



Welcoming Remarks

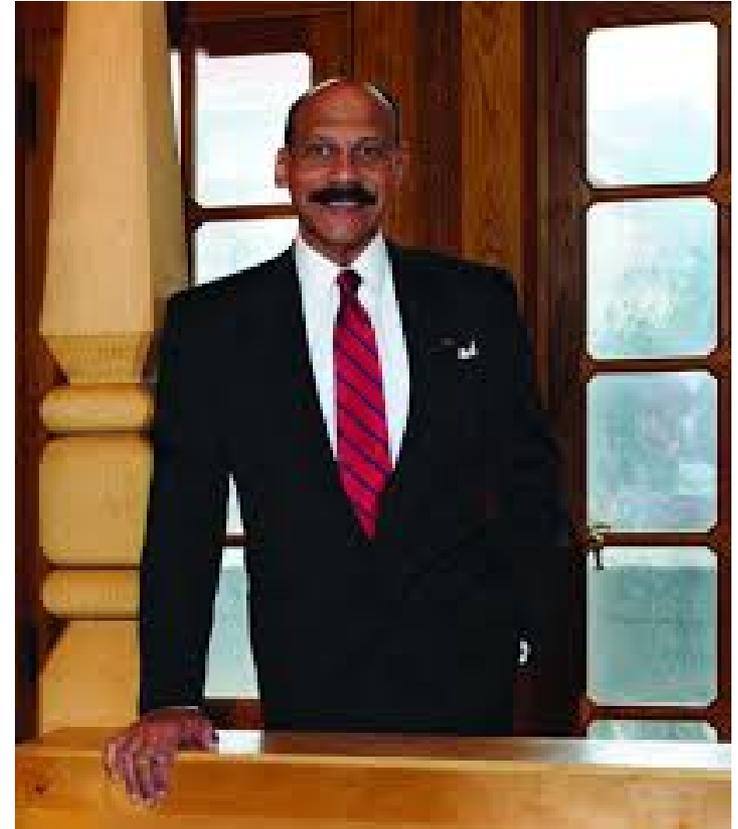
Larry E. Davis, PhD, LCSW, MA

University of Pittsburgh

Dean, School of Social Work

Donald M. Henderson Professor

Director, Center on Race and Social Problems





Purpose and Rational for the LPHSWE Summit

Miryam Gerdine, MPH

Project Officer

Health Resources and Services Administration





Review of Summit Agenda, Goals, and Objectives

Gary Cuddeback

University of North Carolina at Chapel Hill



Ed Pecukonis

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Introduction and History of Historically Black Colleges and Universities

Sandra Edmonds Crewe, PhD

Dean, School of Social Work

Howard University





Defining Public Health Social Work

Betty Ruth

Boston University



Dorothy Cilenti

University of North Carolina



Julia Hastings

University at Albany, SUNY



Sandra Crewe

Howard University



Moderator: Gary Cuddeback

Q&A Session to Follow

More Than a Good Idea: Public Health Social Work in the 21st Century

- Betty J. Ruth
- October 20, 2016
- University of Pittsburgh
- Public Health Social Work Summit





Who We Are

Public Health Social Work: More Than A Good Idea is a project of the Group for Public Health Social Work Initiatives (GPSI). GPSI was formed in 2003 by an independent group of public health social work practitioners, and is an ad hoc working group affiliated with Boston University. GPSI promotes public health social work through:

- Research
- Education
- Professional development
- Trans-disciplinary activities



Presentation Objectives

1. Overview of the current health landscape
2. Social work in health
3. Need to increase SW impact in response to challenges
4. Define public health social work (PHSW)
5. Provide brief history of PHSW
6. Review SW and PH similarities and differences
7. PHSW today: who, what, where and how many?
8. Visualizing PHSW: Health Impact Model

Social Work in Health

“The delivery of (social work services) occurs in a fragmented system that emphasizes disease treatment over prevention, uses a maze of bureaucratic structures to contain spiraling costs, and fails to meet the needs of a significant portion of the population.”



Many Health Challenges

Worsening national health statistics

- US ranks 43rd in average life expectancy
- US ranks 58th in infant mortality (CIA, 2015)

Population changes

- globalization, urbanization, aging, immigration

Environment

- natural disasters, climate change, terror, & war

Diseases/disorders

- pervasive chronic disease; emerging & persistent infectious diseases, mental disorders, trauma

Rampant health inequalities

- Social determinants: racism, sexism, economic inequality, lack of access

Systemic changes due to health reform

- integration, care coordination, behavioral health, financing changes, SW role shifting





Health SW Today

Health:

Generally viewed as niche area of practice—largely clinical in nature--focused on counseling, treatment, psychosocial support, discharge planning, care coordination

Types of health SW:

Medical SW, behavioral health SW, public health SW, subtypes dedicated to specific diseases

Employment:

Half of all social workers employed directly in health; increase to 75% expected in 10 years

Major challenges:

Clinical interventions, critically valuable to individual & family well-being, but *limited in population impact*. Big challenges require population health framework that reconnects SW to its wide lens approaches, broadening profession's reach, & strengthening its impact (Beddoe, 2013)

Strengthening SW Impact on Health



Strengthening Social Work Response

Conceptualizing SW in Health
Impact

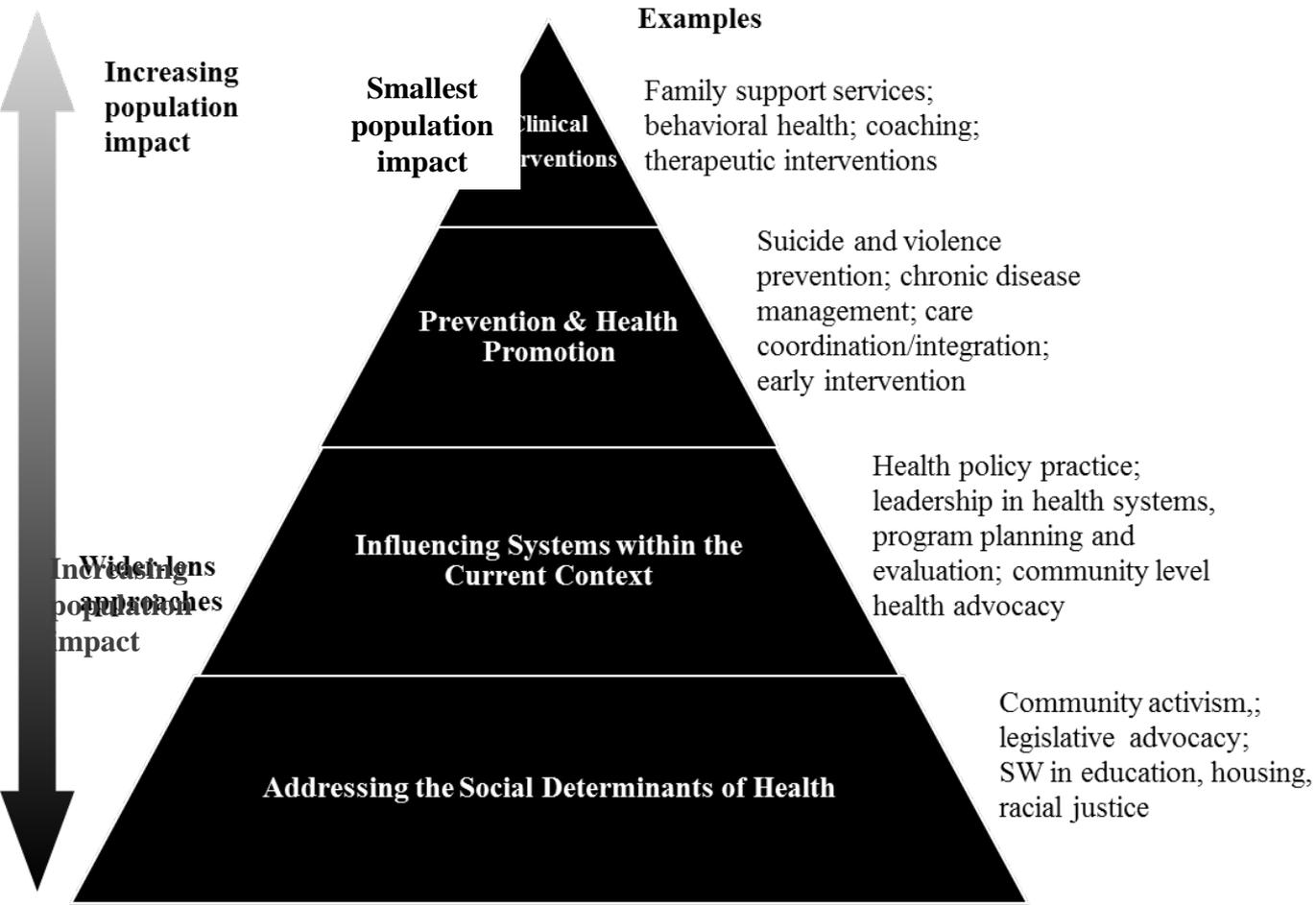


Reclaiming & Revitalizing
Public Health Social Work





1. Social Work in Health Impact Model



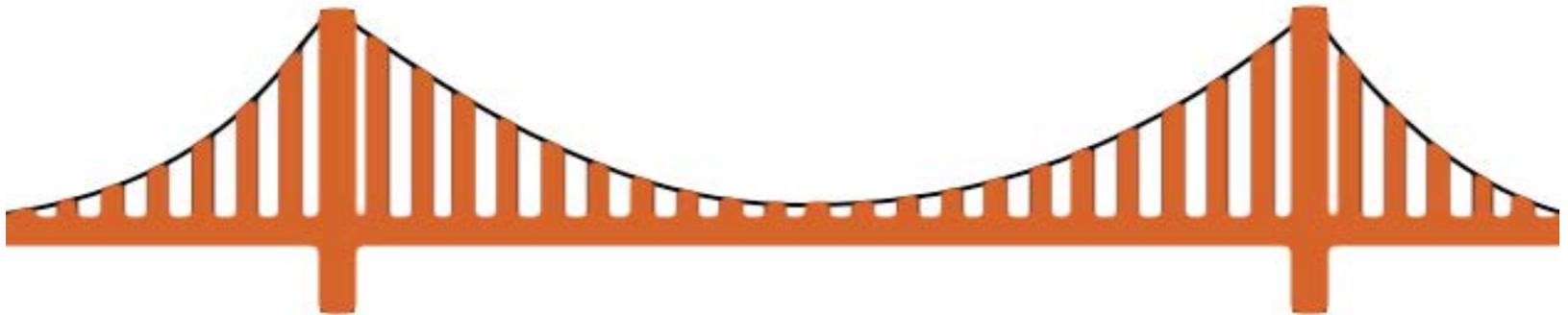
2. Reclaiming Public Health Social Work



Public Health Social Work as Bridge

Public health social work serves as an important base for a new high-impact health social work by:

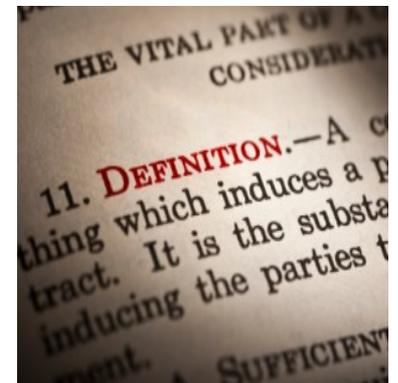
1. Providing century's worth of experience in how to broadly marry clinical, intermediate & population approaches for greater SW impact and
2. Serving as the inter-professional bridge between the fields of public health and social work





Public Health Social Work (PHSW)

Sub-discipline within social work that uses multifaceted, wide-lens approaches to address major health issues, promote health equity & mitigate health problems (Ruth, Sisco, & Marshall, 2016)



Once Upon a Time...

“The fields of social work and public health are inseparable, and no artificial boundaries can separate them. Social work is interwoven in the whole fabric of the public health movement, and has directly influenced it at every point” (Hopkins, 1926)



Common Ground Between PH & SW

• Public Health

Public Health

- Social justice mission
- Progressive era roots
- Use of social sciences to drive theory/intervention
- Emphasis on ecological models & role of “environment”
- Emphasis on resilience & protective factors
- Addresses “social determinants of health” and health inequalities to promote health equity
- Goal to promote health and conditions of health

• Social Work

Social Work

- Social justice mission
- Progressive era roots
- Use of social sciences to drive theory/method
- Emphasis on “person in environment” approaches
- Emphasis on strengths approach
- Addresses “health disparities” to increase justice
- Goal to improve human functioning/well-being

Crucial Differences Between PH & SW

• Public Health

- Focus on prevention
- Use of public & population health models/systems
- Population emphasis with exclusive macro focus
- Based on biological sciences, EBP, epidemiology

• Social Work

- Focus on intervention
- Reliance on medical models/systems
- Primarily clinical emphasis with focus on individuals, groups, families
- Strong emphasis on values; EBP still emerging...

Synthesis of Two Fields' Approaches

- Draws on public health (PH) *and* social work theories, methods, skills, concepts
- Evidence & epidemiology-informed
- Emphasizes integration of wide-lens approaches in SW: prevention, health promotion, advocacy, community health, policy, “clinical plus” models
- Includes micro, mezzo, macro methods
- Trans/inter-disciplinary, collaborative



A Few Examples

- Clinical services in a public health framework (HIV)
- Focus on specific disease or problem (suicide)
- Community outreach & case-finding (Flint)
- Consultation and collaboration (Parkinson's falls prevention)
- Prevention & health promotion activities, program planning (bullying, violence, substance abuse)
- Research (CBPR, chlamydia)
- Professional development/training/community & inter-professional education (IPE, peer training, CHWs)
- Community & legislative advocacy (infant mortality)

The Future of Social Work ?

Elizabeth Clark, NASW Executive Director Emerita, herself a public health social worker, called public health social work the “**future of social work.**”



S O C I A L W O R K

FORGING SOLUTIONS
O U T O F C H A L L E N G E S

PHSW Today: Trends

Interest IS growing:

- Increase in MSW/MPH programs (n=43)
- Doubling of membership in APHA PHSW section
- Increase in prevention practice/scholarship
- Students pressing for more prevention, social determinants, and health equity education
- Increased understanding that wide-lens public health approaches yield greatest improvements in health & equity

What We Must Do...

A few suggestions:

1. Grasp implications of social determinants of health model; if health is broadly determined, & social workers are engaged across most of society's social welfare systems, then ***all social work is health social work***
2. Educate broadly using **Social Work in Health Pyramid**: most social workers primarily educated at “tip” of the, limiting abilities to work/collaborate/lead at other levels
3. Recalibrate SW curriculum to focus on broader model of practice that links clinical skills to wide-lens public health approaches; embrace PH approaches in all domains
4. Conceptualize, measure, fund ***public health social work*** education, evaluation, workforce development



Acknowledgements

- Members of the Group for Public Health Social Work Initiatives: Esther Velasquez, Sara S. Bachman, Madi Wachman, Luz Lopez, Geoff Wilkinson, Amanda Frank, Abby Ross, Jamie Wyatt Marshall, Sarah Sisco
- The Center for Innovation in Social Work & Health at Boston University
- A special thanks to Sarah Sisco for the title, “More than a Good Idea” & BUSSW Associate Dean Ken Schulman for general support
- The generous donors to the Boston University MSW/MPH Program and the Group for Public Health Social Work Initiatives

For more information:

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- Ruth, BJ, Wachman, M, Marshall, JM, Backman, A, Harrington, C, Schultz, N, Ouimet, K. (under review). Health in All Social Work Programs: Findings from a National Analysis. *American Journal of Public Health*.
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- Wyatt Marshall, J, Ruth, BJ, Sisco, S, Cohen, M, Bachman, S (2011). Social work interest in prevention: A content analysis of the professional literature. *Social Work*, 56 (3), 201-211.



Opportunities for Public Health Social Work in Governmental Public Health Agencies

Leadership in Public Health Social Work Education Summit

October 20, 2016

Dorothy Cilenti, DrPH, MPH, MSW

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Department of Maternal and Child Health



UNC

GILLINGS SCHOOL OF
GLOBAL PUBLIC HEALTH

The context

- Nationally, local and state health departments have lost 10-20% of their staff since 2008.
- Workforce reductions have exacerbated an existing disparity in public health funding, services, and staffing.
- The eroding public health infrastructure challenges our ability to confront the mounting epidemics of chronic disease and emerging infection diseases.
- In 2009, the Institute of Medicine (IOM) formed a committee to consider the structure, functions, and financing of the governmental public health system.



IOM recommendations for a minimum package

- All levels of government should endorse the need for a **minimum package of public health services** that includes foundational capabilities and an array of basic programs that no health department should be without.
- Stakeholder process to determine elements of the Minimum Package, made up of foundational capabilities and basic programs

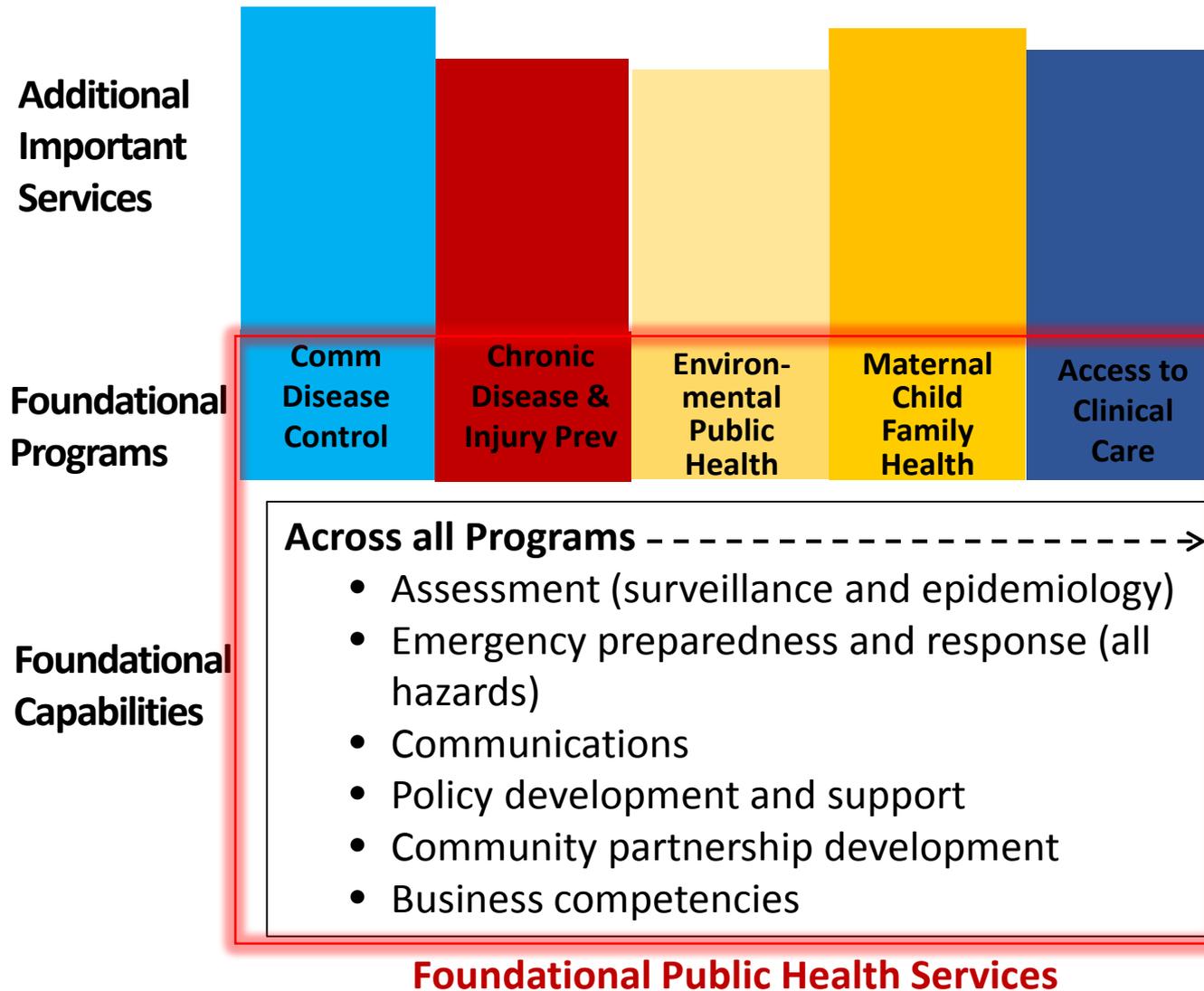


The minimum package of public health services

(1) Foundational capabilities

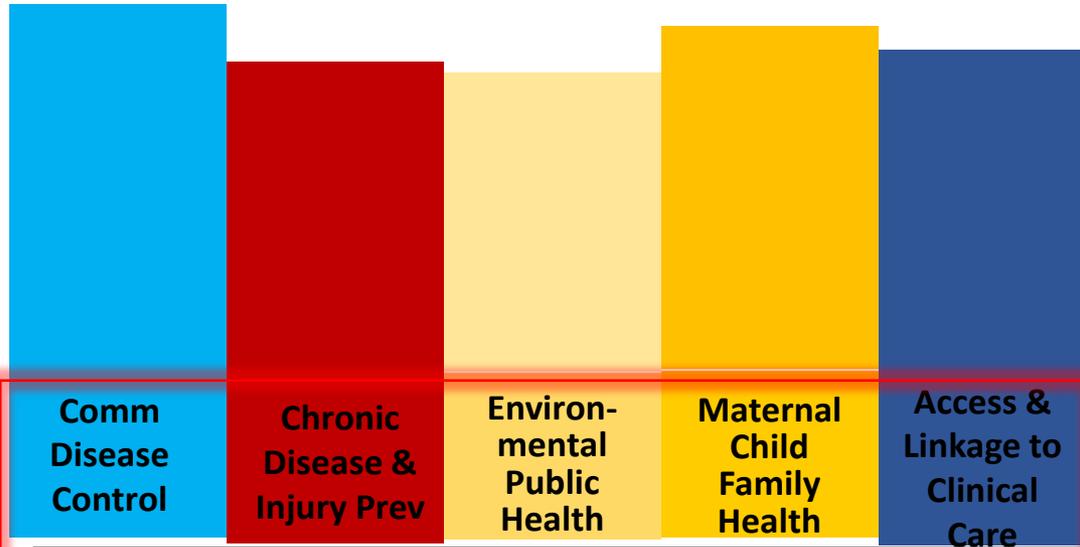
(2) The basic programs¹²

Framework for the Foundational Services



Framework for the Foundational Services

Additional Important Services



Foundational Public Health Capabilities

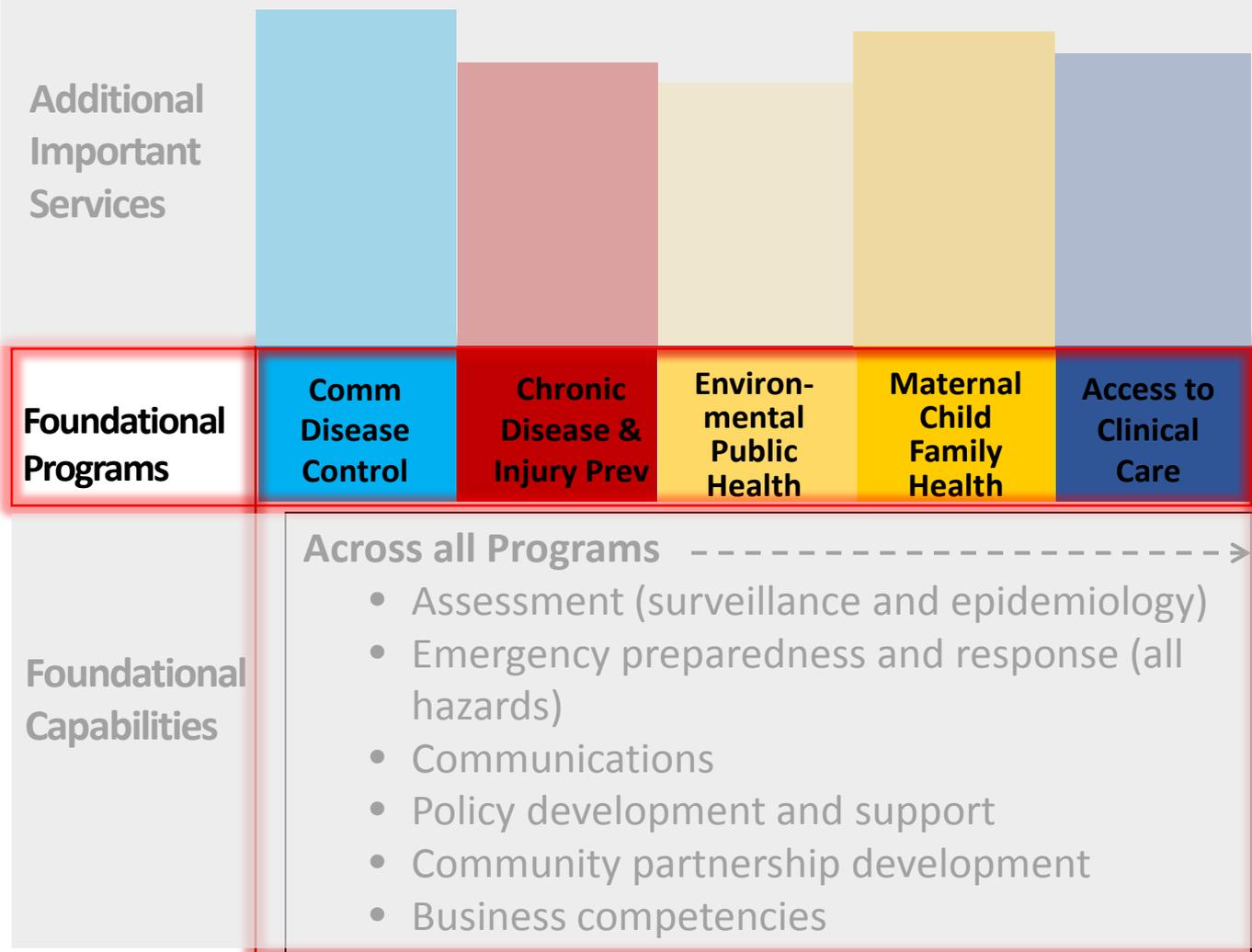
Across all Programs →

- Assessment (surveillance and epidemiology)
- Emergency preparedness and response (all hazards)
- Communications
- Policy development and support
- Community partnership development
- Organizational competencies (governance, equity, IT, HR, etc.)

Foundational Public Health Services



Framework for the Foundational Services



Foundational Public Health Services

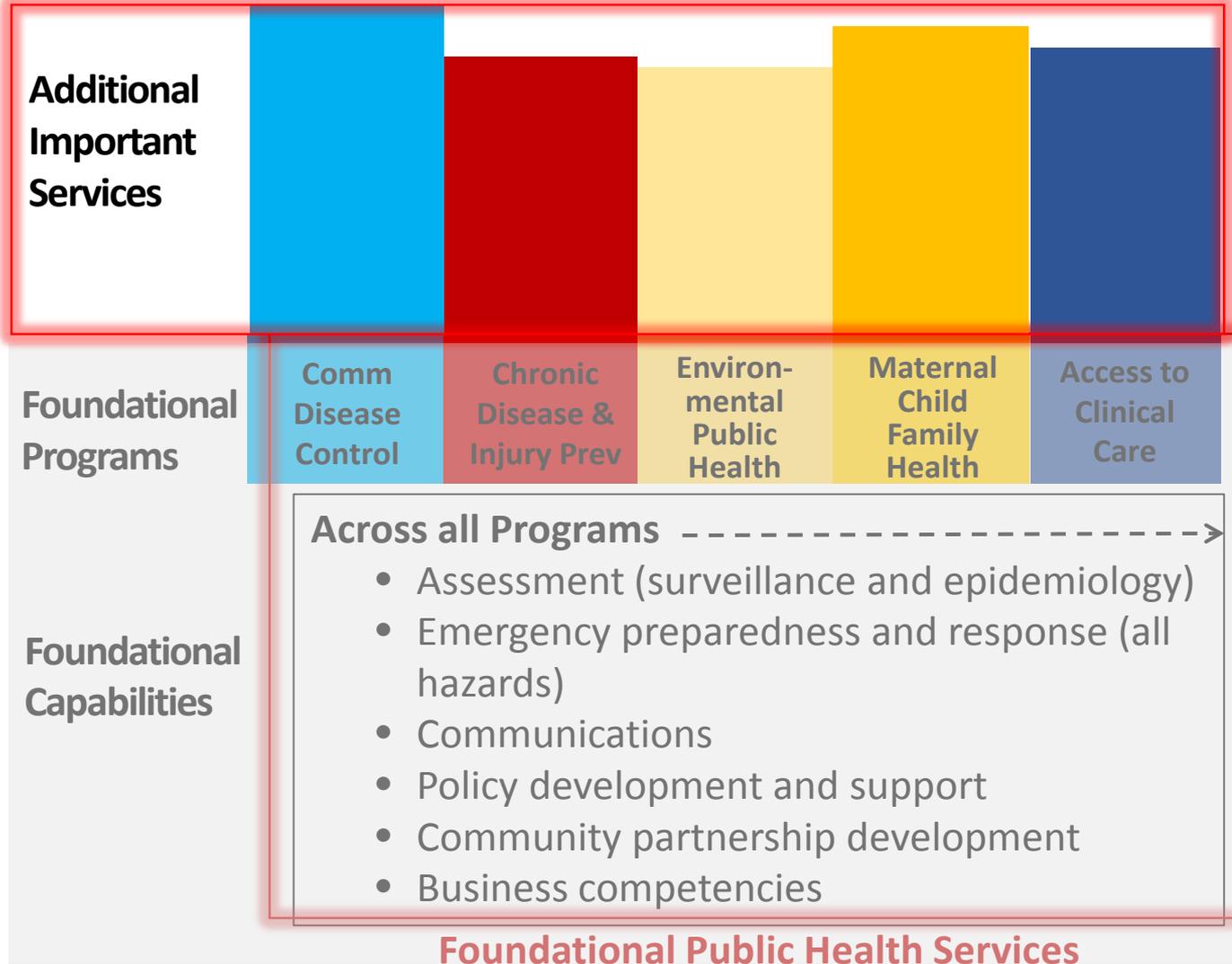
Common Elements of Foundational Programs

- Provide timely, locally relevant and accurate [program] information to the community, including strategies to improve [program] outcomes.
- Identify local [program] community assets, develop and implement prioritized plans, and advocate and seek funding for high priority policy initiatives.
- Coordinate and integrate other categorically-funded [programs].





Framework for the Foundational Services



Examples of other important services

- WIC
- Clinical care services
- Breast and cervical cancer program
- Pregnancy care management
- Tobacco Control
- Public health research activities



Opportunities for Public Health Social Work

- How are social workers currently trained in the foundational capabilities?
 - Public health social work curricula and continuing education must include developing skills in health information technology, policy and legal areas, and cross-sector management
 - Training programs for public health social workers must emphasize the need for multiple sectors to work in coordination.

Additional Important Services

- What additional important services are social workers prepared to deliver?
 - Public health preparedness and response, including disease control and public health hazard prevention and response, emergency management, and addressing the needs of vulnerable populations
 - Community health assessment, community health improvement planning and community activities to inform communities about the public's health needs and to lead the community in addressing population level issues.
 - Injury prevention and control, including unintentional overdose, motor vehicle safety, senior fall prevention, traumatic brain injury

The High Achieving Public Health Social Worker in 2020

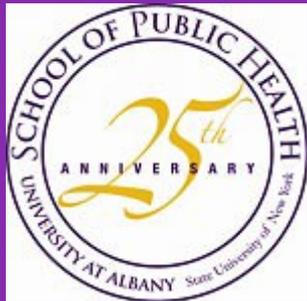
- To be successful in the future, public health social workers need to:
 - Prioritize in order to take on new challenges in a time of declining resources.
 - Ensure that what is being done is being done as well and as efficiently as possible
 - Coordinate across all levels of governmental public health system and other government agencies and jurisdictions to maximize impact
 - Cultivate and/or lead a workforce that can deliver foundational capabilities when implementing programs



**Public Health
Social Work Summit**

University of Pittsburgh

October 20, 2016



Defining Public Health Social Work

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School of Public Health
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School of Social
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Acknowledgements



UNIVERSITY
AT ALBANY

State University of New York



- This presentation was made possible by a K-22 Career Grant number 7K22MD00393402 from the National Institute on Minority Health and Health Disparities at the National Institutes of Health.
- Dean Phil Nasca & Interim Dean Lynn Warner
- Most sincere appreciation to the people who shared their lives with me.
- A host of senior scholars and dedicated mentors. Thanks!
- School of Social Welfare and Health Policy Graduate Research Assistants

Who are we as individuals and members of a healthy community?



“An identity would seem to be arrived at by the way in which the person faces and uses his experience.”

-James Baldwin

What Does Life Expectancy Mean to PHSW?



- Health Equity is attainment of the highest level of health for all people. (HP 2020, 2014)
- The absence of disease does not automatically equate to good health.
- Despite a significant increase in life expectancy in recent decades, Black Americans, in particular, still die almost three years earlier than white Americans.

Role of Discrimination in Health Outcomes



- Discrimination, stigma, or unfair treatment in the workplace can have a profound impact on health; discrimination can increase blood pressure, heart rate, and stress, as well as undermine self-esteem and self-efficacy.
- Family and community rejection, including bullying, of lesbian, gay, bisexual, and transgender youth can have serious and long-term health impacts including depression, use of illegal drugs, and suicidal behavior.
- Poor health outcomes are often made worse by the interaction between individuals and their social and physical environment.

See <http://www.nap.edu/21923> (A Framework for Educating Health Professionals to Address the Social Determinants of Health, for detailed discussion.)

Role of Discrimination in Health Outcomes



- **Transitioning Census Population count**
 - ‡ Increasing number of person of color. For example, from Middle East and North Africa ([Source: http://census.gov/topics/population/population-projections.html](http://census.gov/topics/population/population-projections.html))
- **For the audience to contemplate (example):**
 - ‡ What cultural aspects do you ascribe to African Americans, in general?
 - ‡ When thinking about SES does your interpersonal interactions differ?
- **What is PHSW role in training beyond cultural competence?**

Newly Insured Picture

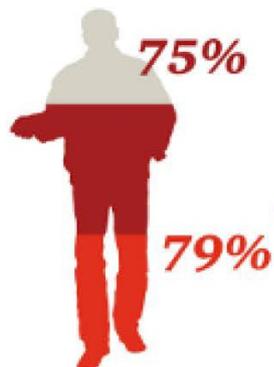


What will the newly insured look like?

The newly insured compared to the currently insured are...

Race

... less likely to be white



White

Health status

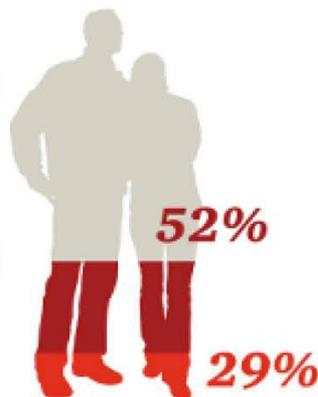
... less likely to rank self excellent/very good/good



Excellent/
Very good/

Marital status

... more likely to be single



Single

Language

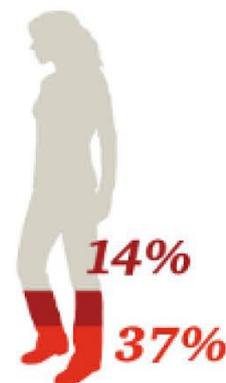
... less likely to speak English



English

Educational attainment

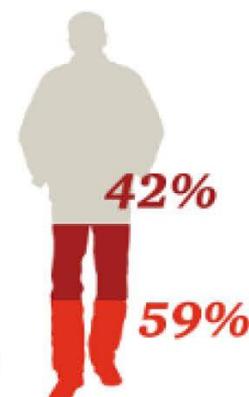
... less likely to have a college degree



College degree
or higher

Employment status

... less likely to have full-time employment



Employed full-time

Joe Betacourt, Personal Communication, August 2015

PHSW Role in Self-Management of Disease



- Training MSW/MPH students on the role of self-management across settings remains an important skill to teach.
- Quality of life is meant to be improved.
- It is not clear to what extent educational programs aimed at promoting self-management of disease in ethnic minority groups are effective.

Source: <http://www.nap.edu/21923> (A Framework for Educating Health Professionals to Address the Social Determinants of Health)

Parting Thoughts



- PHSW practitioners need to assure and protect the health of whole population.
- Reaching health equity requires big changes in behavioral and social structures that affect our lives.
- Adding to the curricula of MSW/MPH professionals should be training on how to be conversant with individuals who experience unfairness, feelings of hopelessness, and techniques to attend to systemic avoidance to address equality.

Source: Ziperstein, Ruth, Clement, Marshall, Wachman & Velasquez (2015).

Mapping dual-degree programs in social work and public health: Results from a national survey..

Thank you!



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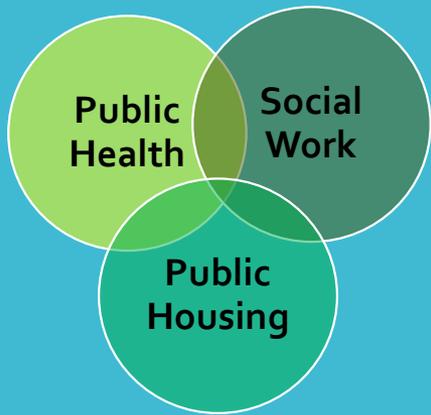
Public Health Social Work Public Housing

Enhancing Quality of Life through Collaboration

Sandra Edmonds Crewe, MSW, PhD

Howard University School of Social Work , Washington, DC

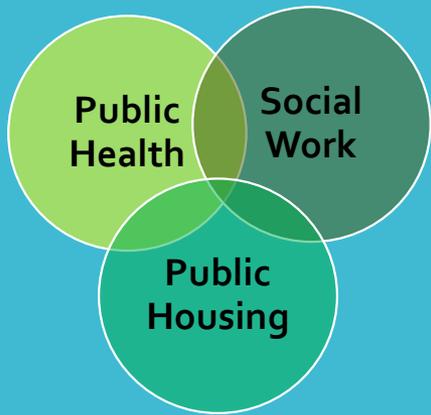




Public health promotes and protects the health of people and the communities where they live, learn, work and play.

People in the field of public health work to assure the conditions in which people can be healthy.

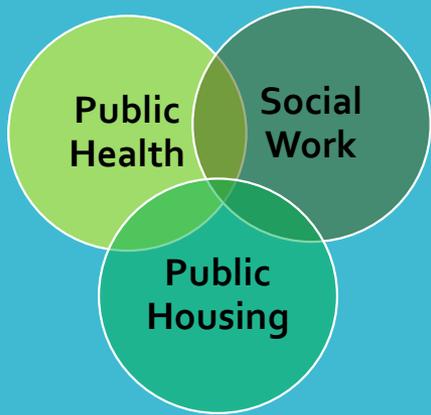
Public Health



Twenty first century health issues are complex and multidimensional, requiring innovative responses across professions at all levels of society.

Public health social workers draw on the rich traditions and complementary methods of these two fields to enhance effectiveness and promote health and make the connection between prevention and intervention at micro, mezzo, and macro levels. <http://publichealthsocialwork.org/>

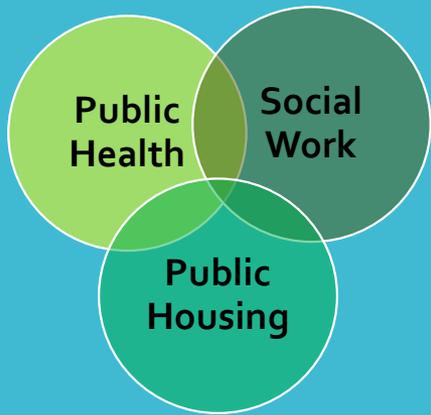
Public Health & Social Work



Historical Roots

The Progressive Era was a time period in American history lasting from the 1890s through the 1920s. At the turn of the century, America was experiencing rapid urbanization and industrialization. Waves of immigrants were arriving, many from southeastern Europe. As a result of these processes, countless city dwellers were crowded into tenement slums, with high rates of disease and infant mortality.

Progressive Era & Social Work

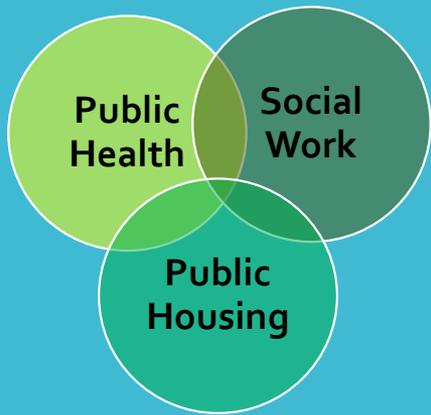


Historical Roots

From their advocacy, research and sometimes eloquent descriptions of social needs afflicting their neighbors, lasting contributions were made by residents of settlement houses in the areas of education, **public health**, recreation, labor organizing, **housing**, local and state politics, woman's rights, crime and delinquency, music and the arts.

<http://socialwelfare.library.vcu.edu/settlement-houses/settlement-houses>

Settlement House Movement

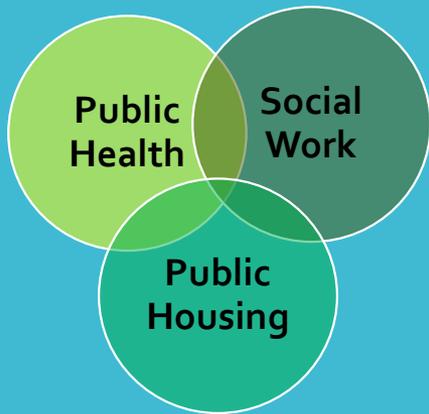


Historical Roots

African American health professionals pushed for the enforcement of sanitation laws to clean up tenements and for housing reforms to improve black neighborhoods that had greatly deteriorated with the influx of African Americans to northern cities during the Great Migration. Between 1916 and 1919, approximately one-half million African Americans had moved from the South.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2862340>

The Great Migration

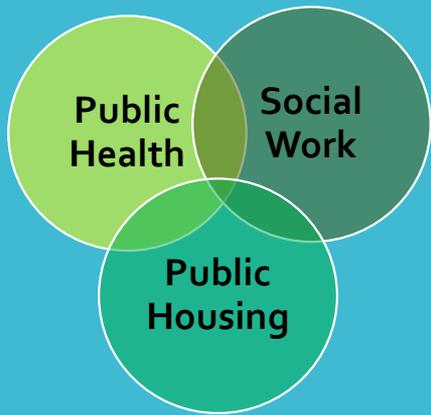


Understanding the relationship between how population groups experience “place” and the impact of “place” on health is fundamental to the social determinants of health—including both social and physical determinants.

Examples:

- Access to health care services
- Exposure to crime, violence, social disorder
- Racism, discrimination
- Concentrated poverty
- Built environment
- Aesthetic environment

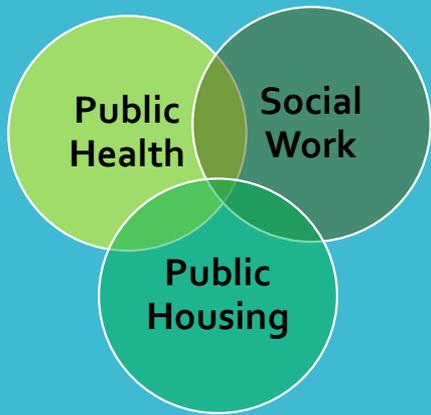
Social Determinants of Health



Nearly everyone is impacted by the social determinants of health in one way or another. Healthy People 2020 organizes the social determinants of health around five key domains: (1) Economic Stability, (2) Education, (3) Health and Health Care, (4) Neighborhood and Built Environment, and (5) Social and Community Context.



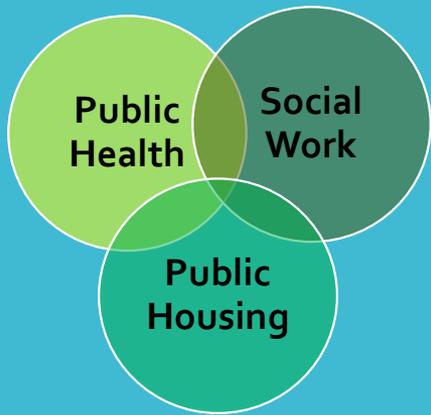
Social Determinants of Health



Public housing provides decent and safe rental housing for eligible low-income families, the elderly, and persons with disabilities.

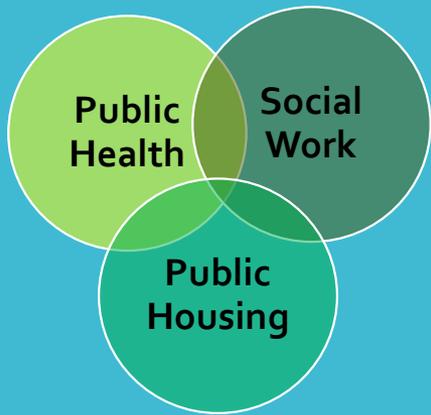
All shapes and sizes—scattered single family to high rise for older persons

Public Housing Demographics



There are approximately 1.2 million households living in public housing units, managed by some 3,300 housing authorities.

Public Housing Demographics

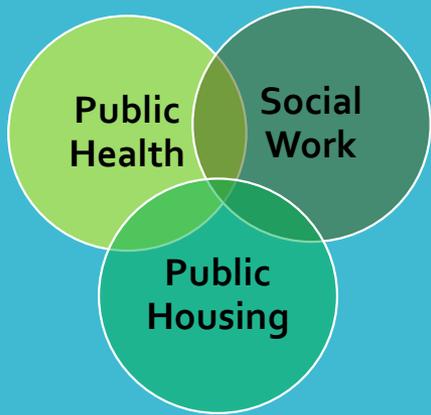


Across the nation there are millions of residents (2,090,631) living in public housing. The average household size for residents of public housing is 2.2 people. Nearly 50% of residents remain in public housing for 5 years or more.

Additionally, 789,211 children (ages 0-17) live in public housing representing 37% of residents. Seniors (age 62 and above) account for 16% of public housing residents, or 329,970 individuals. About 36% of public housing households include a member with a disability.

<http://www.nchph.org/about/public-housing-residents>

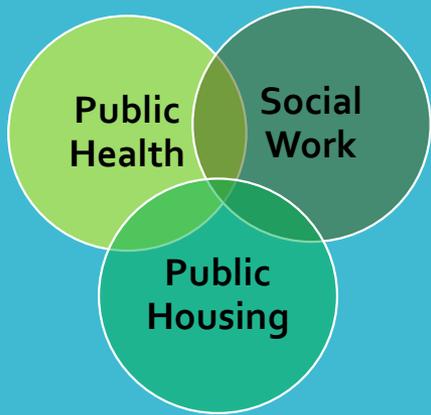
Public Housing Snapshot



“The U.S. health system is increasingly recognizing that, especially for people with chronic primary and behavioral health diagnoses, housing is essential to achieving good health outcomes and controlling health care costs.”

Sunia Zatterman, Executive Director of the Council of Large Public Housing Authorities (2014)

**Council of Large Public Housing
Authorities (CLPHA)**

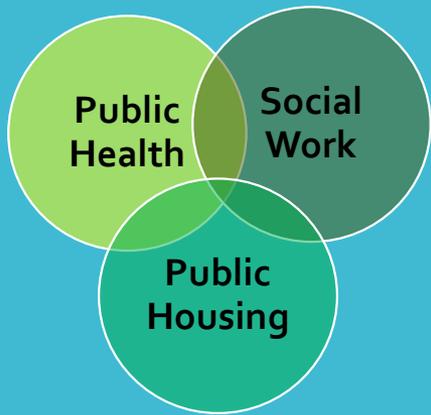


Health challenges in public housing mirror the health challenges of lower income and minority households.

Some of the specific concerns relate to

- Asthma
- Obesity
- Mental Health
- Hypertension
- Diabetes
- Heart Disease

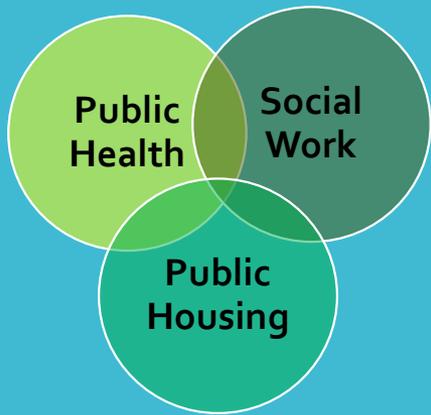
Health Challenges



Today, asthma—not infant mortality—is one of the top health issues related to housing quality facing low-income residents. Linking asthma to declining dollars and delayed repairs in **public housing** is not a stretch. According to one study, children living in public housing are twice as likely to have asthma as children in other types of housing. The culprit in too many cases: mold.

<http://thehill.com/blogs/congress-blog/healthcare/285248-public-housing-and-public-health>

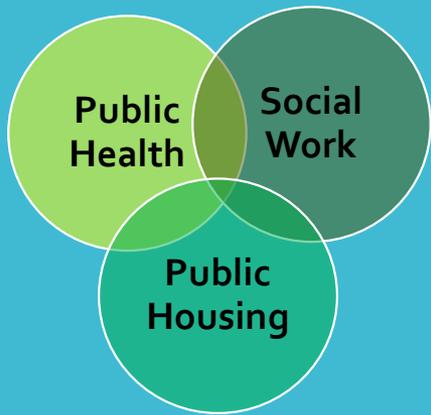
Health Challenges/Advocacy



Housing authorities play a vital role in truly integrating housing and services. This will broadly improve housing and health outcomes for vulnerable, low-income Americans.

Opportunities for Health Partnerships through the Affordable Care Act
(January 2014-CLPHA)

Affordable Care Act Opportunities

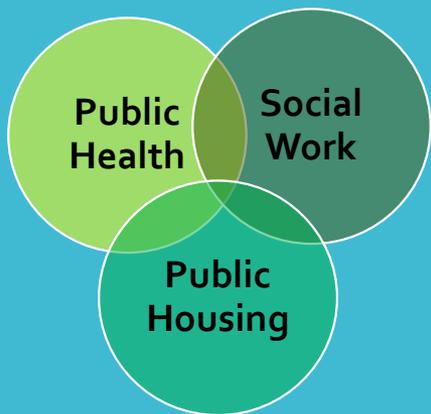


A recent study declared that health is a bigger problem for public housing residents than is lack of employment. This assertion is based on findings from the HOPE VI panel study which examined the relocation of public housing residents from projects with the worst poverty concentration in five US cities.

Is Public Housing the Cause of Poor Health or a Safety Net for the Unhealthy Poor? *J Urban Health*. 2010 Sep; 87(5):827–838.

Health and Housing Link

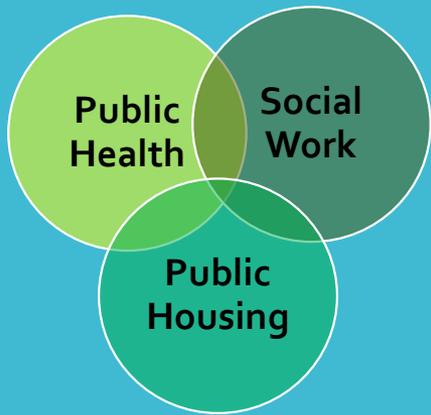
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“Our analysis indicates that one major benefit of improving housing quality may be improved health status.”

[J Health Care Poor Underserved.](#) 2005 May;16(2):273-85.
The health status of HOPE VI public housing residents.
[Howell E¹,](#) [Harris LE,](#) [Popkin SJ.](#)

Housing and Health

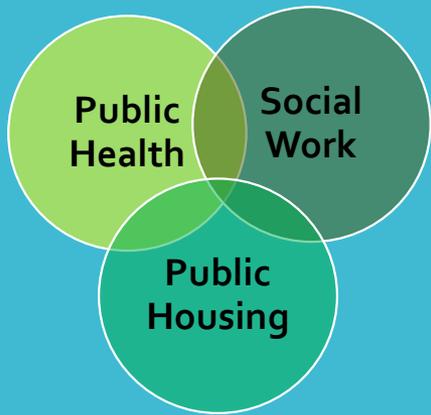


National Center for Health in Public Housing (HRSA)

Healthy Homes Initiative (HHI) developed in 1999 to protect children and their families from housing-related health and safety hazards.

Smoke Free Public Housing

Public Housing Health Initiatives



- *Increased collaborative interventions on health disparities in public housing communities
- *Addressing violence in public housing communities as a public health crisis
- *Collaborate on evidenced-based research related to social determinants and QOL public health initiatives
- *Partner with public housing authorities to eliminate environmental risks for residents
- *Support existing and propose new HUD initiatives that address healthy living

The Way Forward-Collaboration between Public Housing and Public Social Work



Q&A Session



Break



Models of Public Health Social Work Programs

Betty Ruth

Boston University

Carrie Jefferson Smith

Syracuse University

Elaine Congress

Fordham University

Anna McPhatter

Morgan State University



Moderator: Rob Keefe

Concurrent Breakout Sessions to Follow

MAPPING MSW/MPH PROGRAMS: A TALE OF TWO STUDIES

Betty J. Ruth

October 20, 2016

University of Pittsburgh

Public Health Social Work Summit



Boston University Center for Innovation in Social Work & Health



Who We Are

GPSI was formed in 2003 by an independent group of public health social work practitioners, and is an ad hoc working group affiliated with Boston University. GPSI promotes public health social work through:

- Research
- Education
- Professional development
- Trans-disciplinary activities



Defining Public Health Social Work

The sub-discipline within social work that uses multifaceted, transdisciplinary approaches to address major health issues, promote health equity, and mitigate health problems

(Ruth, Sisco, & Marshall, 2016)



Presentation Objectives

- Provide brief summaries of findings from two studies:
“National Study” and “Program Outcomes Study”
 - Ziperstein, D., Ruth, B. J., Clement, A., Marshall, J. W., Velasquez, E., Wachman, M. (2015). Mapping dual-degree programs in social work and public health: Results from a national survey. *Advances in Social Work*, 16(2), 406-401.
 - Ruth, B. J., Marshall, J. W., Velásquez, E. E., & 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.
- Make recommendations for broader integration of public health social work into social work education, both within & beyond MSW/MPH programs

Part 1: National Study of MSW/MPH Programs





Brief Literature Review

What did we know about MSW/MPH programs? NOT MUCH!

- First developed in 1970's
- Built upon social work's early long-standing involvement in PH
(Ruth, Sisco, Wyatt, Bethke, Bachman, & Markham Piper, 2008)
- Exact number of programs unknown at time of study; estimates ranged from 20-30 programs nationwide (Marshall et al., 2011; Reardon, 2009)
- Relatively understudied; no “best practices” (Ziperstein et al., 2015)
- Critical need to understand national scope as part of profession's response to health reform, health inequities, growing research on social determinants of health (Ruth, Wyatt Marshall, Hill, Taranto, Sisco & Bachman, 2011)



Purpose of National Study

- Create national “map” of MSW/MPH programs
- Develop baseline understanding for MSW/MPH programs
- Determine extent to which MSW/MPH programs teach an integration of public health and social work



National Study: Methods

- Online cross sectional survey
- Disseminated from 2012-2013
- Incorporated 27 multi-modal questions



National Study: Sample

- All United States MSW/MPH programs eligible
- Sample created via data obtained from APHA/PHSW, ASPPH, CSWE & key informants
- Identified all programs' "key personnel"
- Created and disseminated individual surveys for each school via email
- Three attempts made to obtain completed survey
- A total of 41/42 MSW/MPH programs participated (RR=97.6%)



National Study Findings

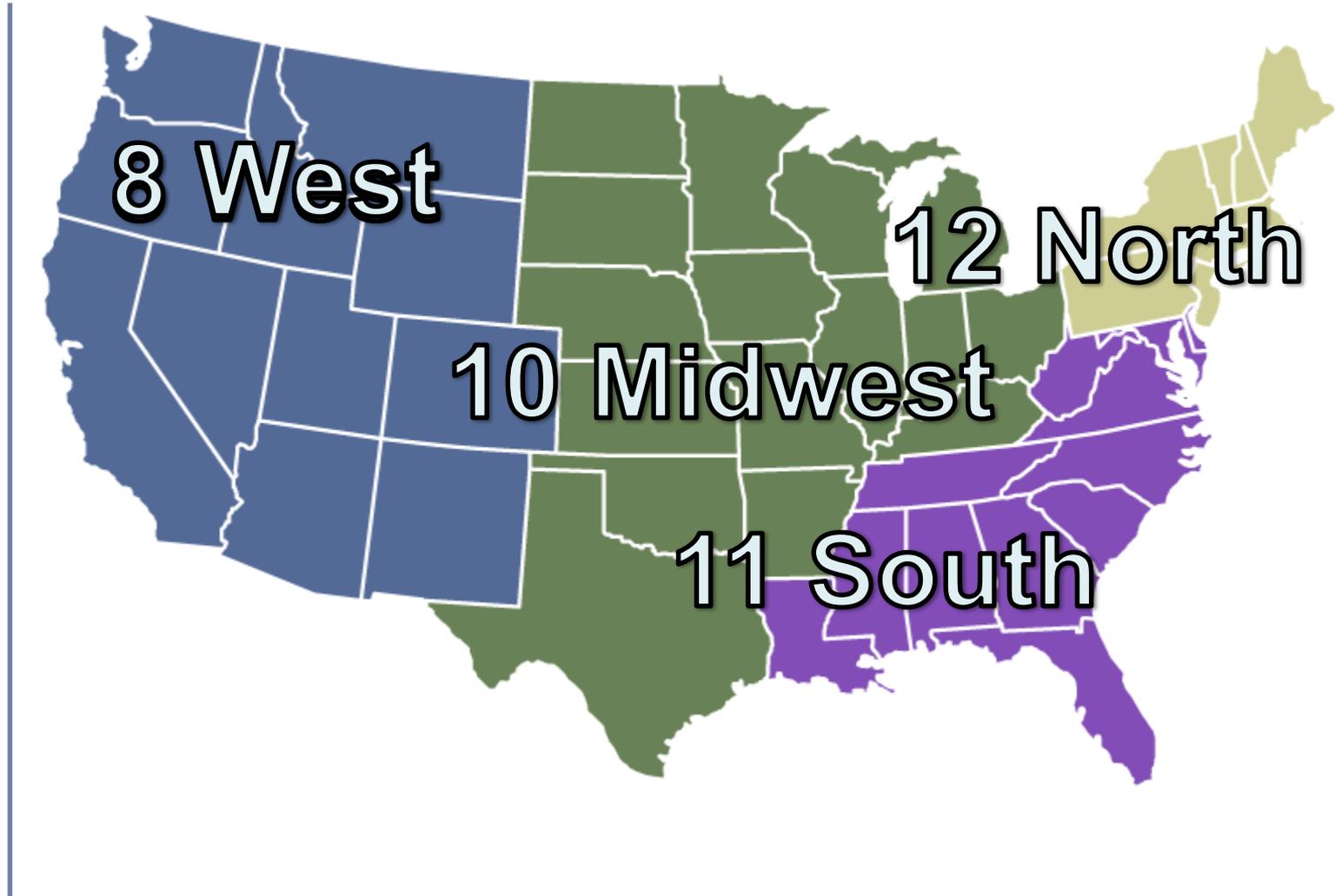




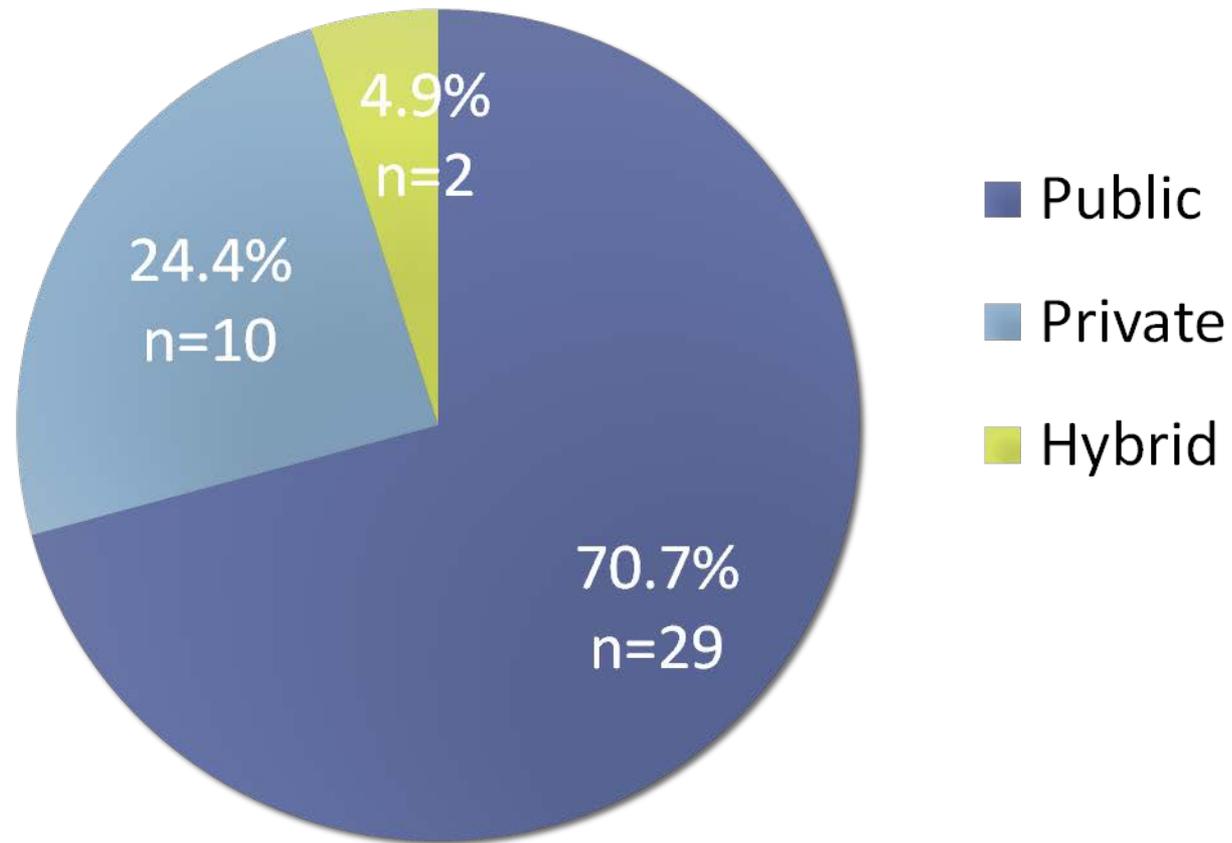
National MSW/MPH Program Characteristics

- A total of 42 programs (now 43!)
- Average length : 3 years
- Require specific major in one or both programs: 48.8%
- Integrative PHSW Seminar offered: 14.6% programs
- MSW/MPH-specific internships 73.2%
- Mean number of graduates per year: 6.4; median: 3 students; some as many as 25!
- Sounds like a lot but...
 - Roughly 20% had one or fewer graduates per year
 - Some 12% had never graduated anyone
 - And 20% admitted they didn't know if anyone had ever graduated!

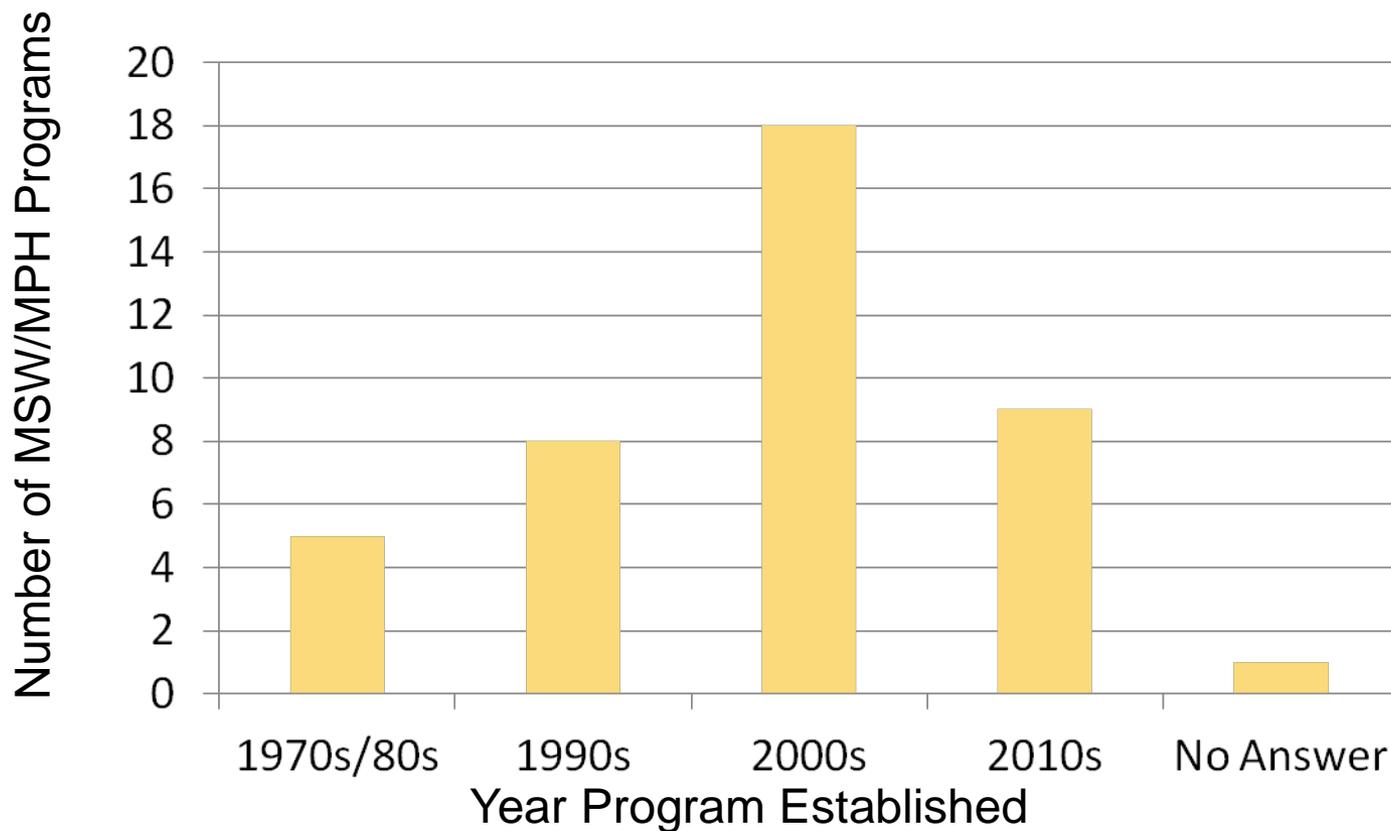
Locations of MSW/MPH Programs



Types of Sponsoring Institutions



Years MSW/MPH Programs Were Established



Why Students Enroll in MSW/MPH Programs

Program Directors' perception of why students enroll:

- Believe it will make them more marketable 82.9%
- Desire competencies in public health & social work 78.0%
- Want to tackle big trans-disciplinary issues 61.0%
- Want to become a public health social worker 48.8%



Perceptions of MSW/MPH Program Support

Reported “strong support for MSW/MPH Program”

- Social work: 61%
- Public health: 65.9%

Reported that “MSW/MPH program is important to our school”

- Social work: 73.2%
- Public health: 82.9%

Does not turn into material support or “smooth sailing”

- Only 7.3% of programs have specific budget to support its activities
- A third report problems with cross-school marketing, cooperation, and problem-solving



Support

MSW/MPH Programs: Faculty Involvement

	Faculty Coordinator at Both Schools	Faculty Advisors at Both Schools	Faculty Course Relief
Yes	80.5% (n=33)	92.7% (n=38)	2.4% (n=1)
No	14.6% (n=6)	4.9% (n=2)	87.5% (n=35)
Unsure/Did not respond	4.9% (n=2)	2.4% (n=1)	12.5% (n=5)

Relationship of Public Health Social Work to MSW/MPH Programs

Percent of MSW/MPH Program Directors reporting:

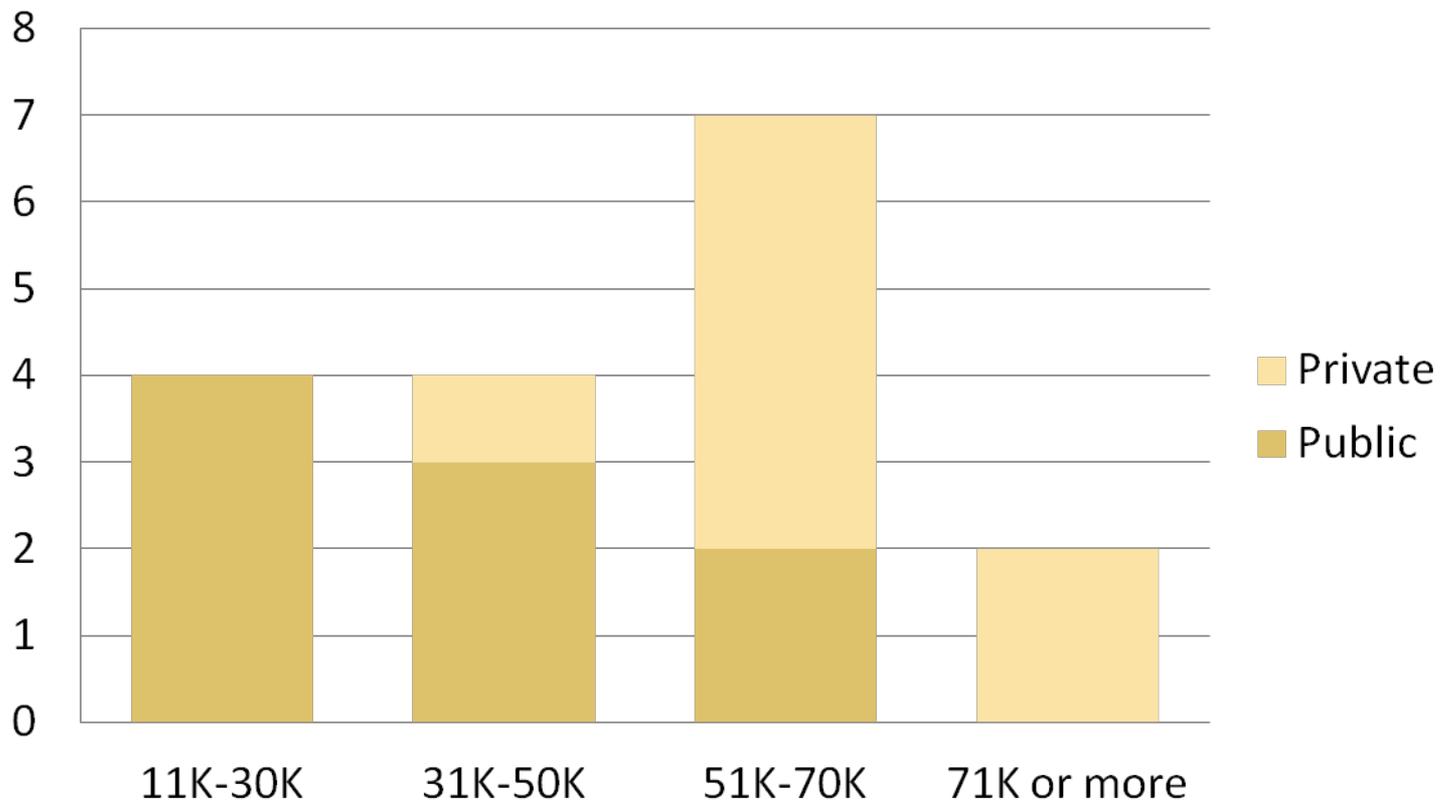
- Faculty interest in PHSW: 61.0%
- Purpose of program to train PHSW professionals: 51.2%
- Learning PHSW is student motivation for enrollment: 45.9%
- **Program teaches “public health social work” framework & concepts: 17.1% (!)**





Reported Estimates of MSW/MPH Student Debt

Lack of financial aid: Only 12.2% offer specific aid to MSW/MPH students:



After Graduation?

- Less than a third (29.3%) described systematic efforts to conduct program evaluation
- Majority of programs reported they did not know if alumni pursued social work licensure (51.2%) or public health certification (58.5%)
- MSW/MPH Alumni Activities
 - 12.2% offer career services
 - 7.3% offer continuing education



National Study “Takeaways”

MSW/MPH Program Positives:

- Valuable to schools/students
- Promotes collaboration across public health & social work
- Students learn public health approaches
- Potential to strengthen profession’s impact

MSW/MPH Program Challenges

- Expensive! High debt/lack of concrete program support
- Lack of program evaluation = limited best practices
- Appear to constrain many student choices/options
- Not using PHSW models, concepts to teach integration!!!

MSW/MPH Program Outcomes Study



Fuente: rooneyrene.blogspot.com

Boston University MSW/MPH Program

Characteristics of BU MSW/MPH Program

- One of oldest, largest in US
- Stable leadership from two public health social workers
- Approximately 40-50 students enrolled at any time
- Close to 400 alumni
- Hosts national working group on PHSW (Group for PHSW Initiatives)
- Strong support for program across both campuses—considered a “signature” program
- Takes roughly three years to complete in full-time status
- Students can major in anything, anywhere (18 possible paths)

Brief Literature Review

- Critical need for research on career trajectory, professional status, income potential, and program impact of proliferating dual programs (Faherty, 1987; Miller, Hopkins & Greif, 2008)
- Long standing questions regarding professional identification of & employment market for dual professionals (McClelland, 1985)
- Are MSW/MPH programs just “good ideas” in search of clarity & purpose? (Sisco & Frounfelker, 2002)
- “Matched” MSW & MSW/MPH study found few differences in career satisfaction, professional identification, licensure, salaries (Ruth, Wyatt, Chiasson, Geron, & Bachman, 2006)
- Qualitative study across five schools showed strong professional commitment to both fields & high satisfaction (Ruth, Sisco, Wyatt, Bethke, Bachman, & Piper, 2008)

Purpose of Program Outcomes Study

- To better understand MSW/MPH graduates experiences and views
- To determine whether/how integration of public health & social work occurred
 - Did graduates viewed their work as integrated practice of public health social work (PHSW)?
 - Did graduates see themselves as part of the public health field?
 - Did graduates “identify” with the social work profession?

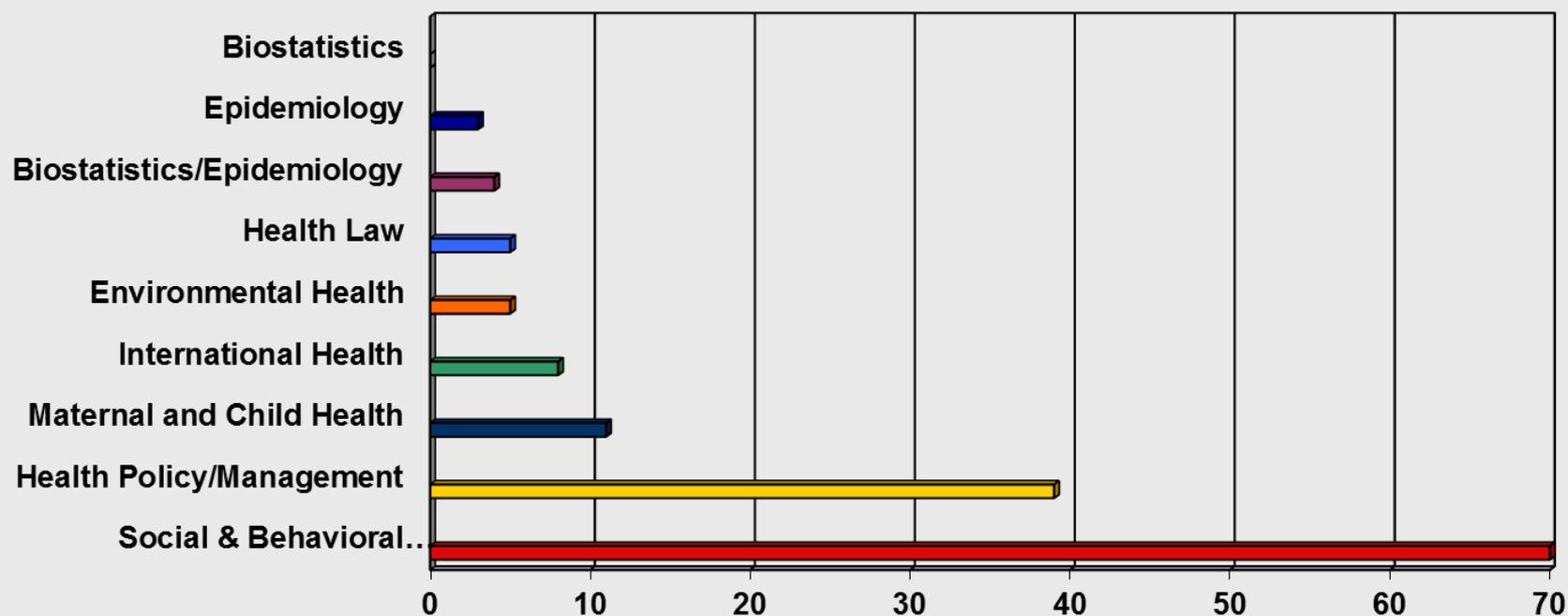
Program Outcomes Study: Methods

- Survey developed through iterative process with five PHSW professionals
- 57 quantitative/qualitative questions
 - MSW/MPH program participation and experiences
 - Employment, practice area and career experiences
 - Professional development and leadership
 - Conceptualization and practice of PHSW
- Disseminated online during fall 2010-winter 2011
 - Viable emails obtained for 73% of alumni (n = 214)
 - Survey link with email reminders distributed four times
- A total of 153 alumni responded; RR= 71.4%

About the Respondents

- Average age: 38 years
- Female: 88%
- People of color: 14.1% (African American, Latino, Asian, Native American)
- Graduated since 2001: 53%
- SW Major: 67.5%=clinical; 32.4%=macro
- PH Concentration: Majority clustered in three areas
 - Social/Behavioral Sciences: 48.3%
 - Health Policy/Management: 26.9%
 - Maternal & Child Health: 7.6%
- Part Time Status: 35.1%

Concentrations within PH

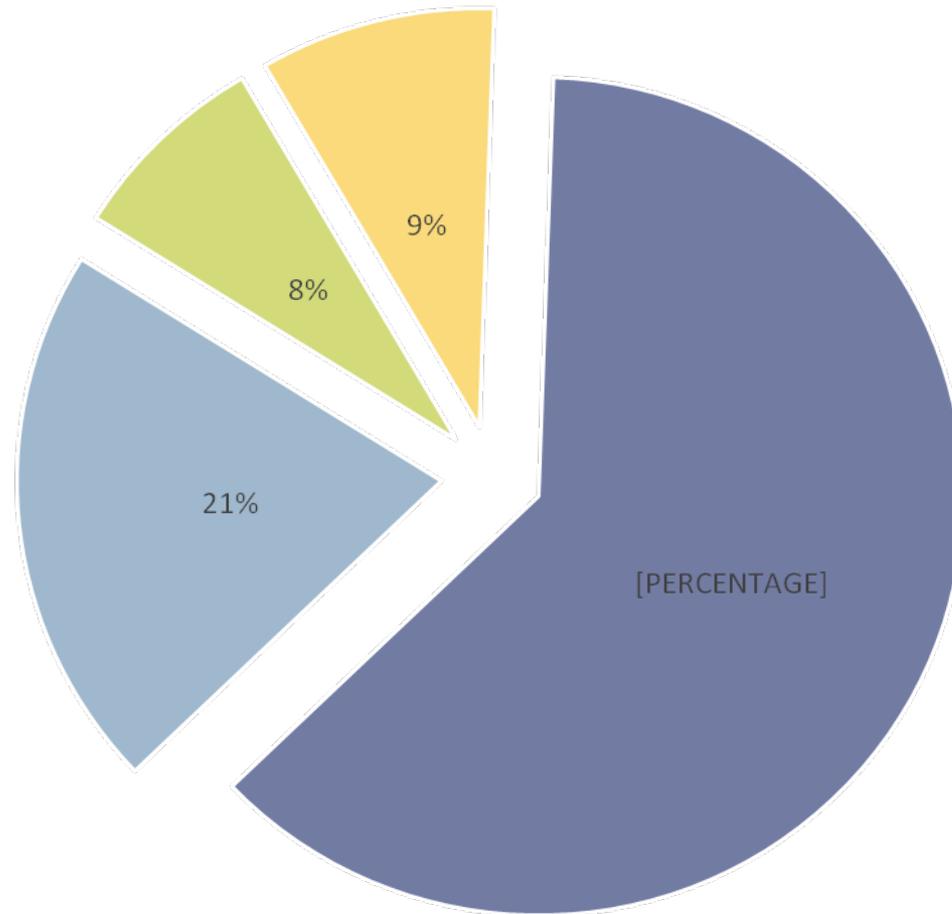


Employment

- Full time employment: 74.8%
- Part time employment 25.3%
- Unemployed, not due to “choice:” 0%
- Practice in urban setting: 54%
- Employed in position where both degrees required: 6%
- Employed in non-clinical positions: 75%



MSW/MPH Current Employment Description



■ PHSW

■ Predominantly SW

■ Predominantly PH

■ Neither SW or PH



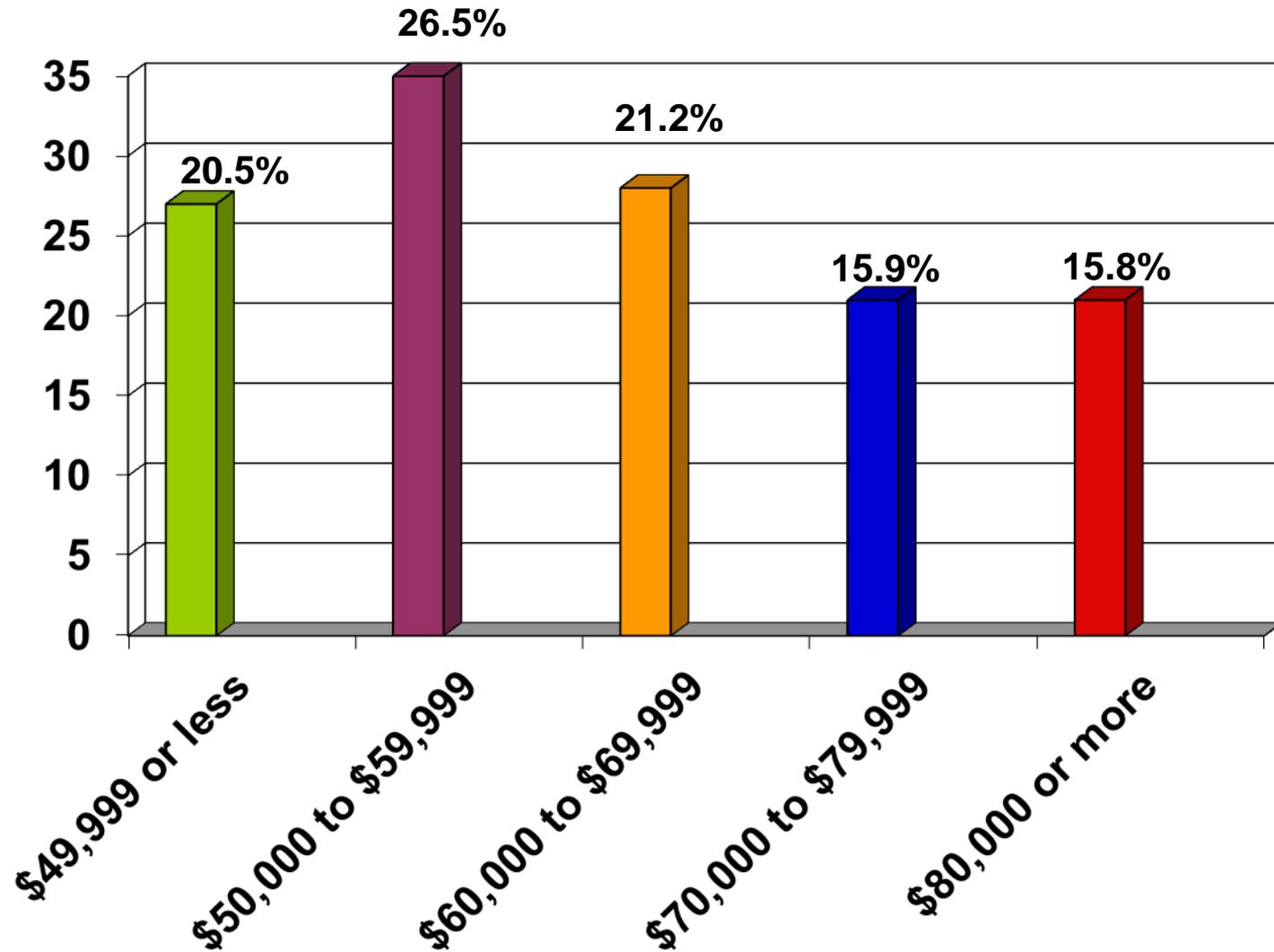
MSW/MPH Workplace Roles

Administrator/Manager	44%
Clinician/Counselor	34%
Program Developer/Implementer	32%
Researcher/Evaluator	19%
Trainer/Educator	19%
Health Promoter/Preventionist	16%
Advocate	15%
Policy Analyst	5%
Discharge Planner	5%
Community Organizer	4%
Professor	2%

MSW/MPH Areas of Practice

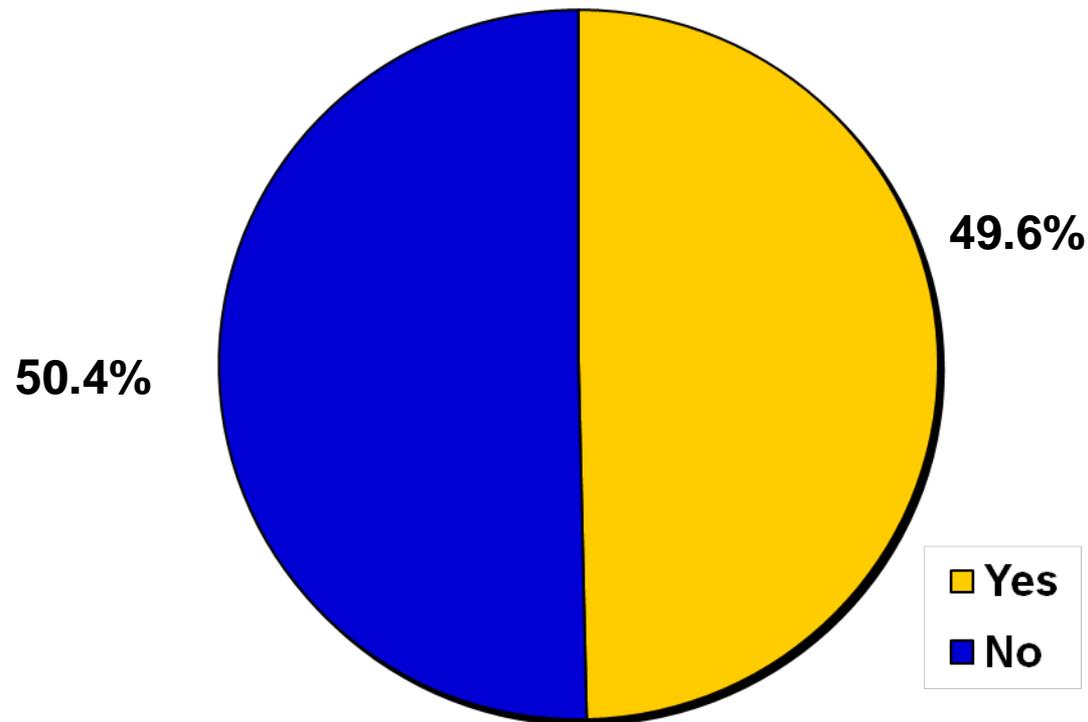
Public health/community health/prevention	58%
Mental/behavioral health	34%
Hospital/rehabilitation/medical SW	28%
Substance abuse/addictions	26%
Community organizing/planning/development	17%
AIDS/HIV	13%
Child welfare/children's services	8%
School social work	5%
Disabilities	3%
Family Services	3%

MSW/MPH Reported Yearly Income



MSW/MPH Graduates' "Ideal Job"

Have you had or do you currently have a job/position that you feel reflects the **"ideal integration"** of public health and social work?

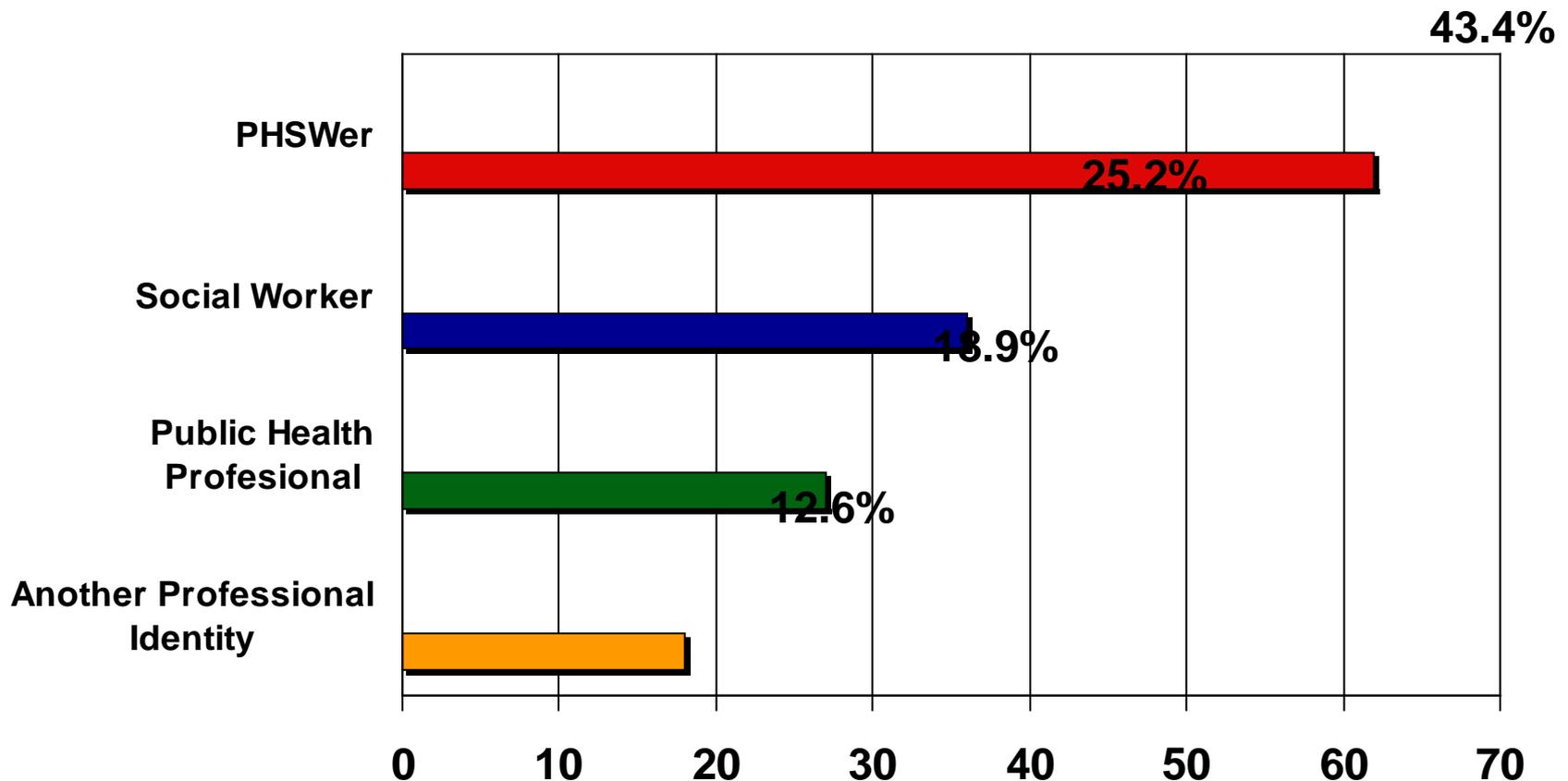


MSW/MPH Student Loan Debt

- **Had no undergraduate debt: 60.5%**
- **Borrowed for MSW/MPH program: 73.6%**
- **Borrowed more than 40K: 51.4%**
- **Percent with greater than 50k debt: 60%**
- **Percentage reporting debt is “manageable” 75.8%**
- **Amount of debt where most graduates report it is “unmanageable:” >55k**

MSW/MPH Professional Identity

Which of the following **best identifies** how you think of and describe yourself **professionally**



MSW/MPH Professional Activities

- **59.3%** have a **current *social work license*** (n=86)
- **Of** respondents who belong to organizations:
 - **64.5%** (n=40) are members of **NASW**
 - **55%** (n=34) are members of **APHA**
- In the **past five years**,
 - **25%** of respondents have been **published** in a professional journal
 - **48%** have **presented** at a professional **conference**
 - **23%** have **taught** a professional development **course or training**

Integrating PH & SW into PHSW

	Strongly Agree	Moderately Agree	Moderately Disagree	Strongly Disagree
I have a GOOD UNDERSTANDING of PHSW and can describe it to others.	31.4%	60.0%	7.9%	0%
My WORKPLACE UNDERSTANDS/acknowledges my unique PHSW competencies.	12.1%	27.9%	32.1%	15.0%
I wish I knew more about HOW TO INTEGRATE PHSW on the job.	15.0%	39.3%	16.4%	15.0%
I can EASILY DRAW from both public health and social work skills and competencies.	43.5%	42.8%	13.0%	0.7%
I feel that I SEE PROBLEMS/ISSUES DIFFERENTLY because I have a dual professional perspective.	69.3%	27.9%	2.1%	0.7%

MSW/MPH Integration Continued...

	Strongly Agree	Moderately Agree	Moderately Disagree	Strongly Disagree
I sometimes DOWNPLAY the fact that I'm a dual professional on the job.	14.3%	26.4%	20.7%	33.6%
I sometimes OMIT ONE DEGREE from my resume.	1.5%	4.4%	5.9%	84.6%
I feel I'm A PART OF BOTH the public health and social work professions.	24.8%	35.0%	28.5%	10.2%
I can easily SEE THE CONNECTIONS between social work and public health.	65.0%	27.1%	7.1%	0.7%
I am CONSTRAINED in my PHSW practice by the limits of my work setting.	16.8%	31.4%	15.3%	25.5%



Locating Themselves in Public Health Core Services

Core Function	Weekly	Monthly	<1x month
MONITOR health status to identify community health problems.	15.1%	30.2%	54.8%
DIAGNOSE, ASSESS and INVESTIGATE health problems/hazards in the community.	15.2%	21.6%	63.2%
INFORM, EDUCATE and EMPOWER people about health issues.	57.5%	24.4%	18.1%
MOBILIZE community partnerships to identify and solve health problems.	27.5%	27.8%	44.9%
DEVELOP POLICIES AND PLANS that support individual and community health efforts.	28.2%	29.8%	41.9%

Locating Themselves in Public Health Core Services Continued

Core Function	Weekly	Monthly	<1x month
ENFORCE laws/regulations that protect health and ensure safety.	21.2%	12.7%	66.1%
LINK people to needed personal health services and assure provision of health care when otherwise unavailable.	49.2%	19.7%	31.1%
ASSURE a competent public health and personal healthcare workforce.	28.0%	15.3%	56.8%
EVALUATE effectiveness, accessibility, and quality of personal and population-based health services.	30.4%	23.0%	46.7%
RESEARCH for new insights and innovative solutions to health problems.	27.4%	22.6%	50.0%

Program Outcomes Study: Takeaways

Plusses and **Minuses**

- Intellectually diverse participants, employed across PH & SW
- Report high satisfaction with many aspects of career
- Report ability to draw from theories, approaches in both fields
- Self-perceive as uniquely skilled in perspective and capacity
- Can describe how/where they fit in public health, but also self-identify as social workers
- **Majority of graduates in debt; program is expensive**
- **Many workplaces do not understand PHSW**
- **Report constraints: silos of prevention/intervention; stereotypes about SW affect opportunities**
- **Some struggle to explain public health social work**

Summary

“MSW/MPH programs are not merely educational enhancements for students; they have the potential to become the profession’s building blocks for transdisciplinary and inter-professional collaboration in the new health care arena. However, to maximize the opportunities associated with these programs, cross-school leadership, resources, and investment are needed.

Successful MSW/MPH programs do not come cheap: they require vision, faculty time, student funding, specific internships, career services, and postgraduate professional education dedicated to public health social work”

(Ruth, Marshall, Velásquez, & Bachman, 2015)

Recommendations



- Strengthen/teach/integrate **PHSW concepts** and **practices** into MSW and MSW/MPH programs
- **Hire** faculty with PHSW depth to direct MSW/MPH programs
- Establish broader MSW/MPH **funding mechanisms** to limit debt & promote research
- Conduct **national evaluation** of graduates to discern more about **best practices** in PHSW
- Ensure that any future **workforce studies** include questions regarding **PHSW & prevention**
- Develop **alternatives** to MSW/MPH Programs—continuing education, PHSW specializations—to **promote public health approaches** so that all can obtain PHSW skills

Acknowledgements





And....

- Group for Public Health Social Work Initiatives: Esther Velasquez, Sara S. Bachman, Madi Wachman, Luz Lopez, Geoff Wilkinson, Amanda Frank, Abby Ross, Jamie Wyatt Marshall, Sarah Sisco
- The Center for Innovation in Social Work & Health at Boston University
- Research Assistants: Dory Ziperstein, Ashley Clement
- The generous donors to Boston University MSW/MPH Program and Group for Public Health Social Work Initiatives

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References:

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Syracuse University School of Social Work

- Carrie Jefferson Smith, MSW, DSW
 - Associate Professor,
 - Syracuse University

- **Leadership in Public Health Social Work Education Summit**
 - October 20-21, 2016
 - University of Pittsburgh

Program Background

- Syracuse University School of Social Work is a mid-size program with approximately 350 students and offering the following degrees
 - MSW, MSW/JD; MSW/MFT
 - BSSW
- **“Celebrating 60 years of Social Work Education:
Embracing the Dignity and Worth of Humankind.”**

Location and Geographic Service Area

1. Located in Central New York
2. Serving Urban and Rural populations with a high concentration of poverty in the urban center
3. The program has approximately 200 students in Field Placement at any given time
4. The geographic area of Field Placements for program is 20 counties
5. Students are placed in one of 488 agencies in our catchment area.

University & Home College

- 1. Syracuse University is a Private University made up of 11 Schools and Colleges
- 2. The Syracuse University School of Social Work is located within the David B. Falk College of Sport and Human Dynamics.
- 3. In an environment of cross-disciplinary teaching, research, practice and service, the Falk College brings together Syracuse University's professional programs in:
 - A. Social Work
 - B. Child and Family Studies
 - C. Food Studies
 - D. Marriage and Family Therapy
 - D. Nutrition Science and Dietetics
 - E. Public Health (Research Based Public Health Masters)
 - F. Sport Management

Legacy of SW & Public Health Connections

SU has a history of work in the areas that correspond with the intersection of social work and public health.

- A. Professor Claire Rudolph had a 15-17 year track record of federal funding for Training Grants focused on maternal and child health.
- B. During the time of her tenure in our program Dr. Rudolph was an active member of the American Public Health Association.
- C. Our former Health Care Concentration was focused on many public health issues.
- D. We have a well established and on-going connection with the Veterans Administration Hospital, as well as other local hospitals and community health organizations where our students are engaged in responding to public health concerns.

Present Curriculum Design (Fall 2015)

Two Concentrations

- Advanced Clinical Social Work Practice
 - The Advanced Clinical Concentration responds to our assessment that we would like the clinically focused students to obtain deeper clinical skills. This goal is advanced by requiring SWK 733 Social Work Practice in Mental Health, which will deepen the student's therapeutic skills.
- Advanced Integrated Social Work Practice
 - The Integrated Social Work Practice Concentration will prepare graduates to work in the increasingly complex settings in community agencies. These settings expect micro practice skills and the ability to work and provide leadership in multi-disciplinary practice contexts.

Making Connections to Public Health in A Social Work Program

- SU's School of Social Work does not have a Dual Public Health and SWK Degree. However, there are opportunities to support and connect content in PHSWK in research and practice in our curriculum.
- 1. Field placement assignment and Seminars are a perfect fit for connecting content in PHSWK.
- 2. A number of courses currently in our curriculum have assignments and/or activities that support connections between PHSWK. A few of these course are:
 - SWK – 754, Death, Dying and Terminal Illness
 - SWK- 763, Health Care Policy
 - SWK - 781, Alcohol and Drugs in Social Work Practice
 - SWK - 743, Advanced Integrated Social Work Practice
 - SWK - 775 Program Practice Evaluation
 - SWK -738, Core Concepts in Trauma Treatment for Children & Adolescents
- 3. Potential Connections with other programs in the Falk College, e.g., PH, CFS, Nutrition

Certificate of Advance Study

- 1. A CAS in Public Health Social Work is also an option that could be considered in advancing opportunities for students to acquire skills in the area of PHSWK in programs that don't have dual degrees.
- 2. A CAS in PHSWK could consist of 12 to 18 credits, some from existing courses or newly created courses to satisfy this initiative.

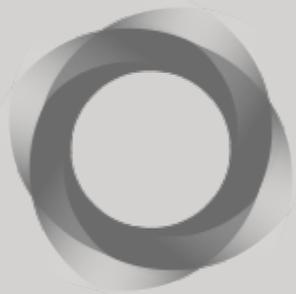


Models of Public Health Social Work Programs



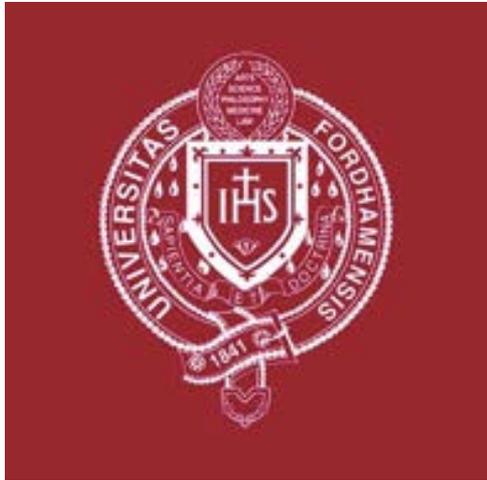
CARRIE JEFFERSON SMITH, DSW, MSW

**DIRECTOR AND ASSOCIATE PROFESSOR OF SOCIAL WORK,
FALK COLLEGE OF SPORT AND HUMAN DYNAMICS**



**SYRACUSE UNIVERSITY
AGING STUDIES INSTITUTE**

Fordham MSW/Mt. Sinai MPH



**Mount
Sinai**

Elaine Congress, MSSW, DSW, LCSW
Associate Dean and Professor
Fordham University
Graduate School of Social Service
212 636-6667

Background

Snapshot of Programs

- Fordham University Graduate School of Social Service (GSS) in New York City
 - Large -1600 students in BSW, MSW, and PhD programs
 - New directions
 - Growing online program in MSW program
 - Master of Science in Nonprofit Leadership program – partnership of GSS and Fordham Gabelli School of Business
- Mount Sinai
 - Expanding health center throughout Manhattan with three inpatient centers
 - MPH program housed in Ichan School of Medicine with medical school, clinical and research departments
 -

Different origins

Institutions

Fordham 175 years old (Jesuit)

GSS 100 years old

Mt. Sinai (Jewish)

Hospital founded in 1852

School of Medicine 1963

Public Health program accredited CEPH 2013



CHALLENGES

- BRINGING TWO very different systems together



Logistic Differences

Structural

- Location - West 60th and East 102nd Streets
- Credits
 - MSW 66 and MPH 42
 - MSW – only 3 credit courses, MPH 3, 2, 1 credit courses
- Semesters
 - Trimester MPH
 - Semester MSW
- Admissions criteria
 - Similarity – GPA – 3.0, Recommendations, Essay
 - Difference – GRE required for MPH

Academic differences

Academic

- Concentrations in GSS /tracts in MPH
- Field work requirements
 - MSW – 1200 hours, Mt Sinai 150 hours
- Requirements -Capstone thesis in MPH program

Taking the Plunge



Many years in the Making

- Not new idea
- Initial plans
- 2006 MPH conference in Boston
- Betty Ruth
- Put on hold
- Green light 2012
 - Approved by NYS in 2013

Current Program

- Positives
 - 96 credits MSW/MPH
 - 108 for MSW (66) and MPH (42)
- Mix and match
 - Concentrations MSW
 - Tracts MPH

MIX and MATCH

- MSW - 4 Concentrations
 - Clinical
 - Leadership and Administration
 - » Administration (Tract A)
 - » Leadership and Community Practice (Tract B)
 - Research

MPH

8 tracts

- General Public Health
- Health Promotion & Disease Prevention
- Occupational & Environmental Medicine
- Global Health
- Outcomes Research
- Biostatistics
- Epidemiology
- Health Care Management

MSW → MPH ↓	Clinical	Administrtion	Client centered	Research
General Public Health	X	X	X	X
Health Promotion Disease Prevention	X	X	X	X
Occupational & Environmental.Medicine	X	X	X	X
Global Health	X	X	X	X
Outcomes Research	X	X	X	X
Biostatistics	X	X	X	X
Epidemiology	X	X	X	X
Health Care Management	X	X	X	X

Advising

- Complicated - 32 possible combinations
- Type of advising
 - Individual by Assistant Director MPH program and myself from GSS
 - New GSS faculty member Alby Ross MSW and MPH – Boston University will now help

CURRENT UNRESOLVED CHALLENGES

- Advising
- Integration
- Cost!!! Double tuition!
 - Any advice would be most welcome!



New Directions

- Online opportunities
 - Develop courses to take online
 - Use of webinars
- International trips
 - Barcelona study option
- Research opportunities – Mt. Sinai
- Marketing, promotion, career guidance

Questions and Comments

- Elaine Congress
 - congress@fordham.edu
 - 212 636-6667

PUBLIC HEALTH SOCIAL WORK SUMMIT - UNIVERSITY OF PITTSBURGH SCHOOL OF SOCIAL WORK

AN HBCU EXPERIENCE: WHERE BLACK LIVES HAVE ALWAYS MATTERED

Anna McPhatter, Ph.D, LCSW

Dean and Professor, School of Social Work

Morgan State University (Baltimore, Maryland)

BACKGROUND HISTORICALLY BLACK COLLEGES AND UNIVERSITIES

- ◉ Currently 105 HBCU's; First HBCU opened in 1837 (Cheyney University of Pennsylvania)
- ◉ Developed to educate African Americans when they were not permitted to attend White colleges/universities
- ◉ 29 HBCU'S with accredited MSW Programs; 28 BSW accredited programs (list available)
- ◉ 5 HBCU'S with Ph.D Programs (Howard, Morgan, Clark-Atlanta, Jackson State, Norfolk State Universities)

MORGAN STATE UNIVERSITY

- ◉ Maryland's Public Urban Research University
- ◉ 8,000 students; 79% African American
- ◉ School of Social Work Enrollment: 350 BSW; 200 MSW, 30 Ph.D's
- ◉ Mission/Goals: Prepare social work leaders, activist scholars, and practitioners committed to solving urban social and economic problems and enhancing the quality of life of urban populations and communities

PROGRAM GOALS

- ◉ Develop an appreciation for the historical and contemporary contributions of African Americans to the field of social welfare and social work as the context for urban social work practice
- ◉ Through varied social research and knowledge development and dissemination, contribute to best practices with African American families, communities, and organizations and other disenfranchised and marginalized populations and communities

FRAMEWORK THAT SERVES AS CONTEXT FOR SOCIAL WORK CURRICULUM

- ◉ Underlying Assumptions, Beliefs, and Principles
- ◉ Society is not Colorblind: Race, ethnicity, gender, other areas of diversity always matter
- ◉ Eurocentric values, worldviews, traditions, development and dissemination of knowledge and practice rarely reflect the history and life experiences of people of African descent with little if any impact

BELIEFS AND PRINCIPLES

- ◉ Engagement with African Americans and other marginalized groups by necessity includes environmental context
- ◉ History in U.S.; experiences and impact of structural oppression; classism; internalized oppression as well as strengths and resilience
- ◉ Cultural competence is an ethical obligation
- ◉ Individuals, families and communities inseparable as focus of intervention

CRITICAL CONCEPTS, PERSPECTIVES AND THEORIES

- ◉ African-Centered Perspective (Akbar, 1984, Asante, 1988, Schiele, 2010)
- ◉ Paradigm shift in social science that challenges world view, culture, behavior of European Americans as the norm, preferred, or superior
- ◉ Instead Afrocentric social work practice based on African philosophical assumptions used to explain and solve human and societal problems

AFRICAN-CENTERED PERSPECTIVES

- ◉ Move toward removal of negative distortions, preconceived notions and damaging theoretical practice approaches
- ◉ Legitimize a worldview, culture more particular to that carried in the minds, hearts, every day life experiences of African Americans
- ◉ Challenge practitioners to think differently and reflectively on the deeply rooted cultural values, folkways, family structures, individual and community behavior

AFRICAN-CENTERED PERSPECTIVES

- ◉ African Americans not just mimicking the White world - language, dialects, child-rearing practices, civic and social institutions historic, well developed, thoughtfully executed every single day despite obstacles
- ◉ Perspective includes: Fundamental Goodness; Self-Knowledge; Communalism; Interconnectedness; Spirituality; Self-Reliance; Language and Oral tradition

AFRICAN-CENTERED PERSPECTIVES

- ◉ Should be a mandate that all practitioners and agencies must pursue
- ◉ Multi-level, multi-systemic - from individual to inter-professional to organizational
- ◉ Enlightened Consciousness (Self Appraisal); Grounded Knowledge Base (Sustained Critical Analysis of theories, practice for relevance to marginalized groups; Cumulative Skill Proficiency)

EMPOWERMENT AND ADVOCACY

- ◉ Transformation from powerless to empowered requires an acknowledgement of oppression experienced by marginalized people
- ◉ Service systems must be willing to give up control over devalued people and communities (Lord & Hutchinson, 1993)
- ◉ For power to be transferred, citizens must be the ones to identify the problems and solutions to personal and community issues and have direct access to funding that normally goes to agencies

EMPOWERMENT

- ◉ Social workers must be willing to work to eliminate systematic barriers created to oppress, control and disempower vulnerable citizens
- ◉ Listening to concerns, stories, feelings, experiences and hopes of people who feel powerless; professional language replaced by dialogue; mutuality and reciprocity
- ◉ Build on Strengths and capacities of citizens - avoid focus on deficits; Strengthens self-esteem

RESILIENCE AND PROTECTIVE FACTORS

- ◉ Believe that people have the innate capacity to respond to challenging and adverse events in their lives
- ◉ Help people recognize personal qualities and environmental resources that facilitate health and overall well-being
- ◉ Focus on what works for people rather than what's wrong with them; self-efficacy, faith-lives, ability to reframe barriers; family cohesion

RESILIENCE AND PROTECTIVE FACTORS

- ◉ Social Support; community closeness; faith in people; compassion;
- ◉ Strong racial and cultural identity

PUBLIC HEALTH SOCIAL WORK FRAMEWORK

- Prevention and Health Promotion practice
- Use of Epidemiology to promote health, social justice and overall well-being of community
- Collaboration with MSU's School of Community Health and Policy (Includes BS, MS, Ph.D in Nursing; BS in Nutrition; MPH, DrPH)
- Emphases: Health Equity, Social Justice, Community-Centered Engagement
- Social Determinants of Health Approach

MSW CURRICULUM EXAMPLES

- ◉ Neighborhood Advocacy & Development in Poor Urban Communities; Chemical Dependency and Community Violence: Urban Perspectives; Social Work Practice with Urban African American Families
- ◉ PUBLIC HEALTH SOCIAL WORK CONCENTRATION (Required Courses)
 - Social Work Practice in Health Promotion and Disease Prevention

PUBLIC HEALTH SOCIAL WORK CURRICULUM

- Maternal and Child Health: Macro Practice, Programs and Policies
- Public Health Policy, Urban Health Services, Issues and Planning
- Epidemiology and Biostatistics

- ELECTIVES
 - Spirituality, Religions and the Helping Tradition
 - Coping with Grief and Loss across the Life Span
 - Juvenile Justice and Delinquency Prevention
 - Popular Youth Culture

ELECTIVES CONTINUED

- ◉ Social Work in Urban Schools
- ◉ Urban Social Work Practice with the Aged and their Families
- ◉ New Course Development
 - Clinical Assessment and Treatment of Addictive Behaviors
 - Ethics in Social Work Practice in Addictions

SAMPLE RESEARCH

- ◉ GIFT - HRSA Grant to increase work force capacity to increase focus on the high need/high demand of co-occurring behavioral health (BH) population residing in Baltimore city.
- ◉ Roberta's House: Grief and Loss Counseling Behavioral Health Among African American Families
- ◉ Bmore Project: Behavioral Health and Psychological Functioning of Urban Adolescents and Emerging Adults (Baltimore, Chicago, and St. Louis).
- ◉ IMAP - Immigrant Muslim Adolescents Project: Acculturation and Behavioral Health of Muslim youth.
- ◉ Effects of Post-Incarceration and Obesity
- ◉ Complicated Grief in the Urban Community
- ◉ C-Gangs: Epidemiology/Criminology: The Nexus Between Criminology and Health
- ◉ ASCEND - A Student-Centered Entrepreneurship Development Training Model to Increase Diversity in Biomedical Research Work Force (School of Community Health and Policy)

TAKE AWAYS

- ◉ Traditional approaches to public health social work to eliminate health disparities have limited and questionable impact
- ◉ Interventions with marginalized people and communities must evolve from conceptual, theoretical, practice perspectives that are culturally relevant/competent
- ◉ Focus on prevention with a resiliency perspective
- ◉ Understanding the complexity of social issues with special focus on behavioral health
- ◉ Foster “real” community partnerships
- ◉ Continued interdisciplinary collaboration within schools, academic institutions, and private and public agencies



Breakout Session

Reconvene & Share



Remarks & Reflections

Donald Burke, MD

Dean, Graduate School of Public Health

Director, Center for Vaccine Research

Associate Vice Chancellor, Global Health

Member, Public Health Dynamics Lab



Kenneth Jaros, PhD, MSW

Former Associate Chair for Departmental Administration,

Behavioral and Community Health Sciences

Former Director, Center for Maternal and Child Health

Leadership in Public Health Social Work Practice



Lunch Break

Transcribed Speech of Kenneth Jaros

Thanks to Mark and Valire for inviting me to make a few comments about the training program history. It's great to see so many former colleagues and even a couple of former students. I retired from the Graduate School of Public Health almost six years ago and at that time I knew the PHSW Leadership Program was in good hands with Mark and Valire in charge. But at the same time there was considerable concern that these types of training programs might no longer be funded in the future.....not only social work but other categories being supported by MCHB. Well, today I am returning and see that there continues to be a vibrant interest in PHSW Leadership Training, as demonstrated by the support from HRSA, and the array of experts that are gathered here today. And let me just give the University of Pittsburgh a pat on the back.....with Mark and Valire running the program, and with the kind of support you've heard from Dean Davis and Dean Burke, frankly at Pitt it couldn't get much better than that.

I've been asked to talk very briefly about the history of the PHSW Leadership Training Program. I'm not necessarily the best one to do that. There are others here today that graduated from The Pitt program well before I was involved with the training program at Public Health. Marvin Feit, already then a legend at Pitt, and Valire, who I believe was already at Michigan on the faculty. Others here have written extensively about Public Health Social Work, Sarah Gehlert, Betty Ruth, Kathleen Rounds.....but today you're going to get my brief walk, perhaps jog or sprint down memory lane.

As all good social workers should know (SW 101) the real roots of PHSW Training were actually in the Social Security Act of 1935, when the federal infrastructure was created that eventually evolved into the Children's Bureau and other federal agencies ultimately emerging as the Maternal and Child Health Bureau. According to my information, it was in mid 1950s that the concept of Maternal and Child Health Social Work Training Programs was born and it seems the first program was crafted by Bill Hall, an energetic and creative social worker on the faculty of the Pittsburgh Graduate School of Public Health. Somehow he connected with Virginia Insley the relatively new Chief Social Worker in the Children's Bureau (and later in the Maternal and Child Health Bureau) and they made some exciting things happen. This initial program was here at Pitt for a PhD in social work in conjunction with an MPH. For years Bill Hall teamed with Barbara Shore from the School of Social Work to make the program a success.

Meanwhile, Virginia Insley continued on as an amazing force in the federal system and soon there were numerous other programs funded, for MSW-MPH degrees, for establishing maternal and child health concentrations in schools of social work, and for continuing education and technical assistance for social workers in health departments.

Over the history of the federal program at least 20 different institutions received funding, many on several occasions for a variety of purposes. Well, Virginia held court (some might say she was treated like royalty) for 25 years until her retirement in



Needs & Challenges of Building New Programs

Darla Coffey

Council on Social Work Education (CSWE)



Victoria Stanhope

University of North Carolina



Rowena Wilson

Norfolk State University



Moderator: Valire Carr Copeland

Concurrent Breakout Sessions to Follow



COUNCIL ON SOCIAL WORK EDUCATION

Strengthening the Profession of **Social Work**

LEADERSHIP IN RESEARCH, CAREER ADVANCEMENT, AND EDUCATION



Needs & Challenges of Building New Programs

Darla Spence Coffey PhD, MSW

**President and Chief Executive Officer
Council on Social Work Education**



NYU Silver
Silver School of Social Work

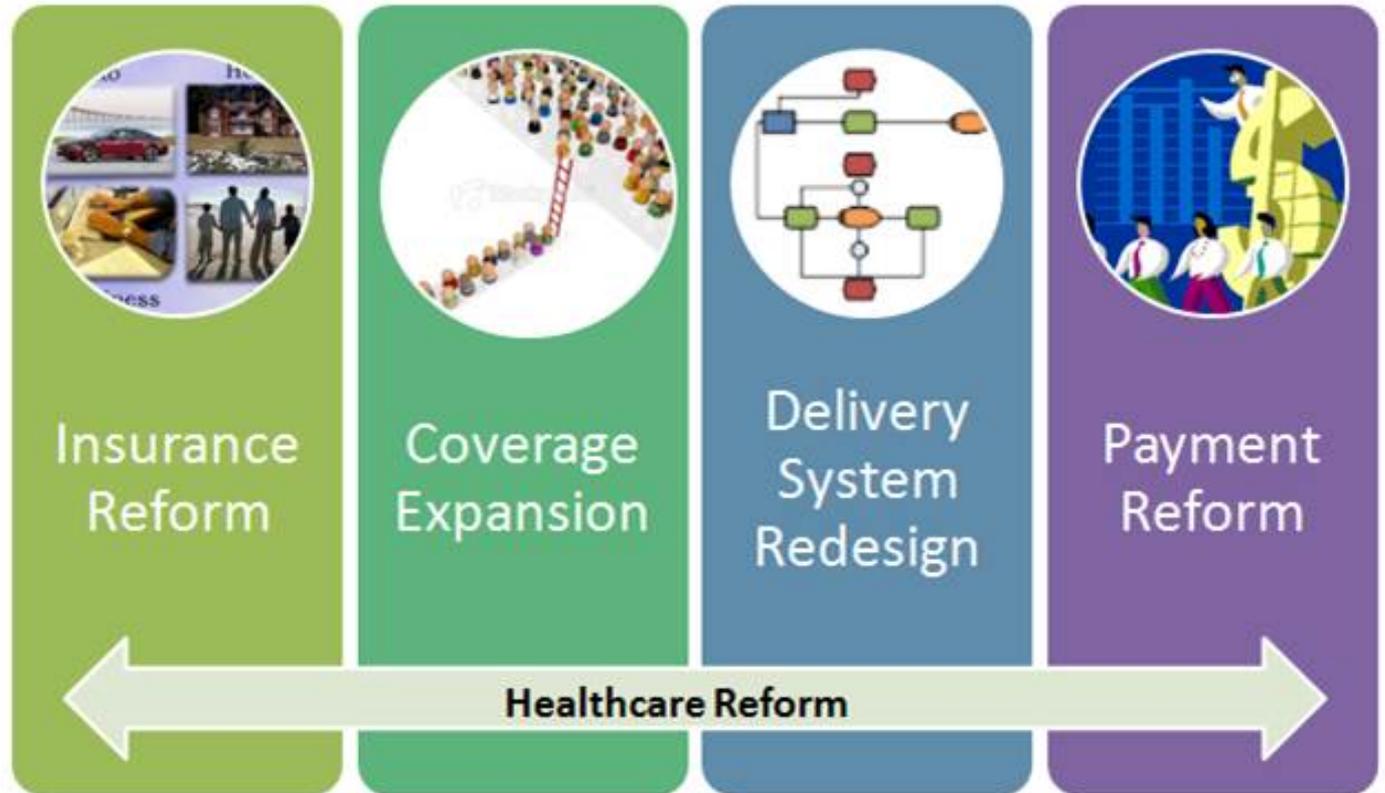
Needs & Challenges of Building New Programs

Victoria Stanhope, PhD, MSW, MA

Associate Professor

Silver School of Social Work

New York University



REVIEW ARTICLE

Opportunities for social work under the Affordable Care Act: A call for action

Sean Lynch, PhD^a, Catherine Greeno, PhD^b, Judith Teich, PhD^a,
and Peter Delany, PhD^c

^aSubstance Abuse and Mental Health Services Administration, Rockville, Maryland, USA; ^bSchool of Social Work, University of Pittsburgh, Pittsburgh, Pennsylvania, USA; ^cOffice of National Drug Control Policy, Washington, District of Columbia, USA

ABSTRACT

The Affordable Care Act (ACA) has profoundly restructured American health care. Numerous social work authors have commented on the importance of the ACA's reforms to social work practice, education, and research. This article summarizes the literature, adds relevant information, and makes recommendations for future actions. The policy, opinion, and peer-reviewed literatures were systematically reviewed. Sixty-three publications appeared between 2010 and 2015 are included. Five themes emerged, as follows: 1) the crucial provisions of the ACA, 2) the natural affinity of social work and the ACA reforms, 3) curricular adaptations needed to address changing workforce needs, 4) areas for continued social work advocacy, and 5) opportunities for high-impact social work research. This article provides a comprehensive introduction to the ACA, its reforms, and opportunities for social work to assume a high visibility leadership role in implementing the reforms, with particular emphasis on needed curricular changes and opportunities for research.

ARTICLE HISTORY

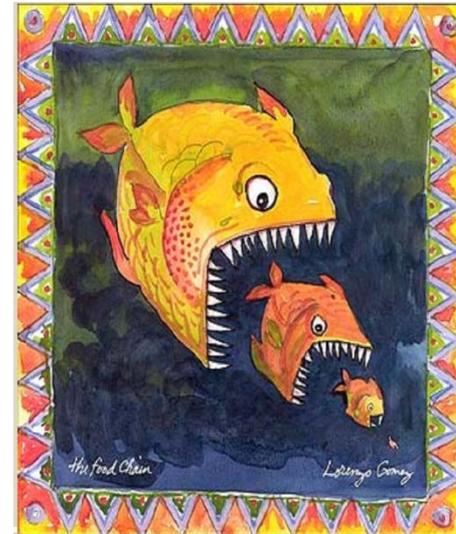
Received 20 May 2016
Revised 11 July 2016
Accepted 3 August 2016

KEYWORDS

Affordable Care Act; health care reform; integrated care; policy; social work; social work practice



Redesigning THE MEDICAID PROGRAM





CSWE

- Social Work and Integrated Behavioral Healthcare Project

HRSA



- Mental Health Behavioral Education and Training
- Nursing Education Practice Quality and Retention
- Behavioral Health Workforce Education and Training





- Students followed the required course of study for MSW program
- In advanced year
 - Three *one-credit intensive courses*
 - Healthy Living
 - Oral health: A window to Health
 - Collaboration with Peers
 - Taught in the community with agency staff
 - Two *three-credit courses*
 - Integrated Policy and Practice course
 - Advanced policy core curriculum class & elective advanced practice course

AFFORDABLE CARE ACT

From Mystery to Clarity

The Affordable Care Act (ACA).
We hear about it almost every day.

How much do you know about
ACA? How much will it affect you
personally and professionally? How
is the reform going to work?

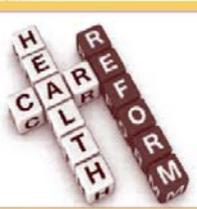
How is it going to affect your day
to day work?

People talk about primary care
medical homes and health homes.
What are primary care medical
homes and health homes? How are
they different?

If you want answers to these
questions and more please join the
ACA workshop.

The workshop will be held at 2 Wash-
ington Street 9th Floor on Wednesday
April 24 between 9:30am to 11:30am.

If you and/or program participants/
residents are planning to attend please
RSVP to Duyal Karakas via
AWARDS.



NYUSilver
Silver School of Social Work



Integrated Health in Action

The Institute for Family Health and the NYU Silver School of Social Work present the fourth seminar of the *NYU Primary and Behavioral Integrated Health Care Program*.

Join us to see Integrated Health in action at the Institute for Family Health's newest facility Family Health Center of Harlem. Tour their new facility and enjoy breakfast.



Followed by a discussion on integrated health models and ways in which we can prepare our workforce, led by:

- Virna Little, Senior Vice President
Institute for Family Health
- Mary McKay, McSilver Professor of Poverty Studies
New York University
- Students from the NYU PBIHC Program

Monday, November 18th from 9am to 12 Noon

Family Health Center at Harlem, 1824 Madison Avenue at 119th
RSVP Jordana Rutigliano at jrutigliano@institute2000.org



NYUSilver
Silver School of Social Work

Training on Female Veterans & Their Families

Please join us for a training by the **NYU McSilver Institute for Poverty Policy and Research** on strategies to support female veterans and strengthen their families. Community Access, Institute for Community Living and NYU Silver School of Social Work are offering the training as part of the **NYU Primary and Behavioral Integrated Health Care Program**.



Part I - **Enhancing Skills to Support Motivation and Engagement**

Monday, January 13th, 3-5pm

Community Access, 2 Washington Street, 9th Floor, Manhattan

RSVP to Karen Rosenthal at: krosenthal@communityaccess.org



Part II - **Parent and Family Strengthening Interventions**

Monday, January 27th, 3-5pm

Institute for Community Living, 125 Broad Street, 2nd Floor
Training Room, Manhattan

RSVP Ben Sher at: bsher@iclinc.net



**Agency
June Wellness Month
Presents...**

Get Growing!

Date: Wednesday June 19
Time: 1:00PM-3:00PM
Location:



Welcome the summer with a relaxing plant potting activity with the interns!

Tillary Street Clinic



- On-site clinic providing medical and mental health services including:
 - physical exams and medication management
 - ongoing therapy, crisis and case management
- Staffed with medical doctor, psychiatrist, nurse practitioner, medical technician and social workers

APPOINTMENT HELPER

NAME: _____

WHEN IS MY APPOINTMENT: _____
WHERE IS MY APPOINTMENT: _____

WHAT DO I NEED TO TELL THE DOCTOR?

WHAT QUESTIONS DO I HAVE FOR THE DOCTOR?

DO I NEED MEDICATION REFILLS?

DOCTOR'S COMMENTS:



Medical Series

- Goal: Discuss various diseases, its risks, symptoms and how to manage living with a chronic disease.
- Co-Facilitated by Doreen Sweeting, M.D, physician at Tillary Street Women's Shelter clinic.



Medical Series Topics



- Asthma
- Diabetes
- Obesity
- Heart Disease
- Seizure Disorders
- Drugs AND Drugs (substance abuse and medication)



- Develop Faculty in this area
- Respond to Field needs (and anxiety)
- “Selling” this path to students
- Convincing stakeholders of our unique contribution as a health profession



Needs & Challenges of Building New Programs

Rowena G. Wilson, PhD

Dean

The Ethelyn R. Strong School of Social Work

Norfolk State University



Needs & Challenges of Building New Programs

DEVELOPING INTEREST WITHIN THE SCHOOL

- o Faculty interest in public health social work**
- o Concentrations**
- o Infusing Content or Developing a Joint Program**

FUNDING AND TECHNICAL ASSISTANCE TO GET STARTED

Needs & Challenges of Building New Programs

COLLABORATIONS WITH PUBLIC HEALTH INSTITUTIONS

Resources/Challenges/Joint Program/Practicums

o **Eastern Virginia Medical School - Old Dominion University**

Norfolk VA

Public Health Degree Programs

- MPH - Master of Public Health - Health Management & Policy - Traditional learning format

- MPH - Master of Public Health - Environmental Health – Online learning format, Traditional learning format

- MPH - Master of Public Health - Epidemiology - Traditional learning format

- MPH - Master of Public Health - Health Promotion - Online learning format, Traditional learning format

Needs & Challenges of Building New Programs

o **The Virginia Public Health Association**

- Alliance of multi-disciplinary health professionals from the public and private sectors committed to improving the health of all Virginians.
- Founded in 1950, VAPHA represents the public's interest in the health of all Virginia residents and is an affiliate of the American Public Health Association.
- The mission of the association is to improve the public's health in Virginia by strengthening public health practice and promoting sound public health policy.

o **Virginia Department of Health**

Demetria Lindsay, MD, Director
Norfolk Health District
Norfolk, VA 23510

COLLABORATIONS WITH EXISTING LPHSWE



Breakout Session

Reconvene & Share



Alumni of MSW/MPH: Thoughts and Experiences

Harold Cox

Boston University



Krista Woodward

Patient-Centered Outcome Research Institute



Arnold Barnes

North Carolina A&T



Sharon McCarthy

American Association of Suicidology



Michelle Clark

Baltimore Area Health Education Center



Moderator: Rob Keefe

Concurrent Breakout Sessions to Follow



Alumni of MSW/MPH: Thoughts and Experiences

Harold D. Cox, MSSW

Associate Dean for Public Health Practice

Associate Professor of Community Health Sciences

Boston University School of Public Health



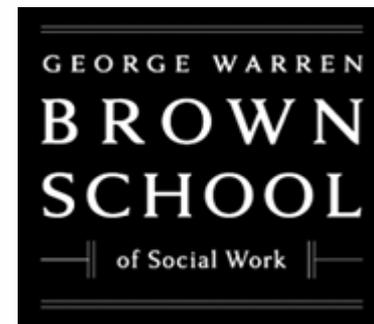
School of Public Health

The Chronicles of an MSW/MPH Student

Krista P. Woodward MSW, MPH
October 20, 2016



PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE



Presentation Agenda

- MSW/MPH Curriculum & Concentration
- Practicum Opportunities & Research Positions
- Dual Degree Learnings
- MSW/MPH Degree Improvements from Student Perspective
- Job Searching with MSW/MPH
- Current Position Experiences
- Concluding Remarks



Dual Degree Curriculum & Concentration

- Social work degree credits during first year of program
 - Social Justice & Human Diversity; Research Methods; Social, Economic, Political Environment; Practice I and II
- Public health degree credits during second year of program
 - Biostatistics, Epidemiology, Environmental Health, Health Policy, Applied Linear Modeling
- Combination social work and public health credits during third year
 - Individualized concentration to focus on social determinants of health (programming/policy)
- 85 total number of dual degree program credits



Practicum Opportunities

- St. Louis University Cancer Center (Outpatient Clinic)
 - Social Work Department Practicum Student
- National Center for Health Housing (NCHH)
 - Housing Policy Fellow
- Metro East Community Air Project (MECAP)
 - Graduate Student Intern
- Missouri State Legislature
 - Health Policy Aide in MO Senate

SAINT LOUIS UNIVERSITY
CANCER  **CENTER**



**National Center for
Healthy Housing**



Research Assistant Positions

- Prevention Research Center in St. Louis
 - Appalachian Diabetes Control & Translation Project (ADCTP)
- Washington University School of Medicine in St. Louis
 - Kaphingst Lab
 - Preferences for Models of Consent for Biobanks with Minority Women Project
 - Goodman/Johnson Lab
 - St. Louis Playground Safety & Quality Project
 - Community Research Fellows Training Program (CFRT)

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doi:10.1007/s11524-016-0063-8
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Still Separate, Still Unequal: Social Determinants of Playground Safety and Proximity Disparities in St. Louis

Cassandra Arroyo-Johnson¹, Krista Woodward, Laurel Milam, Nicole Ackermann, Goldie Komaie, Melody S Goodman, and J. Aaron Hipp

J Community Genet (2016) 7:41–49
DOI 10.1007/s12687-015-0248-y



ORIGINAL ARTICLE

Differences in preferences for models of consent for biobanks between Black and White women

Katherine M. Brown¹, Bettina F. Drake^{1,2}, Sarah Gehlert^{1,2}, Leslie E. Wolf³, James DuBois¹, Joann Seo¹, Krista Woodward¹, Hannah Perkins¹, Melody S. Goodman^{1,2}, Kimberly A. Kaphingst^{4,5}

Opportunities for Degree Program Improvements

- Graduate school advisor preparation
 - Deeper knowledge about dual degree curriculum requirements
 - Advising with dual degree alumni (if possible)
- Tailored professional development
 - Career advising, mentoring, and networking for specialized “niche” field
 - Teach students how to leverage expertise in social work and public health in job market
- Curriculum and competencies standardization
 - Continue to establish dual degree program requirements and enforce nationwide
 - Separation in degree coursework still exists



Job Searching Lessons

- Dual degree *should* maximize job opportunities for recent graduates
 - Did not find any job listings for “public health social worker”
- Employers were unaware of dual degree program existence and unique offerings
 - Informed that I would not utilize social work skills in my current position
 - Social work and public health organizations are generally unaware of the cross-cutting connections between fields



Current Position

- Program Associate in the Evaluation and Analysis Department at the Patient-Centered Outcomes Research Institute (PCORI)
- PCORI is a nongovernmental, nonprofit organization that is mandated to improve the quality and relevance of evidence available to help patients, caregivers, clinicians, purchasers, payers, and policy makers make informed health care decisions.
 - PCORI funds CER studies with patient engagement emphasis
- Evaluation and Analysis Department focused on following activities:
 - Research portfolio analysis
 - Merit review evaluation
 - Evaluating engagement in research
 - Evaluating stakeholder views
 - PCORI impact and influence in health research



Current Position Cont.

- Social work degree has enabled me to understand levels and mechanisms of engagement, “humanize” research processes and outcomes, and empathize with patient experience in health care.
- Public health degree has prepared me to plan and conduct quantitative/qualitative analyses, survey development, and understand systemic issues in health research, programming, and policy.
- Both fields have coalesced into a greater understand of micro- and macro-level implications or health care research.



Concluding Remarks

- Develop guidelines and recommendations for the educational oversight board/committee
 - Dedicated to developing and upholding national educational standards
- “Brand” the unique offerings and training of dual degree students and professionals
 - Define “public health social worker” and unique expertise
 - Graduate school administrators should raise awareness with social work/public health organizations
- Encourage innovation within traditional social work and public health conceptual and practical models
 - How can graduate school administrators, professors, and graduates inspire new interventions, theories, and strategies for long-standing social and public health dilemmas?
 - How can we expand public health social work infrastructure in the workforce?
 - How can we better integrate social work and public health into one discipline?

MSW/MPH Personal Philosophy

“Social Work is the heartbeat behind the numbers in Public Health”





Alumni of MSW/MPH: Thoughts and Experiences

Arnold Barnes, PhD, MSW

Associate Professor

Department of Sociology and Social Work

North Carolina Agricultural and Technical State University



JMSW



The Joint Master of Social Work Program



Graduate School and Early Family Experiences

Arnold Barnes, Ph.D., M.S.W.

School of Social Work

University of Maryland at Baltimore

- Met My Future Wife at MSW Program Orientation
- Completed First Year of MSW Program
- Fiancée and I Married in August
- Field Practicum in Health Services at the Community College of Baltimore
- My wife and I Began Second Year of MSW Program
- Worked as a Research Assistant with Dr. Elizabeth Mutschler
- Our First Pregnancy / Prenatal Care at the East Baltimore Medical Plan
- My Wife and I Graduated from MSW Program in June
- Our First Son was Born the Following August

Early Career in Social Work Practice

- First Social Work Position was with Baltimore City Child Protective Services
- Begin Doctoral Studies at Washington University and also Worked as a Family Therapist at the Family Resource Center in St. Louis, Missouri
- Social Worker for with Community Placement Program at St. Louis State Hospital
- Earned Ph.D. in Social Work and Completed Post-Doctoral Fellowship at the University of Maryland

Integration of Public Health in My Social Work Education Career

- Rich Experiences in Teaching at Several Universities
- Focusing on Public Health in Social Work Practice Courses
- Inclusion of a Public Health Perspective in Human Behavior and Social Environment Courses
- Utilizing a Public Health Perspective in Research on Mental Health Disparities Experienced by Black Americans

Alumni of MSW/MPH Thoughts & Experiences

Sharon McCarthy, MSW, MPH
University of Pittsburgh

Educational Experience

- Public Health Coursework
 - Public Health Biology
 - Principles in Epidemiology
 - Public Health Program Planning
- Social Work Coursework
 - Advanced Direct Practice Social Systems
 - Social Work Practice in Health Care
 - Models of Intervention
- Joint Coursework
 - Integrative Seminar Public Health Social Work
 - Qualitative Research
 - Thesis

Educational Experience

- 2 Advisors – one in each school
 - Integrative, thoughtful process
 - Address questions – provide support
 - Course load management
 - Meetings with dual degree cohorts
- Field Placement
 - UPMC Medical Center, Pittsburgh AIDS Center for Treatment (PACT)
 - Magee-Womens Hospital – Obstetrics & Gynecology Unit

Professional Experience

- American Public Health Association
- Fellow National Cancer Institute – Office of Advocacy Relations
- NOVA Research Company – Federal Contractor
 - National Institute of Nursing Research
 - HHS Office on Women’s Health
 - National Cancer Institute – Cancer Genome Atlas Program
 - National Cancer Institute – Division of Cancer Control & Population Sciences
- National Cancer Institute - Office of Science Planning & Assessment
- New Jersey Department of Health
- American Association of Suicidology

Articulation of MSW/MPH skill-set

- Who am I after matriculation?
- Holistic perspective of community and population health
- Psycho-social, behavioral and social ecological determinants of health
- Knowledge, values and skills from both practice
- Field placement, and leadership seminars to acquire knowledge and skills to address health
- Increase career marketability as a result of cross disciplinary perspective
- **ADVOCATE**
- How do I relay what I bring to the table?
- Creating own lane to merge both professions
- Bridging gap between social work and public health practice

Thinking Forward

- Building a cadre/network of those in the field for support
- Where do you go to find out what colleagues are doing in dual fields? not just one over the other
- Articulating the value add of both degrees
- More guidance - opportunities in the field
- Attention to the career trajectory (Typical MPH positions – RN)/ MSW – License
- Intentional about field placement
- Compensation (not necessarily monetary)
- Linkages to strengthen the field
- Advantageous – only one in settings with dual degree
- Facilitate a culture of continuous quality improvement through evaluation

Special Thanks – Dr. Jaros & Dr. Copeland - University of Pittsburgh
Sharon McCarthy – sha.mccarthy@gmail.com



Alumni of MSW/MPH Thoughts & Experiences

Michelle Clark, MSW, MPH

Executive Director

Baltimore Area Health Education Center





Q&A Session



Closing Remarks from the Chair of the Summit Steering Committee

Reception at the Hilton Hotel Garden Inn to Follow