If the presentation did not include PHSW, construct a brief hypothetical email suggesting why PHSW approaches might be useful.

Exercise: Apply PHSW in the global context. Identify a current global health issue. Conduct a literature review, including social epidemiological resources in your review, if available. Based on your preliminary review, what roles might PHSW play in addressing this issue? What specific skills or competencies does PHSW bring to the global health issue you have identified? How might the PHSW roles differ in a global context? What skills and competencies would a public health social worker interested in addressing this global health problem need?

Exercise: Become familiar with various public health resources online. Spend an hour investigating the major health goals of the U.S. Visit **https://www.healthypeople.gov/** and learn about major health indicators, benchmarks, and targets for the nation's health. Identify an issue and see what the population health goals are for that issue in the current decade. Or, compare the Centers for Disease Control and Prevention **(https://www.cdc.gov/)** with the World Health Organization **(http://www.who.int/en/).** What issues are more prevalent at the global level than at the national level? Note that each state has its own department of public health. What's being emphasized in your state? **(https://www.cdc.gov/mmwr/international/relres.html).** Finally, investigate the National Institutes of Health **(https://www.nih.gov/about-nih).** Which divisions are most relevant to the work that you are doing? What kinds of research and data are available? How might you utilize these websites in the future? Choose one or more, and sign up for regular updates and newsletters.

Exercise: Write a career mission statement that reflects PHSW integration. A career mission statement is a brief description of what you want to focus on, what you want to accomplish, and who you want to become in the career aspect of your life over the next one to three years. It serves as a way to mentally focus your energy, actions, behaviors, and decisions toward the career outcomes that are most important to you. Your mission statement should touch upon what you want to focus on and who you want to become as a professional. It is okay for this part of your plan to be aspiration and "large" in terms of vision. While there is no one format or formula for creating your personal mission statement, the following guidelines may be helpful. Keep it simple, clear, and brief. The best career mission statements tend to be 3 to 6 sentences long. Review the definitions and features of PHSW. Feel free to include an "explanatory" sentence about PHSW. Imagine how you might use your career mission statement to "tell a story" of your work in PHSW and address, in a preliminary way, how you intend to continue building upon your PHSW skills to help improve health outcomes and solve health issues.

Teaching Case Example

The following example, written by a public health social worker illustrates the rich context and thoughtful community-based approaches used by PHSWs to promote health in a community grappling with suicide.

Overview

"Suicide" is a scary word. People do not like to talk about it, but we know it happens in every community across the US. In fact, the national suicide rate has been increasing every year over the past 10 years, with a record high of 13.42 per 100,000 individuals in 2016.[1] That equates to roughly 123 people per day, and is the 10th leading cause of death in this country.[2] Data has shown that up to 90% of people who commit suicide have some evidence of a mental health condition,[3] however only 54% had no previous mental health diagnosis or history of receiving treatment.[4] Other life stressors such as relationship problems, criminal/legal matters, housing instability, physical health conditions, and recent or impending crises may also contribute to poor mental health outcomes that may precipitate a suicide attempt.[5] And while traditionally White men have had the highest rates of suicide, new research shows an increasing trend in Black youth attempting or committing suicide at twice the rates of White youth.[6]

Furthermore, how our society treats people with behavioral health issues (i.e. mental health and substance abuse conditions) is often counter-productive, unethical, and costly. According to the National Alliance on Mental Illness (NAMI), "In a mental health crisis, people are more likely to encounter police than get medical help. As a result, 2 million people with mental illness are booked into jails each year. Nearly 15% of men and 30% of women booked into jails have a serious mental health condition".[7] People are being arrested for minor crimes that are direct symptoms of underlying mental illness (e.g., disorderly conduct), or due to the overall misunderstanding and stigma tied to behavioral health conditions. The World Health Organization (WHO) states that "The disproportionately high rate of mental disorders in prisons is related to several factors: the widespread misconception that all people with mental disorders are a danger to the public; the general intolerance of many societies to difficult or disturbing behavior; the failure to promote treatment, care and rehabilitation, and, above all, the lack of, or poor access to, mental health services in many countries". These people are being incarcerated without proper access to treatment while in jail, which just further worsens their health outcomes during incarceration and post-release.[8]

[1]Centers for Disease Control and Prevention (CDC) Data & Statistics Fatal Injury Report for 2016.
[2]American Foundation for the Prevention of Suicide, 2016.
[3]Centers for Disease Control and Prevention (CDC) Vital Signs. Available here: https://www.cdc.gov/vitalsigns/suicide/
[4]Centers for Disease Control and Prevention (CDC) National Violent Death Reporting System.
[5]Stone DM, Simon TR, Fowler KA, et al. Vital Signs: Trends in State Suicide Rates — United States, 1999–2016 and Circumstances Contributing to Suicide — 27 States, 2015. MMWR Morb Mortal Wkly Rep 2018;67:617–624. DOI: http://dx.doi.org/10.15585/mmwr.mm6722a1.
[6]Bridge JA, Horowitz LM, Fontanella CM, et al. Age-Related Racial Disparity in Suicide Rates Among US Youths From 2001 Through 2015. JAMA Pediatr. 2018;172(7):697-699. doi:10.1001/jamapediatrics.2018.0399
[7]National Alliance on Mental Illness (NAMI), Jailing People with Mental Illness. Available here: https://www.nami.org/Learn-More/Public-Policy/Jailing-People-with-Mental-Illness
[8]World Health Organization (WHO), Information Sheet on Mental Health in Prisons. Available here: http://www.who.int/mental_health/policy/mh_in_prison.pdf

Additionally, there is also a very high utilization of hospital emergency departments (EDs) when people are in a behavioral health crisis. Up to one in eight ED visits is due to a behavioral health crisis, and the EDs are ill-equipped to handle many of these cases.[9] The crisis of drug and alcohol related deaths is at an all-time high and is only projected to get worse. According to one report, in 2015, "127,500 Americans died from drug or alcohol induced causes or suicide, which is 350 deaths per day, 14 per hour, and one person dying of a preventable cause every four minutes".[10] Hospital EDs are often unable to adequately treat such conditions due to increased demand for services, lengthy wait times for transfer to a more appropriate setting, and lack of evidence-based protocols related to mental health needs.[11]

This data indicates a need for a PHSW approach to prevent suicide by addressing contributing life factors further upstream, and taking on a collaborative approach to transform the system of care across the entire continuum. Here is the story of one community who did just that.

"Pleasantville"

In 2011, the county of "Pleasantville" had a suicide rate of 14.62 per 100,000 residents, which is higher than the national average. By 2015, the rate rose to 19.4 per 100,000 residents. Local community members were concerned at the increasing number of stories of completed suicides that continued to be reported in the local newspapers, with growing concern as younger residents—those in high school and even middle school—became more frequent over the next few years. Pleasantville is a relatively affluent community in a relatively poor state. Upon further scrutiny, however, one can see that there are deep pockets of poverty in the county of Pleasantville, with many residents living in very rural, isolated areas with limited or no access to community resources. With a poverty rate of 8.5% (which is significantly lower than the national rate of 14.2%), this community often gets overlooked when the state is allocating resources, due to the perception that they are "better off" than other counties within the state. However, the local leaders decided to take matters into their own hands to address the systemic crisis they were seeing unfold in their community. They created a cross-system Behavioral Health Task Force with the initial goal of reducing suicide in their county. Eventually the Task Force expanded its scope to address the entire behavioral health (BH) continuum of care to ensure that residents of their county could access services at all levels of need—from prevention and maintenance in the community to acute crisis response and stabilization with the least restrictive means as possible.

Behavioral Health Task Force

The Behavioral Health Task Force included representation from all sectors: county government; public and non-profit behavioral health providers serving youth, adults, seniors, and veterans; community health clinics; hospitals; school systems; criminal justice system including the courts, jails, police officers, and the Sheriff's Department;

[9]Weiss AJ (Truven Health Analytics), Barrett ML (M.L. Barrett, Inc.), Heslin KC (AHRQ), Stocks C (AHRQ). Trends in Emergency Department Visits Involving Mental and Substance Use Disorders, 2006–2013. HCUP Statistical Brief #216. December 2016. Agency for Healthcare Research and Quality, Rockville, MD. http://www.hcup-us.ahrq.gov/reports/statbriefs/sb216-Mental-Substance-Use-Disorder-ED-Visit-Trends.pdf.
[10]Trust for America's Health. Pain in the Nation: The Drug, Alcohol, and Suicide Crises and the Need for a National Resiliency Strategy. 2017. Available here: http://www.paininthenation.org/assets/pdfs/TFAH-2017-PainNationRpt.pdf
[11]Laderman M, Dasgupta A, Henderson R, Waghray A. Tackling the Mental Health Crisis in Emergency Departments: Look Upstream for Solutions. Health Affairs, January 26, 2018. Available here: https://www.healthaffairs.org/do/10.1377/hblog20180123.22248/full/

advocacy organizations; managed care organizations; clients/consumers, and family members; housing and homelessness providers; the suicide hotline; and first responders. Once organized, the Task Force decided they wanted to better understand the current state of behavioral health needs and services in order to develop a plan to improve and sustain the service delivery system. With grant funding from a local foundation, the Task Force hired a consultant to map the system and develop recommendations using a data-informed approach to create a recovery-oriented system of care. A public health social worker named Lena led this project.

Role of the Public Health Social Worker

As the lead of this project, Lena brought a unique perspective to approaching the assessment, strategy, and evaluation of the system redesign. First and foremost, she prioritized including the voice of the consumer in all aspects of the project. It was crucial to understand from those who have lived experience with navigating the behavioral health system what worked well, what did not work well, and what they would do to change it. Lena conducted many interviews with key stakeholders and was able to draw on her social work training to listen to other people's stories without judgment or bias, while maintaining a community-oriented system level perspective. Lena also brought with her an understanding of the social determinants of health. This helped her identify a broad range of key stakeholders. It also helped her build a shared understanding among Task Force members about the many life factors which shape behavioral health, directly or indirectly. She used primary and secondary data to inform the evidence-based approach to the system redesign.

Using Data for an Evidence-Based Approach

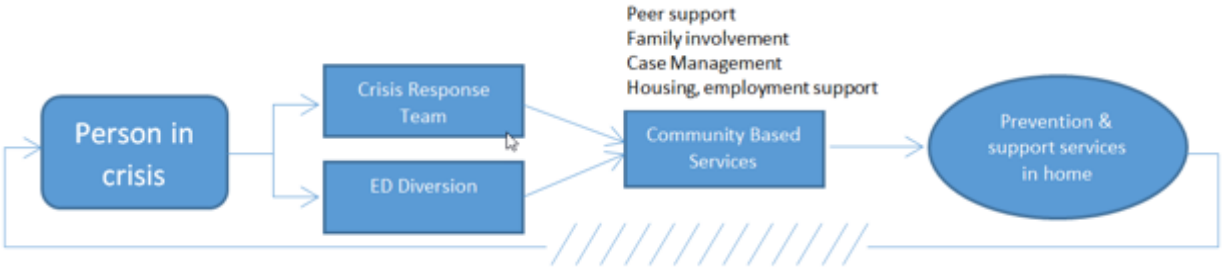
As public health social workers know, data is the driving force behind systemic change. Understanding data and how to use it is a key asset that a public health social worker can bring to the table. For this project, the first step was to analyze existing epidemiologic data to understand the current state of behavioral health (BH) in Pleasantville. Demographic data was compiled from the US Census American Community Survey (ACS) and Behavioral Risk Factor Surveillance Survey (BRFSS). GIS mapping was done to analyze geographic distribution of race, poverty, education level, and unemployment within the county. This data was used to understand where the population lived in relation to the availability of existing BH services, and to understand if there were discrepancies in access based on social factors.

In addition to the secondary data analysis, primary data was collected from over 50 interviews. Key stakeholders were asked to talk about how they viewed the current BH system, what they perceived were the biggest challenges or barriers, and what they would recommend for improvements. The interviews were audio recorded and kept confidential; data was compiled and presented in aggregate in the final report so that no single individual's responses could be identified. The interview protocol was approved by an external Institutional Review Board (IRB) and participants were compensated for their time.

All of the data was compiled and analyzed in order to inform recommendations for the system redesign. A "current state" system map diagram was created to illustrate any gaps in service linkages across the continuum of care, and then a "future state" system map diagram was created to illustrate what the system could look like if the community adopted and pursued the recommendations that were offered. An example is presented below.

Image 1. Example Current State System Map

Image 2. Example Future State System Map



Assets and Strengths

The primary strength of this project was the buy-in of local leadership. The county government committed resources to support the project, and was receptive of the recommendations that were offered. They were willing to make some tough decisions and reallocate funding in order to bridge the gaps identified during the mapping process. Additionally, the community members were engaged and felt a sense of ownership over the project because their voices were included all along the way. Even though Lena was leading the assessment activities, she was intentional about ensuring the Task Force continued to drive the efforts and priorities based on their mission and values.

Barriers and Challenges

Change can often be uncomfortable, and different people accept and cope with change in different ways. As part of the assessment, many system gaps were identified that could be attributed to specific stakeholders within the overall system. It was a challenge to identify such gaps while respecting the stakeholders who were well-intentioned yet became the target of the redesign recommendations. For example, one agency had been providing the same services for years within the community, but was unable to demonstrate any foundation in evidence-based models, could not demonstrate any successes or positive outcomes of their program, and became very defensive when asked to explain or justify their services. While the intent of the project was not to "point fingers", this type of assessment will inevitably uncover inefficiencies and may cause discomfort to those who are asked to do things differently. The best way to approach such a situation is to offer ways for providers to enhance and transform their practice

Another barrier was the lack of available data from providers who worked within the BH system. While the interviews illustrated a clear picture of the gaps in the system (e.g., lack of information sharing and coordination between providers regarding shared clients or the types of clients they serve, lack of access to BH services to prevent a crisis, long wait times to access community-based services, high numbers of "frequent flyers", or people with multiple visits to the ED or inpatient hospital, etc.) there was no available data to truly track outcomes. Many individual providers were not collecting

sufficient data on the services provided or the client served. This led to challenges in advocating for increased or sustained funding, measuring impacts of system transformation efforts, and demonstrating the added value of new services.

Outcomes

Through this process, the Task Force was able to take advantage of national and local expertise to improve coordination, quality, and efficiency within their BH system. The final report issued on the transformation of the Pleasantville BH system included concrete recommendations that had financial, political, and social impacts. Aligning with the values of PHSW, the overarching recommendation was to move the system away from being focused on crisis response and instead become a Recovery Oriented System of Care (ROSC). A ROSC focuses on helping people recover by living within their communities, accessing basic needs, (e.g. housing, food, employment) while obtaining behavioral health support. The intent is to prevent decompensation of people living with behavioral health conditions and to support them being active members of their community. A ROSC is person-centered, strengths-based, and is rooted in a community-based approach. Some ways in which ROSCs can be developed include moving towards more integration with primary care and behavioral health, establishing a system that supports the needs of vulnerable populations and is rooted in eliminating stigma, and focuses equally on promoting individual and population health.

As noted above, change can often be an uncomfortable process. The final recommendations did advise that some providers would need to transform their own service delivery models or risk losing access to funding. Lena and her team provided the Task Force with evidence-based models, national best practices, and models of success from other similar communities around the US to help them take the steps to transform their BH system collaboratively. Most stakeholders responded to the recommendations and committed resources to implementing new models within their practices, while continuing to remain involved with the Task Force to monitor progress and outcomes.

Lessons Learned

Overall the BH system transformation project for Pleasantville was very successful in providing the foundation for a community to act on their own identified issues of concern. The key drivers of success that should be integrated in future projects are highlighted below:

a. Maintain local leadership and local ownership of the process
b. Ensure that the assessment, design, and data collection protocols are respectful of the community and rooted in the social work values of dignity, human relationships, and integrity
c. Be humble: expect to learn from the community
d. Use all available data to ensure a comprehensive understanding and approach
e. Present recommendations that consider a community's readiness for change, as well as their cultural values
f. Ensure engagement and commitment from stakeholders from all sectors
g. Hold partners accountable for their roles in the process
h. Use a PHSW framework to approach the issue at the system level, using a cross-sector model with a focus on prevention, integration, and recovery

Questions for Students

Using the example, discuss the following questions to help you hone in on the skills being used in the example.

a. Which social work and public health skills is Lena using?
b. What makes her work “PHSW?”
c. Where is her work reflected on the Social Work Health Impact Model?
d. Which of the Ten Essential Health Services is she providing?
e. If you were in Lena’s role, what part of this would have been most challenging for you?
f. Is there anything you might have done differently?
g. What follow-up do you recommend to see if this has been a sustainable success?

This case was developed and written by Gentry, Alumna, Behavioral Health Network Director, UnitedHealthcare Community Plan of Louisiana, (LA), MSW, MPH

About the PHSW Slide Decks

The BU-ALPS project commissioned a series of slide decks from PHSW subject experts. These slide decks focus on foundational and topical PHSW content and are designed to facilitate integration of public health content into social work courses or professional development. The foundational topics focus on building public health literacy and basic knowledge of public health skills; the topical slide decks focus on major public health social work issues.

- Introduction to PHSW
- Epidemiology for PHSW
- Social Determinants of Health for Social Work
- Prevention for Social Work
- Public Health Social Work: Addressing Racial & Ethnic Health Inequities
- PHSW: Advancing Integrated Health Care
- PHSW and Suicide Prevention
- PHSW and Substance Use Disorders
- Liberation Health and PHSW
- PHSW and Children with Special Health Care Needs

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Advising Students Interested in PHSW

Students interested in learning more about public health approaches benefit from support and direction. Yet in many programs, PHSW content is limited. The following suggestions can help advisers, educators and students to intentionally integrate PHSW into BSW/MSW education.

Help students rule in or rule out an MSW/MPH program if it is available. See "Is an MSW/MPH Program Right for Me?" checklist. Because such programs are relatively rare and expensive, schools of social work should be developing other means of PHSW training for those who cannot access them. If an MSW/MPH program is not available, schools can support students in learning about PHSW through their field placements, courses, and various informal means**.**

1. Help students add PHSW to their field education:

- Some field sites, such as those dedicated to suicide or substance use disorder prevention are excellent matches for students who wish to build out skills in PHSW. In addition, field practice officers can develop placements in city or state level public health offices or commissions. Finally, students can be encouraged to integrate PHSW-related content into existing health placements. For instance, a social work intern in a medical surgical unit in a hospital can identify wellness education or health promotion offices and seek to add an additional learning component.
- Students interns can serve as PHSW ambassadors at their field internships, bring PHSW literature or examples to the attention of their supervisor and using some of the field exercises from the previous section to enhance their learning.
- One shorthand way that advisers and supervisors can support a student interested in public health is to use the **Ten Essential Public Health Services** as a teaching tool. Helping students become of aware of which services they provide in the daily practice of social work can help in the day to day work of being a social worker can help underscore the central message of PHSW that "all social work is health social work." When it's time to evaluate, ask students to review the Ten Essential Services and locate their practice efforts. If they find none, ask students how they can more intentionally link their work to public health.

2. Help students connect PHSW to their coursework:

- Ideally, students can begin to learn PHSW in courses designed to teach about it. However, these are not always available. Therefore, faculty and students can use the resources available here to infuse PHSW into courses. For instance, faculty can support students in using PHSW content such as the Social Work Health Impact Model, epidemiology, social determinants of health approaches, and prevention to frame issues in assignments a broad range of courses such as macro, clinical, human behavior, research, or policy.
- Faculty can support students in using the resources provided in this document to design directed studies in PHSW.
- Faculty and students interested in public health can establish informal learning communities or circles where literature, research, examples and ideas are exchanged.
- Identify courses in health promotion or prevention at other schools within your university and help students to enroll as electives.

3. Help students connect to alumni practicing PHSW:

- Within the alumni ranks, there is almost always someone who is doing PHSW. Faculty can pull together a list of people working on public health issues who are willing to speak to students.
- Establish a speaker's series that demonstrates examples of PHSW integration. for instance, programs can feature social workers who are employed in disaster response, global health, integrated behavioral health or various areas of prevention, all areas where students can learn about practice at the edge of social work and public health.

4. Help students through advising:

- The following questions can guide advisers in helping students become more deliberate in the integration of PHSW into their social work studies.

Key Questions for Students with a PHSW Interest

The following key questions can be helpful in field or academic advising sessions.

1. What are your reasons for wanting to integrate public health into your social work training? Why is it important to you?
2. Can you articulate specific career goals that relate to the integration of public health into social work practice?
3. How does your current or planned major or concentration relate to PHSW?
4. Do you intend to participate in any additional specialty programs? How might they help you connect to PHSW more?
5. Tell me about your social work field internship? Have you talked with your supervisor about your public health interests? Are you able to integrate public health into your work there? If yes, how so and if not, what possibilities exist and how can I help you?
6. If planning a second field internship: what "lessons learned" from your previous experience can help you build on it? What assets and skills will you bring to the next experience? What specific skills and competencies related to PHSW do you hope to learn in the upcoming field internship? Have you talked with your potential site about integrating public health? Are you optimistic that you'll be able to integrate both public health and social work into it?
7. Tell me about the assignments for your courses. Are you able to integrate PHSW into them? Have you been able to use PHSW in your courses and assignments?
8. Are their certain courses, beyond the requirements, that you want to take, either within social work or outside it, that will help strengthen your PHSW interest? How might they support your career goals?
9. How is career planning going? What kinds of jobs inspire you?
10. Have you begun to develop a PHSW-infused career mission statement? How might you explain your interest in PHSW to future employers?
11. Are you planning to be licensed in social work and how does this fit with your interest in PHSW?

Handout: How to tell if an MSW/MPH program is right for you

MSW/MPH Program Student Readiness Checklist

If an MSW/MPH program is available to you and you're interested in PHSW, you'll want to consider it. Enrolling in an MSW/MPH Program is a big commitment of time, resources, and energy and leads to the question of "How can I know if an MSW/MPH Program is right for me?". Here are a few questions and suggestions for thinking through the decision about whether an MSW/MPH Program is right for you. If you find yourself checking a majority of the boxes, it is a good indicator that you should consider enrolling in an MSW/MPH Program.

☐ **You are a big picture thinker and you want to help solve major problems.** Most MSW/MPH students are mission-driven and drawn to thinking about how to solve broad issues in health, policy, and systems change. If you care about people and want to work on multiple levels to foster change, an MSW/MPH Program may be right for you.

☐ **You are social justice driven so you naturally gravitate upstream.** The concept of "going upstream" refers to a class public health parable that encourages people to think about the causes of health problems. Imagine you're standing on the edge of a river. Suddenly a flailing, drowning child comes floating by. Without thinking, you dive in, grab the child, and swim to shore. Before you can recover, another child comes floating by. You dive in and rescue her as well. Then another child drifts into sight. . . and another. . . and another. You call for help, and people take turns fishing out child after child. Before too long some wise person asks, "why are all these kids falling into the water?" and heads upstream to find out. If you are someone who tends to think "upstream" in this way, you'll find an MSW/MPH Program may be a good match for you.

☐ **You do not want to choose between working with individuals and working on a systems level.** MSW/MPH students often want to learn to work clinically with individuals, couples, families, and groups. They also want to learn how to work at the systems level advocating and organizing for policy change in health. They do not want to choose between these two focal areas. Many MSW/MPH Programs allow a clinical major in social work to be combined with public health. Just be sure to choose a program that offers this option if you think this is true for you.

☐ **You want to focus on prevention AND intervention.** Perhaps you have an issue you care about, such as helping people with depression. You want to be able to work on learning the skills of helping people with depression to heal and recover. You may want to study what makes people depressed and how to address the causes, as well as the treatment of, depression. The right MSW/MPH Program can give you both sets of skills.

☐ **You have a hard time deciding between majors; you are interested in what people are doing across fields. Sometimes you think you're "all over the place!"** We call this "positive professional restlessness" and it's a sign that you are by nature trans-disciplinary. This is "more than okay" because the larger health field is moving toward cross-sectoral, trans-disciplinary approaches. Thorny health and social problems are never solved by one profession. An MSW/MPH program can help you draw a circle around two fields of interest and unite them into one career.

☐ **You understand the power of research and science.** You are drawn to knowing "what works" to help people and society. From where you stand, it's not enough to offer a prevention program or a treatment modality—you want to know if it's really prevented the problem or helped make someone better. You may or may not be a little intimated by statistics and epidemiology, but you know you need those skills if you are going to be effective.

☐ **You want lots of options and a flexible career path.** The diversity of career paths is one of the true assets of the MSW/MPH path. MSW/MPH graduates have one thing in common: they want career options and they want to ensure they have the skills to pursue various roles in public health, social work, and beyond. Having two degrees, two sets of competencies, and a sense of themselves as broad practitioners of PHSW allows graduates to shape their careers in myriad ways.

☐ **You're interested in leadership.** The next generation of leaders will emerge from today's young people, many of whom are frustrated with the way things are going. They want to change it up, do a better job, and try to improve people's lives through high impact solutions. Leadership is a set of skills that must be cultivated and developed; an MSW/MPH Program can help you hone your natural interest in leading change and inspiring others.

You've got the energy, time, and commitment to do it. You are willing to spend extra time getting that additional degree because you know it will enable you to move forward on your terms to fulfill your vision. You recognize it will take more time, and possibly cost more, but you have reflected on your personal and financial readiness, and you are prepared to plan so you can afford to do it.

PHSW Resume Recommendations

Students and alumni sometimes struggle with how to include PHSW in their resumes. There are myriad reasons that this proves to be difficult, ranging from uncertainty about what language to use, to concern that potential employers will not understand or want a PHSW- oriented employee. This subsection contains recommendations on how to include PHSW skills and orientation in a resume.

We recommend that PHSWs:

- Develop a PHSW-infused career mission statement or objective that is no more than 3 sentences in length. Include this at the outset of the resume or CV.
- List qualifications that reflect integration of both social work and public health.
- ALWAYS list the degrees you have completed, either in the order you obtained them or with the intention of highlighting one aspect of your skillset over another (e.g. MSW, MPH or MPH, MSW).
- Be sure to clearly outline any certificate or specialty trainings completed during graduate school or beyond that reflect your efforts to integrate public health skills into social work.
- Use the language of public health competencies to describe the work you've done.
- Include all professional associations and credentials. (Note, if you're trying to emphasize a public health orientation, it can be helpful to highlight membership in professional organizations that highlight public health, such as the American Public Health Association).
- Whenever possible, attend or present at professional meetings or conferences; make every effort to engage in leadership activities during these events. Conferences provide networking opportunities and a chance to highlight your oral and written communication skills. Volunteering with professional organizations are also a way to build your resume.
- Don't forget other social media: LinkedIn, for instance, provides a quick way to advertise to the world who you are as a PHSW.

"My advice is to not be too rigid in conceptualizing P It is not public health AND social work that you are doing. It is public health social work. I think people try to define which parts of them are public health and which are social work and that impedes a full integration at the conceptual level. You want to be able to dance between both realms seamlessly without worrying about which field is carrying the weight. Social work as a whole is a toolkit and a lens to view, define and address issues from a social justice and strengths perspective. Public health is the science and methodology at a population level which helps you act on those issues. It is possible and important to integrate both of these, regardless of your area of practice."

– Dan Hogan, Substance User Health Program Manager, Codman Square Health Center, Boston (MA), MSW, MPH

A Few Examples from LinkedIn Profiles:

- A PHSW practitioner with progressive years of strategic and innovative leadership in hospitals, community settings and educational institutions. Committed to continually provide culturally competent, evidence based and supportive, appropriate care to individuals, families and communities.
- Public Health Social Worker with 10+ years of experience in youth development in urban settings including schools, community-based organizations and health care. Using a racial justice and health equity lens, I am passionate about elevating and empowering youth voices to advocate for policies, programs and resources to improve the community. My experience and expertise include coalition-building, program planning, policy advocacy, group facilitation and training (with youth and adults). Additionally, I have experience teaching graduate level courses in both public health and social work.
- Public health social worker with experience coordinating, implementing, and managing social service programs and community-based public health programs, conducting research, and providing direct clinical care and case management. Areas of interest include: health disparities, chronic disease management, HIV/AIDS, sexual health, intimate partner and family violence prevention and intervention, and medically based clinical social work.
- Experienced health care leader with a demonstrated history of working in government health care delivery innovation and reform. Skilled in health care leadership, health information technology, system delivery innovation, policy analysis and implementation. Strong community and social services professional with an MPH and MSW.
- Strategic public health and social work practitioner with over 15 years of progressively responsible experience working with diverse audiences for nonprofit organizations. Interests include violence prevention; behavioral health; youth development; sexual health; adolescent health; community-based approaches; upstream prevention; cultural responsiveness; social justice; and systems change.

And here is a possible PHSW Elevator Speech:

Contemporary public health social work is an established sub discipline of social work that integrates and utilizes the powerful skills of public health, such as prevention science and epidemiology, to extend social work's health impact. Public health social work is particularly concerned with social justice and health equity because of its focus on multi-level practice—working with individuals and systems—to address the social determinants of health affecting vulnerable populations. Characterized by a strong emphasis on inter-professional, trans-disciplinary and cross-sectoral efforts, public health social work always prioritizes advocacy for systems, environmental, and structural changes in the conditions that affect health. As a public health social worker, I…

Promoting PHSW Professional Development and Continuing Education

All social workers need continuing education and professional development opportunities, offering an important opportunity to introduce or sustain PHSW skills and education into lifelong learning.

Health is a major practice area in social work, employing roughly half of all social workers; consequently, most BSW/MSW and continuing education programs for social work include at least some health coursework. The Health in All Social Work Programs Study (HIAPS) examined clinical and individually-oriented health content vs. "wide lens," public and population health content in BSW/MSW/doctoral and CE programs (Ruth et.al, 2017). While all schools and programs offered health coursework, most curricula focused on clinical practice with individuals and families. Thus, most social workers enter the workforce without having been trained in PHSW, prevention, health promotion or other "wide-lens" approaches. The HIAPS result for CE programs were similar. Across a national sample of 88 university and professional organization-based programs, the majority of courses centered on clinical approaches in behavioral health, addictions and trauma; prevention, health promotion and PHSW accounted for less than 5% of all CE reviewed (Ruth, et al, 2017).

Professional development and CE offer an important opportunity to reach and train social workers in PHSW related methods and topics. All licensed social workers must obtain CEs, and social workers, licensed or not, are generally interested in lifelong professional development.

In this section, we share CE courses that BU-ALPS offered via its Educational Enhancement Series (EES) in the 2017-2018 year. In addition, we list examples from a three-year series of workshops, the Public Health Social Work Training Institute offered though the Boston University Professional Education Program (PEP). In all cases, public health social workers presented; in most cases, other professionals participated as well. The EES series ranged from 1.5-8 hours; the PEP workshops spanned 8-16 hours. Presentations included panels, individual and group presentations, and talkbacks. We urge CE programs and schools of social work and public health to borrow from our list of topics and to engage in interprofessional education at the CE level that emphasizes PHSW.

Examples of PHSW-Oriented CE:

2017-2018 Educational Enhancement Series

a. Integrating Public Health and Social Work Approaches in Working with Immigrants and Refugees
b. Collaborative Approaches in Primary Care Behavioral Health Integration: Working at the Intersection of Public Health, Social Work, and Medicine
c. Oral Health for Social Workers
d. Preventing the School-to-Prison Pipeline: An Innovative Collaboration between Social Work, Legal Services, and Public Health:
e. Intersectionality and Health: Breaking Down Barriers to Quality Care
f. Preparing and Submitting an Abstract to APHA's Annual Conference: Overview and Tips

The Boston University Professional Education Program Public Health Social Work Training Institute (2007-2010)

a. Trauma and Loss in Wartime: Public Health Social Work Approaches

b. Suicide Prevention, Assessment, and Intervention for Social Workers
c. The Family Violence Pandemic in Our Midst: Doctors and Social Workers Working Together
d. A Trauma-Infused Substance Abuse Intervention and Relapse Prevention Model for Latina Women
e. Falling Through the Safety Net: Preventing and Working with Homelessness
f. Strategies and Skills for Fostering Resilience in Children Living in Poverty
g. Essentials of Health Promotion for Social Workers
h. Assessing and Managing Suicide Risk: Core Competencies for Social Workers
i. The Social Ecology of Disaster: Response, Healing and Capacity Building
j. Talking about Sex and Drugs with Our Clients: Risk Assessment & Communication for Practitioners
k. Addressing the Commercial Sexual Exploitation of Adolescent Girls: Skills for Social Work Prevention and Intervention
l. Connecting Prevention and Intervention: An Introduction to Public Health Social Work

Appendices:

Cowin's career reflects the use of integrated approaches that characterize early PHSW's response to previously unmet needs, as well as its dedication to social work values of social justice (Kerson & McCoyd, 2013).

Ruth Cowin's Biography

Ruth Cowin was the visionary co-founder of the MSW/MPH Program at Boston University. A brief review of her career in public health social work illustrates the breadth of the practice and explains why she was so passionate about educating social workers in public health.

Prior to joining the Boston University School of Social Work faculty in the 1970s, Ruth Cowin had been a public health social worker for four decades and was a well-known leader and scholar of PHSW. Her writing on social work's role in public health remains some of the only scholarship on social work in public health journals of the 20th century (Cowin, 1970; Cowin, Rice & Schmidt, 1965; Ruth & Marshall, 2017). She began her career in the hospitals and health centers of Boston during the Great Depression. She was a member of the mental health team that responded to the Cocoanut Grove Fire of 1941, an experience that galvanized her interest in disaster response social work. She went on to contribute to the literature on grief work and trauma that emerged from that tragedy. At a time when doctors and nurses were still uncertain about the role of social workers in health, Ruth introduced casework, child guidance, community health outreach, prevention, and crisis intervention to numerous Boston area health settings. Cowin's career reflects the integrated approaches that characterize early PHSW's response to previously unmet needs, as well as its dedication to social work values of social justice (Kerson & McCoyd, 2013).

Cowin's warmth and leadership were legendary. She commanded immense loyalty from the people who worked for her, who were proud to call themselves "Ruthie's girls". They spent more time in the community than in their offices, working on STD prevention, reproductive health, and other roles that were considered "non-traditional" in that era. Famous for

her sayings such as, “We social workers work with what we’ve got,” Cowin was known for her matter-of-factness even in the face of serious issues. On a weekly basis, she distributed rolls of dimes to her staff so they could make client phone calls from local diners, because hospital settings did not offer telephone privileges to their undervalued social workers. Over time, of course, her pragmatic advocacy helped to institutionalize social work services in local hospitals, and after many decades and several hospital leadership roles, she retired for the first time.

Ruth was quickly drawn out of her first retirement less than a year later when Dean Hubie Jones recruited her, then in her early-70s, to join the faculty at Boston University School of Social Work. Among Ruth’s first efforts was the establishments of an MSW/MPH program. Her view was straightforward: the emerging new health care world required social workers with public health skills and degrees. She understood that MSW/MPH programs could provide the leadership training necessary to this vital transdisciplinary social work workforce. As Dean Jones recalls, “She strengthened my public health lens so I could better observe, understand and approach vexing social conditions. Before I knew it, Ruth had moved me and the School of Social Work to establish…a dual masters’ program in social work and public health…” (BU MSW/MPH Program Strategic Plan, 2012). By 1979, Ruth presided over the opening of the program, and the graduation of its first graduates. The program has subsequently graduated almost 400 public health social workers. The original champion of the BU MSW/MPH program stepped down in 1989 after turning the program over to one of her mentees and a 1985 alumna, Betty J. Ruth. But, true to her public health social work spirit, by the early 1990s, Cowin had once again become concerned about a major public health issue in Boston: elder homelessness. She co-founded the Committee to End Elder Homelessness, (now known as the Hearth Program), and helped jumpstart work that resulted in the development of a nine-unit building that now houses elders in Brookline, Massachusetts. Ruth Cowin recruited the first residents for “her house” in the same way she began her PHSW career—personal outreach at the community level—in this case, recruiting at-risk elders at the local Burger King. This residence opened in 1998 and was named the Ruth Cowin House in her honor. **http://www.hearth-home.org/rch/**

Profile Instruments

If you are interested in collecting alumni profiles for students who have matriculated through your program(s), the following tools may be helpful.

Advancing Leadership in Public Health Social Work (ALPS)

Profile Questionnaire (For PHSWs who are not MSW/MPH alumni)

Thank you for taking the time to share your professional experiences and insights with us. The responses you provide will be incorporated into materials developed through the HRSA-funded Advancing Leadership in Public Health Social Work Education project being administered through the Center for Innovation in Social Work & Health at Boston University. These questions are intentionally open-ended to garner as much information as possible that can be shared with educators and other professionals who are working to train and expand the use of public health approaches by social workers across diverse work settings and domains. Please use them as stimuli to get you thinking and writing! Do not worry about answering every prompt. Write directly on this document.

Prior to answering the questions, it may help to review the attached three-page handout on the definition and features of public health social work that we are using, particularly if you do not identify at this time as a social worker or public health social worker. Your stories may be incorporated into written or visual mediums for dissemination; we will contact you for final edits. If you have any additional thoughts or ideas beyond the questions, please feel free to share this at the conclusion of this document. Thank you for your time!

Name: _____

Graduation years: MSW: _____ Other degree? _____

Major in MSW _____

Additional graduate degrees _____

Current Job Title: Agency/Institution: _____

1. Please tell us about your training and educational preparation for practice within the field of social work (e.g., Why did you choose social work for your master's degree? What were your areas of study within social work? What was missing that you wish you would have had? What barriers did you encounter in incorporating public health into your education? If an MSW/MPH program was available, what were your reasons for not enrolling or completing it?)

2. How did you become aware of the possibility of integrating public health into your social work practice? (Were you always interested in public health issues? Do you have a specific interest area that drew you to public health?)

3. Please tell us about your current (or most recent) position and work experience. (Please provide a brief description of roles and responsibilities for your position. Do you view your current employment as "public health social work?" Why or why not? What do you love most about your work? How did your education prepare you for this position? Do you have a sense of yourself being on a career path and if so, please share it with us.)

4. To what extent have you been able to integrate both public health and social work into your work to date? (e.g, Do your workplace and colleagues understand public health social work? How much professional or employer support do you have for integrating both skillsets and perspectives? What barriers or challenges are you encountering in using your public health social work skills? To the extent that you've moved away from either or both fields, please comment on why and on how or if you continue to use your education.)

5. We are interested in learning about the outcomes and impact you've had. What are you most proud of? What have been some of the outcomes of your involvement in various programs or positions? Please be specific (If you have any materials that highlight these successes, we would love to see them!)

6. From your perspective, how does (or could) the integration of public health into social work impact and improve the social work profession? (Please address this even if you aren't currently working in both or either. What "problems" in social work does/can public health solve?)

7. Similarly, how does (or could) public health-informed social work impact the field of public health? (e.g., What are examples within your area of work? Which issues within public health does/can social work solve? To help with this, try to remember times when you've said: "This is where we need a public health social worker!)

8. In your professional opinion, to what extent is public health social work valued, understood, visible, and/or integrated as a field of practice in the contemporary workforce? What recommendations do you have to increase awareness of and appreciation for public health social work?

9. Many students enter graduate school with the goal of becoming a transdisciplinary professional. They are often mission-driven and want to help solve "big" societal problems such as health equity. They look forward to opportunities where they can use multiple skillsets or approaches in one job. Based on your experience, what observations and recommendations would you make to such students? (How can students identify varied paths for practicing in the current workforce? How can you best "market" yourself as a public health social work professional? What are some of the fault lines that students need to be aware of?)

10. What recommendations would you make to educators who are training the next generation of social workers? (e.g., How can curricula, field education, and workforce preparation be improved? How can social work graduates use public health skills to break into new areas? What trends, obstacles, or challenges must we address?)

11. Do you have any other recommendations, suggestions, or comments related to your experience as a public health social worker? (Have we asked the right questions and if not, what do you want us to be thinking about? What else about your story is important for us to know?)

Advancing Leadership in Public Health Social Work (ALPS)

Profile Questionnaire (FOR MSW/MPH Graduates)

Thank you for taking the time to share your professional experiences and insights with us. These questions are intentionally open-ended to garner as much information as possible that can be shared with educators and other professionals who are working to train and expand the use of public health approaches by social workers across diverse work settings and domains. Please use them as stimuli to get you thinking and writing! Do not worry about answering every prompt. Write directly on this document.

Prior to answering the questions, it may help to review the attached three-page handout on the definition and features of public health social work that we are using, particularly if you do not identify at this time as a social worker or public health social worker.

Name: _____

Graduation years: MSW _____; MPH _____

Major in MSW _____

Major/concentration in MPH _____

Additional graduate degrees _____

MSW/MPH Program(s): _____

Current Job Title: Agency/Institution: _____

1. Please tell us about your training and educational preparation within public health and social work. (e.g., What were your areas of study? What were some of the most helpful aspects of your public health and social work education? What was missing that you wish you would have had? Do you have a favorite memory from when you were studying that illustrates some of the joys and struggles of MSW/MPH education?)

2. How did you become aware of an integrated program of public health and social work as a field of study? Why did you choose an MSW/MPH program? (How did this particular education fit with your career goals?)

3. Please tell us about your current (or most recent) position and work experience. (Please provide a brief description of roles and responsibilities for your position. Do you view your current employment as "public health social work?" Why or why not? What do you love most about your work? How did your education prepare you for this position? Do you have a sense of yourself being on a career path and if so, please share it with us.)

4. To what extent have you been able to integrate both public health and social work into your work to date? (e.g, Do your workplace and colleagues understand public health social work and/or dual MSW/MPH professionalism? How much professional or employer support do you have for integrating both skillsets? What barriers or challenges are you encountering in using your public health and social work skills? To the extent that you've moved away from either or both fields, please comment on why and on how or if you continue to use your education.)

5. We are interested in learning about the outcomes and impact you've had. What are you most proud of? What have been some of the outcomes of your involvement in various programs or positions? Please be specific (If you have any materials that highlight these successes, we would love to see them!)

6. From your perspective, how does (or could) the integration of public health into social work impact and improve the social work profession? (Please address this even if you aren't currently working in both or either. What "problems" in social work does/can public health solve?)

7. Similarly, how does (or could) public health-informed social work impact the field of public health? (e.g., What are examples within your area of work? Which issues within public health does/can social work solve? To help with this, try to remember times when you've said: "This is where we need a public health social worker!)

8. In your professional opinion, to what extent is public health social work valued, understood, visible, and/or integrated as a field of practice in the contemporary workforce? What recommendations do you have to increase awareness of and appreciation for public health social work and graduates of MSW/MPH programs?

9. Many students enter graduate school with the goal of becoming a transdisciplinary professional in both public health and social work. They are often mission-driven and want to help solve "big" societal problems such as health equity. They look forward to opportunities where they can use an integrated skillset in one job. Based on your experience, what observations and recommendations would you make to such students? (How can students identify varied paths for practicing in the current workforce? How can you best "market" yourself a dual professional? What are some of the fault lines that students need to be aware of?)

10. What recommendations would you make to educators who are training dual public health and social work students or directing MSW/MPH programs? (e.g., How can curricula, field education, and workforce preparation be improved? What ongoing supports do public health social work or MSW/MPH alumni need? How can MSW/MPH graduates use the training to break into new areas? What trends, obstacles, or challenges must we address?)

11. Do you have any other recommendations, suggestions, or comments related to your experience with dual professionalism in public health and social work? (Have we asked the right questions and if not, what do you want us to be thinking about? What else about your story is important for us to know?)

Public Health Social Work Resource Guide

This resource guide was developed to provide a broad foundation of theory, evidence, and practice guidance for educators and practitioners interested in bridging public health and social work approaches to improving the health and well-being of individuals, communities and populations. A wide range of topics related to PHSW (PHSW) are covered, and resources include peer-reviewed articles and gray literature, as well as a selection of books, blogs, videos, and other media. For each topic area, additional resources and information about related organizations working within the topic area are included.

Section 1 of the Resource Guide, Public Health Social Work (PHSW), focuses on practice and educational resources related directly to PHSW as an overarching field; Section 2 lists prevention and health promotion content relevant to PHSW; Section 3 includes overviews of public health, social determinants of health (SDOH) and health equity for PHSW teaching and practice; and the following sections offer resources within sub-topics related to PHSW: behavioral health (Section 4), healthcare (Section 5), violence and violence prevention (Section 6), criminal and juvenile justice (Section 7), global health (Section 8), geriatric health (Section 9), maternal and child health (MCH) (Section 10), environmental health and justice (Section 11), rural and urban health (Section 12), American Indian and Pacific Islander health (Section 13), immigrant health (Section 14), interprofessional practice and education (Section 15), and public health theory and methods for PHSW (Section 16).

Each entry in this resource guide is identified according to the type of source as follows:

(A) Peer-reviewed journal article
(R) Report or white paper
(B) Book or book chapter
(V) Video
(O) Other (includes websites, blogs, podcasts, and other sources)

Section 1: Public Health Social Work (PHSW)

PHSW Background

1. (B) Keefe, R, & Jurkowski, E. (Eds.), The Social Work Section of the American Public Health Association, *Handbook for public health social work. New Yor*k, NY: Springer Publishing Company.
2. (B) Kerson, T. S., & Lee, J. E. (2016). Public health social work primer. In T. S. Kerson, J.L.M. McCoyd, & Associaties (Eds.), Social Work in Health settings: Practice in Context (pp. 287-295). New York: Routledge.
3. (B) Ruth, B. J., Marshall, J. W., & Sisco, S. (2016). Public health social work. In C. Franklin (Ed.), *Encyclopedia of Social Work*. New York: National Association of Social Workers, Oxford University Press.
4. (B) Sable, M.R., Schild, D.R., & Hipp, J.A. (2012). Public health and social work. In S. Gehlert & T. Browne (Eds.), *Handbook of health social work* (2nd ed., pp. 64-75). Hoboken, NJ: John Wiley & Sons.
5. (A) Abramovitz, M., & Sherraden, M. S. (2016). Case to Cause: Back to the Future. *Journal of Social Work Education*, *52*(sup1), S89-S98. **https://doi.org/10.1080/10437797.2016.1174638**
6. (A) Bachman, S. S. (2017). Social Work and Public Health: Charting the Course for Innovation. *American Journal of Public Health*, *107*, S220–S220. **https://doi.org/10.2105/AJPH.2017.304209**
7. (A) Bywaters, P., & Napier, L. (2009). Revising social work's international policy statement on health: Process, outcomes and implications. *International Social Work*, *52*(4), 447–457. **https://doi.org/10.1177/0020872809104249**
8. (A) Gehlert, S., Mininger, C., Sohmer, D., & Berg, K. (2008). (Not so) gently down the stream: Choosing targets to ameliorate health disparities. *Health and Social Work*. 33(3), 163-7. **https://doi.org/10.1093/hsw/33.3.163**
9. (A) Hernandez, V. R., Montana, S., & Clarke, K. (2010). Child health inequality: Framing a social work response. *Health and Social Work*, *35*(4), 291–301. **https://doi.org/10.1093/hsw/35.4.291**
10. (A) Ruth, B. J., & Marshall, J. W. (2017). A History of Social Work in Public Health. *American Journal of Public Health*. 107:S3, S236-S242. **https://doi.org/10.2105/AJPH.2017.304005**
11. (A) Schwaber Kerson, T., McCoyd, J.L.M. (2013). In Response to Need: An Analysis of Social Work Roles over Time, Social Work, 58:4, 333–343. **https://doi.org/10.1093/sw/swt035**
12. (O) International Federation of Social Workers. (2012a). Health. Retrieved from **https://www.ifsw.org/health/**
13. (O) Public Health Social Work. What is PHSW? **http://publichealthsocialwork.org/?page_id=2**
14. (O) Van Pelt, J. (2009). Social Work and Public Health - Perfect Partners. Social Work Today. 9 (1). Retrieved from: **http://www.socialworktoday.com/archive/011909p28.shtml**
15. (A) Pockett, R., & Beddoe, L. (2017). Social work in health care: An international perspective. *International Social Work*, *60*(1), 126–139. **https://doi.org/10.1177/0020872814562479**

PHSW Education

1. (B) Beddoe, L. (2013). Social work education and health: Knowledge for practice. In B. Crisp & L. Beddoe (Eds.), *Promoting Health and Well-being in Social Work Education* (pp. 6–23). New York: Routledge.
2. (A) Addy, C. L., Browne, T., Blake, E. W., & Bailey, J. (2015). Enhancing interprofessional education: Integrating public health and social work perspectives. *American Journal of Public Health*, *105*(S1), S106-S108.
3. (A) Browne, T., Keefe, R. H., Ruth, B. J., Cox, H., Maramaldi, P., Rishel, C., … Marshall, J. (2017). Advancing Social Work Education for Health Impact. *American Journal of Public Health*. 107(S3), S229-235. **https://doi.org/10.2105/AJPH.2017.304054**
4. (A) Ruth, B. J., Wachman, M. K., Marshall, J. W., Backman, A. R., Harrington, C. B., Schultz, N. S., & Ouimet, K. J. (2017). Health in All Social Work Programs: Findings From a US National Analysis. 107(S3), S267. *American Journal of Public Health*. **https://doi.org/10.2105/AJPH.2017.304034**

5. (A) Pecukonis, E., Doyle, O., Acquavita, S., Aparicio, E., Gibbons, M., & Vanidestine, T. (2013). Interprofessional Leadership Training in MCH Social Work. *Social Work in Health Care*, *52*(7), 625–641. https://doi.org/10.1080/00981389.2013.792913

History: PHSW Practice and Education Literature

1. (A) Almgren, G., Kemp, S., & Eisinger, A. (2000). The legacy of hull house and the children's bureau in the American mortality transition. Social Service Review 74(1), 1-27.
2. (A) Bloom, M. (1980). Primary prevention: Revolution in the helping professions? Social Work in Health Care. 6(2). https://doi.org/10.1300/J010v06n02_06
3. (A) Faherty, V. E. (1987). The battle of the Ms: the MBA, MPA, MPH, and MSW. Administration in Social Work, 11(2), 33-43.
4. (A) Folks, H. (1912). Points of contact between the health officer and the social worker. American Journal of Public Health, 2(10), 776-781.
5. (A) Hooyman, G. Schwanke, R, & Yesner, H. (1980). Public health social work: A training model. Social Work in Health Care, 6, 87-99. https://doi.org/10.1300/J010v06n02_09/
6. (A) Moroney, R. M. (1995). Public health services. In R. L. Edwards (Ed.-in-Chief), *Encyclopedia of Social Work* (19th ed., pp. 1967-1973). Washington , DC: NASW Press.
7. (A) Rapoport, L. (1961). The Concept of Prevention in Social Work. Social Work, 6(1), 3–12.
8. Roskin, M. (1980). Integration of primary prevention into social work practice. *Social Work, 25,* 192-196.
9. (A) Schild Wilkinson, D., Rounds, K. A., Copeland, V. C., Wilkinson, D. S., Rounds, K. A., & Copeland, V. C. (2002). Infusing Public Health Content into Foundation and Advanced Social Work Courses. Journal of Teaching in Social Work, 22(3–4), 139–154. https://doi.org/10.1300/J067v22n03_10
10. (A) Siefert, K., Jayaratne, S., & Martin, L. D. (1992). Implementing the Public Health Social Work Forward Plan: A Research-Based Prevention Curriculum for Schools of Social Work. Health & Social Work, 17(1), 17-27, https://doi.org/10.1093/hsw/17.1.17
11. Tendler, D., & Metzger, K. (1978). Training in prevention: an educational model for social work students. Social Work in Health Care. 4(2):221-31. https://doi.org/10.1300/J010v04n02_08/

MSW/MPH Programs

1. (A) Ruth, B. J., Marshall, J. W., Velásquez, E. E. M., & Bachman, S. S. (2015). Teaching Note—Educating Public Health Social Work Professionals: Results From an MSW/MPH Program Outcomes Study. *Journal of Social Work Education*, *51*(1), 186–194. https://doi.org/10.1080/10437797.2015.979096
2. (A) Ziperstein, D., Ruth, B. J., Clement, A., Marshall, J. W., Wachman, M., & Velasquez, E. E. (2015). Mapping Dual-Degree Programs in Social Work and Public Health: Results From a National Survey. *Advances in Social Work*, *16*(2). https://doi.org/10.18060/18372
3. (A) Miller, S. E., Hopkins, K. M., & Greif, G. L. (2008). Dual degree social work programs: Where are the programs and where are the graduates? *Advances in Social Work*, *9*(1), 29-43.

PHSW Career Paths

1. (A) Ruth, B. J., Marshall, J. W., Velásquez, E. E. M., & Bachman, S. S. (2015). Teaching Note—Educating Public Health Social Work Professionals: Results From an MSW/MPH Program Outcomes Study. *Journal of Social Work Education*, *51*(1), 186–194. https://doi.org/10.1080/10437797.2015.979096
2. (A) Ruth, B. J., Wyatt, J., Chiasson, E., Geron, S. M., & Bachman, S. (2010). Teaching Note: Social Work and Public Health: Comparing Graduates from a Dual-Degree Program. *Journal of Social Work Education*. 42(2),429-439. https://doi.org/10.5175/JSWE.2006.200404117

Additional Resources

1. North Carolina Public Health Social Work Continuing Education and Training Advisory Committee. (2018). PHSW Standards and Competencies. **https://nciph.sph.unc.edu/cetac/**
2. Social Work Policy Institute's brief overview of public health social work, including list of relevant publications. **http://www.socialworkpolicy.org/research/public-health-social-work.html**

Social Work Journals

1. Advances in Social Work: **http://journals.iupui.edu/index.php/advancesinsocialwork/index**
2. Clinical Social Work: **https://www.springer.com/psychology/journal/10615**
3. Health & Social Work: **https://academic.oup.com/hsw**
4. Journal of Social Work: **http://journals.sagepub.com/home/jsw**
5. Journal of Social Work Education: **https://www.tandfonline.com/toc/uswe20/current**
6. Journal of Social Work in Public Health: **https://www.tandfonline.com/toc/whsp20/current**
7. Journal of Teaching in Social Work: **https://www.tandfonline.com/toc/wtsw20/current**
8. Social Service Review: **https://www.journals.uchicago.edu/toc/ssr/current**
9. Social Work: **https://academic.oup.com/sw**

PHSW-related Organizations

Public Health Social Work Organizations

1. American Public Health Association (APHA) Public Health Social Work Section: **https://www.apha.org/apha-communities/member-sections/public-health-social-work**
2. Association of State and Territorial PHSWs (forthcoming)
3. Boston University Center for Innovation in Social Work & Health: **http://www.bu.edu/ciswh/**

Social Work Organizations:

1. Association for Community Organization and Social Administration (ACOSA): **http://www.acosa.org/joomla/**
2. Association for Social Work Boards (ASWB): **https://www.aswb.org/**
3. Clinical Social Work Association (CSWA): **https://www.clinicalsocialworkassociation.org/**
4. Council on Social Work Education (CSWE): **https://www.clinicalsocialworkassociation.org/**
5. International Federation of Social Workers (IFSW): **https://www.ifsw.org/**
6. Latino Social Workers Organization (LSWO): **http://lswo.org/**
7. National Association of Black Social Workers (NABSW): **https://nabsw.site-ym.com/default.aspx**
8. National Association of Deans and Directors Schools of Social Work (NADD): **http://www.naddssw.org/**
9. National Association of Puerto Rican Hispanic Social Workers (NAPRHSW): **http://www.naprhsw.com/**
10. National Association of Social Workers (NASW) - **https://www.socialworkers.org/**
11. Society for Social Work and Research (SSWR): **http://www.sswr.org/**
12. The Association for Community Organization and Social Administration (ACOSA): **http://www.acosa.org/joomla/**

Public Health Organizations:

1. American Public Health Association (APHA): **https://www.apha.org/**

2. Association of Schools & Programs of Public Health (ASPPH): **https://www.aspph.org/**
3. Association of State and Territorial Health Officials (ASTHO): **http://www.astho.org/**
4. Council on Education for Public Health (CEPH): **https://ceph.org/**
5. National Association of County and City Health Officials (NACCHO) - **https://www.naccho.org/**
6. National Association of Local Boards of Health (NALBOH) - **https://nalboh.site-ym.com/default.aspx**
7. National Institutes of Health (NIH): **https://www.nih.gov/**
8. Society for Public Health Education (SOPHE): **www.sophe.org**
9. US Public Health Service Commissioned Corps: **https://www.usphs.gov/**
10. World Health Organization: **www.who.int**

Section 2: PHSW, Prevention and Health Promotion

Prevention in Social Work

1. (B) Bloom, M. (1995). Primary prevention overview. In R. L. Edwards (Ed.), *Encyclopedia of Social Work* (19th ed., pp. 1967–1973). Washington D.C.: NASW Press.
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3. (A) McCave, E., & Rishel, C. (2010). Prevention as an Explicit Part of the Social Work Profession: A Systematic Investigation. *Advances in Social Work*, *12*(2), 226–240.
4. (A) Bloom, M. (1980). Primary prevention: Revolution in the helping professions? *Social Work in Health Care*. **https://doi.org/10.1300/J010v06n02_06**
5. (A) Rosenberg, G. & Holden, G. Prevention: A few thoughts. *Social Work in Health Care*, *28*(4), 1-11.
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7. (A) Ruth, B., Marshall, J. W., & Velásquez, E. (2013). Prevention in Social Work Scholarship: A Content Analysis of *Families in Society* 2000-2010 *(Research Note)*. *Families in Society: The Journal of Contemporary Social Services*, *94*(3), 182–185. **https://doi.org/10.1606/1044-3894.4304**

Prevention and Health Promotion Background and Theory

1. (A) Frieden, T. R. (2010). A framework for public health action: The health impact pyramid. *American Journal of Public Health*. **https://doi.org/10.2105/AJPH.2009.185652**
2. (A) Glanz, K., & Bishop, D. B. (2010). The Role of Behavioral Science Theory in Development and Implementation of Public Health Interventions. *Annual Review of Public Health*, *31*(1), 399–418. **https://doi.org/10.1146/annurev.publhealth.012809.103604**
3. (A) Hawkins, J. D., Shapiro, V. B., & Fagan, A. A. (2010). Disseminating effective community prevention practices: Opportunities for social work education. *Research on Social Work Practice*, *20*(5), 518–527. **https://doi.org/10.1177/1049731509359919**
4. (A) Minkler, M. (1999). Personal Responsibility for Health? A Review of the Arguments and the Evidence at Century's End. *Health Education & Behavior*, *26*(1), 121–141. **https://doi.org/10.1177/109019819902600110**
5. (A) Offord, D. R. (2000). Selection of levels of prevention. *Addictive Behaviors*, *25*(6), 833–842. **https://doi.org/10.1016/S0306-4603(00)00132-5**
6. (A) Rosenstock, I. M., Strecher, V. J., & Becker, M. H. (1988). Social learning theory and the health belief model. *Health Education Quarterly*. **https://doi.org/10.1177/109019818801500203**
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9. (B) Chavez, V, L. Chehimi, S., Cohen, L. (2010). Prevention is primary: Strategies for community wellbeing, 2nd ed. San Francisco, CA: John Wiley & Sons. Access at: **https://www.preventioninstitute.org/publications/prevention-is-primary-strategies-for-community-wellbeing**
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11. (O) Prevention Institute "Teaching Prevention" webinar slides. https://www.preventioninstitute.org/sites/default/files/editor_uploads/images/stories/Documents/Teaching_Prevention_Webinar_FINAL.pdf

12. (R) Rimer, B., & Glanz, K. (2005). *Theory at a glance: A guide for health promotion practice*. Washington D.C.: Government Printing Office. Parts 1 & 2, pp. 4–33.

13. (R) The Centers for Disease Control and Prevention: State, Tribal, Local & Territorial Public Health Professionals Gateway. (2017). *The Public Health System & the 10 Essential Public Health Services*. Retrieved from https://www.cdc.gov/stltpublichealth/publichealthservices/essentialhealthservices.html

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Additional Resources

1. Heathy People 2020. The Federal Interagency Workgroup (FIP) sets 10-year benchmarks for improving public health and monitoring progress on key health indicators across the United States. www.healthypeople.gov/

2. The Community Guide (Guide to Community Preventive Services) presents a collection of evidence-based findings of the Community Preventive Services Task Force (CPSTF), with support of the U.S. Department of Health and Human Services, the Public Health Foundation and CDC. https://www.thecommunityguide.org/about/about-community-guide

3. CityMatCH Life Course Toolkit. https://www.citymatch.org/mch-life-course/

4. List of National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) funded community health programs. https://www.cdc.gov/nccdphp/dch/programs/index.htm

5. National Prevention Strategy - a U.S. Surgeon General report released July 2011 to guide prevention efforts to improve heath in the U.S. https://www.surgeongeneral.gov/priorities/prevention/strategy/index.html

6. The Community Toolbox, by the University of Kansas Center for Community Health and Development (a designated World Health Organization Collaborating Centre for Community Health and Development) - free online resource to guide efforts to "build healthier communities and bring about social change." https://ctb.ku.edu/en/about

7. The Practical Playbook - project by du Beaumont Foundation and Duke Community and Family Medicine to advance collaboration among public health, primary care, and others to improve population health by providing practical implementation tools, guidance, and resources. http://www.practicalplaybook.org/

Organizations

1. Social Work Policy Institute (SWPI): http://www.socialworkpolicy.org/. *SWPI is a NASW think tank focused on social work in public policy*

2. The Prevention Institute: https://www.preventioninstitute.org. *The Prevention Institute is a nonprofit dedicated to advancing the science and practice of prevention across the U.S.*

3. U.S. Centers for Disease Control and Prevention (CDC): www.cdc.gov. *The CDC is the federal agency within the U.S. Department of Health and Human Services responsible for working to protect health and safety, and "health security" and to fight disease within the U.S.*

Section 3: Public Health, Social Determinants of Health and Health Equity

Public Health

1. (B) Turnock, B. (2017). Public Health: What It is and How It Works. 6th Edition. Sudbury, Massachusetts. Jones and Bartlett.
2. (O) Ten Essential Services of Public Health defined by CDC, at **http://www.cdc.gov/od/ocphp/nphpsp/Documents/Essential%20Services%20Presentation.ppt.**
3. (A) DeSalvo, K. B., O'Carroll, P. W., Koo, D., Auerbach, J. M., & Monroe, J. A. (2016). Public health 3.0: time for an upgrade. *American Journal of Public Health*, *106*(4), 621.
4. (A) Thomas, J. C., Sage, M., Dillenberg, J., & Guillory, V. J. (2002). A Code of Ethics for Public Health. *American Journal of Public Health*, *92*(7), 1057–1059. **https://www.ncbi.nlm.nih.gov/pubmed/12084677**
5. (V) Centers for Disease Control and Prevention, Duke Community and Family Medicine, du Beaumont Foundation. The Difference between Population Heath and Public Health. Practical Playbook. Featuring Denise Koo, MD, MPH, CAPT, USPHS. **https://www.youtube.com/watch?v=GDWDb_G7Hvs**

Social Determinants of Health (SDOH)

1. (B) Lofters, A., & O'Campo, P. (2012). Differences that matter. In P. O'Campo & J. R. Dunn (Eds.), *Rethinking social epidemiology: Towards a science of change.* New York: Springer.
2. (A) Braveman, P., & Gottlieb, L. (2014). The Social Determinants of Health: It's Time to Consider the Causes of the Causes. *Public Health Reports*, *129*(1_suppl2), 19–31. **https://doi.org/10.1177/00333549141291S206**
3. (A) Link, B. G., & Phelan, J. C. (1996). Editorial: Understanding Sociodemographic Differences in Health - The Role of Fundamental Social Causes. *American Journal of Public Health*, *86*(4), 471–473.
4. (A) Thornton, R. L. J., Glover, C. M., Cené, C. W., Glik, D. C., Henderson, J. A., Williams, D. R., & Chan, H. T. H. (2016). Evaluating Strategies for Reducing Health Disparities by Adddressing the Social Determinants of Health. *Health Aff (Millwood)*, *35*(8), 1416–1423. **https://doi.org/10.1377/hlthaff.2015.1357**
5. (A) Berkman, L. F. (2009). Social Epidemiology: Social Determinants of Health in the United States: Are We Losing Ground? *Annual Review of Public Health*, *30*(1), 27–41. **https://doi.org/10.1146/annurev.publhealth.031308.100310**
6. (A) Krieger, N. (2001). Theories for social epidemiology in the 21st century: An ecosocial perspective. *International Journal of Epidemiology*, *30*(4), 668–677. **https://doi.org/10.1093/ije/30.4.668**
7. (A) Galea, S., Tracy, M., Hoggatt, K. J., DiMaggio, C., & Karpati, A. (2011). Estimated deaths attributable to social factors in the united states. *American Journal of Public Health*. **https://doi.org/10.2105/AJPH.2010.300086**
8. (A) Marmot, M. (2005). Social determinants of health inequalities. *Lancet*, *365*(9464), 1099–1104. **https://doi.org/10.1016/S0140-6736(05)74234-3**
9. (A) Marmot, M. (2017). The Health Gap: The Challenge of an Unequal World: The argument. *International Journal of Epidemiology*. **https://doi.org/10.1093/ije/dyx163**
10. (A) Moniz, C. (2010). Social work and the social determinants of health perspective: A good fit. *Health and Social Work,* 35(4), 310-313. doi: **http://dx.doi.org/10.1093/hsw/35.4.310. [PubMed]**
11. (A) Putnam, S., & Galea, S. (2008). Epidemiology and the macrosocial determinants of health. *Journal of Public Health Policy*. 29(3), 275–289. **https://doi.org/10.1057/jphp.2008.15**
12. (A) Rine, C.M. (2016). Social determinants of health: Grand challenges in social work's future. *Health & Social Work, 41*(3), 143-145. doi: **https://doi.org/10.1093/hsw/hlw028**

13. (A) Williams, D.R., Costa, M.V., Odunlami, A.O., & Mohammed, S.A. (2008). Moving upstream: How interventions that address the social determinants of health can improve health and reduce disparities. *Journal of Public Health Management and Practice, 14*(6), S8-S17.

14. (R) Robert Wood Johnson Foundation. (2011). *Health care's blind side: Unmet social needs leading to worse health*. Retrieved from **http://www.rwjf.org/en/library/articles-and-news/2011/12/health-cares-blind-side-unmet-social-needs-leading-to-worse-heal.html**

15. (V) National Institute of Health. (2012). *Dr. Ana Diez Roux : The Science of Environmental Factors of Health*. Retrieved from **https://www.youtube.com/watch?v=DtVUvH2I3xI**

16. (O) InSocialWork Podcast. (2018). Episode 235: Trauma Informed Oregon with Dr. Mandy Davis. University of Buffalo School of Social Work. Retrieved from **http://www.insocialwork.org/episode.asp?ep=235**

Heath Equity

1. (A) Braveman, P. (2014). What are Health Disparities and Health Equity? We Need to Be Clear. *Public Health Reports*. Supplement 2 (129), 5-8. **https://doi.org/10.1177/00333549141291S203**

2. (A) Keefe, R. H. (2010). Health disparities: A primer for public health social workers. *Social Work in Public Health*. 25(3-4). **https://doi.org/10.1080/19371910903240589**

3. A *shorter summary, similar to Braveman, 2014*: (A) Braveman, P. (2006). Health Disparities and Health Equity: Concepts and Measurement. *Annual Review of Public Health*. 27, 167-194 **https://doi.org/10.1146/annurev.publhealth.27.021405.102103.**

4. (A) Braveman, P. A., Kumanyika, S., Fielding, J., LaVeist, T., Borrell, L. N., Manderscheid, R., & Troutman, A. (2011). Health disparities and health equity: The issue is justice. *American Journal of Public Health*. 101(S1), S149-S155. **https://doi.org/10.2105/AJPH.2010.300062**

5. (A) Diez Roux, A. V. (2011). Complex Systems Thinking and Current Impasses in Health Disparities Research. *American Journal of Public Health*. 101, no. 9 (September 1, 2011): pp. 1627-1634. **https://doi.org/10.2105/AJPH.2011.300149**

6. (A) McEwen, B. S. (1998). Stress, Adaptation, and Disease: Allostasis and Allostatic Load. *Annals of the New York Academy of Sciences*. **https://doi.org/10.1111/j.1749-6632.1998.tb09546.x**

7. (A) Riley, A. R. (2018). Neighborhood Disadvantage, Residential Segregation, and Beyond—Lessons for Studying Structural Racism and Health. *Journal of Racial and Ethnic Health Disparities*. 5(2), 357–365. **https://doi.org/10.1007/s40615-017-0378-5**

8. (A) Sen, A. (2002). Why health equity? *Health Economics*, *11*(8), 659–666. **https://doi.org/10.1002/hec.762**

9. (A) Woolf, S. H., & Braveman, P. (2011). Where health disparities begin: The role of social and economic determinants and why current policies may make matters worse. *Health Affairs*. 30 (10). **https://doi.org/10.1377/hlthaff.2011.0685**

10. (O) World Health Organization (2006). Preamble to the Constitution, available at: **http://www.who.int/governance/eb/who_constitution_en.pdf**

11. (V) California Newsreel with Vital Pictures, I. (2008). *Unnatural Causes...is inequality making us sick?* National Minority Consortia. Retrieved from **https://unnaturalcauses.org/**

12. (V) Institute for Healthcare Improvement video on health equity: **http://www.ihi.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/David-Williams-Don-Berwick-What-Is-Health-Equity-and-Why-Does-It-Matter.aspx**

Income Inequality, Socioeconomic Status & Education

1. (A) Bor, J., Cohen, G. H., & Galea, S. (2017). Population health in an era of rising income inequality: USA, 1980–2015. *The Lancet*, *389*(10077), 1475–1490. **https://doi.org/10.1016/S0140-6736(17)30571-8**

2. (A) Cohen, S., Janicki-Deverts, D., Chen, E., & Matthews, K. A. (2010). Childhood socioeconomic status and adult health.

Annals of the New York Academy of Sciences, *1186*, 37–55. https://doi.org/10.1111/j.1749-6632.2009.05334.x

3. (A) Dickman, S. L., Himmelstein, D. U., & Woolhandler, S. (2017). Inequality and the health-care system in the USA. *The Lancet*, *389*(10077), 1431–1441. https://doi.org/10.1016/S0140-6736(17)30398-7
4. (A) Zajacova, A., & Lawrence, E. M. (2018). The Relationship between Education and Health: Reducing Disparities Through a Contextual Approach. Annual Review of Public Health. 39: 273-289 https://doi.org/10.1146/annurev-publhealth-031816-044628
5. *Brief overview of research on economic inequality and health:* (V) Wilkinson, R. Social Epidemiology. https://www.youtube.com/watch?v=5FMYwfMDdys

Race/Ethnicity

1. *Examines the role of structural racism in creating and maintaining health inequities, focusing on housing segregation, incarceration and healthcare quality and access:* (A) Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). Structural racism and health inequities in the USA: evidence and interventions. *The Lancet*. https://doi.org/10.1016/S0140-6736(17)30569-X.
2. (A) El-Sayed, A. M., & Galea, S. (2009). The health of Arab-Americans living in the United States: A systematic review of the literature. *BMC Public Health*. https://doi.org/10.1186/1471-2458-9-272
3. (A) Galea, S. (2017). Health haves, health have nots, and heterogeneity in population health. *The Lancet Public Health*. https://doi.org/10.1016/S2468-2667(17)30160-3
4. (A) Jones, C. P. (2000). Levels of Racism: A Theoretic Framework and a Gardener ' s Tale. *American Journal of Public Health*, *90*(8), 1212–1215. https://doi.org/10.2105/AJPH.90.8.1212
5. (A) Krieger, N. (2003). Does racism harm health? Did child abuse exist before 1962? On explicit questions, critical science, and current controversies: An ecosocial perspective. *American Journal of Public Health*. https://doi.org/10.2105/AJPH.93.2.194
6. (A) Mitchell, F. M. (2015). Racial and Ethnic Health Disparities in an Era of Health Care Reform. *Health & Social Work*, *40*(3), e66–e74. https://doi.org/10.1093/hsw/hlv038
7. (A) Williams, D. R., & Wyatt, R. (2015). Racial Bias in Health Care and Health: Challenges and Opportunities. *Journal of the American Medical Association*, *314*(6), 555–556. https://doi.org/10.1001/jama.2015.9260

Additional Resources

1. Unnatural Causes resources page for educators: https://unnaturalcauses.org/for_educators.php
2. Brennan Ramirez, L.K., Baker, E.A., & Metzler, M. (2008). Promoting Health Equity A Resource to Help Communities Address Social Determinants of Health. Atlanta, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Retrieved from: https://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/pdf/SDOH-workbook.pdf
3. American Public Health Association. (2015). Better Health Through Health Equity. Case Studies in Reframing Public Health Work. Pp I - 39. Retrieved from: https://www.apha.org/~/media/files/pdf/topics/equity/equity_stories.ashx
4. Robert Wood Johnson Foundation interactive page on Health Equity: https://www.rwjf.org/en/library/features/achieving-health-equity.html
5. Prevention Institute focus area on Housing: https://www.preventioninstitute.org/focus-areas/quality-housing-equitable-communities
6. Prevention Institute focus area on Health Equity: https://www.preventioninstitute.org/focus-areas/health-equity

Organizations

1. Kaiser Family Foundation (KFF): www.kff.org – *KFF is a non-profit organization focusing on national health issues and the U.S. role in global health policy.*

2. Public Health Foundation (PHF): **www.phf.org** – *PHF develops tools, information and training for public health improvement.*
3. Health Resources in Action (HRIA): **https://hria.org** - *HRiA works to advance population health through social change.*

Section 4: PHSW and Behavioral Health

1. *Statement by the American Public Health Association on behavioral health, considering the interplay of environmental factors linking social determinants as well as genetic/biological and epigenetic influences on behavioral health*: (O) American Public Health Association. (2014). Support for Social Determinants of Behavioral Health and Pathways for Integrated and Better Public Health. Retrieved from **https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2015/01/28/14/58/support-for-social-determinants-of-behavioral-health**
2. (O) Social Work Policy Institute (SWPI) (2012). Social work in health and behavioral healthcare: Visioning the future. Critical Conversation Brief.

Section 4.1: PHSW and Mental Health

1. (A) Bowen, E. A., & Walton, Q. L. (2015). Disparities and the Social Determinants of Mental Health and Addictions: Opportunities for a Multifaceted Social Work Response. *Health and Social Work*, *40*(3), e59–e65. https://doi.org/10.1093/hsw/hlv034
2. (A) Jané-Llopis, E., Barry, M., Hosman, C., & Patel, V. (2005). Mental health promotion works: a review. *Promotion & Education*, *12*(2_suppl), 9–25. **https://doi.org/10.1177/10253823050120020103x**
3. (A) Kolappa, K., Henderson, D. C., & Kishore, S. P. (2013). No physical health without mental health: Lessons unlearned? *Bulletin of the World Health Organization*, *91*(1). **https://doi.org/10.2471/BLT.12.115063**
4. (A) Wahowiak, L. (2015). Addressing stigma, disparities in minority mental health: Access to care among barriers. *The Nation's Health*, *45*(1). Retrieved from **http://thenationshealth.aphapublications.org/content/45/1/1.3**
5. (B) Martinez, D. B., & Fleck-Henderson, A. (Eds.). (2014). *Social Justice in Clinical Practice: A Liberation Health Framework for Social Work.* New York: Routledge. Available at: **https://ebookcentral.proquest.com/lib/BU/detail.action?docID=1683236#goto_toc**
6. (O) Galea, S. (2015, February). Public Health and the Prevention of Mental Illness in Populations. *Dean's Note*. Retrieved from http://www.bu.edu/sph/2015/02/22/public-health-and-the-prevention-of-mental-illness-in-populations/
7. (R) Jackson, V. (2014). *Policy Brief: Addressing the Complex and Pernicious Problem of Disparities in Behavioral Health Care*. Washington D.C. Retrieved from https://gucchd.georgetown.edu/products/Disparities_PolicyBrief.pdf

   (V) How Childhood Trauma affects health across a lifetime by Nadine Burke Harris - **https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime**

Mental Health Services

1. Articles about emergency room care and boarding for mental health crises.
   a. (O) Laderman, M., Dasgupta, A., Henderson, R., & Waghray, A. (2018, January). Tackling The Mental Health Crisis In Emergency Departments: Look Upstream For Solutions. *Health Affairs Blog*. Retrieved from **https://www.healthaffairs.org/do/10.1377/hblog20180123.22248/full/**

   b. (O) Kowalczyk, L. (2018). Long ER waits persist for children in mental health crises. *Boston Globe*. Retrieved from **https://www.bostonglobe.com/metro/2018/07/17/long-waits-persist-for-children-mental-health-crises/iD2trxkXIlYtqmsuoqTWII/story.html**
2. (A) Alegria, M., Alvarez, K., Ishikawa, R. Z., DiMarzio, K., & McPeck, S. (2017). Removing Obstacles to Eliminate Racial and Ethnic Disparities in Behavioral Health Care. *Health Affairs*, *38*(3), 1–22. **https://doi.org/10.1177/0164027515620239**.Perceived
3. (A) Gone, J. P. (2007). "We never was happy living like a whiteman": Mental health disparities and the postcolonial predicament in American Indian communities. *American Journal of Community Psychology*, *40*(3–4), 290–300. **https://doi.org/10.1007/s10464-007-9136-x**
4. *Discusses principles of data collection and measurement for quality improvement within mental healthcare:* (A) Kilbourne, A. M., Beck, K., Spaeth-Rublee, B., Ramanuj, P., O'Brien, R. W., Tomoyasu, N., & Pincus, H. A. (2018). Measuring and

improving the quality of mental health care: a global perspective. *World Psychiatry*, *17*(1), 30–38. https://doi.org/10.1002/wps.20482

5. (A) Patel, K. K., Butler, B., & Wells, K. B. (2006). What is necessary to transform the quality of mental health care. *Health Affairs*, *25*(3), 681–693. https://doi.org/10.1377/hlthaff.25.3.681
6. (O) Friedman, M. (2013). America's Mental Health System Needs Improvement, But Gains of the Past Give Hope for the Future. Huffington Post, The Blog. https://www.huffingtonpost.com/michael-friedman-lmsw/mental-health-system_b_2848382.html

Additional Resources

1. World Health Organization (WHO) "Mental Health" resource page: http://www.who.int/mental_health/
2. Institute of Medicine (IOM) (2006). Improving the Quality of Health Care for Mental and Substance-Use Conditions. National Academies Press: Washington, D.C. https://www.nap.edu/read/11470/chapter/1
3. Prevention Institute, "Mental Health": https://www.preventioninstitute.org/focus-areas/promoting-mental-health-wellbeing
4. Agency for Healthcare Research and Quality Behavioral and Mental Health resource page: https://www.ahrq.gov/professionals/prevention-chronic-care/improve/mental/index.html

Organizations

1. Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services agency responsible for public health efforts to address behavioral health issues across communities the U.S.: www.samhsa.gov
2. National Institute of Mental Health (NIMH), part of National Institutes of Health (NIH), responsible for research on mental disorders: https://www.nimh.nih.gov/index.shtml
3. Mad in America: An online publication that centers voices of individuals with lived experience within mental health systems and features a range of progressive and radical theoretical and practice-oriented perspectives on mental health and mental health care in support of collective and self-liberation. www.madinamerica.com/

Section 4.2: PHSW and Behavioral Heath Integration

1. *Overview of behavioral health integration: (A)* Kroenke, K., & Unutzer, J. (2017). Closing the False Divide: Sustainable Approaches to Integrating Mental Health Services into Primary Care. *Journal of General Internal Medicine*, *32*(4), 404–410. https://doi.org/10.1007/s11606-016-3967-9
2. (A) Stanhope, V., Videka, L., Thorning, H., & McKay, M. (2015). Moving Toward Integrated Health: An Opportunity for Social Work. *Social Work in Health Care*. https://doi.org/10.1080/00981389.2015.1025122
3. (A) Davis, T. S., Guada, J., Reno, R., Peck, A., Evans, S., Sigal, L. M., & Swenson, S. (2015). Integrated and Culturally Relevant Care: A Model to Prepare Social Workers for Primary Care Behavioral Health Practice. *Social Work in Health Care*. https://doi.org/10.1080/00981389.2015.1062456
4. *Study of behavioral health integration in New York for individuals with severe mental illness using an implementation science framework.* (A) Ramanuj, P. P., Talley, R., Breslau, J., Wang, S. S., & Pincus, H. A. (2018). Integrating Behavioral Health and Primary Care Services for People with Serious Mental Illness: A Qualitative Systems Analysis of Integration in New York. *Community Mental Health Journal*, *0*(0), 1–11. https://doi.org/10.1007/s10597-018-0251-y
5. (A) Pollard, R. Q., Betts, W. R., Carroll, J. K., Waxmonsky, J. A., Barnett, S., deGruy, F. V., … Kellar-Guenther, Y. (2014). Integrating primary care and behavioral health with four special populations: Children with special needs, people with serious mental illness, refugees, and deaf people. *American Psychologist*, *69*(4), 377–387. https://doi.org/10.1037/a0036220
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7. (A) Thielke, S., Vannoy, S., & Unützer, J. (2007). Integrating mental health and primary care. *Primary Care,* 34, 571-592.

8. (A) Pomerantz, A.S., Corson, J.A. & Detzer, M.J. (2009). The challenge of integrated care for mental health: Leaving the 50 minute hour and other sacred things. *Journal of Clinical Psychology Medical Settings,* 16, 40-46.

9. (A) Horevitz, E. & Manoleas, P. (2013). Professional competencies and training needs of professional social workers in integrated behavioral health in primary care. *Social Work in Health Care*, 52, 752-787.

10. (A) Keefe, B., Geron, S.M. & Enguidanos S. (2009). Integrating social workers into primary care: Physician and nurse perceptions of roles, benefits and challenges. *Social Work in Health Care*, 48(6); 579-596.

11. (A) Holden, K., McGregor, B., Thandi, P., Fresh, E., Sheats, K., Belton, A., et. al.(2014). Toward culturally centered integrative care for addressing mental health disparities among ethnic minorities. *Psychological Services,* 11(4); 357-368.

Additional Resources

1. SAMHSA-HRSA Center for Integrated Health Solutions: **https://www.integration.samhsa.gov/integrated-care-models**

Section 4.3: PHSW and Suicide Prevention

1. (O) Association of State and Territorial Health Officals (ASTHO). (2018). Public Health Approaches to Sucide Prev. Public Health Review Podcast. Aug 23. Access at: **http://www.astho.org/podcasts/**

2. (O) Carey, B. (2018, June 7). Defying Prevention Efforts, Suicide Rates Are Climbing Across the Nation. *New York Times Times*. Retrieved from **https://www.nytimes.com/2018/06/07/health/suicide-rates-kate-spade.html**

3. (O) Social Work Conversations. Episode 18 – Suicide Prevention with Veterans with Rebecca Willis-Nichols of the Lexington Kentucky Veterans Administration. University of Kentucky School of Social Work. **https://socialwork.uky.edu/feed/podcast-rss**

4. (R) Centers for Disease Control and Prevention. (n.d.). *Promoting Individual, Family, and Community Connectedness to Prevent Suicidal Behavior*. Atlanta, GA. Retrieved from **https://www.cdc.gov/ViolencePrevention/pdf/Suicide_Strategic_Direction_Full_Version-a.pdf**

5. (R) World Health Organization. (2012). Public health action for the prevention of suicide. *WHO*, Retrieved on 12 Dec 2013 From http://www.who.int/m. https://doi.org/9789241503570

6. *Blog post by a survivor-activist, about their individual perspective on suicidality, the mental health system and peer support.* (O) Knuston, S. (2018). Deadly Serious: Talking openly about suicide. August 2018. Retrieved from: **https://www.madinamerica.com/2018/08/deadly-serious-talking-openly-suicide/**

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8. *Review of suicide prevention research:* (A) Davis Molock, S., Heekin, J. M., Matlin, S. G., Barksdale, C. L., Gray, E., & Booth, C. L. (2014). The baby or the bath water? Lessons learned from the national action alliance for suicide prevention research prioritization task force literature review. *American Journal of Preventive Medicine*, *47*(3 SUPPL. 2), S115–S121. **https://doi.org/10.1016/j.amepre.2014.05.023**

Integration of Suicide Prevention into the Social Work Curriculum

1. *Describes the state of suicide prevention research in social work, highlighting a paucity a rigorous research on promising interventions:* (A) Joe, S., & Niedermeier, D. (2008). Preventing suicide: A neglected social work research agenda. *British Journal of Social Work*, *38*(3), 507–530. **https://doi.org/10.1093/bjsw/bcl353**

2. (A) Jacobson, J. M., Osteen, P. J., Sharpe, T. L., & Pastoor, J. B. (2012). Randomized Trial of Suicide Gatekeeper Training for Social Work Students. *Research on Social Work Practice*, *22*(3), 270–281. **https://doi.org/10.1177/1049731511436015**

3. (A) Feldman, B. N., & Freedenthal, S. (2006). Social Work Education in Suicide Intervention and Prevention: An Unmet Need? *Suicide and Life-Threatening Behavior*, *36*(4), 467–480. **https://doi.org/10.1521/suli.2006.36.4.467**

4. (A) Osteen, P. J., Jacobson, J. M., & Sharpe, T. L. (2014). Suicide prevention in social work education: How prepared are

social work students? *Journal of Social Work Education*, *50*(2), 349–364. https://doi.org/10.1080/10437797.2014.885272

5. Ruth, B.J., Gianino, M., Muroff, J., Feldman, B., & McLaughlin, D. (2012). You can never recover from suicide: Elevating the issue of suicide in social work education. Journal of Social Work Education, 48(3), 501-516.
6. *Describes hospital attempt to create social work standards and guidelines for working with clients experiencing suicidality and implications for social work:* (A) Callahan, J. (1996). Social work with suicidal clients: Challenges of implementing practice guidelines and standards of care. *Health & Social Work*, *21*(4), 277–285.
7. (A) Sanders, S., Jacobson, J. M., & Ting, L. (2008). Preparing for the inevitable: Training social workers to cope with client suicide. *Journal of Teaching in Social Work*, *28*(1–2), 1–18. https://doi.org/10.1080/08841230802178821
8. (V) Suicide Prevention and Social Work: https://www.youtube.com/watch?v=ubGAIvP1DS0

Additional Resources

1. CDC Suicide Prevention resource page, including list of articles on preventive interventions: https://www.cdc.gov/violenceprevention/suicide/prevention.html
2. Suicide Prevention Resource Center list of resources and evidence-based programs: http://www.sprc.org/resources-programs

Organizations

1. Suicide Prevention Resource Center: http://www.sprc.org/
2. American Association of Suicidality: https://www.suicidology.org/
3. Zero Suicide: http://zerosuicide.sprc.org/about - Organization dedicated to preventing deaths from suicide for individuals under care of the heath and behavioral health systems, and includes survivors of suicide attempts and suicide loss in leadership and planning.

Section 4.4: PHSW, Substance Use, Addiction and the Opioid Epidemic

1. (A) Galea, S., & Vlahov, D. (2002). Social determinants and the health of drug users: socioeconomic status, homelessness, and incarceration. *Public Health Reports (Washington, D.C. : 1974)*. https://doi.org/10.2307/25747647
2. (A) Haggerty, K. P., & Shapiro, V. B. (2013). Science-based prevention through communities that care: A model of social work practice for public health. *Social Work in Public Health*, *28*(3–4), 349–365. https://doi.org/10.1080/19371918.2013.774812
3. (A) Kahn, K. (2017) The Opioid Crisis and Older Americans: Philanthropy's Role in Addressing the Effects. Nonprofit Quarterly. Retrieved from: https://nonprofitquarterly.org/2017/10/04/pain-heartache-opioid-crisis-affects-older-americans-philanthropy-can/
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6. (A) Prescott, C. A., Madden, P. A., & Stallings, M. C. (2006). Challenges in genetic studies of the etiology of substance use and substance use disorders: Introduction to the special issue. *Behavior Genetics*. https://doi.org/10.1007/s10519-006-9072-9
7. (O) Entman, L. (2018). Study Reveals Opioid Patients Face Multiple Barriers to Treatment. *Research News @ Vanderbilt*. Retrieved from https://news.vanderbilt.edu/2018/07/12/study-reveals-opioid-patients-face-multiple-barriers-to-treatment/
8. (O) Association of State and Territorial Health Officals (ASTHO). (2018). The Epidemic of Epidemics: Opioids, Part I. February 28. Access at: http://www.astho.org/podcasts/

9. (O) Carpenter, Z. (2018). 'These Kids Are Watching Their Parents Die.' *The Nation*. Retrieved from https://www.thenation.com/article/kids-watching-parents-die/

10. (O) Nolan, D., & Amico, C. (2016). Chasing Heroin. How Bad is the Opioid Epidemic? PBS News. https://www.pbs.org/wgbh/frontline/article/how-bad-is-the-opioid-epidemic/

11. (R) Pew Charitable Trusts and the John D. and Katherine T. McArthur Foundation (2015). Substance Use Disorders and the Role of the States. https://www.pewtrusts.org/~/media/assets/2015/03/substanceusedisordersandtheroleofthestates.pdf

Additional Resources

1. National Institute on Drug Abuse (NIDA), Preventing Drug Use among Children and Adolescents (In Brief): https://www.drugabuse.gov/publications/preventing-drug-abuse-among-children-adolescents-in-brief/chapter-4-examples-research-based-drug-abuse-prevention-programs

2. Healthy People 2020 Topic: "Substance Use": https://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse/

3. National Institute on Drug Abuse (NIDA), "Prevention": https://www.drugabuse.gov/related-topics/prevention

Organizations

1. Substance Abuse and Mental Health Services Administration (SAMHSA): www.samhsa.gov - U.S. Department of Health and Human Services agency responsible for public health efforts to address behavioral health issues across communities the U.S.

2. Project Lazarus: https://www.projectlazarus.org/home - Nonprofit organization provides training and technical assistance to communities and clinicians to "empower communities and individuals to prevent overdoses and opioid poisonings, establish effective substance use / disease of addiction treatment and support, and meet the needs of those living with pain."

Section 5: PHSW and Healthcare

Background

1. (A) Andersen, R. M. (1995). Revisiting the behavioral model and access to medical care: does it matter? *Journal of Health and Social Behavior*. https://doi.org/10.2307/2137284
2. (A) Bayer, R., & Galea, S. (2015). Public Health in the Precision-Medicine Era. *New England Journal of Medicine*. https://doi.org/10.1056/NEJMp1506241
3. (A) Bradley, E. H., Sipsma, H., & Taylor, L. A. (2016). American health care paradox - high spending on health care and poor health. *QJM*, (August). https://doi.org/10.1093/qjmed/hcw187
4. (R) Commonwealth Fund (2015). US Health Care from a Global Perspective. Available at http://www.commonwealthfund.org/publications/issue-briefs/2015/oct/us-health-care-from-a-global-perspective
5. (O) Gawande, A. (2011). The hot spotters. Can we lower medical costs by giving the neediest patients better care? *The New Yorker*. January 24, 2011. http://www.newyorker.com/magazine/2011/01/24/the-hot-spotters

Social Work and Healthcare

1. (B) Allen, K. M.-N., & Spitzer, W. J. (2015). *Social Work Practice in Healthcare: Advanced Approaches and Emerging Trends* (1st ed.). Thousand Oaks: SAGE Publications.
2. (A) Boutwell, A.E., Johnson, M.B., & Watkins, R. (2016). Analysis of a social work-based model of transitional care to reduce hospital readmissions: Preliminary data. *Journal of the American Geriatrics Society 64*(5), 1104-1107.
3. (A) Caputi, M.A. (1978). Social work in health care: Past and future." *Health & Social Work 3*(1), 8-29.
4. (A) Craig, S. L., & Muskat, B. (2013). Bouncers, brokers, and glue: The self-described roles of social workers in urban hospitals. *Health and Social Work*, *38*(1), 7–16. https://doi.org/10.1093/hsw/hls064
5. (A) Dane B.O. & Simon B.L. (1991). Resident Guests: Social workers in host settings. *Social Work*, 36(3), 208-213.
6. (B) Darnell, J. S., & Lawlor, E. F. (2011). Health policy and social work. Chapter 5 in Gehlert, S and Browne, T, *Handbook of health social work*, 2nd edition (New York: Wiley).
7. (A) Monterio, C., Arnold, J., Locke, S., Steinhorn, L., & Shanske, S. (2016). Social workers as care coordinators: Leaders in ensuring effective, compassionate care. *Social Work in Health Care*, *55*(3), 195–213. https://doi.org/10.1080/00981389.2015.1093579
8. (A) Reisch, M. (2012). The Challenges of Health Care Reform for Hospital Social Work in the United States. *Social Work in Health Care*, *51*(10), 873–893. https://doi.org/10.1080/00981389.2012.721492
9. (A) Rose, S. M., Hatzenbuehler, S., Gilbert, E., Bouchard, M. P., & McGill, D. (2016). A Population Health Approach to Clinical Social Work with Complex Patients in Primary Care. *Health & Social Work*, *41*(2), 93–100. https://doi.org/10.1093/hsw/hlw013
10. (A) Rowe, J. M., Rizzo, V. M., Vail, M. R., Kang, S. Y., & Golden, R. (2017). The role of social workers in addressing nonmedical needs in primary health care. *Social Work in Health Care*. https://doi.org/10.1080/00981389.2017.1318799
11. (A) Silverman, E. (2016). Caught between Denial and Dollars: The Challenge of a Health Care Social Worker. *Social Work*. https://doi.org/10.1093/sw/swv045
12. Silverman, E. D. (2008). From ideological to competency-based: The rebranding and maintaining of medical social work's identity. *Social Work, 53*(1), 89-91.
13. (A) Steketee, G., Ross, A. M., & Wachman, M. K. (2017). Health Outcomes and Costs of Social Work Services: A Systematic Review. *American Journal of Public Health*. https://doi.org/10.2105/AJPH.2017.304004
14. (A) Wheeler, D. P. (2007). HIV and AIDS today: Where is social work going? *Health and Social Work*. https://doi.org/10.1093/hsw/32.2.155

15. (R) Andrews, C., & Browne, T. (2015). *Social work and the Affordable Care Act: Maximizing the profession's roles in health reform*. University of South Carolina College of Social Work, George Warren Brown School of Social Work, University of Chicago School of Social Service Adminstration. **sswlhc.org/social-work-affordable-care-act-maximizing-professions-role-health-reform/**

16. (A) Mason, T., Wilkinson, G. W., Nannini, A., Martin, C. M., Fox, D. J., & Hirsch, G. (2011). Winning policy change to promote community health workers: Lessons from Massachusetts in the health reform era. *American Journal of Public Health*, *101*(12), 2211–2216. **https://doi.org/10.2105/AJPH.2011.300402**

17. (A) Gold, R., Cottrell, E., Bunce, A., Middendorf, M., Hollombe, C., Cowburn, S., … Melgar, G. (2017). Developing Electronic Health Record (EHR) Strategies Related to Health Center Patients' Social Determinants of Health. *The Journal of the American Board of Family Medicine*. **https://doi.org/10.3122/jabfm.2017.04.170046**

Resources

1. The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards) - US Department of Health and Human Services. National CLAS Standards. Overview available at: **https://www.thinkculturalhealth.hhs.gov/clas.**
   Definition available at: **https://www.thinkculturalhealth.hhs.gov/clas/what-is-clas.**
   Standards available at: **https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf**
2. National Health Policy Forum resource page: **http://www.nhpf.org/healthpolicyessentials**

Social Work Journals

1. *Journal of Social Work in Health Care* - https://www.tandfonline.com/toc/wshc20/current

Social Work Organizations

1. Professional Association of Social Work in HIV/AIDS (PASWHA): **http://paswha.org/**
2. Council of Nephrology Social Workers (CNSW): **https://www.kidney.org/professionals/CNSW/aboutcnsw**
3. Society for Social Work Leadership in Health Care (SSWLHC): **http://sswlhc.org/**
4. Association of Oncology Social Work (AOSW): **http://www.aosw.org/**

Additional Organizations

1. Health Leads: **https://healthleadsusa.org/** - Health Leads works with leading hospitals to develop systems to connect patients with needed community resources to support health.
2. Institute for Healthcare Improvement (IHI): **http://www.ihi.org/** - IHI is a leader in working to improve health and healthcare worldwide.

Section 6: PHSW and Violence Prevention

1. (A) Warshaw, C., Gugenheim, A. M., Moroney, G., & Barnes, H. (2003). Fragmented Services, Unmet Needs: Building Collaboration Between The Mental Health And Domestic Violence Communities. *Health (San Francisco)*, (September/October), 230.
2. (A) Mozaffarian D, Hemenway D, Ludwig DS. Curbing Gun Violence: Lessons From Public Health Successes. JAMA. 2013;309(6):551–552. doi:10.1001/jama.2013.38
3. (O) Bassett, M. 2016. Gun Violence Is a Public Health Crisis. Huffpost, The Blog. June 27. Retrieved from: **https://www.huffingtonpost.com/mary-bassett/gun-violence-is-a-public-_b_10698848.html**
4. (O) Benjamin, G. (2015). Gun violence is an epidemic. It is time for a public health response. *The Guardian*. **https://www.theguardian.com/commentisfree/2015/dec/04/gun-violence-epidemic-shooting-deaths-public-health-policy**
5. (O) Bidgood, J. (2015, December 24). When gun violence felt like a disease, a city in Delaware turned to the C.D.C. *The New York Times.* Retrieved from **http://www.nytimes.com/2015/12/25/us/cdc-gun-violence-wilmington.html?_r=0**
6. (R) Prevention Institute Recommendations for Preventing Gun Violence **https://www.preventioninstitute.org/publications/prevention-institute-full-recommendations-preventing-gun-violence**
7. (R) WHO (2007). Primary prevention of intimate-partner violence and sexual violence: Background paper for WHO expert meeting May 2–3, 2007. **http://www.who.int/violence_injury_prevention/publications/violence/IPV-SV.pdf**
8. (R) Wilkins, N., Tsao, B., Hertz, M., Davis, R., & Klevens, J. (2014). Connecting the Dots : An Overview of the Links Among Multiple Forms of Violence. *Atlanta GA: National Center for Injury Prevention and Control, Centers for Disease Control*, 1–16. Retrieved from **http://www.cdc.gov/violenceprevention/pdf/connecting_the_dots-a.pdf**
9. *Report describes the role of social work in violence prevention, and recommendations for collaboration with CDC:* (R) Institute for the Advancement of Social Work Research. Social Work Contributions to Public Health. **http://www.socialworkpolicy.org/wp-content/uploads/2007/06/16-CDC-FV-CM-2003-rpt.pdf**

Additional Resources

1. *Series of briefings on evidence-based practice in violence prevention*: World Health Organization (WHO), "Violence Prevention." Access at: **http://www.who.int/violence_injury_prevention/violence/4th_milestones_meeting/publications/en/**
2. National Institute of Justice (NIJ) resource page on gun violence prevention: **https://nij.gov/topics/crime/gun-violence/prevention/Pages/welcome.aspx**
3. Children's Hospital of Philadelphia (CHOP) violence prevention webinar series: **https://injury.research.chop.edu/violence-prevention/tools#.W6BRbvZFzD4** - includes webinars on gun safety, trafficking, trauma-informed care, suicide prevention intimate partner violence, and secondary traumatic stress.

Organizations

1. Cure Violence: **http://cureviolence.org/** - Cure Violence w*orks to stop the spread of violence by using a disease control approach, "detecting and interrupting conflicts, identifying and treating the highest risk individuals, and changing social norms – resulting reductions in violence of up to 70%."*
2. Centers for Disease Control and Prevention (CDC) webpage on violence prevention. Access at: **https://www.cdc.gov/ViolencePrevention/**
3. World Health Organization (WHO) Violence Prevention Alliance and Global Campaign for Violence Prevention: **http://www.who.int/violenceprevention/en/**
4. The Movement Towards Violence as a Heath Issue: **http://violenceepidemic.com/movement/** -The Movement Towards Violence as a Health Issue is a coalition of more than 150 organizations across the country dedicated to activating the health and community response to violence.

Section 7: PHSW and Criminal and Juvenile Justice

1. (A) Wildeman, C., & Wang, E. A. (2017). Mass incarceration, public health, and widening inequality in the USA. The Lancet, 389(10077), 1464–1474. https://doi.org/10.1016/S0140-6736(17)30259-3
2. (O) Brown, A., & Maki, J. (2012). Why Prison Reform Needs Social Workers. National Association of Social Workers Illinois Chapter. Retrieved from http://naswil.org/news/chapter-news/featured/why-prison-reform-needs-social-workers/
3. (O) Garbero, R. (2017). Social justice and criminal justice go hand in hand. On Health, BMC Blog Network. Feb 20. Retrieved from: https://blogs.biomedcentral.com/on-health/2017/02/20/social-justice-and-criminal-justice-go-hand-in-hand/
4. (O) Heller, J. (2016). A Framework Connecting Criminal Justice and Public Health. Human Impact Partners. https://humanimpact.org/a-framework-connecting-criminal-justice-and-public-health/
5. (O) National Public Radio. (2011). Nation's jails struggle with mentally ill prisoners. All Things Considered. Retrieved from https://www.npr.org/2011/09/04/140167676/nations-jails-struggle-with-mentally-ill-prisoners
6. (O) St. Louis American. (2018). Criminal justice reform as public health intervention. Aug 24. Retrieved from: http://www.stlamerican.com/your_health_matters/health_news/criminal-justice-reform-as-public-health-intervention/article_24dee636-a681-11e8-b0d8-5bdbce931798.html
7. (R) Rovner, J. (2014). Disproportionate Minority Contact in the Juvenile Justice System. The Sentencing Project. http://www.sentencingproject.org/wp-content/uploads/2015/11/Disproportionate-Minority-Contact-in-the-Juvenile-Justice-System.pdf
8. (V) Dr. Georges Benjamin discusses the public health crisis of mass incarceration, the school-to-prison pipeline, and California's efforts to curb these problems - https://www.apha.org/topics-and-issues/school-based-health-care
9. *Report from Center for American Progress details crisis of housing of disabled persons within prisons and jails:* (R) Vallas, R. (2016). Disabled Behind Bars. Retrieved from https://www.americanprogress.org/issues/criminal-justice/reports/2016/07/18/141447/disabled-behind-bars
10. *The Blueprint for Change, the National Center for Mental Health and Juvenile Justice report on identification and treatment of mental health needs within juvenile justice, including a summary of programs:* (R) Skowrya, K., Cocozza, J. J. (2006). A Blueprint for Change: Improving the System Response to Youth with Mental Health Needs Involved with the Juvenile Justice System. National Center for Mental Health and Juvenile Justice Research and Program Brief. https://www.ncmhjj.com/wp-content/uploads/2013/07/2007_Blueprint-for-Change-Full-Report.pdf
11. *Vera Institute publication discussing a recovery framework for reform related to mental health within the criminal justice system*: (R) Pope, L., Hopper, K., Davis, C., & Cloud, D. (2016). First-episode incarceration. Retrieved from https://www.vera.org/publications/first-episode-incarceration-creating-a-recovery-informed-framework-for-integrated-mental-health-and-criminal-justice-responses
12. *Articles discussing iatrogenic effects of some crime prevention programs*:
    a. (A) Zane, S. N., Welsh, B. C., & Zimmerman, G. M. (2016). Examining the Iatrogenic Effects of the Cambridge-Somerville Youth Study: Existing Explanations and New Appraisals. *British Journal of Criminology*, *56*(1), 141–160. https://doi.org/10.1093/bjc/azv033
    b. (A) Welsh, B. C., & Rocque, M. (2014). When crime prevention harms: a review of systematic reviews. *Journal of Experimental Criminology*, *10*(3), 245–266. https://doi.org/10.1007/s11292-014-9199-2

Organizations

1. National Center for Mental Health and Juvenile Justice - https://www.ncmhjj.com/who-we-are/
2. Vera Institute of Justice https://www.vera.org/
3. Bazelon Center of Mental Health Law: http://www.bazelon.org/

4. The Sentencing Project: **www.sentencingproject.org/**
5. DeeperThanWater: **https://deeperthanwater.org/** – *A coalition dedicated to "exposing the rampant human rights abuses that prisoners in the United States are subjected to, using the lens of water justice to highlight the toxicity of the carceral state."*

Section 8: PHSW and Global Heath

1. *Review comparing two notable books on global health, Reimagining Global Health by medical anthropologists Farmer, Kim, Kleinman and Basilico and When People Come First by Biehl and Petryna:* (A) Janes, C. R. (2014). Review of Reimagining Global Health: An Introduction. *Medical Anthropology Quarterly*, *28*(4), b11–b15. **https://doi.org/10.1111/maq.12122**
2. *Comprehensive introduction to the field of global heath from a biosocial perspective:* (B) Farmer, P., Kleinman, A., Kim, J., & Basilico, M. (2013). *Reimagining global health: an introduction*. University of California Press.
3. *Review of inter-professional discourse within global mental health and highlights promising studies:*(A) Cooper, S. (2016). Global mental health and its critics: moving beyond the impasse. *Critical Public Health*, *26*(4), 355–358. **https://doi.org/10.1080/09581596.2016.1161730**
4. *Article discussed by Cooper (2016) describing a promising community-based intervention in the Netherlands:* (A) Knibbe, M., de Vries, M., & Horstman, K. (2016). Bianca in the neighborhood: moving beyond the 'reach paradigm' in public mental health. *Critical Public Health*. **https://doi.org/10.1080/09581596.2016.1142067**
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Additional Resources

1. Healthy People 2020 Topic Area: Global Health: **https://www.healthypeople.gov/2020/topics-objectives/topic/global-health**
2. Global Health Now – John Hopkins Bloomberg School of Public Health's free weekly e-newsletter: **https://www.globalhealthnow.org/**
3. Kaiser Family Foundation webpage on Global Health Policy - **https://www.kff.org/global-health-policy/**

Social Work Journals

1. Journal of International Social Work: **https://us.sagepub.com/en-us/nam/journal/international-social-work**

Organizations

1. World Health Organization (WHO): **http://www.who.int/about-us** – The WHO is the United Nations' global health organization comprised of 194 member states
2. Partners in Health (PIH): **https://www.pih.org/** – PIH was co-founded by Dr. Paul Farmer to advance global health care through partnering with people and organizations in resource-poor or limited environments around the world to build capacity and strengthen systems.
3. The Carter Center: **https://www.cartercenter.org/** - The Carter Center was founded by former U.S. President Jimmy Carter and his wife, Rosalynn, and is a nonpartisan organization working with Emory University to "advance peace and health worldwide."

Section 9: PHSW and Geriatric Health

1. (A) Spitzer, W. J., & Davidson, K. W. (2013). Future Trends in Health and Health Care: Implications for Social Work Practice in an Aging Society. *Social Work in Health Care*. https://doi.org/10.1080/00981389.2013.834028
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3. (R) Vourlekis, B., Zlotnik, J. L., & Simons, K. (2005). *Evaluating Social Work Services in Nursing Homes : Toward Quality Psychosocial Care and Its Measurement A Report to the Profession and Blueprint for Action*. Washington, D.C.
4. (A) Kaplan, D. B., & Berkman, B. (2011). Dementia care: A global concern and social work challenge. *International Social Work*, *54*(3), 361–373. https://doi.org/10.1177/0020872810396255
5. (A) Chowns, G., & Richardson, H. (2016). Social Work Practice in End of Life Care. *Journal of Social Work Practice*, *30*(2), 115–120.
6. (A) McLaughlin, S.J., Connell, C.M., Heeringa, S.G., Li, L.W., & Roberts, J.S. (2009). Successful aging in the United States: Prevalence estimates from a national sample of older adults. *Journal of Gerontology: Social Sciences, 65B*(2), 216-226.

Additional Resources

1 Heathy People 2020 Topic area: Older Adults: https://www.healthypeople.gov/2020/topics-objectives/topic/older-adults

2 MSW@USC Staff. (2016). The Aging Poor: How Social Workers Can Help. *USC Suzanne Dworak-Peck School of Social Work Blog*. Retrieved from https://msw.usc.edu/mswusc-blog/The-Aging-Poor-How-Social-Workers-Can-Help/

Social Work Journals

1. Journal of Gerontological Social Work - https://www.tandfonline.com/toc/wger20/current

Organizations

1. Administration for Community Living - https://www.acl.gov/

Social Work Organizations

1. Institute for Geriatric Social Work - http://www.bu.edu/cader/
2. National Hospice and Palliative Care Organization (NHPCO) - https://www.nhpco.org/

Section 10: PHSW and Maternal and Child Health (MCH)

Reproductive, Maternal and Family Health

1. (A) Meadows, S. O., McLanahan, S. S., & Brooks-Gunn, J. (2008). Stability and Change in Family Structure and Maternal Health Trajectories. *American Sociological Review*. **https://doi.org/10.1177/000312240807300207**
2. (A) Hertzman, C., & Boyce, T. (2010). How Experience Gets Under the Skin to Create Gradients in Developmental Health. *Annual Review of Public Health*. **https://doi.org/10.1146/annurev.publhealth.012809.103538**
3. *Describes a trauma-informed weight loss intervention to address disparities in infant mortality and maternal outcomes, and leading to city-wide trauma-informed care initiatives and policy.* (A) Tuck, S. G., Summers, A. C., Bowie, J., Fife-Stallworth, D., Alston, C., Hayes, S., & Alexander, S. (2017). B'More Fit for Healthy Babies: Using Trauma-Informed Care Policies to Improve Maternal Health in Baltimore City. *Women's Health Issues*, *27*, S38–S45. **https://doi.org/10.1016/j.whi.2017.09.002**
4. (A) Diaz-Linhart, Y., Silverstein, M., Grote, N., Cadena, L., Feinberg, E., Ruth, B. J., & Cabral, H. (2016). Patient Navigation for Mothers with Depression who Have Children in Head Start: A Pilot Study. *Social Work in Public Health*. **https://doi.org/10.1080/19371918.2016.1160341**
5. *Describes integration of a social work-led evidence-based mental heath intervention within a MCH home visiting program.* (A) Gray, L. A., & Price, S. K. (2014). Partnering for Mental Health Promotion: Implementing Evidence Based Mental Health Services Within a Maternal and Child Home Health Visiting Program. *Clinical Social Work Journal*, *42*(1), 70–80. **https://doi.org/10.1007/s10615-012-0426-x**
6. *Describes Amaryta Sen's human development theory and implications for social work in reproductive health:* (A) Jayasundara, D. S. (2013). Applicability of Amartya Sen's Human Development Perspectives to the Fields of Reproductive Health and Social Work. *International Social Work*, *56*(2), 134–147. **https://doi.org/10.1533/9781845699789.5.663**

Additional Resources

1. MCH Digital Library: **https://www.mchlibrary.org/**
2. Healthy People 2020 Topic area: Maternal, Infant, and Child Health: **https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health**

Organizations

1. Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCHB): **https://mchb.hrsa.gov/about-maternal-and-child-health-bureau-mchb**
2. CityMatCH: **https://www.citymatch.org/**- *Association of MCH professionals who "work tirelessly to address health inequity and injustice in their communities, so that ALL women, children, and families can achieve their full-potential.*"

Children and Youth

1. (A) Finch, B. K. (2003). Early Origins of the Gradient: The Relationship between Socioeconomic Status and Infant Mortality in the United States. *Demography*. **https://doi.org/10.2307/1515203**
2. (A) Anderson, P., & Butcher, K. (2006). Childhood obesity: trends and potential causes. *Future of Children*. **https://doi.org/10.1353/foc.2006.0001**
3. (R) Braverman, P., Acker, J., Arkin, E., Bussel, J., Wehr, K., & Proctor, D. (2018). *Early Childhood Is Critical to Health Equity*. Robert Wood Johnson Foundation. Princeton, NJ. **https://www.rwjf.org/content/dam/farm/reports/reports/2018/rwjf445350**
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5. (A) Catalano, R. F., Hawkins, D. J., Berglund, L. M., Pollard, J. A., & Arthur, M. W. (2002). Prevention science and positive youth development: Competitive or cooperative frameworks? *Journal of Adolescent Health*.

https://doi.org/10.1016/S1054-139X(02)00496-2

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School Social Work, Prevention and Health

1. (A) Wilson, D. B., Gottfredson, D. C., & Najaka, S. S. (2001). School-Based Prevention of Problem Behaviors: A Meta-Analysis. *Journal of Quantitative Criminology*, *17*(3), 247–272. https://doi.org/10.1023/A:1011050217296

2. (R) Robert Wood Johnson Foundation. (2018). *Applying an equity lens to social emotional and academic development*. Retrieved from www.rjwf.org/socialemotionallearning

3. (O) National Association of Social Workers (NASW). Ensuring Healthy Youth Development through Community Schools: A Case Study. Social Work Blog. http://www.socialworkblog.org/nasw-publications/2018/01/ensuring-healthy-youth-development-through-community-schools-a-case-study/

4. (A) Zajacova, A., & Lawrence, E. M. (2018). The Relationship between Education and Health: Reducing Disparities Through a Contextual Approach. Annual Review of Public Health. https://doi.org/10.1146/annurev-publhealth-031816-044628

5. (A) McCarter, S. The School-to-Prison Pipeline: A Primer for Social Workers. Social Work, 62(1). https://academic.oup.com/sw/article-abstract/62/1/53/2548933?redirectedFrom=fulltext

6. *Review of evidence-based school health promotion interventions involving social workers:* (A) Allen-Meares, P., Montgomery, K. L., & Kim, J. S. (2013). School-based social work interventions: A cross-national systematic review. *Social Work (United States)*, *58*(3), 253–262. https://doi.org/10.1093/sw/swt022

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School-Based Health Services

1. (A) Cooper, J. L. (2008). The federal case for school-based mental health services and supports. *Journal of the American Academy of Child and Adolescent Psychiatry*, *47*(1), 4–8. https://doi.org/10.1097/chi.0b013e31815aac71

2. (A) Keeton, V., Soleimanpour, S., & Brindis, C. D. (2012). School-based health centers in an era of health care reform: Building on history. *Current Problems in Pediatric and Adolescent Health Care*, *42*(6), 132–156. https://doi.org/10.1016/j.cppeds.2012.03.002

3. (A) Atkins, M. S., Hoagwood, K. E., Kutash, K., & Seidman, E. (2010). Toward the integration of education and mental health in schools. *Administration and Policy in Mental Health and Mental Health Services Research*, *37*(1–2), 40–47. https://doi.org/10.1007/s10488-010-0299-7

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Abuse/Neglect and Child Welfare

1. (A) Geeraert, L., Van Den Noortgate, W., Grietens, H., & Onghena, P. (2004). The effects of early prevention programs for families with young children at risk for physical child abuse and neglect: A meta-analysis. *Child Maltreatment*, *9*(3), 277–291. https://doi.org/10.1177/1077559504264265

2. (R) Social Work Policy Institute. (2012). *Children at risk: Optimizing health in an era of reform*. Washington D.C. Retrieved from http://www.socialworkpolicy.org/wp-content/uploads/2012/06/childrenatrisk-report1.pdf

3. (R) Annie E. Casey Foundation. (2017). When Child Welfare Systems Embrace Trauma-Informed Care. Blog Post. Retrieved from: https://www.aecf.org/blog/when-child-welfare-systems-embrace-trauma-informed-care/

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Additional Resources

1. APHA's Center for School, Health, and Education: https://www.apha.org/topics-and-issues/school-based-health-care
2. Prevention Institute focus area on Early Childhood: https://www.preventioninstitute.org/focus-areas/early-childhood
3. Georgetown University Center for Child and Human Development Resources: https://gucchd.georgetown.edu/resources.php
4. CDC's Heath Schools resource page: https://www.cdc.gov/healthyschools/index.htm
5. Childwelfare.gov resource page on preventing child abuse and neglect: https://www.childwelfare.gov/topics/preventing/promoting/
6. National Child Traumatic Stress Network resource page on creating trauma-informed systems: https://learn.nctsn.org/course/index.php?categoryid=36
7. Blueprints for Healthy Youth Development – Research project aiming *"to identify evidence-based prevention and intervention programs that are effective in reducing antisocial behavior and promoting a healthy course of youth development*." https://www.blueprintsprograms.org/
8. Monnig, L. Public Health Prevention in Schools: A Resource Guide. American Public Health Association. www.schoolbasedhealthcare.org/~/media/files/pdf/sbhc/public_health_prevention_schools_resource_guide.ashx

Social Work Journals

1. Child and Family Social Work https://onlinelibrary.wiley.com/journal/13652206
2. Child Abuse and Neglect: The International Journal - https://www.journals.elsevier.com/child-abuse-and-neglect/
3. Child Maltreatment - http://journals.sagepub.com/home/cmx

4. Child and Adolescent Social Work - https://www.springer.com/psychology/personality+&+social+psychology/journal/10560
5. Trauma, Violence, and Abuse – http://journals.sagepub.com/home/tva/

Organizations

1. Harlem Children's Zone: https://hcz.org/our-programs/
2. School-based Health alliance: http://www.sbh4all.org/
3. National Child Traumatic Stress Network: https://www.nctsn.org/
4. State Policy Advocacy and Reform Center (SPARC)- http://childwelfaresparc.org/ - SPARC works to strengthen networks and support for child welfare advocates and to support system improvement through policy.
5. Trauma and Learning Policy Initiative (TLPI)- https://traumasensitiveschools.org/

Section 11: PHSW and Environmental and Food Justice

1. (A) Philip, D., & Reisch, M. (2016). Rethinking Social Work's Interpretation of 'Environmental Justice ': From Local to Global Rethinking Social Work's Interpretation of ' Environmental Justice': From Local to Global, *5479*(October), 471–483. https://doi.org/10.1080/02615479.2015.1063602
2. Review of environmental justice concepts, history and movements: (A) Brulle, R. J., & Pellow, D. N. (2006). Environmental justice: Human health and environmental inequalities. *Annual Review of Public Health*. https://doi.org/10.1146/annurev.publhealth.27.021405.102124
3. *Describes integration of environmental justice in social work practice and curricula:* (A) Teixeira, S., & Krings, A. (2015). Sustainable Social Work: An Environmental Justice Framework for Social Work Education. *Social Work Education*, *34*(5), 513–527. https://doi.org/10.1080/02615479.2015.1063601
4. (O) Ross, D. (2918). How Residents of South LA Are Tackling Environmental Racism. *Yes! Magazine*. Retrieved from https://www.yesmagazine.org/people-power/how-residents-of-south-la-are-tackling-environmental-racism-20180709
5. (O) Dewane, C. J. (2011). Environmentalism & Social Work: The Ultimate Social Justice Issue. *Social Work Today*, *11*(5), 20. Retrieved from http://www.socialworktoday.com/archive/092011p20.shtml
6. (O) Public Health Institute (2017). Perspectives on Food Justice in 2017. February 28. Blog. Retrieved from: http://www.phi.org/news-events/1202/perspectives-on-food-justice-in-2017
7. (O) APHA statement Toward a Healthy Food System- https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/29/12/34/toward-a-healthy-sustainable-food-system
8. (A) Minkler, M., Garcia, A. P., Williams, J., Lopresti, T., & Lilly, J. (2010). Sí se puede: Using participatory research to promote environmental justice in a Latino community in San Diego, California. *Journal of Urban Health*, *87*(5), 796–812. https://doi.org/10.1007/s11524-010-9490-0
9. (A) Minkler, M. (2010). Linking science and policy through community-based participatory research to study and address health disparities. *American Journal of Public Health*, *100*(SUPPL. 1), 81–88. https://doi.org/10.2105/AJPH.2009.165720
10. (V) US Environmental Protection Agency. Environmental justice the power of partnerships https://www.youtube-nocookie.com/embed/wEIdQBtUwfg?rel=
11. *Short interview with Douglas Dockery, lead author of the Harvard Six City Study: (O)* Harvard T.H. Chan School of Public Health. (2014). Landmark air pollution study turns 20. *News Featured News Stories*. Retrieved from http://www.hsph.harvard.edu/news/features/six-cities-air-pollution-study-turns-20
12. (A) Besthorn, F. H. (2012). Radical equalitarian ecological justice a social work call to action. *Environmental Social Work*, (August), 31–45. https://doi.org/10.4324/9780203095300

Additional Resources

1. Civil Eats food system news and initiatives - https://civileats.com/category/food-and-policy/
2. EPA Environmental Justice websites: https://www.epa.gov/environmentaljustice/resources-creating-healthy-sustainable-and-equitable-communities and https://www.epa.gov/environmentaljustice/community-voices-environmental-justice

Organizations

1. United States Environmental Protection Agency (EPA): https://www.epa.gov/
2. Johns Hopkins Center for a Livable Future: https://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-a-livable-future/
3. Union of Concerned Scientists (UCS): www.ucsusa.org

Section 12: PHSW, Rural and Urban Health

Place and Health Background

1. (A) Macintyre, S., Ellaway, A., & Cummins, S. (2002). Place effects on health: How can we conceptualise, operationalise and measure them? In Social Science and Medicine. https://doi.org/10.1016/S0277-9536(01)00214-3
2. (A) Singh, G. K., & Siahpush, M. (2014). Widening rural-urban disparities in all-cause mortality and mortality from major causes of death in the USA, 1969-2009. Journal of Urban Health. https://doi.org/10.1007/s11524-013-9847-2
3. (A) Diez Roux, A. V. (2001). Investigating neighborhood and area effects on health. American Journal of Public Health. https://doi.org/10.2105/AJPH.91.11.1783
4. (A) Diez Roux, A. V, Mair, C., Roux, A. V. D., Mair, C., Diez Roux, A. V, & Mair, C. (2010). Neighborhoods and health. Annals of the New York Academy of Sciences. https://doi.org/10.1111/j.1749-6632.2009.05333.x
5. (A) Jackson, R. J. (2003). The Impact of the Built Environment on Health: An Emerging Field. American Journal of Public Health. https://doi.org/10.2105/AJPH.93.9.1382
6. (A) van de Poel, E., O'Donnell, O. A., & van Doorslaer, E. (2007). What Explains the Rural-Urban Gap in Infant Mortality - Household or Community Characteristics? SSRN. https://doi.org/10.2139/ssrn.1010572
7. (R) National Association of Social Workers (NASW). Formal and Informal Neighborhood Social Organization: Which Promotes Better Resident Heath? http://www.socialworkblog.org/nasw-publications/2016/07/formal-and-informal-neighborhood-social-organization-which-promotes-better-resident-health/
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Rural Health

1. (O) Rural Areas Have the Highest Suicide Rates and Fewest Mental Health Workers. Retrieved from: https://www.huffingtonpost.com/entry/rural-suicide-rates-mental-health_us_5b22dd28e4b0d4fc01fcc098
2. (A) Ely, G. E., Miller, K., & Dignan, M. (2011). The disconnect between perceptions of health and measures of health in a rural appalachian sample: Implications for public health social workers. *Social Work in Health Care*, *50*(4), 292–304. https://doi.org/10.1080/00981389.2010.534342
3. (A) Meit, M., & Knudson, A. (2009). Why is rural public health important? A look to the future. *Journal of Public Health Management and Practice : JPHMP2*, *15*(3), 185–190.
4. (O) Rural Health Info Q & A page on Social Determinants of Health for Rural People - https://www.ruralhealthinfo.org/topics/social-determinants-of-health#rural-difference
5. (O) Social Work Conversations. Episode 13: Bringing Health, Research and Hope Back to Appalachia – with Dr. Fran Feltner. Retrieved from: https://socialwork.uky.edu/all-podcasts/episode-13-bringing-health-research-and-hope-back-to-appalachia-with-dr-fran-feltner/

Additional Resources

1. Rural Health Promotion and Disease Prevention Toolkit produced by the NORC Walsh Center for Rural Health Analysis, in partnership with the University of Minnesota's Rural Health Research Center, and in collaboration with the Rural Health Information Hub: https://www.ruralhealthinfo.org/toolkits/health-promotion/1/introduction

Organizations

1. National Rural Social Work Caucus: https://ruralsocialwork.org/
2. University of Kentucky Center of Excellence in Rural Health: http://ruralhealth.med.uky.edu/
3. Rural Health Info: https://www.ruralhealthinfo.org/

4. Health Resources & Services Administration (HRSA) Federal Office of Rural Health Policy: https://www.hrsa.gov/rural-health/index.html

Urban Health

1. *Discusses global to local systems affecting urban health and considerations for the field. (A)* Galea, S., Freudenberg, N., & Vlahov, D. (2005). Cities and population health. *Social Science and Medicine*, *60*(5), 1017–1033. https://doi.org/10.1016/j.socscimed.2004.06.036

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3. *Outlines specific determinants of urban health within cities: (A)* Galea, S., & Vlahov, D. (2005). Urban health: evidence, challenges, and directions. *Annu. Rev. Public Health*. https://doi.org/10.1146/annurev.publhealth.26.021304.144708

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5. (R) World Health Organization. (2008). *Our cities, our health, our future: acting on social determinants for health equity in urban settings*. Kobe, Japan. Retrieved from http://www.who.int/social_determinants/resources/knus_report_16jul07.pdf

Section 13: PHSW and American Indian/Pacific Islander and Indigenous Health

1. (V) Indigenous Knowledge to Close Gaps in Indigenous Health (Canada): **https://www.youtube.com/watch?v=IpKjtujtEYI**
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Additional Resources

1. Robert Wood Johnson Foundation resource page on Immigration, Heath Care, and Health: **https://www.rwjf.org/en/library/research/2017/09/immigration-status-and-health.html**

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Additional Resources

1. Evaluation Toolkit: https://www.ncemch.org/toolkits/evaluation.php
2. NCH Navigator Evaluation page: https://www.mchnavigator.org/trainings/evaluation.php#mchn
3. Centers for Disease Control and Prevention Framework for Program Evaluation. Access at: https://www.cdc.gov/eval/framework/
4. Consolidated Framework for Implementation Research (CFIR): https://cfirguide.org/

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2. Videos on multiple quality improvement methods including Deming's system of Profound Knowledge, Model for Improvement, PDSA: Institute for Healthcare Improvement. (n.d.). The Science of Improvement on a Whiteboard! Retrieved from http://www.ihi.org/education/ihiopenschool/resources/Pages/BobLloydWhiteboard.aspx
3. Public Health Foundation's Quality Improvement Leadership Tools: http://www.phf.org/programs/QItools/Pages/Quality_Improvement_Leadership_Tools.aspx

Epidemiology

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Additional Resources

1. *Dr. Wayne LaMorte's module on Bias introduces students to key concepts in Epidemiology.* LaMorte, Wayne. (2016). Bias. Boston University School of Public Health. http://sphweb.bumc.bu.edu/otlt/MPH-Modules/EP/EP713_Bias/index.html

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Additional Resources

1. Journal of Social Policy - https://www.cambridge.org/core/journals/journal-of-social-policy

Organizations

1. Healthcare for All - https://www.hcfama.org/
2. Community Catalyst – https://www.communitycatalyst.org/

Evidence-Based Practice Resources

Many agencies and organizations are working to compile databases and lists of promising and evidence-based practices in public health. The following links are some key resources for identifying these practices:

1. Agency for Healthcare Research and Quality (AHRQ) Innovations Exchange - https://innovations.ahrq.gov/
2. Health Resources and Services Association MCH Programs - https://mchb.hrsa.gov/maternal-child-health-initiatives/mchb-programs/programs-initiatives-z
3. NACCHO– Model Practices - http://archived.naccho.org/topics/modelpractices/database/category.cfm and http://archived.naccho.org/topics/modelpractices/search.cfm
4. Campbell Collaboration – The Campbell Collaboration produces systematic reviews and other evidence to guide policy and practice for positive social and economic change - http://www.campbellcollaboration.org/
5. Cochrane Collaboration – https://www.cochrane.org
6. Child Trends- https://www.childtrends.org/about-us
7. Health Evidence (McMaster University, Canada) - https://www.healthevidence.org/
8. AMCHP Innovation Station MCH Best Practices - http://www.amchp.org/programsandtopics/BestPractices/InnovationStation/Pages/IS-BP-Search.aspx
9. Social Work Policy Institute (SWPI) – provides registries of evidence-based practices relevant to social work and public heath http://www.socialworkpolicy.org/research/evidence-based-practice-2.html#resources
10. Social Programs that Work - nonprofit foundation that compiles evidence of effective programs through systematic monitoring of rigorous published evaluations across a variety of areas - https://evidencebasedprograms.org/

Glossary

Council on Education for Public Health (CEPH): The Council on Education for Public Health (CEPH) is an independent agency recognized by the U.S. Department of Education to accredit schools of public health and public health programs offered in settings other than schools of public health. These schools and programs prepare students for entry into careers in public health. The primary professional degree is the Master of Public Health (MPH) but other master's and doctoral degrees are offered as well. The Council is a private, nonprofit corporation with APHA and ASPPH (formerly ASPH) as its two corporate members. As an independent body, the board is solely responsible for adopting criteria by which schools and programs are evaluated, for establishing policies and procedures, for making accreditation decisions, and for managing the business of the corporation.

Council on Social Work Education (CSWE): Founded in 1952, the Council on Social Work Education (CSWE) is the national association representing social work education in the United States. Its members include over 800 accredited baccalaureate and master's degree social work programs, as well as individual social workers and educators. Through its many initiatives, activities, and centers, CSWE supports quality social work education and provides opportunities for leadership and professional development, with the goal of enabling social workers to play a central role in achieving the profession's goals of social and economic justice. CSWE's Commission on Accreditation is recognized by the Council for Higher Education Accreditation as the sole accrediting agency for social work education in the United States and its territories.

Dual-degree programs or joint-degree programs in public health and social work: This term refers to the type of formal mechanism schools use to enable students within their programs to efficiently acquire both degrees in a shortened period of time. The distinction between "dual-degree" and "joint-degree" remains generally unclear in higher education. Historically, one way of understanding the difference was that a joint degree program withheld the granting of degrees until requirements were completed for both degrees. This was in contrast to dual-degree programs, which allowed the completion of one degree before the other. This distinction has not held up. Today, most programs use the term "dual-degree."

Field internships/Practicum: While both fields require practice as a part of the MSW and MPH curricula, there are significant differences in the type and amount required. Within social work, various terms are used to describe field work requirements such as field internships, field placements and field practice. Within MSW programs, field work is considered a course, and usually carries credit. Field requirements are substantive, (940 hours minimum for the MSW) and are considered a "signature pedagogy," a term meant to emphasize its centrality to MSW education. Within public health, field work is now also required in accredited programs (Burke & Biberman, 2017). Generally referred to as practicum placements, they range in hours, do not carry credit, and focus on specific deliverables.

MSW/MPH Programs: Master of Social Work and Master of Public Health dual-degree programs go by various names and occur in multiple formats. The terms used here is an umbrella term for programs that join the study of public health and social work at the master's level. Notably, some MSW programs do not grant the MSW; instead, they grant a Master's in Social Services (MSS). Similarly, some MPH programs grant a Master's of Science in Public Health. As long as a program is accredited by Council on Social Work Education and Council of Education in Public Health, they fit the profile of a dual program in public health and social work and are included under the larger umbrella of MSW/MPH programs.

Prevention: Prevention refers to the actions taken to prevent disease and to promote health through population-based interventions. Prevention occurs at differing levels. For instance, primary prevention refers to preventing the onset of illness or injury before the disease process or ill health begins. An example of effective primary prevention is vaccination. Secondary prevention refers to efforts made to diagnose or treat disease early, to prevent more severe symptoms or problems from developing. An example of this is depression screening. Finally, tertiary intervention refers to the efforts to help individuals with illness to recover or rehabilitate. Relapse prevention is an example of tertiary intervention.

Public Health Social Work (PHSW): PHSW is the sub-discipline within social work that uses multifaceted, wide-lens public health approaches to address major health issues, promote health equity and mitigate health problems (Ruth, Sisco, & Marshall, 2016). One of the earliest forms of social work, PHSW is comprised of three primary elements: 1) the use of clinical and community social work approaches such as home visiting, crisis intervention, community health advocacy and organizing, health education and promotion; 2) the use and reliance upon epidemiology, particularly social epidemiology to inform practice; and 3) advocacy and policy efforts to promote environmental, systems, and structural change.

Public health social work shares public health's overarching goal of promoting health, preventing illness, and assuring the conditions in which people can be healthy. PHSW recognizes and embraces its role as a component of the public health infrastructure and can describe where its work fits in the Ten Essential Public Health Services. (https://www.cdc.gov/stltpublichealth/publichealthservices/essentialhealthservices.html)

PHSW is deeply informed by its long-term appreciation for the relationship between individual and population health; while public health social workers care deeply about the well-being of individuals, they are always conscious that individuals are members of populations who represent the larger community's health needs. In PHSW practice, the focus is not exclusive on persons-in-environments, but persons-and-environments, individuals and populations. PHSW recognizes that the profession's commitment to social justice requires conscious use of structural approaches to health equity; like their forbearers, public health social workers "think, strategize, and practice beyond the individual level in order to advocate for vulnerable populations and engage in political action" (Kerson & Lee, 2016).

Social Epidemiology: Social epidemiology is the branch of epidemiology that studies the way that social structures, institutions, and relationships influence health. Social epidemiology is profoundly relevant to social work and aligns with social work's key interests by focusing on the social determinants of health and well-being across populations. These include race, gender, sexual orientation, housing, unemployment, disasters, adverse childhood experiences, and social class (Krieger, 2001). The science of social epidemiology has illuminated the specifics of health injustice and health inequities; it has convincingly demonstrated that social determinants predict health outcomes, particularly with historically marginalized and disadvantaged groups, who experience the injustices of reduced health status, greater morbidity, and earlier mortality (Braveman et al., 2011). Born of structural causes and unmet social needs, health inequities have proven resistant to change, and social epidemiology has provided the scientific ballast needed to makes the case for structural interventions across professions and sectors (Giles & Liburd, 2007; Galea, Tracy, Hoggatt, DiMaggio, & Karpati; 2011).

Social Determinants of Health: Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks **(https://www.cdc.gov/socialdeterminants/).** Social determinants of health include socioeconomic status; race; gender; sexual orientation; insurance status; housing; social isolation; and access to healthcare, all of which contribute to poorer health outcomes among vulnerable populations and appear resistant to change within the current social climate (Ruth, Velasquez, Marshall & Ziperstein, 2015).

Terminal Degrees: The concept of a terminal degree in a field is relevant to MSW/MPH education. Historically, a terminal degree is the highest degree awarded in a given field. In most fields, the terminal-level degree would be the doctor of philosophy, or PhD, but in professional fields, such as social work, the terminal degree is the one legally required for a person to practice in the profession. When masters' programs were first developed, both the MSW and MPH degrees were considered terminal degrees. Since that time, both fields have established practice-oriented doctoral level education, including the Doctorate of Social Work (DSW) and the Doctorate in Public Health (DrPH). In addition, the bachelor of social work (BSW) has become a professional entry-level degree with a regulated scope of practice and licensure in most states.

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