

# Advancing Social Work Education for Health Impact

Social work education plays a critical role in preparing social workers to lead efforts that improve health. Because of the dynamic health care landscape, schools of social work must educate students to facilitate health care system improvements, enhance population health, and reduce medical costs.

We reviewed the existing contributions of social work education and provided recommendations for improving the education of social workers in 6 key areas: aging, behavioral health, community health, global health, health reform, and health policy. We argue for systemic improvement in the curriculum at every level of education, including substantive increases in content in health, health care, health care ethics, and evaluating practice outcomes in health settings.

Schools of social work can further increase the impact of the profession by enhancing the curricular focus on broad content areas such as prevention, health equity, population and community health, and health advocacy. (*Am J Public Health*. 2017;107:S229–S235. doi: 10.2105/AJPH.2017.304054)

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**S**ocial work has long played an important role in the promotion of human health and well-being. Starting with the settlement house movement, social workers have led and participated in public health efforts to promote population health. Today, social workers are deeply integrated into health settings, with close to one half of all social workers employed in such settings, with additional growth expected over the next decade.<sup>1</sup>

Because of the dynamic changes in the health arena, it is helpful to better understand the origins of the involvement of social work in health. Although the inception of the profession lays in community and public health, the professionalization of social work in the 20th century resulted in several distinct areas of practice. Early hospital social work evolved into medical social work, which prioritized clinical practice roles and emphasized individual and family services within health care institutions. Public health social work, which linked both clinical and macro-social work to epidemiology, case finding, prevention, and health promotion, remained a smaller area of practice.<sup>2</sup> The demands of the current era suggest that a renewed focus on public health–informed approaches can unite the disparate activities of health social work and expand the impact of the profession.

Major national health issues, such as problems presented by an

aging population, chronic conditions, emerging and reemerging infections, and the profound health inequalities that result from social injustice, require significant recalibration of social work education. To respond to these challenges, social work must broaden its practice to include a specific focus on improving patient care and the best ways this can be accomplished, strengthen outcome evaluation to underscore the value of the profession, and widen the practice lens to engage more in prevention, population health, advocacy, and health equity promotion. Although dual-degree programs in social work and public health have long emphasized the importance of educating social workers in these areas, only a small number of students complete these programs each year. Thus, as the profession expands into the new arena, a broader set of social work skills is needed by all social workers. The Bureau of Labor Statistics predicts that health and

behavioral health will be the fastest growing practice areas for the social work profession, with almost one half of all social workers in 2024 employed in these areas.<sup>3</sup> Furthermore, all social work students can benefit from learning about health because it is important in every practice setting and for all individuals across the life span.<sup>4</sup>

Unfortunately, content related to improving public health is limited in all levels of social work education.<sup>5</sup> Many leaders of the profession understand the need for a serious reassessment of social work education in health.<sup>6</sup> A 2014 summit of 50 social work leaders, educators, and practitioners identified numerous ways to maximize the role of the profession in health.<sup>7</sup> The ensuing report suggested improvements in social work education; these included the integration of health policy literacy content, leadership development training, and other skills needed in new health practice environments. The report also emphasized the

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*This article was accepted July 30, 2017.*

*doi: 10.2105/AJPH.2017.304054*

importance of interprofessional education and affirmed the need for additional social work effectiveness research.

Building upon this work, the Boston University Center for Innovation in Social Work and Health (CISWH) created 7 learning communities relevant to the collaboration of social work with public health: health reform, community health, aging, behavioral health, policy, global health, and advancing social work education in health.<sup>8</sup> The mission of the CISWH is “to expand the impact of social work in health, public health, and global health in order to reduce health costs, improve outcomes and the patient experience, and to promote population health and health equity nationally and globally.” The CISWH uses the learning community model<sup>9</sup> to engage national experts and stakeholders in the areas that were chosen because they are high priorities in public health social work, and together they can best fulfill the mission of the center. Each learning community identified challenges and suggested solutions to expand the impact of social work in health reform, community health, aging, behavioral health, policy, and global health. The social work education learning community is elucidating the challenges, gaps, and opportunities associated with each of these 6 content areas as they relate to improving social work education.

We examined these areas to determine existing social work educational opportunities and to further identify ways to strengthen such training (see the box on page S233 for a summary of social work education recommendations related to each area). Social work education includes baccalaureate (BSW),

master (MSW), and doctoral (DSW or PhD) degrees. The Council on Social Work Education (CSWE) creates core competencies and oversees accreditation for BSW and MSW programs.<sup>10</sup> The Group for the Advancement of Doctoral Education has created guidelines related to educational quality in social work PhD programs.<sup>11</sup>

## HEALTH REFORM

When passed into law in 2010, the Affordable Care Act (ACA)<sup>12</sup> increased access to care by expanding insurance coverage, improving the health care delivery system, and increasing public health capabilities to improve overall health outcomes. The ACA fundamentally changed the health system by shifting from acute, disease-focused interventions to person-centered, preventative, and coordinated care. Although the future of the ACA is unclear because of ongoing efforts to repeal and replace it, the initiatives and reforms that resulted from its enactment highlighted the important roles social work can play in health care innovation.

The goals of health reform connected to the historical disciplinary competence of social work emphasize life span, ecological, and human development frameworks while underscoring the role of social, familial, and environmental factors in health.<sup>6</sup> Because of its micro (individual), mezzo (small communities), and macro (population) practice competencies, social work is well-positioned to continue to build upon its strengths to work within and provide leadership to the many possible changes that may occur.<sup>6,13</sup> Various efforts in patient navigation, care

management, patient-centered medical homes, and accountable care organizations provide evidence of the diversity and value of social work to contemporary health.

However, as the *Social Work & the Affordable Care Act: Maximizing the Profession's Role in Health Reform* summit report reflects,<sup>7</sup> social work education must change if social workers are to achieve the skills needed for leadership in improving the health of the nation. Social workers at all levels, from those with BSWs to those who are continuing their education, need additional knowledge and skills to practice effectively. This analysis suggests that a key skillset has emerged for successful practice in health. First, because of the complexity and impact of the health system, all social workers need a basic understanding of health policy. Every social worker is somehow involved with individuals, communities, and systems that influence the social determinants of health. Health affects every single individual in this country. Issues related to health transcend every social work practice setting.<sup>4,5</sup> Second, practitioners must accordingly understand how to engage in quality improvement as it relates to promoting a healthy population and increasing health equity. Third, social work educators must teach students to engage in practice outcome evaluation so they can demonstrate the value of their work. Finally, all social workers need to be able to engage in prevention and population health improvement.<sup>13</sup>

These skills can be further delineated according to level of education. For instance, at the BSW level, schools can emphasize learning in community health work, case management,

and navigation. At the MSW level, roles can expand to include care coordination, chronic disease management, community health advocacy, prevention, and public health approaches to address health inequality. At the doctoral level, students can be encouraged to work across disciplines, to integrate public health content into their doctoral education and to choose dissertation topics that focus on social work and health system improvement.

## COMMUNITY HEALTH

The development of healthy communities is essential to achieving health equity for all US residents. Historically, social workers, particularly those in public health, have played key roles in community health. However, in recent decades, social work has emphasized the acquisition of clinical practice skills for work with individuals, families, and small groups. Yet, the education of students for community health is central to promoting the health impact of the profession and achieving health equity.

At the close of the 19th century, Jane Addams wrote about the importance of community health, citizen organization, and community engagement for the betterment of all people.<sup>14</sup> More recently, the National Prevention Strategy called for the development of partnerships among government, industry, and private sector entities to improve population health and achieve health equity.<sup>15</sup> Community health social work can be central to these partnerships, which are accomplished by 4 strategic directives: creating healthy, safe communities; expanding clinical and

community-based preventive services; empowering people to make healthy choices; and eliminating health disparities.<sup>15</sup> Each relies on citizen participation and cross-sectoral partnerships to help bring about community development, improved population health,<sup>16</sup> and sustained change.<sup>15</sup> For example, community coalitions maximize opportunities for citizens to bring about sustained change.<sup>17</sup> Coalitions help build community capacities that enhance the work of community-based organizations, faith institutions, schools, parks, cultural institutions, and small businesses, which help communities and neighborhoods provide health promotion activities.<sup>18</sup> Public health social work, in particular, is capable of providing support and leadership in the multilevel strategies needed for creating community health, but these efforts require broad knowledge of prevention. Yet social work research, practice, and theories underpinning prevention remain underdeveloped.<sup>19</sup>

To bring the field forward, practitioners must connect their work to prevention theories that focus on current efforts to achieve health equity.<sup>20</sup> Macrolevel practice competencies, first developed by social workers and later adopted by public health practitioners, help to increase health promotion; however, the case for the use of macrosocial work competencies in improving community-level health has not been widely stated.<sup>21</sup>

Social work educators can address this deficiency by incorporating public health in their courses. Educators must emphasize interprofessional collaborations that teach undergraduate and graduate students across both fields how to develop community collaborations using multilevel, ecological theories

and building local policies, resources, and capacities for health equity. BSW and MSW interprofessional internships that require students to learn both clinical and community practice skills are needed. Social network analyses, coalition building, and community group facilitation are examples of community practice skills that can facilitate the building of health equity. At the doctoral level, community-based participatory research skills are essential to building the scholarly competence of the profession in community health.

## AGING

Advances in medical technology and public health have led to increased life expectancy. However, increasing age remains a well-established risk factor for the leading causes of morbidity and mortality.<sup>22</sup> Older people often live with multiple chronic conditions that require significant formal and informal resources. Social work and other public health professions possess disciplinary competencies that enable them to play a role in advocating for and optimizing the allocation and use of such resources. In the next decades, interprofessional efforts will assist aging populations to adapt to aging-related life span issues and manage chronic conditions.

The impact of the population shift on an aging society is enormous, perhaps best underscored by a statistic from a Pew Charitable Trust report.<sup>23</sup> The report noted that on January 1, 2011, and every day for the next 19 years, 10 000 Americans would turn 65 years old.<sup>23</sup> The inclusion of foreign-born Americans increases those projections, and results in 80 million new retirees

seeking entitlements, including health care, during the next 16 years.<sup>23</sup> As the number of older Americans increases, they will require more health-related resources than will their younger counterparts and have greater risk for disadvantages in health outcomes.

Encouragingly, the CSWE National Center of Gerontological Social Work Education (GeroEd Center) provides a wide variety of educational materials for educating BSW and MSW social work students on aging (<https://www.cswe.org/Centers-Initiatives/Centers/Gero-Ed-Center/Educational-Resources>). In addition, the GeroEd Center provides resources at professional meetings and for continuing education. Yet, although social work education has made progress in integrating content on aging, reforms are necessary<sup>24</sup>; too few students are taught gerontology, and only a small minority specializes in aging. All BSW and MSW social workers should graduate with a fundamental understanding of aging, gerontology, and health and doctoral students need training in research and advanced clinical practice in these areas.

Finally, although much of aging practice is clinical in nature, opportunities exist for broader efforts. For instance, public health-informed social work can lead interprofessional initiatives to promote healthy aging, prepare society to work effectively with the increasing numbers of older people with multiple chronic diseases, and engage in secondary prevention.

## BEHAVIORAL HEALTH

Because social workers constitute a large percentage of the behavioral health workforce, the

profession is able to shape a new service-delivery model consistent with the principles of prevention, integrated health care, and health equity. Social workers, who are already dominant in these areas, are likely to fill emerging roles in behavioral health.<sup>3,25</sup> Preparing social workers to navigate a changing landscape of health care delivery will equip them for leadership positions on health care teams, and can facilitate opportunities for integrated health models that reduce disparities and promote equity.<sup>26</sup>

Recent Health Resources and Services Administration funded projects have incentivized social work programs to develop training models that prepare MSW graduates for behavioral health practice in integrated health, leading to an increase in behavioral health education within social work. Effective preparation for behavioral health is characterized by a focus on prevention and population health, leadership development, and interprofessional team practice. Social work educators must incorporate prevention and integrated health content into BSW and MSW courses and develop internships that include interprofessional team-based practice as core components.

Several curriculum-based resources are available to support these efforts. Suggested prevention competencies for social workers and a detailed example of a prevention-focused behavioral health course have been described elsewhere.<sup>25</sup> Professional competencies and training needs of social workers in integrated health settings have also emerged.<sup>26</sup> The Social Work and Integrated Care Project, an initiative to infuse integrated behavioral health in MSW-level social work education, provides fully developed practice and

policy courses designed to prepare students for behavioral health practice in integrated settings.<sup>27</sup> Finally, detailed competencies and training methods have been developed for an innovative program centered on the dual goals of preparing students to become both highly skilled leaders and behavioral health practitioners in emerging integrated health models. The training program, which emphasizes prevention-focused approaches, teaches students to practice at the micro, mezzo, and macro practice levels in integrated behavioral health,<sup>28</sup> and is an example of the new content needed for behavioral health innovation. However, such training should be expanded; undergraduate students also need training in behavioral health social work, and doctoral social students need to be prepared to do research and advanced practice relevant to behavioral health practice and policy.

## POLICY

Strengthened attention to social work education in policy and policy practice is essential so that social workers can expand their impact on the United States and global health. There is increasing recognition that public health approaches are vital to addressing the social problems facing the United States. Thus, a focus on developing population-based solutions, social policies, prevention efforts, and health promotion strategies is occurring.<sup>29</sup> This contemporary view resonates with the historical person-in-environment perspective in social work, in which social workers act as agents of change, and parallels the tactics used by the nascent social work profession in the early 20th

century.<sup>30</sup> The creation of the Children's Bureau is a significant example of social work leaders' active involvement in creating social policies that targeted preventing infant mortality and disease, and promoted the health and well-being of children at that time. A century later, the need for social workers to engage in policy and advocacy, especially to address health inequities, continues.

The dominance of clinical social work education has resulted in less attention to the influence that legislative, executive, and judicial branches of government have on policymaking and on social work jobs. Yet, social work's roles in child welfare, behavioral health, health care, and aging are often expanded or limited by federal and state laws. BSW and MSW social work curricula include policy content to help students learn social welfare history, to understand key laws governing federal and state health and social service systems, and to facilitate policy practice. Although policy analysis is a regular part of the social work curriculum, an increased emphasis on policy practice is needed by the social work academy, as evidenced by the creation of the Coalition for Policy Education and Practice in Social Work to increase policy advocacy and practice in social work education. This coalition hosted a 2017 Policy Practice Summit that discussed ways that schools of social work could increase efforts to train students in policy practice. Such efforts are necessary, because although some schools have outstanding attention to and opportunities for policy training, both explicit and implicit biases remain among social work educators and practitioners related to policy practice.<sup>31</sup>

The implementation and potential dismantling of the ACA

underscores the need for all social workers to engage in policy practice and to hold policy positions at local, state, and federal levels. Students at all levels need to be informed and socialized into opportunities for policy careers. Beyond legislative and executive branch positions, social workers can serve in policy positions with professional organizations, unions, foundations, think tanks, and public interest advocacy groups.

Several efforts have emerged to enhance policy education in social work. These include the Special Commission on Macro Practice, the Coalition for Policy Education and Practice in Social Work, the annual Policy 2.0 conference sponsored by Influencing Social Policy, and the creation of the National Association of Social Work's Social Work Policy Institute. Together, these have highlighted the need for infusing policy content into all social work curricula, providing students with meaningful policy practice experiences, encouraging students to pursue policy careers and encouraging employers to hire social workers with policy experience.<sup>32</sup> The Social Work Policy Institute developed a set of recommendations for schools of social work, employers, and national organizations to strengthen social work policy competency.<sup>32</sup>

At the doctoral level, students should be encouraged to conduct policy implementation studies on various components of the ACA, particularly in light of their variability across states. Doctoral programs should also encourage students to pursue fellowships, such as those offered by the Society for Research on Child Development or the Health and Aging Policy Fellowship, to further hone policy practice skills. Finally, doctoral graduates can be

ideal candidates for policy practice positions nationally and globally.

## GLOBAL HEALTH

The interest of the profession in global health has grown in recent years. As a result, schools and professional social work organizations have identified the need for expanded global health content in social work education.<sup>33</sup> The CSWE Commission on Global Social Work Education has developed global health content and launched the China Collaborative, in which American schools of social work partner with Chinese universities to build Chinese social work educational capacity. In addition, New York University hosted a national, transdisciplinary global health conference that focused on Global Health: The Social Work Response.

International social work and social welfare have been longstanding subdisciplines within the profession and share a commitment to improving the social and material well-being of people worldwide. However, global health represents a larger, transdisciplinary field that addresses health issues that transcend national boundaries while prioritizing health equity and prevention. The integration of global health content is essential for students seeking to practice in international settings, and is also valuable to those seeking to understand global migration, poverty, and the lack of resources that inform health inequality.<sup>34</sup>

Although some MSW and MPH programs offer global health specializations or majors, only a small number of schools of social work infuse global health into MSW curricula and programs.<sup>5</sup> Findings from a recent

## SOCIAL WORK EDUCATION RECOMMENDATIONS

### Health Reform

- Educate all social work students on health policy, including specific content on health care reform and its implications for social work and for health care financing.
- Focus on teaching the skills needed for both practice and leadership in health, such as care management and coordination, navigation, integration, collaborative work with community health workers, interprofessional team science, prevention and population health skills, health information technology, health literacy, participation and leadership in patient-centered health teams and Accountable Care Organizations, quality improvement, and evaluation of social work outcomes and value in health settings.

### Community Health

- Teach students to think broadly about and to conceptualize practice in the health of all communities and community settings.
- Ensure students emerge with the skills to assess and map communities, including the capacity to use large data sets; participate in community-based participatory research; and to use social epidemiology to inform community-health activities.
- Ensure all students graduate with knowledge and skills in community organizing and culturally responsive engagement in community practice.
- Incorporate community and public health concepts and theories into social work courses.
- Provide students with interprofessional classroom and field placement opportunities at the community level.
- Train students to collaborate with and supervise community health workers.
- Include content on coalition-building and cross-sectoral work with nontraditional partners, such as businesses and other types of organizations.
- Teach students about emerging community health impact assessment tools and how they can be used to promote community health.

### Aging

- Use resources from the National Center of Gerontological Social Work Education.
- Provide content on aging and health to all social work students.
- Involve students in interprofessional initiatives to promote healthy aging.
- Integrate concepts of productive aging and “healthy aging” to enable students to participate in maximizing the aging process.
- Educate students to integrate the concepts of healthy aging into their practice.
- Educate students about health promotion initiatives and integrating prevention in health aging.
- Prepare students to be leaders and evaluators of the emerging field of telehealth and technology assistance initiatives for older adults.

### Behavioral Health

- Strengthen the transition to behavioral health by collocating and integrating content on behavioral health and substance abuse in practice courses.
- Use resources from the Social Work and Integrated Care Project, and prioritize the integrated health model as the primary method for teaching health social work.
- Include prevention, evaluation, and team leadership skills needed in behavioral and integrated health settings.

### Policy

- Require students to take a discrete course in health policy that will cover all aspects of health, including health care reform.
- Encourage and equip students to pursue policy careers by establishing policy practice concentrations, in which policy analysis, advocacy, and implementation skills are taught.
- Teach students how to conduct health policy implementation studies.
- Create an online, updatable directory of social workers employed in policy and legislative settings nationwide to foster policymaking internships.

study of global health majors from a prominent MSW and MPH program suggested the need for a greater conceptualization of the role of social work in global health. Although public health coursework was identified as central to the success of global health social workers, specific educational efforts were recommended, including global health field internships, global health ethics, and professional activities to brand social work as a global health profession.<sup>35</sup>

To date, only a small number of schools of social work infuse global health into their curricula and programs. The social work education establishment could promote additional initiatives to expand learning in global health, such as international research projects, international faculty and student exchanges, or the development of international field placements.<sup>35</sup> In addition, strengthening the link between global social work and social work with immigrants and refugees within the United States is also needed.

Global health requires creative adaptation of curriculum at every level. For instance, the use of bidirectional approaches, as described by Chowdhury,<sup>36</sup> might diminish the possibility of paternalistic practices that sometimes accompany global efforts and inadvertently reinforce colonialism by saving “victims” of oppression. The concept of critical consciousness by Freire,<sup>37</sup> in which those who are oppressed should act on the roots of the oppression they face, can help social workers grapple with the ethical issues they face in global health. Teaching global health allows for innovative approaches where content is taught by interdisciplinary or global teams. Doctoral social work programs can encourage relationships with public health researchers on

**Continued**

- Use resources from the Coalition for Policy Education and Practice in Social Work, Social Work Policy Institute and Influencing Social Policy Organization.

**Global Health**

- Establish global health as a specific area of research and learning.
- Create opportunities for students and faculty to engage in global health learning opportunities, including field placement, research, and teaching opportunities, as well as collaborations with schools of public health.
- Integrate content on global health into curricula, including global public health and social work, ethics of social work in global settings, disaster responsiveness, cultural humility, and the promotion of community resilience.
- Link to major organizations that prioritize global health, identify social workers in global health practice, and integrate major priorities of leading health organizations into social work curricula.

global health issues or direct research on international social work. Through an enhanced effort, social work can become a valuable partner in transdisciplinary collaborations to improve global health.

**IMPLICATIONS**

The enactment and implementation of health reform, together with other emerging health concerns, has highlighted numerous issues for the social work profession regarding its future as a participant in the larger health workforce. Transforming the education of social workers at all levels is necessary to strengthening the presence and impact of the profession in health. Such transformation is necessary for all social work students because health transcends all practice areas as an important contributor to individual and population well-being; social determinants related to all social work practice areas affect health. Our analysis focused on 6 areas of overlapping interest to public health and made 3 key recommendations.

First, the 6 areas included in this analysis are complex and require collaborative intersectoral efforts. The profession

brings together many clinical and integrative strengths; however, to better prepare for transdisciplinary collaboration, social workers would benefit from substantive grounding in broader population health approaches. Integrated and public health-informed content must be infused into social work education across all domains so that all students graduate with competencies to practice in integrated health settings and to work collaboratively with public health.

Second, this transformation relies upon the inclusion of interprofessional approaches that facilitate skill in working across disciplines, particularly public health. Promising interprofessional education models in schools of social work have evolved,<sup>38,39</sup> and CSWE is now included in the Interprofessional Education Collaborative. Interprofessional practice competencies are required as part of the 2015 CSWE Educational Policy and Accreditation Standards.<sup>40</sup> Such efforts will help to break down siloes and inform public health and other health professions of the competencies of social work.

Finally, social work educators and organizations must act decisively in a coordinated and intentional process to transform

social work education. Although one-time summits and analyses are helpful, social work education needs a strategic plan for transforming health practice. We call on the CSWE to create a sustained process by which a broad cross-profession set of initiatives can be created. Multiple organizations, including the American Public Health Association's Public Health Social Work Section, the National Association of Social Workers, and the Society for Social Work Leadership in Healthcare can participate in coordinated efforts to provide leaders, practitioners, and educators with opportunities to engage in crafting health social work competencies that can be integrated quickly and at every level, including into continuing education. Beyond that, a commitment to resource development and evaluation is needed so that all social work education programs can participate in educational innovation for a more impactful health social work. Historically, social work has had an important role in improving public health, and as health care in the United States is reformed, schools of social work and social work organizations will need to make a concerted effort to work together to prepare students for

leadership that will improve the health of the nation. *AJPH*

**CONTRIBUTORS**

All authors contributed to the conceptualization, writing, editing, and revision of the article.

**HUMAN PARTICIPANT PROTECTION**

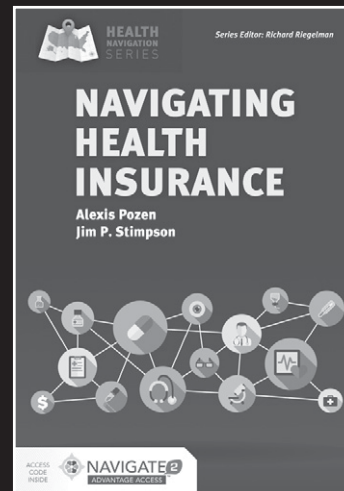
This article did not involve human participant research; therefore, no institutional review board approval was necessary.

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