

PUBLIC HEALTH SOCIAL WORK 101

Betty J. Ruth | Principal Investigator

Madi Wachman | Co-Principal Investigator

Advancing Leadership in Public Health Social Work Education



PRESENTATION OUTLINE



- 01 Defining health and current health landscape
- 02 Brief review of health social work
- 03 PHSW: History, definitions, and roles
- 04 PHSW: Reclaiming for greater health impact
 - Deliberately link public health and social work
 - Reclaim and conceptualize
 - Illuminate the PHSW approach's contribution to SW impact on health
- 05 PHSW in Action
 - Applying PHSW to Various Issues and Settings
 - Using PH, SW and PHSW Competencies
 - Profiles of PHSW
- 06 HSW Resources
 - Learning more about PHSW and the ALPS project



1. DEFINING HEALTH AND THE CURRENT HEALTH LANDSCAPE

THE CURRENT LANDSCAPE

“The delivery of (health and 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 health needs of a significant portion of the population”

(Marshall, Ruth et al., 2011).



What is Health?



Many Definitions of Health:

- 1. Biomedical Model:** Health is absence of bodily disease: focus on diagnosing individual body/organs; curing ill health by treatment (Farre & Rapley, 2017)
- 2. Holistic Model:** Health is state of “... complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 1946)
- 3. Wellness Model:** Health as process or force such as “...extent to which an individual or group is able to realize aspirations & satisfy needs, and to change or cope with environment. Health is a *resource for everyday life*, not the objective of living; it is a positive concept, emphasizing social & personal resources, as well as physical capacities.” (World Health Organization, 1946).

WHO Today: Six Dimensions of Health and Wellness



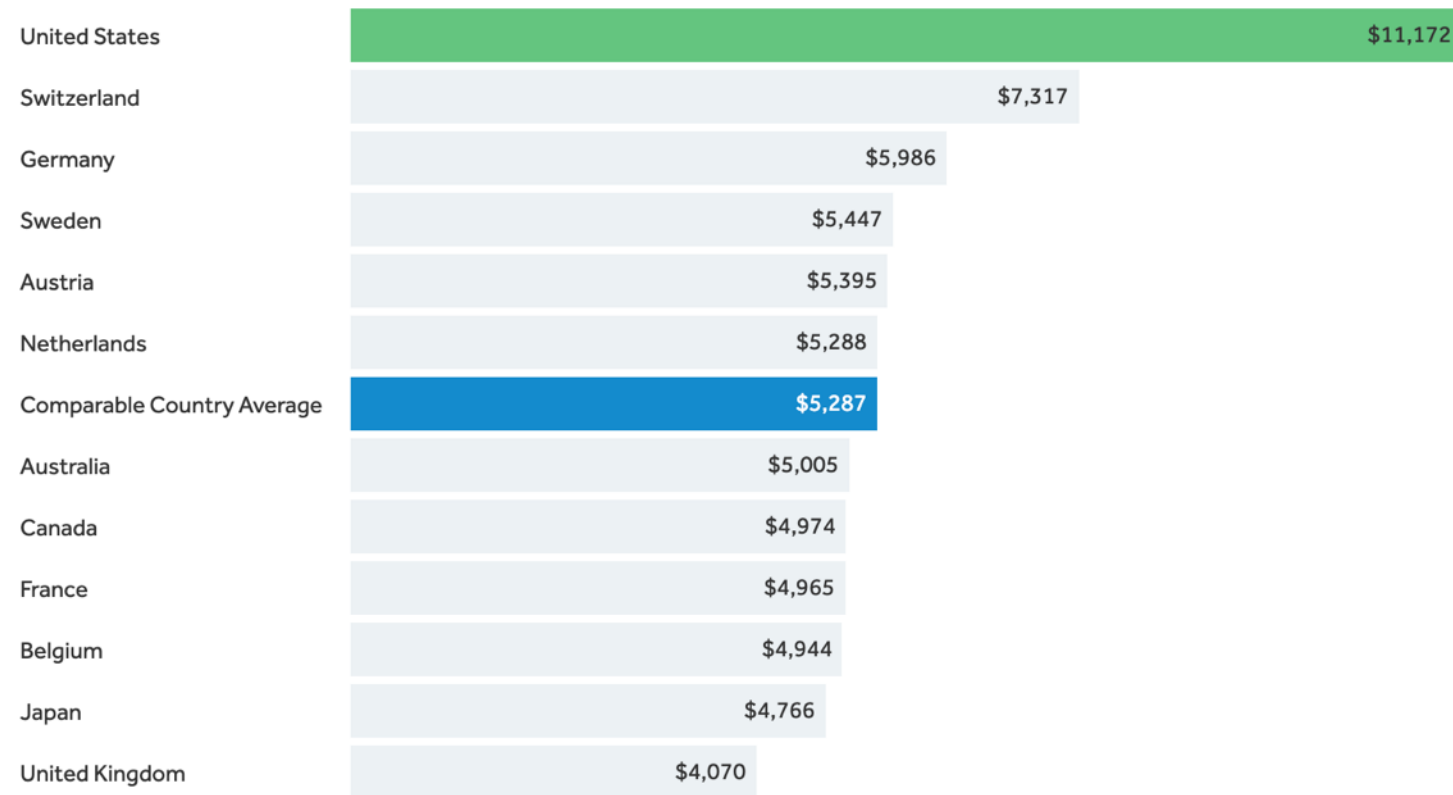
Challenges Across Domains

- Worsening national health statistics
- Population changes
- Environment
- Diseases/disorders
- Rampant health inequities
- Systemic changes due to health reform & cost containment
- Unmet social needs that contribute to poor health



The American Health Care Paradox: World's Most Expensive System...

Health consumption expenditures per capita, U.S. dollars, PPP adjusted, 2018



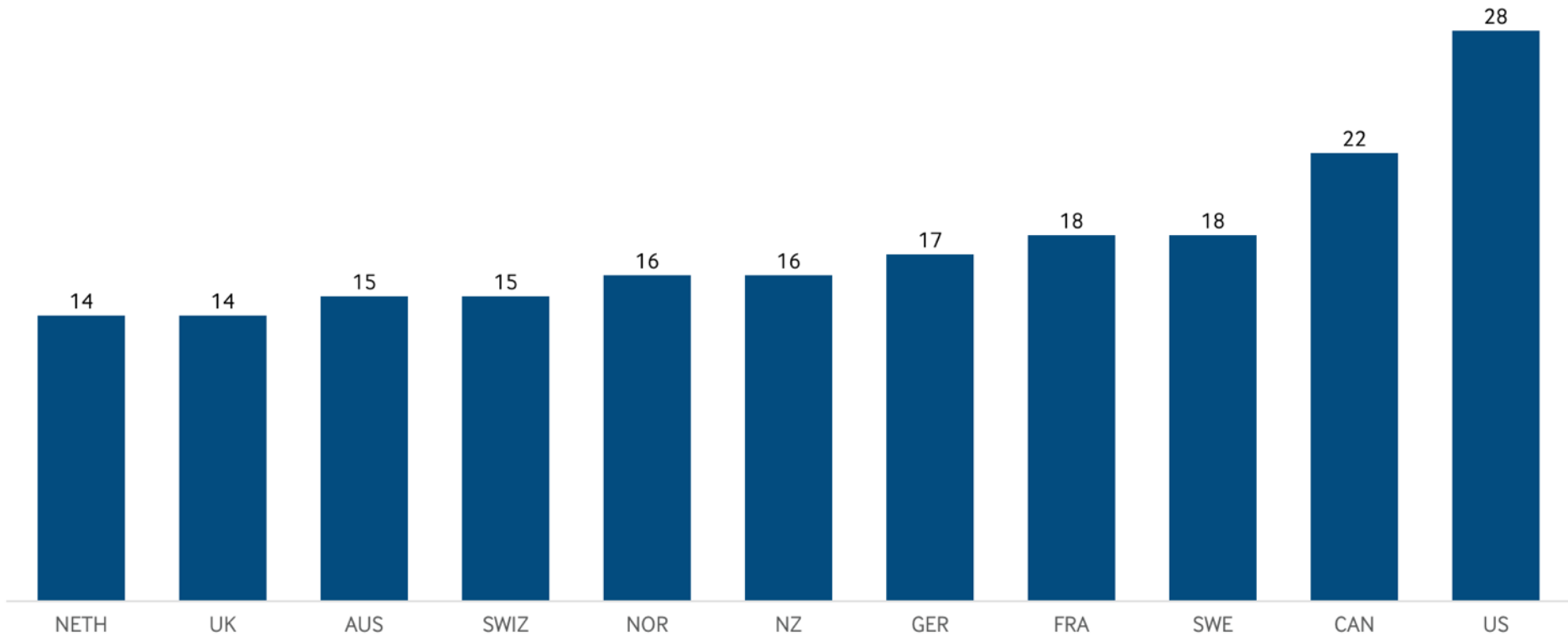
Notes: U.S. value obtained from National Health Expenditure data. Health consumption does not include investments in structures, equipment, or research.

...with the Worst Outcomes

U.S. Adults Have the Highest Chronic Disease Burden

Percent (%)

11-country average: 17.5%



Measures of Performance

Health Care System Performance Rankings

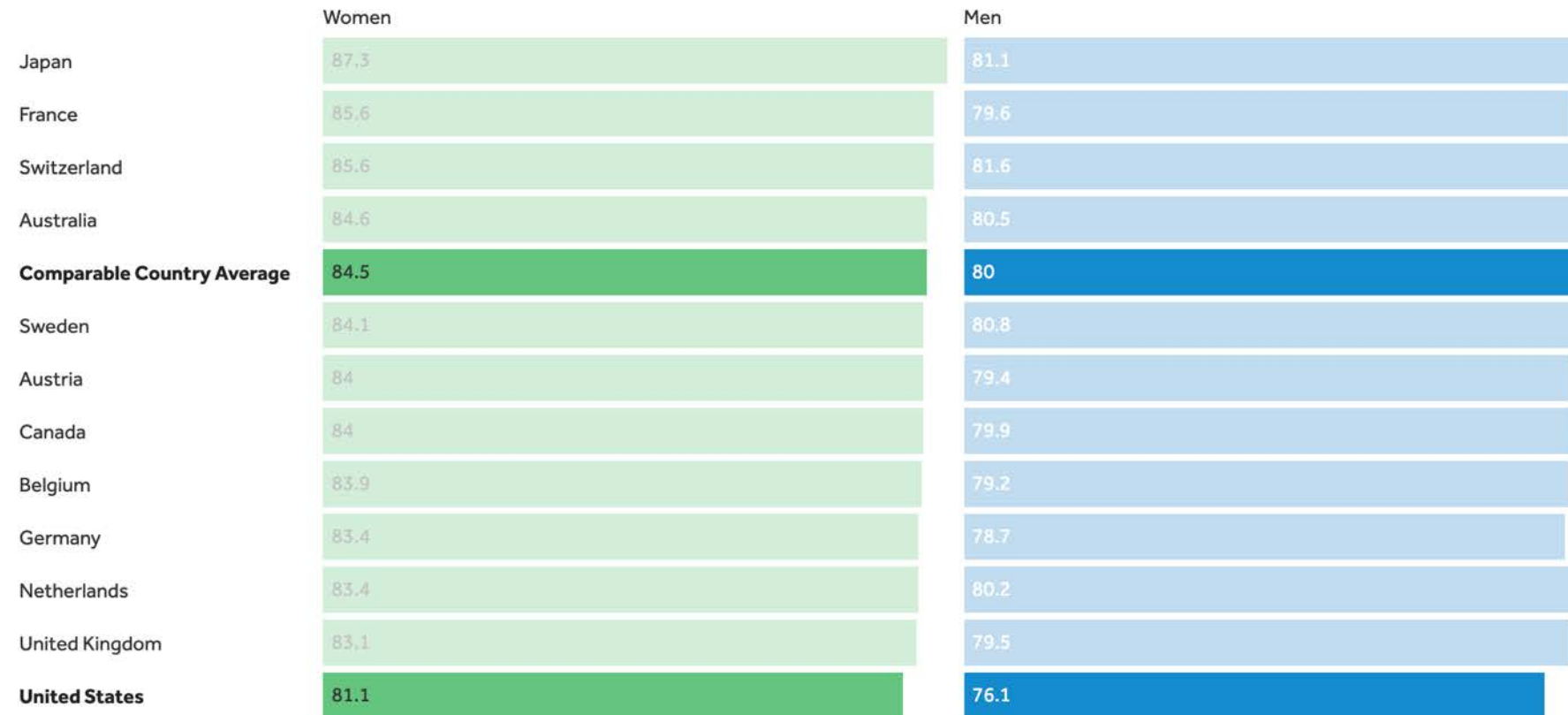
	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING	2	9	10	8	3	4	4	6	6	1	11
Care Process	2	6	9	8	4	3	10	11	7	1	5
Access	4	10	9	2	1	7	5	6	8	3	11
Administrative Efficiency	1	6	11	6	9	2	4	5	8	3	10
Equity	7	9	10	6	2	8	5	3	4	1	11
Health Care Outcomes	1	9	5	8	6	7	3	2	4	10	11

Source: Commonwealth Fund analysis.

Example: Average Life Expectancy

The U.S. has the lowest life expectancy at birth for both women and men

Life expectancy at birth by gender, in years, 2017

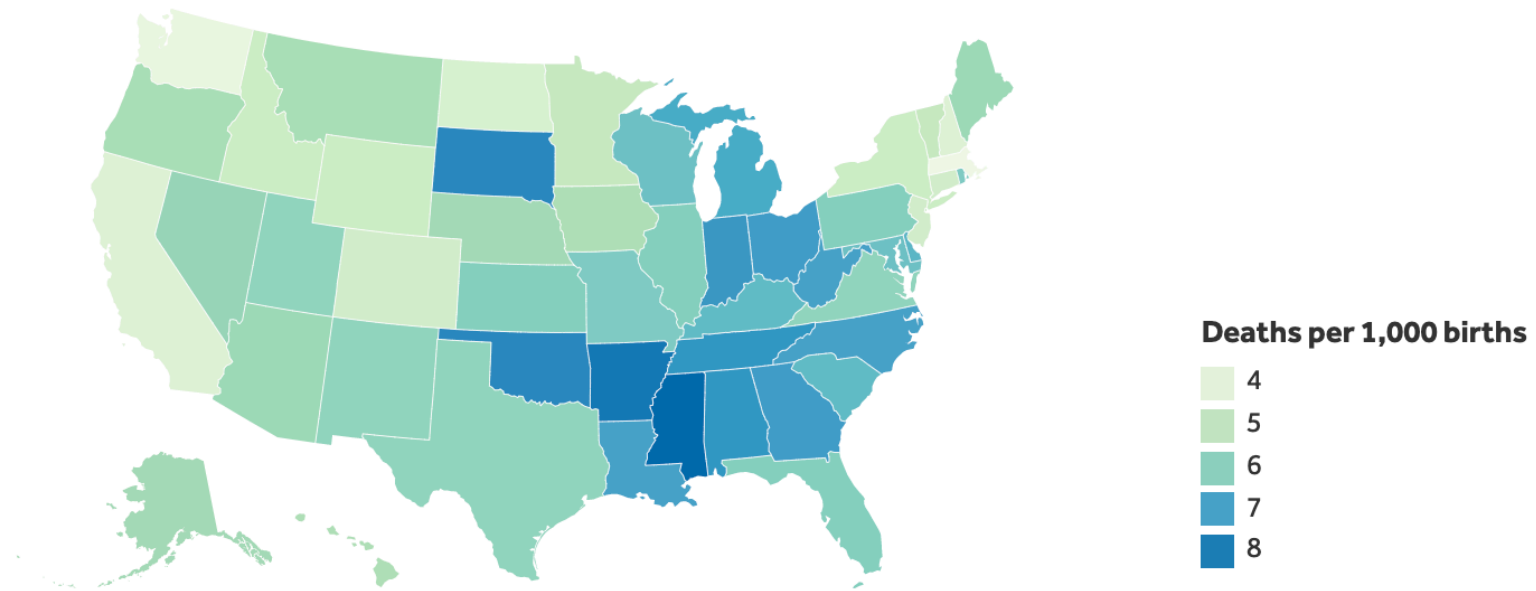


Source: [KFF analysis of OECD data](#) • [Get the data](#) • [PNG](#)

Also ...Within Country Disparities

Infant mortality rates are relatively high in southern states

Infant mortality per 1,000 live births, by state, 2017



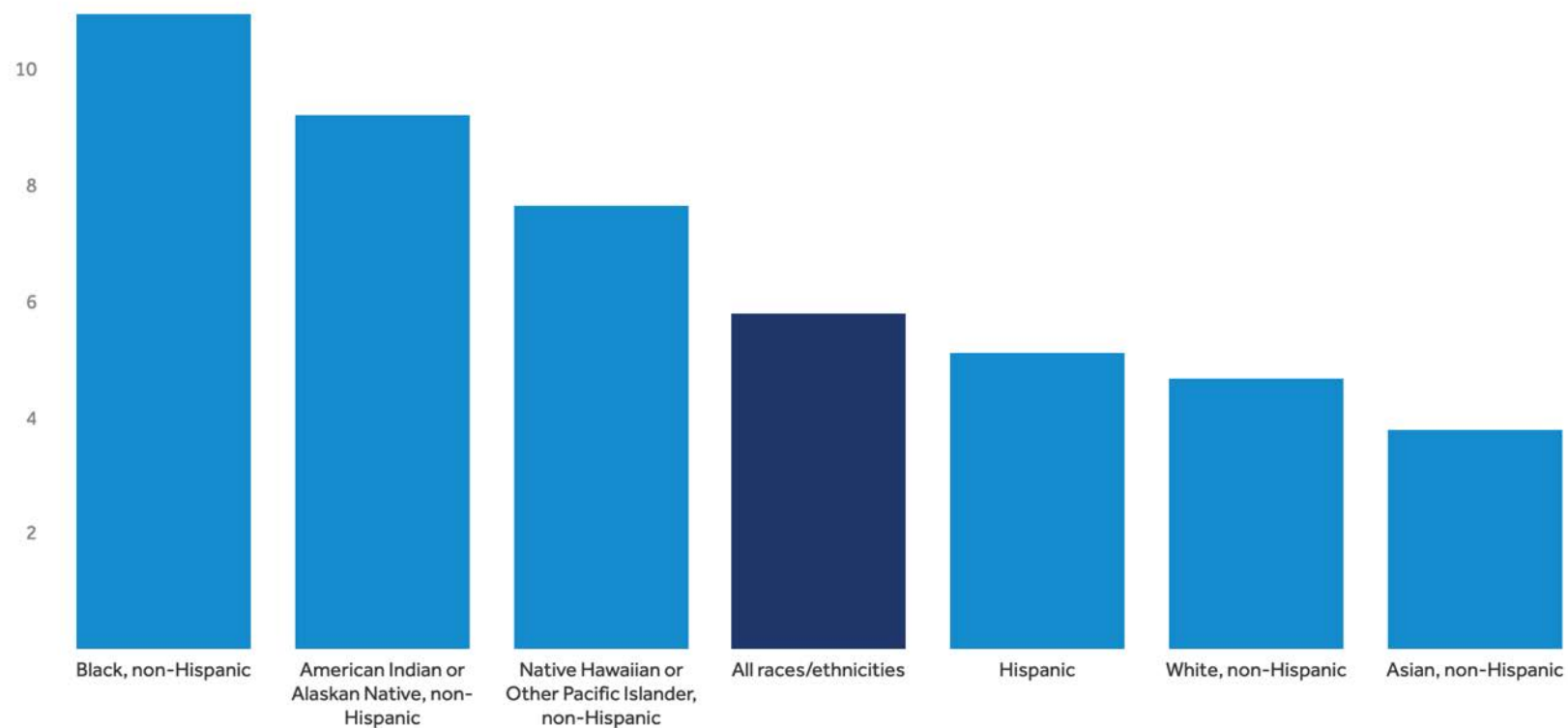
Source: [CDC/NCHS](#) • [Get the data](#) • [PNG](#)

Peterson-KFF
Health System Tracker

Infant Mortality by Race in the U.S.

Mortality rates are higher than average among infants born to mothers who are Black, American Indian and Alaska Natives, and Pacific Islanders

Infant mortality per 1,000 live births, by maternal race/ethnicity, 2017



But Why?



Current system is both *costly* and focused on *sickness & profit*

- Over-reliance on medical model: diagnostics, treatment interventions, individual focus and not on population health
- Approximately 95% of national health budget spent treating diseases
- Half of annual deaths associated with preventable conditions; only 5% of national health \$ dedicated to prevention
- Prevention & public health: logically & ethically compelling, but not priority in current system
- Incremental health reforms in profit-oriented system have limited effect, leaving many still without access to care until very sick
- Lack of investment in social welfare and unmet social needs

Addressing Unmet Social Needs in Health Systems



National Academy of Sciences, Engineering & Medicine, 2018 report on value of addressing unmet social needs in health notes:

- (1) health care system movement toward paying care providers based on health outcomes
- (2) increasing recognition that addressing social determinants of health (SDOH) and unmet social needs can improve physical/behavioral health outcomes
- (3) provision of “social care” eg. upstream or wide-lens interventions to reduce impact of SDOH on health outcomes & improve population health
- (4) suggests opportunities for public health social work to embrace “social care” & support proposed changes that move care upstream

(<https://www.nationalacademies.org/our-work/integrating-social-needs-care-into-the-delivery-of-health-care-to-improve-the-nations-health>)



2. BRIEF REVIEW OF HEALTH SOCIAL WORK

Social Work's Role in Health



- One of the fastest growing professions in US
- Social work is a health profession
 - Roughly half of nation's 700k social workers practice directly in health (BLS, 2019)
 - Remaining social workers focus on practice related to social determinants of health—housing, education, child welfare, criminal justice
 - SW provides majority of social/mental/behavioral health services
- Each day, half of 1% of US population in “helping relationship” with social worker
- Concern over adequacy of SW workforce as population ages

Many Types of Health Social Work

- Hospital>medical>health care Social Work
- Disease-specific, e.g.: oncology, nephrology Social Work
- Site-specific: e.g. NICU Social Work
- Psychiatric>mental health Social Work
- Mental health Social Work + Substance Use Disorder SW =behavioral health SW
- Public health Social Work



Contemporary Roles of HSW

Allen & Spitzer's ⁽²⁰¹⁵⁾ Four C's:

- Provide counseling/therapy & other forms of direct client **care**
- **Collaborate & coordinate** with health team members
- Help patients manage the **complexity** of illness/disorders
- Help patients negotiate the **cultural** & organizational **context** of health organizations

OR: Bouncers, brokers & glue (discharge planning, navigation, advocacy, assessment, case management, crisis intervention & integration)

(Craig & Muskat , 2013)



Health Social Work (Largely) Downstream

- Most health SW “**downstream:**” clinical services including diagnosis, counseling, treatment, psychosocial support, crisis intervention
- Clinical services: crucial to individual & family well-being, but ***limited impact on promoting equity and improving population outcomes***



Changing How We View and Do Health Social Work

Social workers are either working directly on health or they're working on issues that socially determine health and well-being: housing, child welfare, education, access, community development, behavioral health; important that SW embrace upstream "social care" approaches:

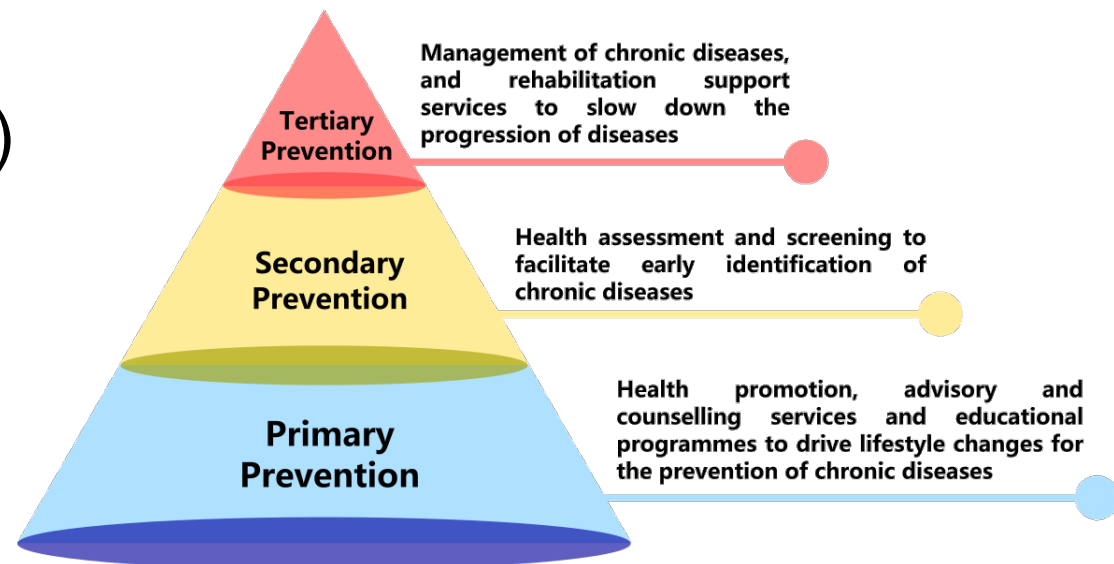


(MAYBE) ALL SOCIAL WORK IS
HEALTH SOCIAL WORK NOW...

Adopting Public/Population Health Approaches

Implications:

- Expanded professional focus on broader practice paradigm (individual/community/population)
- Recalibrates education & workforce training to include “wide-lens” approaches
- Strengthens profession’s reach, value, & impact by enhancing interprofessional/cross-sectoral collaborations & focus on population health outcomes



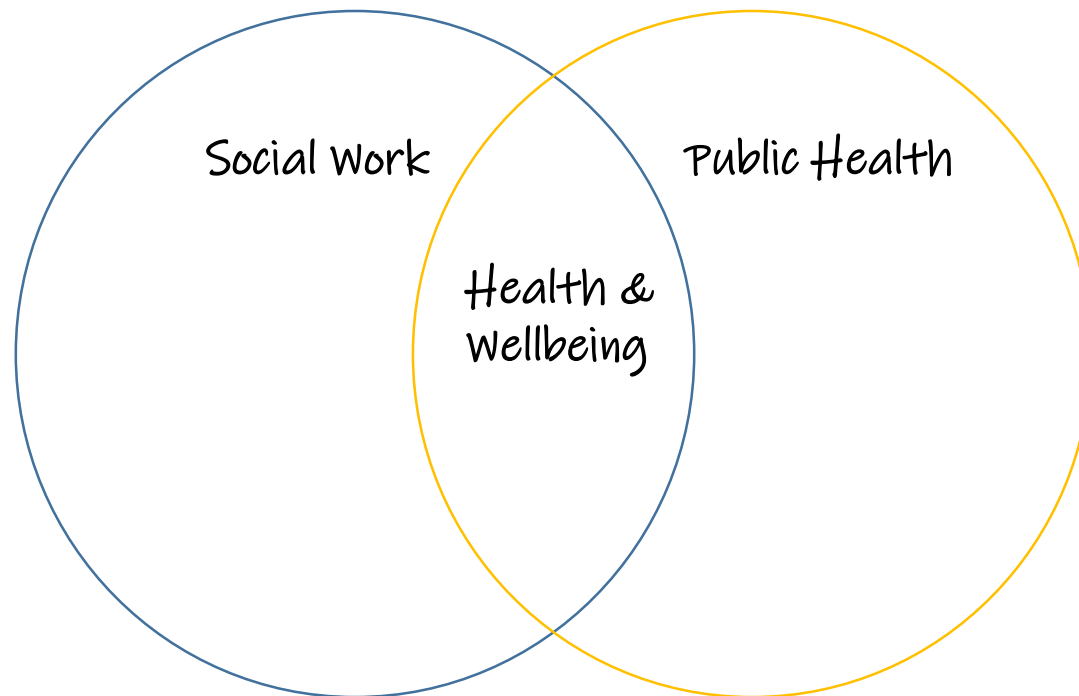
3. PUBLIC HEALTH SOCIAL WORK

History, Definitions, and Roles

Public Health Social Work (PHSW)

Sub-discipline and framework within social work that uses multifaceted, wide-lens public approaches to address major health issues, promote health equity & mitigate health problems

(Ruth, Wachman & Marshall, 2019)



A Brief History of PHSW



Social work and public health closely linked across wide range of issues:

- **Maternal and child health** (clean milk and water; home visiting; infant and maternal morbidity/mortality prevention)
- **Infectious disease control** (TB, STDs)
- **Settlement houses** (sanitation, school lunches, health advocacy, environment improvement)
- **Hospital-based social work** “A curiously many sided job...addressing the sociologic side of patients’ distress, offering patients a chance to clear their mind and reshape their days.” (Cabot, 1905)

Social Work and Public Health: “Inseparable?”

“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)



President Roosevelt with Senior Advisor and Public Health Social Worker, Harry Hopkins

What Comprised Early Public Health Social Work?

- Willingness to investigate social factors as causes of poor health (now called “social determinants of health”)
- Combined use of “wide-lens,” epidemiologically-informed clinical & community-level preventive interventions
- Commitment to political activism aimed at structural and systemic changes in social conditions
- Explicit focus on social justice



Social workers distributed milk at New York City milk depot, circa 1900

PHSW Timeline: Early 20th Century Successes



- Helped establish/lead maternal & child health programs 1900-1930's
- Helped lead development of federal social welfare programs in 1930's
- Developed early trauma and disaster response & interventions following WW1 and 2 and natural disasters
- Co-led early de-stigmatization and epidemic response in HIV/AIDS
- PHSW integrated into community & government health settings, health centers, specialty hospitals by 1950s

PHSW Timeline: Leadership

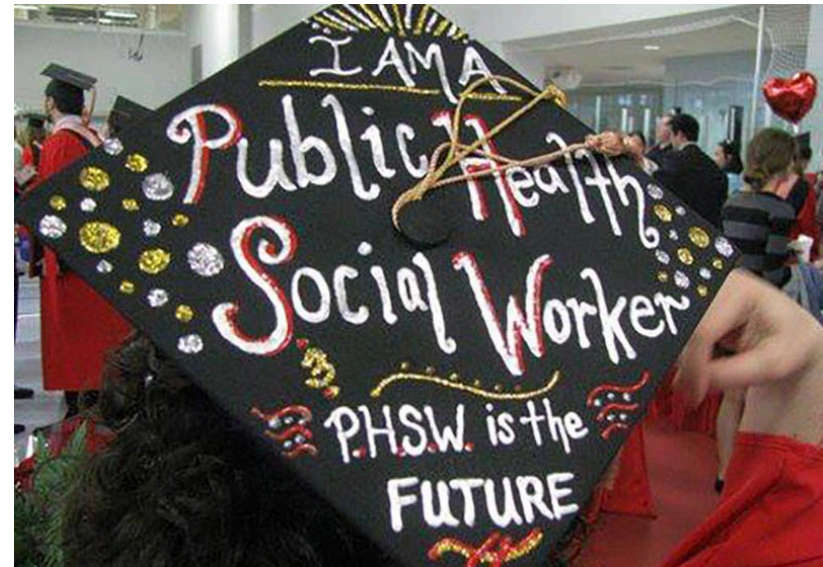
- PHSW prevails – despite splintering of medical, psychiatric, and other types of health SW
- Established PHSW leaders, particularly at federal level— Virginia Insley, Juanita Evans, Milt Wittman, Elizabeth Rice, Ruth Cowin-- keep PHSW alive, even though a declining force within profession
- For one inspiring example: Ruth Knee [NASW Foundation Social Work Pioneers: Ruth Knee](#)



PHSW: Educational Efforts

Many historic efforts to integrate PHSW into SW education:

- Lydia Rappaport's work ⁽¹⁹⁶¹⁾: “integrating prevention into social work” inspired dozens of faculty throughout 60s/70s
- Public Health Social Work Forward Plan (1980s-90s): introduced prevention curriculum for schools of social work ^(Siefert, 1992)
- HRSA Advancing Leadership in PHSW funneled funding over 20 years to three primary schools of social work
- Development of MSW/MPH programs: Late 1970s to current era; now 46 programs ^(Ruth, Wachman & Marshall, 2019)

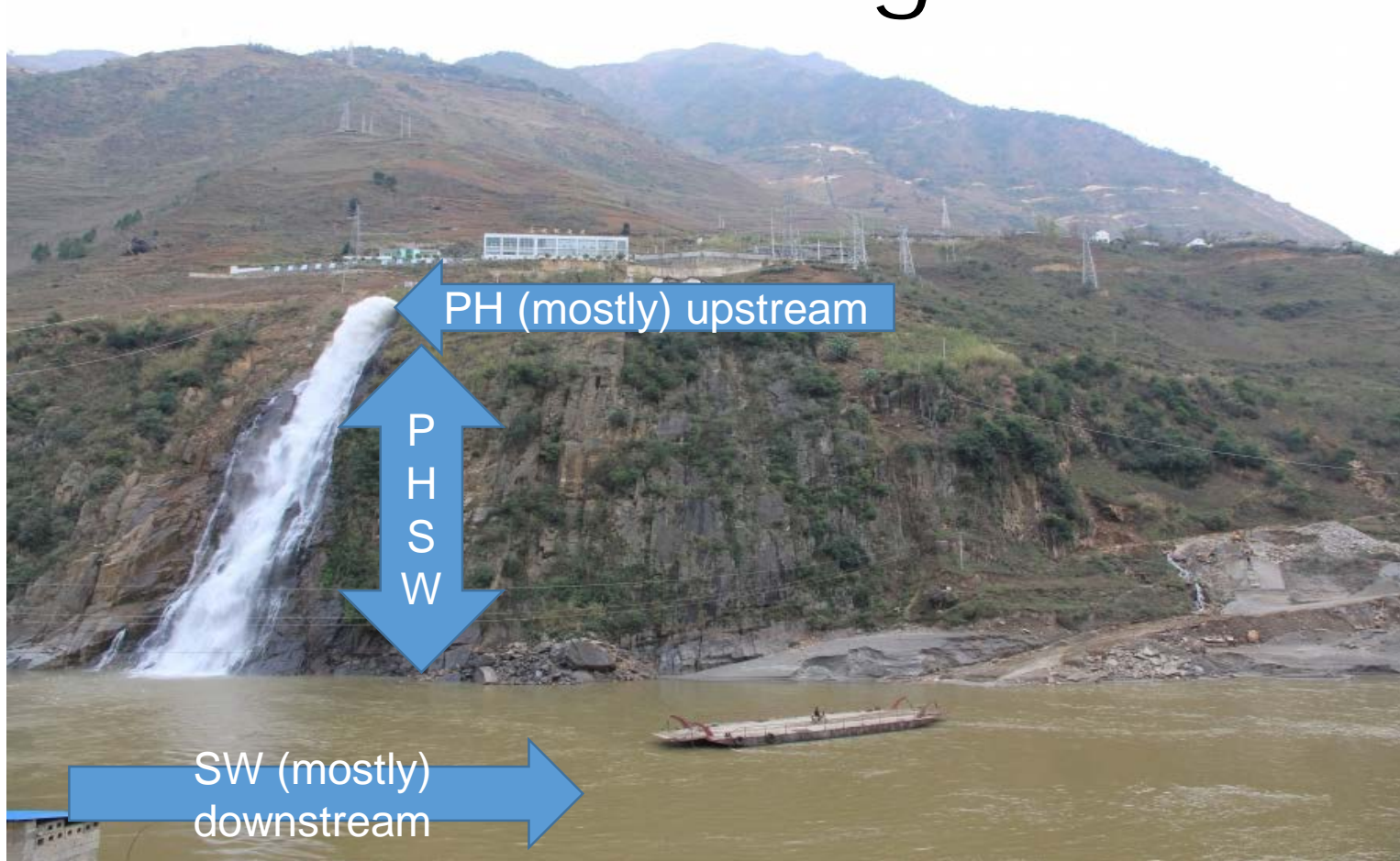


PHSW Timeline: Hindsight is 20/20

- **Lost leaders:** Leadership aged out while field consolidated as “clinical” profession > gradual loss and “forgetting” of PHSW in both fields over time...
- **Health system evolution:** health SW became/remains largely clinical & is major employer of SW; PHSW—like all of public health—is minimized
- **Continued need for PHSW:** PH develops “community health work” to address social determinants of health, unmet social needs, and tasks previously done by PHSWs
- **Time to Refresh:** Profession begins to recognize that PHSW is “unifying framework” for approaching major challenges



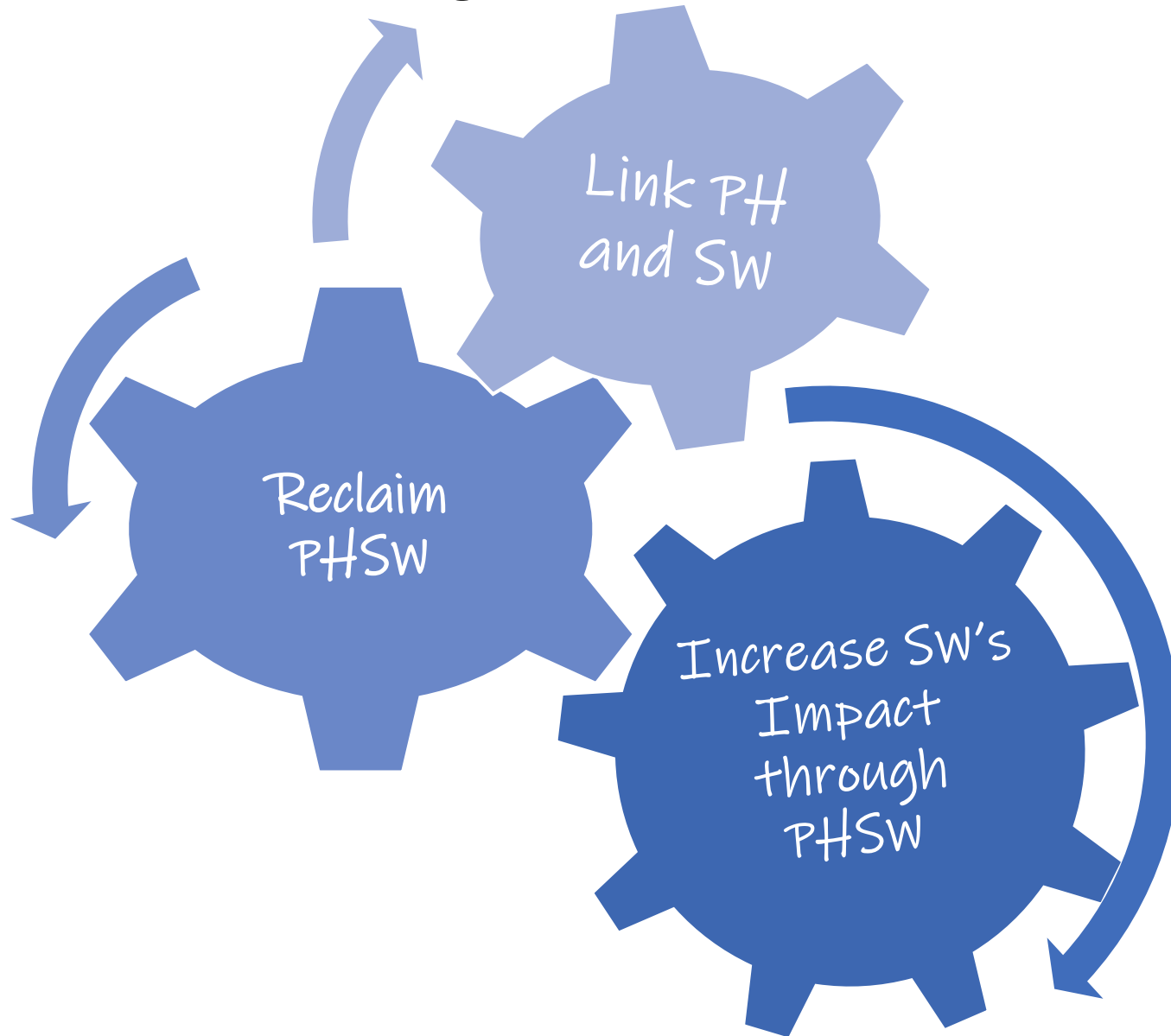
The Primary Rationale for Reclaiming PHSW...



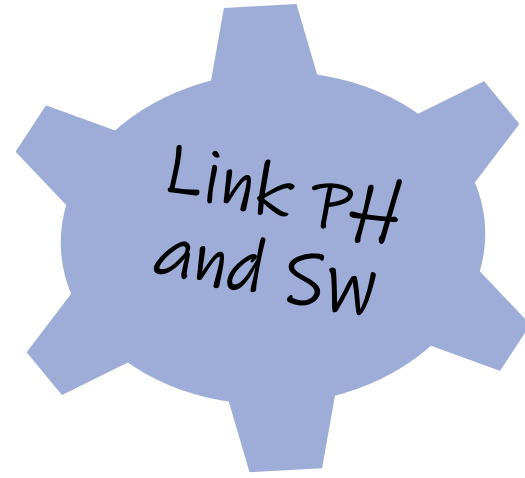
If you really want to stop people from drowning, you cannot ignore root causes...

4. PHSW: RECLAIMING FOR GREATER HEALTH IMPACT

PHSW: Pathways to Greater Impact



Deliberately Link Public Health and Social Work



- Understanding PH and SW; clarifying the common ground and key distinctions between the fields
- Recognize PHSW as interprofessional bridge

Understanding Both Fields

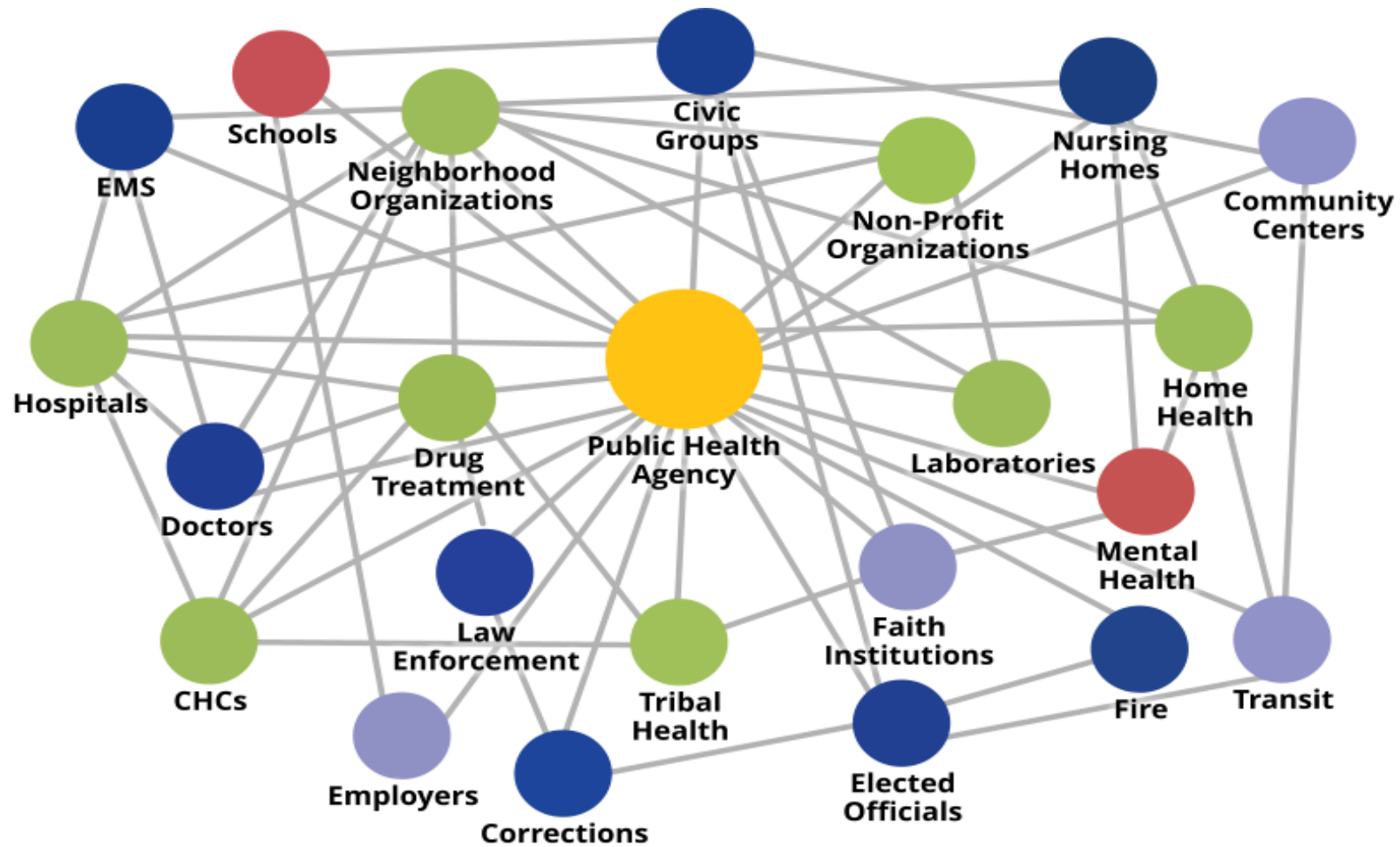
Public Health

- **Institute of Medicine:** the field of practice concerned with “assuring the conditions in which people can be healthy.”
- “An interdisciplinary field, based on biological and social sciences, with a mission to promote and protect the health of whole populations, and to prevent illness, injury and other disabling conditions.” -Turnock, 2007

Social Work

- **IFSW:** Profession dedicated to “restoration and enhancement of human function” and “promotion of change in social conditions to reduce human suffering.”
- **NASW:** “Based on values of...equality, worth, dignity of human beings, social work uses a human rights and social justice orientation to address complex needs of people in environments.”

The Public Health System



Public Health's Ten Essential Services

The Center for Disease Control identifies ten services that encompass public health's activities

<https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>



Common Ground: Complementary Approaches

Public Health

- Social justice mission
- Use of social sciences to drive theory/intervention
- Emphasis on ecological models and the role of “environment”
- Emphasis on resilience and protective factors
- Goal to promote health and conditions of health

Social Work

- Social justice mission
- Use of social sciences to drive theory/method
- Emphasis on “person in environment” approaches
- Emphasis on strengths-based approach
- Goal to improve human functioning and well-being



Complementary Theory Bases/Models/Approaches

Public Health

- Social ecological theories
- Stages of change theories (trans-theoretical)
- Social cognitive theories
- Health belief/behavior change theories
- Capacity building theories

Social Work

- Systems, ecological & “persons in environment” approaches
- Stages of change theories (trans-theoretical)
- Cognitive-behavioral practice models
- Critical theories (e.g., structural & anti-oppressive SW)



Critical Practice Orientation Differences

Public Health

- Primary focus on prevention
- Use of public health models/systems
- Population emphasis with exclusive macro focus
- Based on biological sciences, EBP, epidemiology
- Public health often “**up in the balcony**”

Social Work

- Primary focus on intervention
- Reliance on medical models/systems
- Primary clinical emphasis with focus on individuals, groups, families
- Lesser, but growing, emphasis on EBP and research
- Social work often “**down on the dance floor**” of community

When Public Health and Social Work Bridge...

Good things happen:

- SW & PH harvest century's worth of experience on how to maximize clinical, intermediate & population approaches for greater health improvement
- Public health & social work/welfare reconnect for greater effectiveness in addressing health inequities & unmet social needs (co-creating "social care")
- SW equipped with unifying framework to "tell a stronger story" about its value to health systems: e.g. when frail elders are discharged after SW involvement, they have fewer readmissions; social work *prevents* readmissions... (Altfeld, et al, 2013).

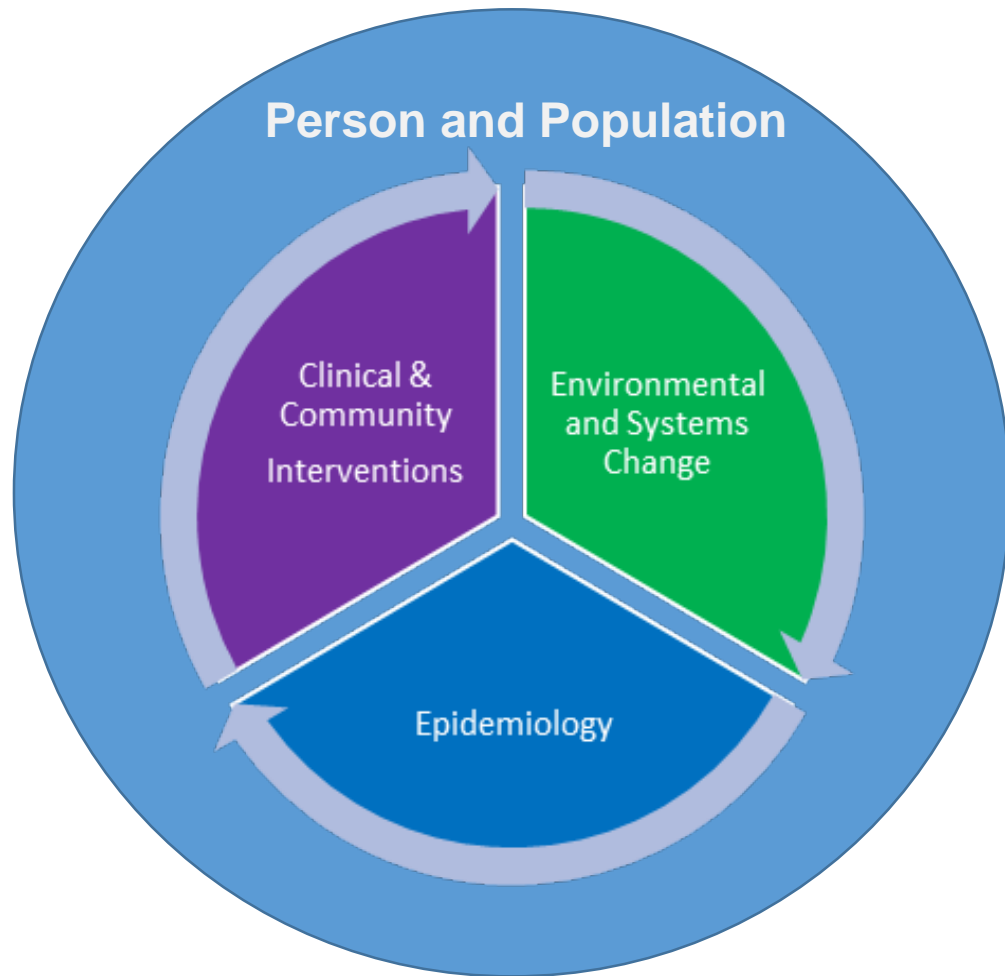


Reclaim and Conceptualize Public Health Social Work



- Conceptualize the PHSW Model
- Clarify PHSW's relevance to clinical & macro practice

The Wheel of PHSW



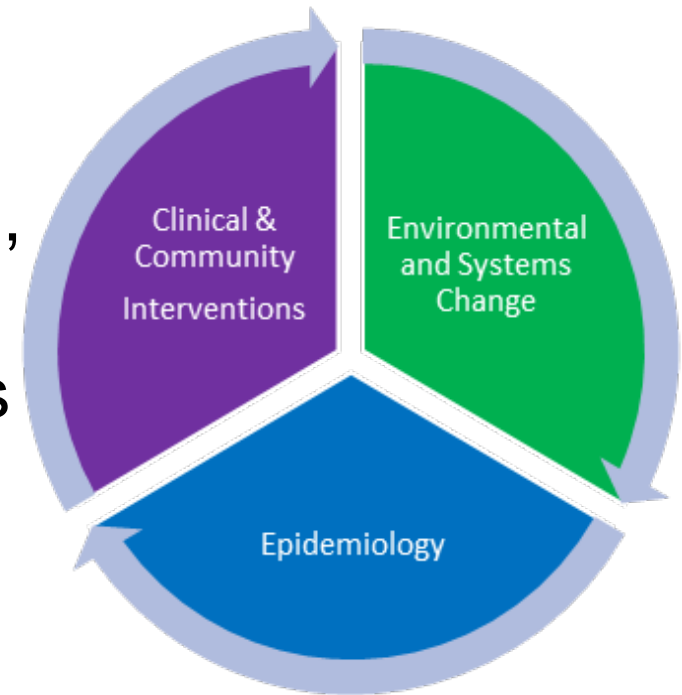
- Use of clinical, mezzo, macro skills
- Reliance on science of epidemiology
- Focused on systems, aims for structural change in conditions
- Wide-lens focus on “person *and* population”
- Emphasizes prevention

PHSW: Clinical AND Macro

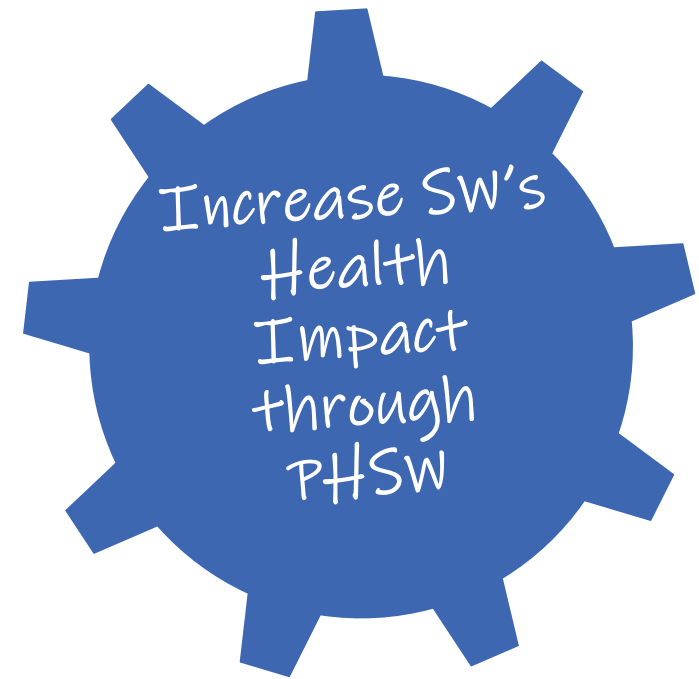
PHSW is an integrated approach that includes both clinical and macro social work

- Macro= Purple (community aspect) and Green (mostly)
- Clinical = Purple (mostly)
- Public Health without SW= Mostly Green & Blue, with some Purple (community aspect)

Public Health Social Work: All three components come together to enable simultaneous focus on persons AND populations



How PHSW Can Increase Social Work's Health Impact



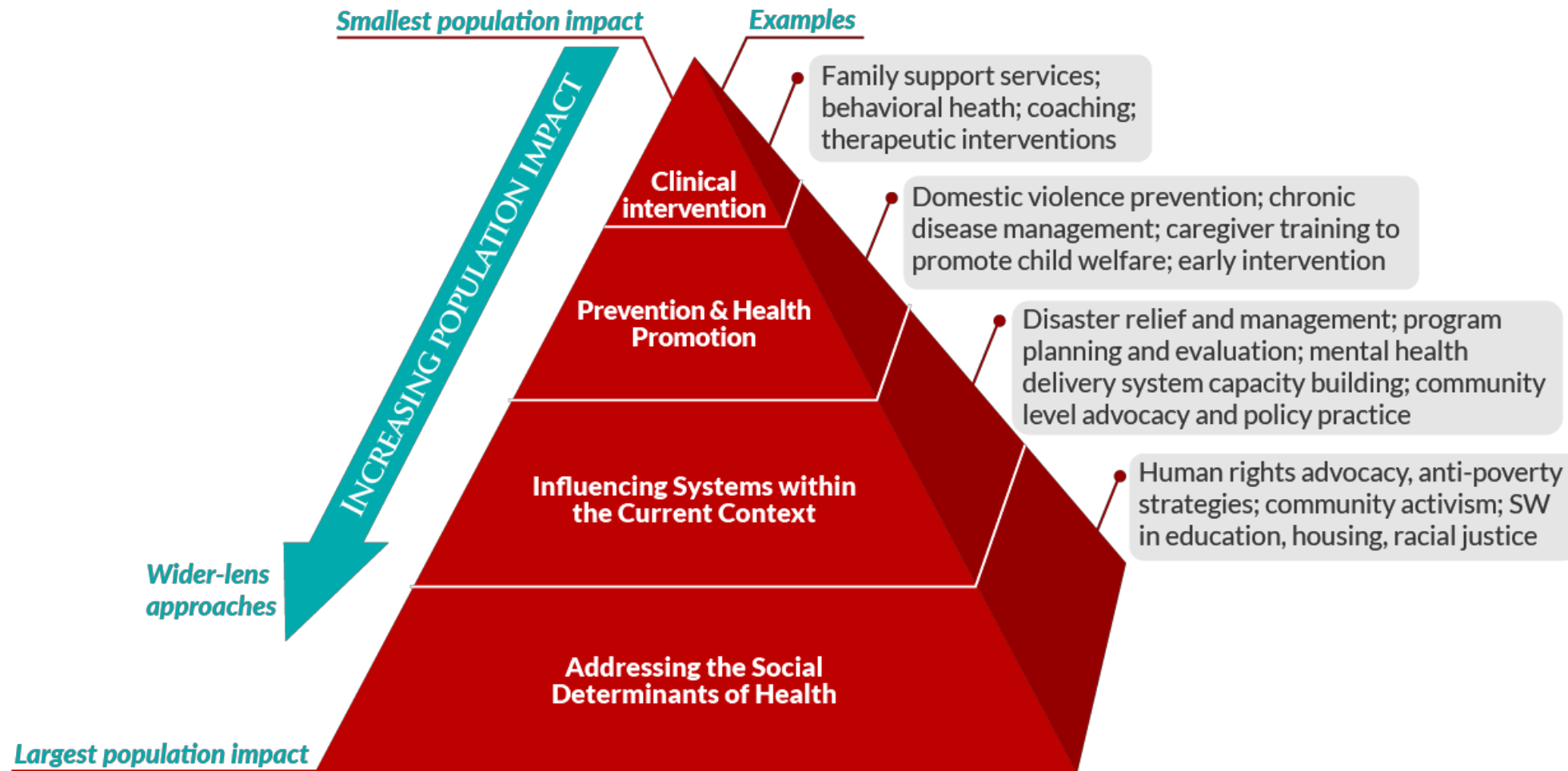
- Importance of health impact in post-ACA era
- Visualizing health impact and “telling the story” of PHSW in a PHSW model



Can Social Work Have Greater Impact?

- **Social injustice, health inequities & health reform:** require use of public health approaches
- **PHSW Challenge:** build upon existing clinical/macro methods to enhance profession's overall effectiveness & impact on population health
- **Development of a Social Work Health Impact Model:** adapted from Frieden's Health Impact Model, SWHIM illustrates profession's capacity for impacting health across systems and on multiple levels (Frieden, 2012; Ruth, Wachman, Marshall, Backman, Harrington, Schultz & Ouimet, 2017)

Visualizing SW Health Impact



Social Work Health Impact Model

(Ruth, Wachman, Marshall, Backman, Harrington, Schultz & Ouimet, 2017)

SW Health Impact Model Implications

- **PHSW-enriched practice**
- **All social work is health**
- **Need for SW Education recalibration**
- **Intentional infusion of wide-lens approaches across all levels of practice and link to “social care”**

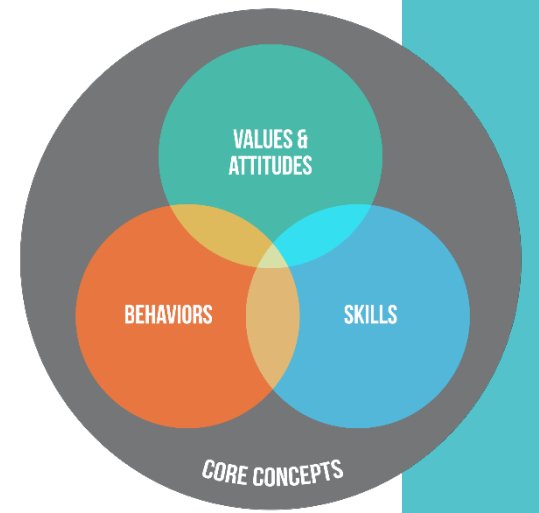


5. PHSW IN ACTION

Competencies

Functions

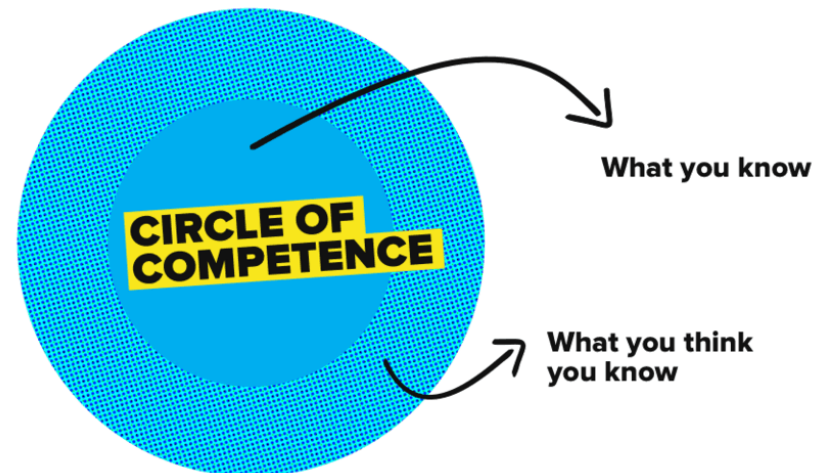
PHSW in Action: Dual Professional Competence



- Competence is central to professions; competent professionals practice with effectiveness & efficiency according to standards
- Numerous components: knowledge, values, skills, and behaviors (Drisko, 2014)
- Public health social workers use the theories, practices, concepts, and—most importantly--the competencies of social work and public health to improve health and well-being

Updated Competencies Needed!

- An area of practice thrives when practitioners can describe what it is, what it does, what it looks like in practice, who is doing it, and why employers need it!
- Current PHSW standards dated (written in 1990s) but much can be gleaned from reviewing them: [Existing PHSW Competencies](#)
- New ones needed...until then, utilize existing PH, SW & PHSW competencies





PHSW and the Ten Essential Public Health Services

Public health social workers are broadly engaged in all areas of public health. Of the ten, the following four areas were primary:

1. Inform, educate, and empower people about health issues
2. Mobilize community partnerships and action to identify and solve health problems
3. Develop policies and plans that support individual and community health efforts
4. Evaluate effectiveness, accessibility, and quality of personal and population-based health services

(Ruth, Wyatt, Velasquez, Bachman, 2015)



But What Do PHSWs Do?

- Engage in and lead integrative efforts in behavioral health and primary care
- Provide services in a public health framework for ongoing epidemic, disease or social issue
- Engage in community outreach & case-finding
- Consult and collaborate on major issues
- Prevention & health promotion activities, program planning
- Research, formal and informal
- Professional development/training/community & inter-professional education
- Community & legislative advocacy

Social Work Competencies

CSWE Social Work Competencies:

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



Public Health Competencies



Evidence-based Approaches to Public Health

- 1) Apply epidemiological methods to the breadth of settings and situations in public health practice;
- 2) Select quantitative and qualitative data collection methods appropriate for a given public health context
- 3) Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate;
- 4) Interpret results of data analysis for public health research, policy or practice

Public Health & Health Care Systems

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

Planning & Management to Promote Health

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

Public Health Competencies



Policy in Public Health

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

Leadership

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

Communication

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

Inter-professional Practice

- 21) Perform effectively on inter-professional teams

Systems Thinking

- 22) Apply systems thinking tools to a public health issue

PREPAREDNESS AND RESPONSE OF PUBLIC HEALTH SOCIAL WORKERS DURING COVID-19

COVID-19: Pandemic Disaster



- National Center for Posttraumatic Stress Disorder defines disaster as a sudden event that has the potential to terrify, horrify or engender substantial losses for many people simultaneously (NCPTSD, [2016](#))
- COVID-19 is a pandemic that has infected millions, killed hundreds of thousands, and is causing widespread social & economic disruption that is likely to continue over a prolonged period of time
- Not all communities will experience COVID-19 simultaneously requiring systematic attention to the rolling nature of the pandemic
- Sustained efforts at prevention, treatment and recovery will be needed for a long time to come

Various Forms of SW Disaster Response



- Psychological first aid & ongoing trauma informed services
- Family care, case/care management, care coordination
- Assisting with communications, particularly regarding trauma and behavioral health
- Resilient community capacity building—organizing mutual aid, etc.
- Advocacy and lobbying for social welfare and health programs and funding



Why Social Work is Needed

Able to:

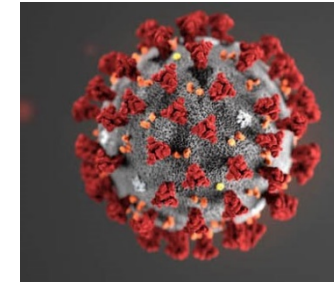
- Develop response plans for various population groups
- Provide a vital point of view during research efforts after a disaster event
- Support interventions and care at individual, family, group, and population levels
- Advocate for policies that ensure that the most vulnerable among us are not disproportionately affected by the pandemic—and that they are not forgotten in any response efforts



Immediate Functions of Social Work during COVID-19 response

- Ensuring that the most vulnerable are included in planning & response
- Organizing communities to ensure that essentials such as food and clean water are available
- Advocating within social services and in policy environments that services adapt, remain open and pro-active in supporting communities and vulnerable populations
- Facilitating physical distancing & social solidarity
- Advocating for the advancement and strengthening of health and social services as an essential protection against the virus, inequality and the consequent social and economic challenges

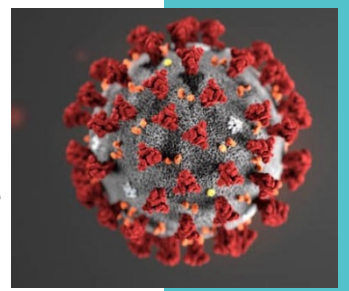
COVID-19 Response



Social Workers are FRONT LINE workers who can:

- Provide information about the opportunities to social groups
- Motivate people to access to those opportunities
- Help people manage their social-emotional response.
- Help people learn new skills to manage the experience
- Help people restore psychological equilibrium through processing the event with those affected
- Establish/facilitate communications
- Help individuals and families have a clear understanding of the situation
- Work to help an individual restore homeostasis and help them adapt

Application of PHSW Core Concepts to COVID-19 Response



- SW was first PHSW: Time to return to our roots, work collaboratively across sectors
- Epidemiology
 - Pandemic management requires Epi 101: testing and contact tracing
- Social Determinants and Population Health
 - Population management and screening for social needs that exacerbate pandemic impact
- Health Equity
 - Some populations (the ones affected most negatively by structural and systemic racism/discrimination) are getting hit harder – this is a pattern that repeats itself across all health outcomes and is not specific to the COVID-19 pandemic
- Prevention
 - Attend to social and mental health needs NOW, to prevent/mitigate the ‘second pandemic’
 - Use health literacy and other interventions to ensure that populations know how to prevent disease transmission
- Widening the Lens:
 - Advocacy/attending to SDOH while simultaneously working at other SWHIM tiers

PHSW 101 Authors

Betty J Ruth, MSW, MPH

Clinical Professor

Principal Investigator, Leadership in Public Health Social Work Education Initiative (BU-ALPS)

Director, MSW/MPH Program

Boston University School of Social Work

Email: bjruth@bu.edu

Madi Wachman, MSW, MPH

Assistant Director, Programs

Center for Innovation in Social Work & Health,

Boston University School of Social Work

Email: madi@bu.edu

COVID Updates made by Leadership of the
Public Health Social Work Section of the American Public
Health Association



More on the ALPS Project

- Advancing Leadership in Public Health Social Work Education (ALPS) Resources <https://ciswh.org/project/bu-alps>
- PHSW Toolkit
 - Resource guide
 - Profiles
 - Foundational and topical slide decks
 - Model PHSW Core Class Syllabus
- MSW/MPH Program Handbook
 - Integrative PHSW Seminar Syllabus
 - PH and SW Competencies overview
- Key Recommendations for Advancing PHSW