



We thank the Health Resources and Services Administration of the U.S. Department of Health and Human Services for their support of the Leadership in Public Health Social Work Education Program and of this Summit.

Leadership in Public Health Social Work Education Summit

October 21, 2016

University of Maryland

University of North Carolina at Chapel Hill

University of Pittsburgh



**University of
Pittsburgh**

**School of Social Work & Graduate
School of Public Health**

Welcome from Chair of the Summit Steering Committee: Goals & Expectations

Robert Keefe

University at Buffalo, SUNY





Long-Time Public Health Social Work Administrators: Thoughts and Experiences as Administrators

Karen Hacker

Allegheny County Health Department

Mae Gilene Begay

Navajo Nation Community Health Representative & Outreach Program

Joan Levy Zlotnik

National Association of Social Workers Foundation

Frankye Johnson

National Association of Black Social Workers and the

Marion County Public Health Department

Moderator: Gary Cuddeback



Allegheny County Health Department

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Public Health
Prevent. Promote. Protect.

Karen Hacker, MD, MPH

**Director
Allegheny County Health Department**



Adjunct Professor, Departments of Health Policy and
Management & Behavioral and Community Health Sciences
University of Pittsburgh Graduate School of Public Health

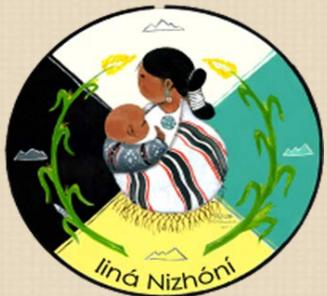
GRADUATE SCHOOL OF PUBLIC HEALTH
BEHAVIORAL AND COMMUNITY HEALTH SCIENCES
Center for Health Equity

Navajo Nation
Community Health Representative & Outreach Program
NAVAJO DIVISION OF HEALTH



Mae-Gilene , MSW

Director
**Navajo Nation Community Health
Representative (CHR)/Outreach Program**





Joan Levy Zlotnik, PhD, ACSW



Senior Consultant
National Association of Social Workers Foundation

Public Health Social Work Education: View from an Administrator

Joan Levy Zlotnik, PhD, ACSW

Consultation and Partnership
Development

joanzlotnik@gmail.com

My Career

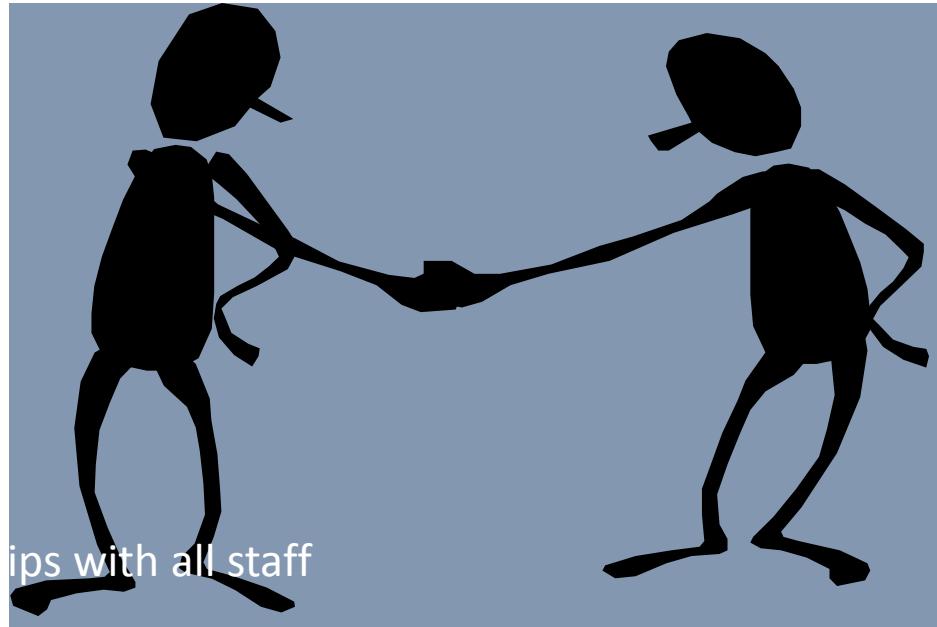
- State level, regional and local efforts to develop and implement community support programs for persons with intellectual and developmental disabilities.
- Home visiting early intervention program.
- 29 years in national social work organizations
 - NASW
 - CSWE
 - Institute for the Advancement of Social Work Research
 - NASW Social Work Policy Institute
 - Senior Consultant to NASW

Lessons Learned

- Community-based experience invaluable in informing and influencing national policy.
- Relationships are critical/essential.
- Partnerships with other disciplines.
- Partnerships with other organizations.
- Work from a strengths perspective.
- University – community partnerships are essential
 - Engage community as equal partner

Social Work Commodity

- The Relationship

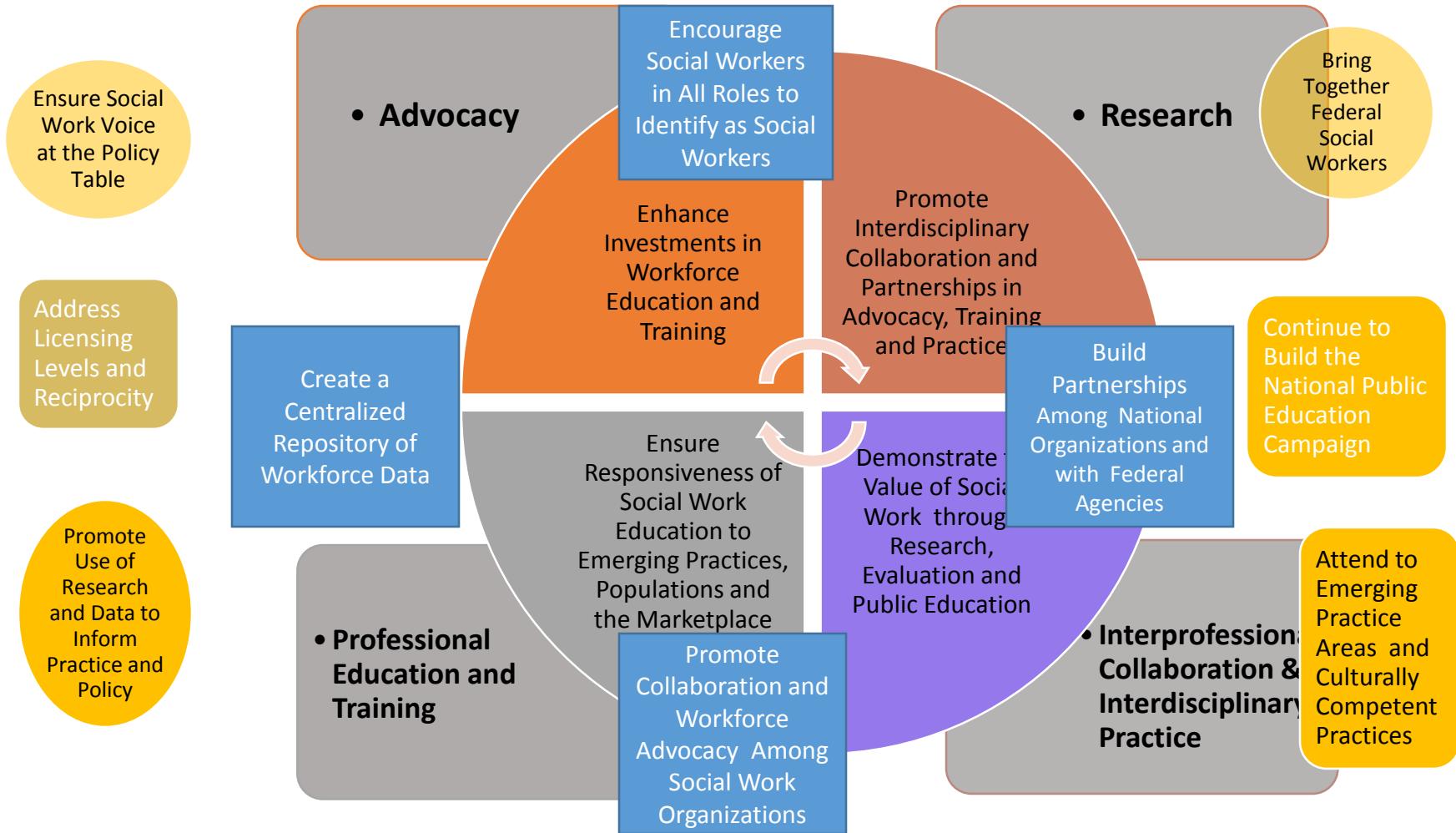


Influencing the Federal Public Health Establishment

- Giving social work visibility and viability in the nation's largest public health entity – The National Institutes of Health
- Strengthening social work connections to the CDC – reframing secondary and tertiary prevention and highlighting social work engagement with primary prevention.
- Advocacy
 - MCHB grants
 - Workforce development strategies
 - Social work research

Investing in the Social Work Workforce

ACTION AGENDA





MARION COUNTY
PUBLIC
HEALTH
DEPARTMENT

Prevent. Promote. Protect.



Frankye E. Johnson, MSW, LCSW, LMFT, LMHC, LCAC

**National Association of Black Social Workers
Marion County Public Health Department**

NATIONAL ASSOCIATION



OF BLACK SOCIAL WORKERS

Q&A Session

Break



Developing Strategies to Advance Public Health Social Work

Ed Pecukonis

University of Maryland



Bruce DeForge

University of Maryland



Joseph Telfair

Georgia Southern University



Moderator: Gary Cuddeback

Developing Strategies to Advance Public Health Social Work

Ed Pecukonis, PhD, MSW

Associate Professor

Director of Maternal and Child Health Training

University of Maryland School of Social Work

Bruce DeForge, PhD, MA

Associate Professor

University of Maryland School of Social Work



Yesterday.....

We defined Public Health Social Work

Looked at models of Public Health Social Work Training

Views of PHSW practitioners as to what was essential to train the next generation of PHSW

Today.....

We will look at how to build a model of Public Health Social Work Education

However if we are going to build a model of PHSW we need to look at the idea of competencies

This word brings up lots of feelings for us

Like the words *curriculum infusion or generalist practice*

They are poorly misunderstood

So, How do we define competency ?

The Association of Schools of Public Health (ASPH) defines core competencies in public health as “a unique set of *applied knowledge, skills, and other attributes, grounded in theory and evidence*, for the broad practice of public health”

CSWE: " Social work competence is the ability *to integrate and apply social work knowledge, values, and skills to practice situations* in a purposeful, intentional, and professional manner to promote human and community well-being."

Difficult to speak about PHSW competencies and their measurement if we can neither operationally define nor agree on what knowledge, skills and attitudes comprise the practice domain of PHSW

Yesterday our effort to define the domain of PHSW fell into the following categories

Knowledge

Skills

Attitudes

Barriers to program development

Strategies to establish PHSW programs

Knowledge : What does a social worker need to know about public health ?

Bio medical science

From simple biological concepts and bodily systems to the complexity of the Brain and behavior, genetics, infectious disease, etc.

Epidemiology

Bio statistics

Social determinants of health

Health policy

Health economics

Skills: What public health skills does a social worker need ?

- Health education (develop and implement)
- Health promotion and disease prevention strategies
- Strategies to eliminate health disparities
Racism, sexism, economic inequality and access to health services
- Strategies to promote health equity and reducing stigma associated with accessing health care services
- Advocacy skills at all levels (policy, community and person)

Skills: What public health skills does a social worker need ?

- Ability to promote social justice
- Community centered engagement
- Self advocacy and legitimizing PHSW

Skills: What public health skills does a social worker need ?

- Population based assessment and intervention skills
- Program evaluation
- Health administration
- Budget and financial management skills
- Leadership skills
- Working across professions and Interprofessional practice

Barriers to overcome

- Lack of understanding of what PHSW is by stake holders
- Cost of dual degree
- Differences in admission process (dual degree)
- Professional identity of the PHSW
- Connection with other PHSW practitioners in field
- Faculty buy in and faculty development
- Training for field instructors
- Curriculum development including specialty focus
- Lack of public health advanced field placements
- Lack of integration between institutions for dual degree
 - *Who is teaching the courses, student advising, context of training (medical school)*

Strategies to overcome Barriers

- Introduce concepts of PH in BSW programs
- Faculty development (hire in vs education)
- Use of certificates of advance specialty training in PHSW
- Continuing education for field instructors and graduates
- Development of PHSW curriculum moduels
- Use of local learning communities advancing PHSW
- Webinars sponsored by national organizations such as CSWE, NASW and HRSA
- Creating a national conversation within the profession about PHSW (Grand Challenges of Social Work)

Some questions/issues that were raised

Step out MSW MPH programs vs incremental model of public health concepts within schools of social work

Should we advance the development of a new social work paradigm shift away from mental health to PHSW?

Who should be trained as PHSW?

Open to all social work students regardless of Micro or Macro interests?

Or do we need a new way of educating our students with a PH interest?

Who should do the training?

Where should the training take place?

And if we can agree on what the domain of PHSW is how might we measure this set of competencies? What are the main concerns?

Concerns for defining and measuring competencies

The language of the competencies needs to be precise in terms of desired outcomes

Behavior, skills, knowledge, attitudes, and judgement needed by the student to become and practice as a PHSW professional

The competencies should augment program goals and objectives

Core competencies for all students

Within each program, there may be a different set of competencies for each concentration, major or specialization

Concerns for defining and measuring competencies

The use of mixed methods (using both qualitative and quantitative data) to tell the story of a PHSW program

Administrative data: applicants, accepted into program, progress through program (milestones, grades)

Standard scales: personality tests (Myers-Briggs, California Psychological Inventory™ [CPI 260™]), leadership style, knowledge/exams

Surveys: attitudes and beliefs about program and self-rating on their abilities to perform competencies

Interviews and focus groups

Assignments, papers, certification exams, projects, service learning experiences, advisor/preceptor evaluations

Alumni follow-up

Program's curriculum, policies and procedures

Sample: Students, Faculty, Preceptors, Staff, Administrators and other Stakeholders (PH and SW employers, etc.)

Breakout questions for small groups

What are the most important public Health Social Work competencies that need to be integrated into a successful PHSW curriculum?

What are the structural barriers that may impede this type of integration?

How do we operationalize these PHSW competencies in field ?

What curriculum changes are needed to promote these competencies

What type of training do faculty require to teach Public Health concepts?

How should we measure these competencies?



Joseph Telfair, Drph, MSW, MPH

Professor & Dual Department Chair
Department of Community Health
Department of Environmental Health Sciences
Karl E. Peace Distinguished Chair of Public Health
Jiann-Ping Hsu College of Public Health
Georgia Southern University

Jiann-Ping Hsu College of Public Health





Breakout Session

Reconvene & Share



Testimonial to **Kathleen Rounds, PhD, MPH, MSW**

Kenneth Jaros

Robert Keefe

Gray Cuddeback

Ed Pecukonis

Valire Carr Copeland





Assisting New Programs in Developing Public Health Social Work Infrastructure

Robert Keefe

University at Buffalo, SUNY



Marvin Feit

Norfolk State University



Diane Marie St. George

University of Maryland



Moderator: Michelle Kelley

Developing a Public Health Social Work Infrastructure

Robert H. Keefe, PhD

School of Social Work

University at Buffalo, SUNY



SCHOOL OF SOCIAL WORK
University at Buffalo The State University of New York

We're already covering

Content in

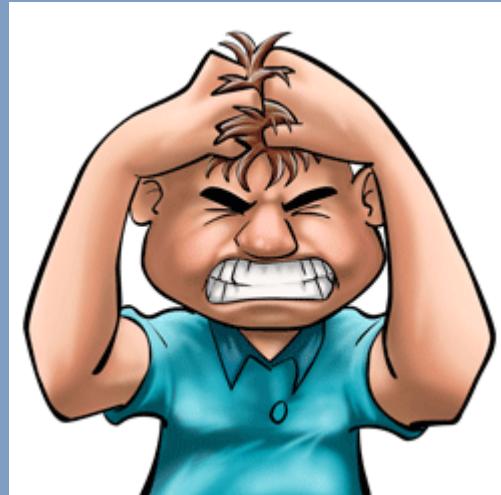
1. Age
2. Sex
3. Race
4. Homophobia
5. Differing abilities
6. Ethnicity
7. Socio-Economic Class

While building on

- Knowledge
- Values
- Skills



“It’s okay, it’s just one more thing”



Relax, you're already doing a lot when you:

- Focus on illness prevention/health promotion/primary prevention
- Work with client systems of all sizes rather than solely at the micro/individual level.
- Examine the effects of social variables on the health and wellbeing of individuals, families, groups, and communities.



So, how do we infuse PHSW content? Well, there's “the old-fashioned way”

- Case scenarios that incorporate “Illness prevention/health promotion/prevention” into
 - Course descriptions.
 - Course objectives
 - Class sessions
- Practice classes: include cases scenarios on interventions with client systems at all levels of intervention.
- HBSE classes: include case scenarios requiring the application of health theories and models applied to various social/public health problems.
- Policy classes: “health in all policies” looking at collaboration among various sectors to promote healthy environments.

You can also *bring in the community*.

- Look at what the agencies already doing?
 - Mandates from the PPACA:
 - Prevention-focused services
 - Collaboration with non-traditional services such as faith-based organizations, senior citizens centers.
- Focus on the initiatives within your own university
 - Collaborating with other health-related programs doing?
 - Internships in
 - MPH programs
 - Allied health programs
 - Dental, OT, PT, Speech
 - Other health-related programs



Look for opportunities for infusion

- Interprofessional collaborations that enrich learning opportunities
 - Student collaborations!!!
 - UB School of Social Work and School of Dental Medicine
 - Student portrayals and collaborations with active patients.
 - SW students provide feedback to the Dental students on how to approach clients.
 - UB SSW and School of Medicine and Biomedical Sciences
 - Student consultants for patient:physician interviewing.
 - SW students provide feedback to Medical students on interviewing skills.

UB/MD Jefferson Family Medicine



The Lighthouse Free Medical Clinic

Buffalo, NY



Student-run Services

- <http://www.lighthousefreemedicalclinic.com/the-practice>
- Eager students working with individuals who lack access to health care.

The Lighthouse: origins

- Begun by concerned medical and social work students for the underinsured and underserved in Buffalo.
- Created opportunities for collaboration under the supervision of UB faculty with professional licenses.
- Opened opportunities for faculty to develop IPE courses.

The Lighthouse: mission

As an **organization composed of students at the UB Jacobs School of Medicine** and **UB School of Social Work**, community health workers, and practicing physicians, the Lighthouse Free Medical Clinic is dedicated to providing free healthcare to the uninsured and under served patients of Buffalo, New York.

As the only medical student body in the area, we provide a service to the community... in which hope to encourage a long-term, professional interest in community health in medical students and students from other health who gain experience at our clinic.

[W]e provide resources to connect uninsured patients to access continuous medical care, and provide education about healthy lifestyle choices and disease prevention to encourage health literacy. We hope to provide these services in a partnership with the members of the community in which we work by building long-term, mutually beneficial relationships, so that we can best serve the unique needs of our specific patient population.

The Lighthouse

- Weekly Services:
 - Sick Visits
 - Annual Physicals
 - TB Testing
 - STD Testing
 - Pregnancy Tests
 - Social Work
 - Nutrition Counseling
 - Health Insurance Enrollment Referrals

The Lighthouse

- Dermatology Services twice per month
 - Skin services
 - Acne
 - Eczema
 - Cellulitis
 - Infections
 - Shingles
 - Wart removal
 - Skin cancer
 - Pigment disorders
 - Mole checks
 - Biopsies
 - Dermatologist referrals

The Lighthouse

- Gynecological Services, once per month
 - Pap Smears
 - Pregnancy Testing
 - Pelvic Exam
 - Sexual Health Information
 - Gynecological Consultation

Interprofessional Education Participating Schools

- Dental Medicine
- Law
- Management
- Medicine and Biomedical Sciences
- Nursing
- Pharmacy and Pharmaceutical Sciences
- Public Health & Health Professions
- Social Work

Social Work's Contribution to the Lighthouse

Macro-level issues affecting health

- Empty/vacant lots
- Vacant buildings
- Access to healthy food
- Gang turf

Data Sources

- STD clinic
- Emergency room visits
- Violent crime reports
- Drug arrests

What can social work students contribute?

- Neighborhood assessment
 - Empty lots
 - Broken windows
- Using public health data on community health issues
 - Diabetes
 - STD
 - Arrests
 - Violent crime reports



Courses that could be used for IPE

Practice courses:

- SW 522: Case Management
- SW 523: Social Action for Community Change
- SW 531: Crisis Intervention
- SW 564: Administration and Management
- SW 569: Community Social Work
- SW 708: Responding to Disasters

Policy/Elective courses:

- SW 563: Advanced Policy Development and Analysis
- SW 570: Health & Disability
- SW 572: Mental Health & Disability



Final thoughts:

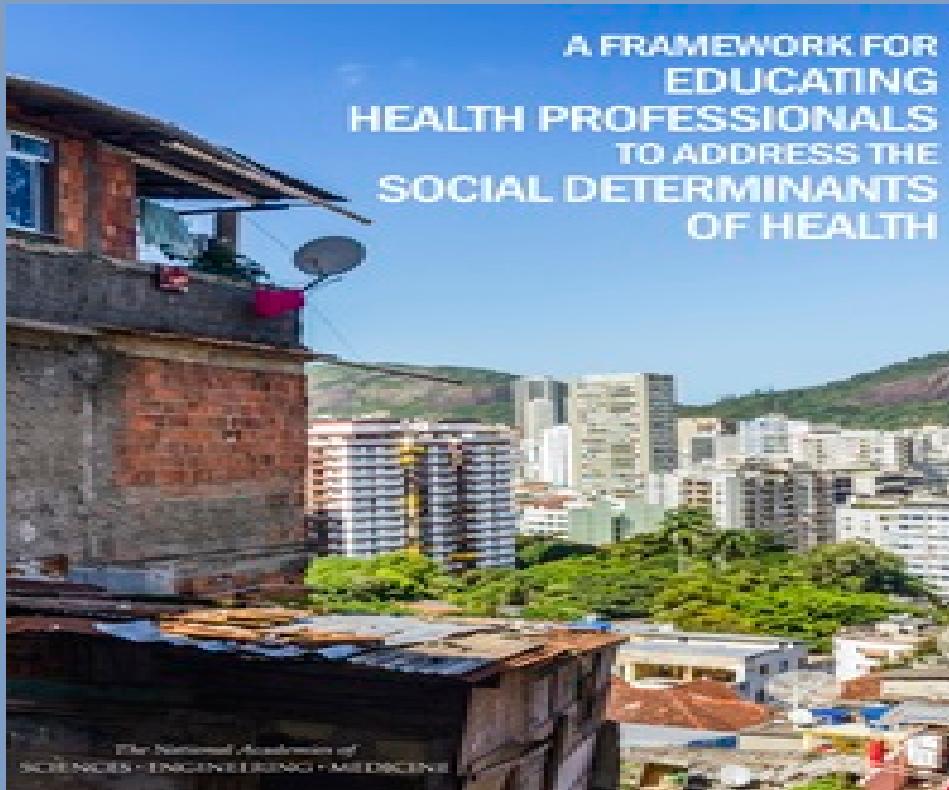
1. Relax, you're already doing a lot.
2. Bring in the community, which is already responding to mandates from the PPACA for prevention-focused services.
3. Engage in curriculum infusion.
4. Look for natural synergies throughout your college/university for field placements, potential collaborations leading to IPE courses.



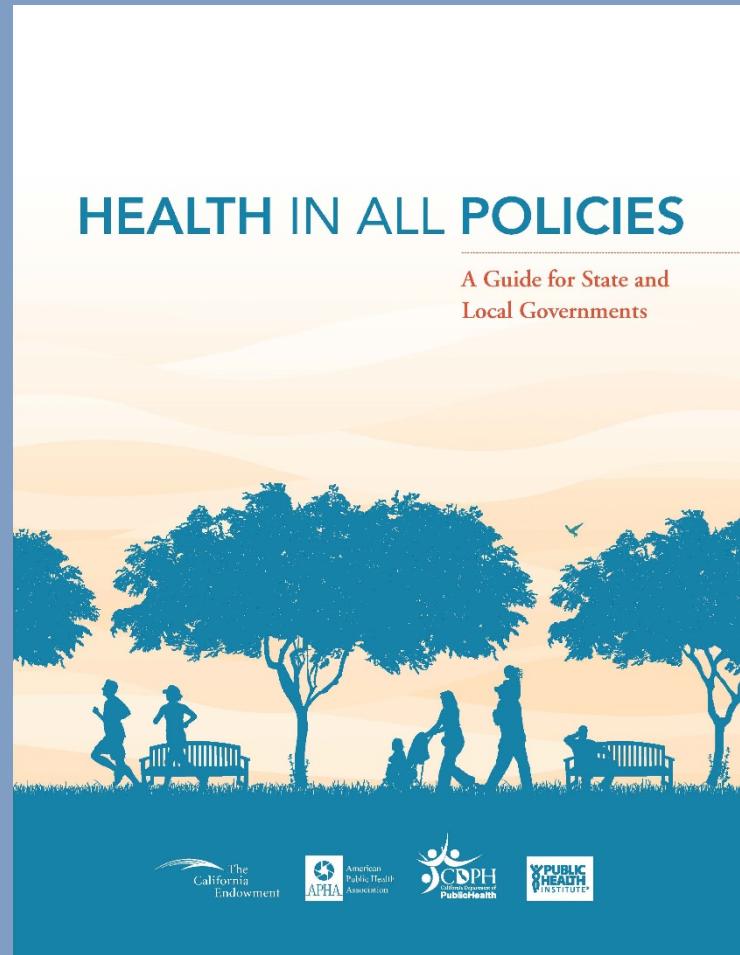
Some Resources

- Overview: Educating Health Professionals to Address the Social Determinants of Health:
 - <http://www.nationalacademies.org/hmd/Activities/Global/Addressing-SDH-Study.aspx>
- Policy: Health in All Policies:
 - <http://www.phi.org/resources/?resource=hiapguide>
- Practice: Handbook for Public Health Social Work
 - <http://www.springerpub.com/handbook-for-public-health-social-work.html>

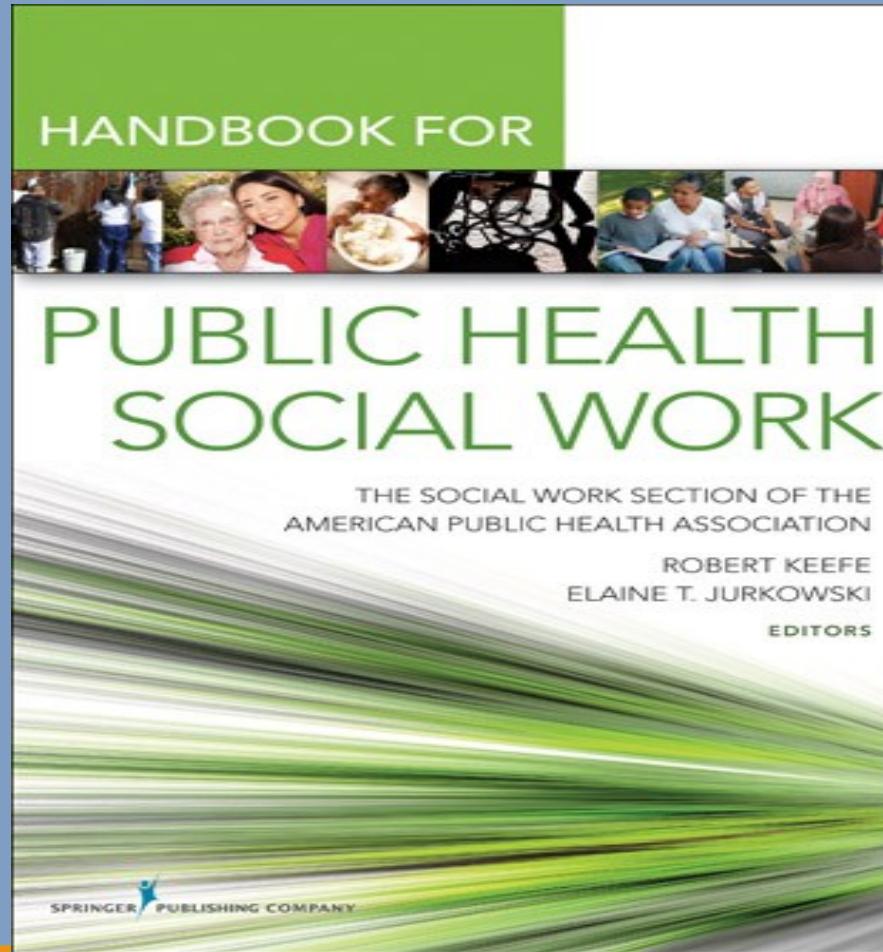
Educating Health Professionals to Address the Social Determinants of Health



Health in All Policies



Handbook for Public Health Social Work



Assisting New Programs in Developing
Public Health Social Work Infrastructure



Marvin Feit, PhD, MS

Professor

The Ethelyn R. Strong School of Social Work
Norfolk State University





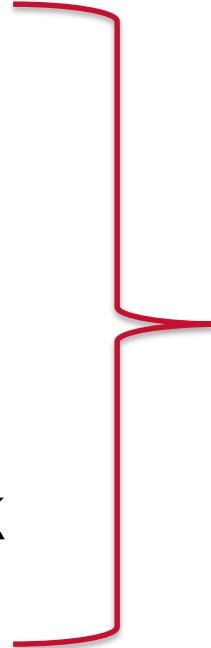
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SCHOOL OF MEDICINE

MSW/MPH Dual Degree at the University of Maryland

Diane Marie M. St. George, PhD
Assistant Professor
Director, MPH Program

October 2016

University of Maryland, Baltimore

- School of Medicine
 - School of Dentistry
 - School of Law
 - School of Nursing
 - School of Pharmacy
 - School of Social Work
 - Graduate School
- 
- 89% graduate
- Increasing attention/support for IPE

The MPH Program

- Enrolled first cohort of students in 2004-2005
- Accredited since 2009 by the Council on Education for Public Health (CEPH)
- 60-70 students
- Multidisciplinary student body
 - Single-degree program (~60%)
 - Dual-degree programs (~40%)



Dual/Articulation Programs

- Dual degrees
 - DDS
 - DPT
 - JD
 - MD
 - MS Nursing
 - MSW
 - PharmD
- Articulation agreements
 - BS Dental Hygiene
 - Preventive Medicine Residency



UNIVERSITY OF MARYLAND
SCHOOL OF MEDICINE

Program Structure

- Program-level
 - Interdisciplinary Steering Committee
 - Dual degree liaison (faculty)
 - Collaborative initiatives director (staff)
 - Joint marketing materials
 - Coordination of admissions
- Student-level
 - MPH faculty advisor
 - MSW faculty advisor
 - Joint approval of individual study plan



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MPH Requirements

42 credit hour curriculum:

- 17 credits of core courses
- 12 credits of concentration courses
 - Community and Population Health
 - Epidemiology
 - Global Health
- 7 credits of electives
 - Possible 6 shared credits
- 6 credits for the capstone experience



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MPH Capstone Experience

A supervised, public health experience that integrates and applies the knowledge gained through the core and concentration courses.

- Practical, fieldwork
- Culminating experience
- Geared toward future career goals
- Learning objectives linked to program competencies



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Components of the Capstone Experience

The capstone includes four components that allow students to develop and demonstrate their public health core and concentration competencies.

- 1. Development of a capstone prospectus**
- 2. Completion of a 240-hour supervised field placement at a public health agency**
- 3. Oral defense**
- 4. Preparation of a capstone portfolio**



MSW/MPH Capstone Projects

- HIV prevention through peer education for the youth in Kabarole District, Uganda (NGO)
- Strategic planning in a public health agency (HRSA)
- The MD HPV Vaccine Task Force: policy development for the prevention of HPV infection and cervical cancer (State health dept)
- HIV/AIDS prevention, education and support in Kerala, India (NGO)
- Enhancing HIV/AIDS testing and linkage to care among high risk youth in Baltimore (UMB)
- Examining the ramifications of incarceration and reentry on health and housing status (Healthcare for the Homeless FQHC)
- Taking a trauma-informed approach to maternal and child health in Baltimore: Addressing maternal trauma to reduce infant mortality (City health dept)
- Assessing the monthly monitoring and guidance of project officers in the Dept of Training & Capacity Development for funded grants and cooperative agreements (HRSA)

Sample Plan of Study-

MSW MPH (Community & Population Health Concentration)

MSW Yr1	MPH: Summer	MPH: Fall	MPH: Spring	MSW Yr2
	Epidemiology	Biostatistics	PH Ethics	+ Capstone
	Health Policy	Soc/Beh	CBPR	
		Env/Occ Hlth	Pgm Plng/Eval	
		Hlth Survey Res Methods	Hlth Comm	
			Elective	
[+6]	6	12	12	6

Benefits

- Strong student satisfaction
 - “...[professional] diversity among students was wonderful.”
 - “Small program with a strong inter-professional base of students.”
 - “Interdisciplinary approach reflects real world scenarios.”
- Rich class discussions
- Interdisciplinary approaches to solving problems evident in student group projects

Challenges

- University's financial model
 - Step-out year
- Differential attrition among dual degree students
 - Step-out year
 - Early engagement in MPH
 - Demonstrate the value-added (career paths, alumni)
- Course scheduling
- Avoiding *parallel* learning
 - Careful planning of capstone
 - IPE experiential elective
 - Dual advising

THANK YOU!

Diane Marie St. George

MPH Program Director

University of Maryland School of Medicine

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Open Discussion



Dissemination Plan for the Summit

Gary Cuddeback

University of North Carolina, Chapel Hill



Mark Friedman

University of Pittsburgh



Ed Pecukonis

University of Maryland



Moderator: Robert Keefe



Summary And Closing Remarks

Valire Carr Copeland

University of Pittsburgh



Gary Cuddeback

University of North Carolina, Chapel Hill



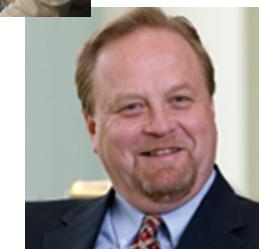
Robert Keefe

University at Buffalo, SUNY



Ed Pecukonis

University of Maryland



Adjournment

Thank you for your participation!

Please complete the LPHSWE Summit Survey located in your folder.

The entire LPHSWE Summit slide presentation, recorded video, submitted articles, and other publications a will be available online. After you submit your survey, you will receive an email to connect you to the web links.