HEALTH IN ALL PROGRAMS? FINDINGS FROM A WEBSITE ANALYSIS OF MSW PROGRAMS

Betty J. Ruth, Madi Wachman, & Neena Schultz

Date

Council on Social Work Education

Annual Program Meeting, Tampa FL

BOSTON UNIVERSITY SCHOOL of Social Work

gpsi group for public health social work initiatives

BU Boston University School of Public Health

Presenter Disclosures

Betty J. Ruth

The following personal financial relationships with commercial interests relevant to this presentation existed during the past twelve months:

No relationships to disclose.

OVERVIEW: HEALTH, SOCIAL WORK, AND A CHANGING LANDSCAPE

Social Work and Health: Changing Times

Multiple drivers forcing increased focus on health in social work:

- Population changes, globalization, urbanization, aging, growth, immigration
- Natural disasters and war
- Pervasive chronic/infectious diseases
- Rampant health inequalities
- Affordable Care Act

Super Driver: Affordable Care Act

Moment of profound change & (imperfect) opportunity to increase health justice

- ACA goals based loosely on "triple aim":
  1. Better patient outcomes & increased access to care
  2. Control of costs; getting more for money spent
  3. Improving population health outcomes
- ACA strategies: incentivize coverage, coordination, community-based services, prevention, integration of behavioral health into primary care, & cost savings

ACA: Focus on Prevention & Population Health

- ACA contains population health goals/language: explicit linking of clinical medicine, health system improvements, & population-based approaches (Kemp, 2012)

- ACA expands access to preventive care; establishes first-ever National Prevention Strategy (NPS); creates funding for prevention, including Prevention and Public Health Fund (Fielding, Teutch, & Koh, 2012)

ACA: Population Health (PH) Defined

- Refers to health outcomes of groups of individuals, including distribution of group differences (Kindig & Stoddart, 2003)

- Measures health inequalities in & between groups, particularly "social determinants of health" - education, class, race, access to care, etc.

- Includes policies & interventions for improving public's health through "*wide-lens approaches*," historically tied to greatest population health gains
(Beddoe, 2013; Braverman, Edgerter, & Williams, 2011; Moniz, 2010)

ACA: Defining Wide-Lens Approaches

Wide-lens public health approaches include:

- Population level efforts to create healthy communities and environments
- Prevention, health promotion, health advocacy
- Study of social and structural causes of and solutions to poor health outcomes or inequalities – "social determinants of health"
- Integration of health into all policies and systems
- Historically, wide-lens public health approaches yield greatest improvements in health and are highly linked to health equity

SOCIAL WORK IN HEALTH IN THE ACA ERA
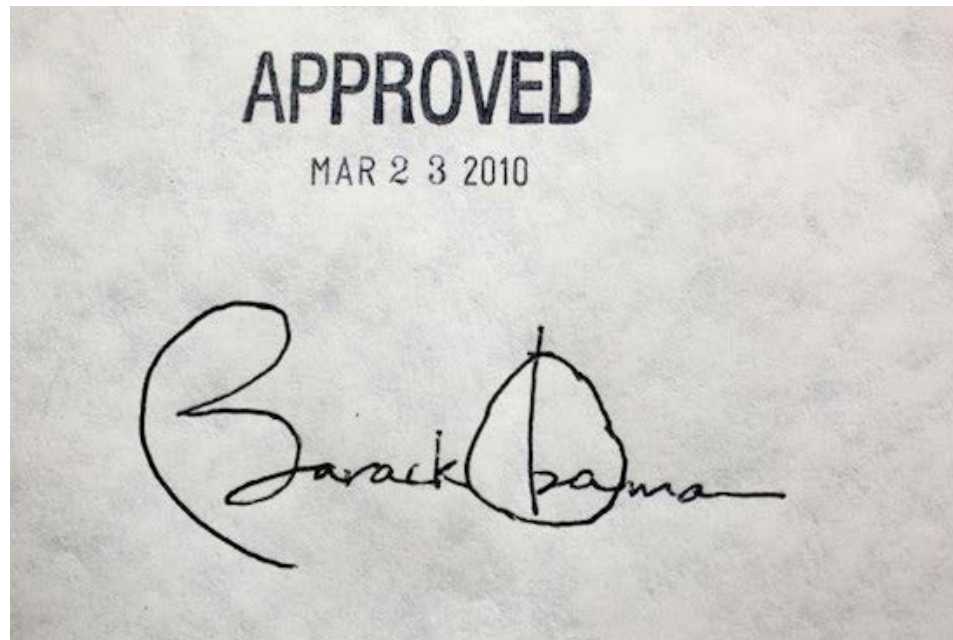
ACA Impact on Social Work (SW)

- ACA affecting all core health professions, including SW
- Majority of US social workers employed in health: impact likely to be great
- Potential for expanding SW opportunities in:
  - navigation and care coordination
  - integration of behavioral health & primary care
  - patient-centered health homes
  - accountable care organizations
  - community-based health services
  - **prevention and wide-lens practices to improve population health**

Historical Examples of Wide-Lens SW

Early 20th century SW characterized by wide-lens:

- Embrace of public health model
- Collaboration with public health in infectious disease control, maternal & child health, settlement houses, hospital SW
- Early use of social determinants of health through "person in environment" approaches
- Prevention, case-finding, early intervention
- Development of public health social work and "macro" or community approaches

SW in Health Today: Mostly Micro

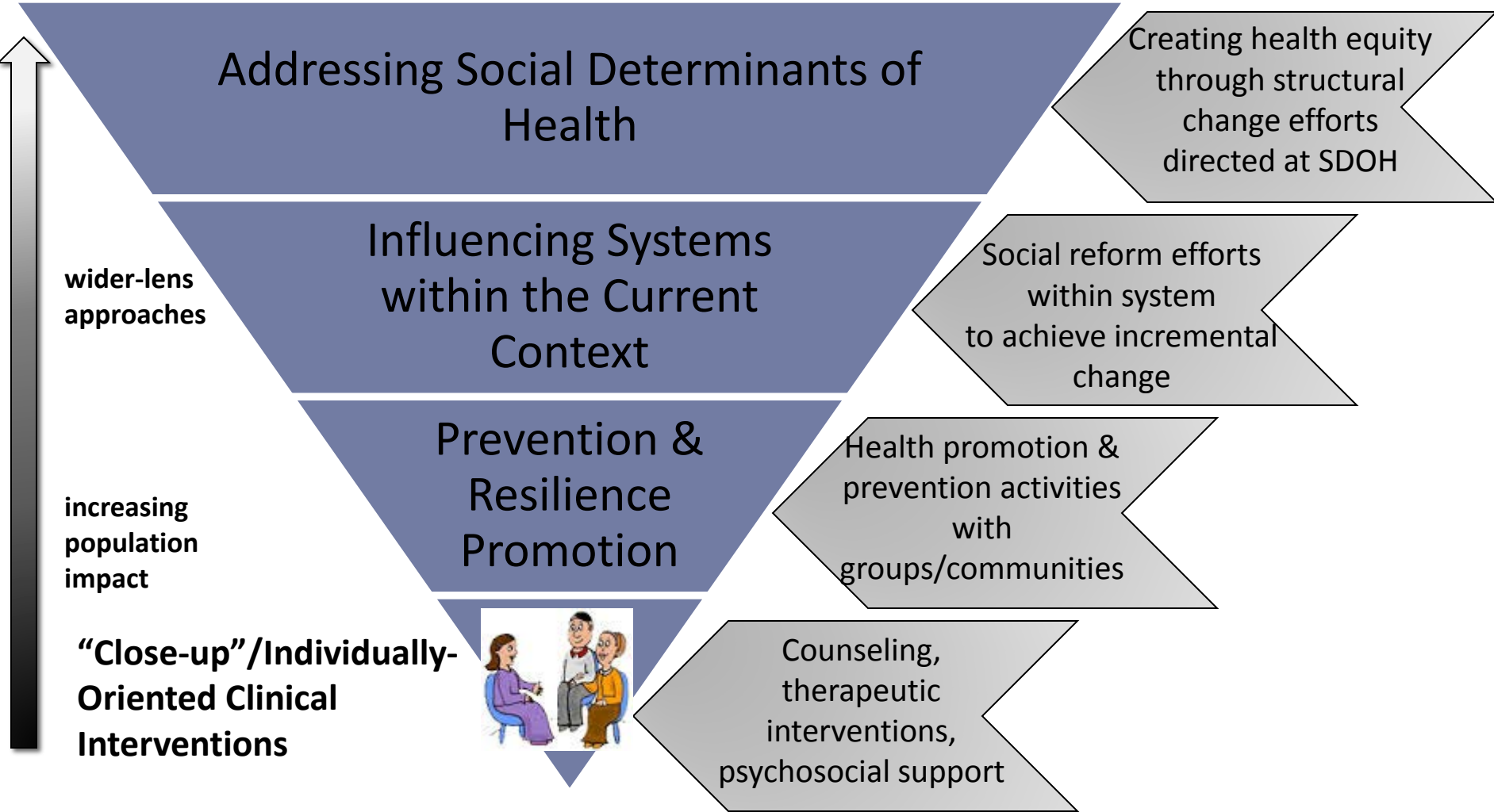Today, most SW in health "close-up" and micro:

- Health generally viewed as niche area of practice—largely clinical in nature--focused on counseling, treatment, psychosocial support

- Critically valuable to individual and family well-being, but *limited in population impact*

- ACA offers opportunity to redefine health in SW using broader framework that once again embraces wide lens approaches, broadens profession's reach & strengthens SW impact (Beddoe, 2013)

SW Health Impact Model: Increasing the Profession's Impact on Health Inequality

The big social justice issues, such as health inequalities born of social determinants of health, require re-conceptualization of SW in health for greater impact:

- Challenge is not to abandon existing clinical/macro methods, but to enhance profession's overall effectiveness by widening practice to deliberately embrace all levels of health impact model

- The SW Health Impact model, adapted from Frieden's Health Impact Model, illustrates why SW is one of very few professions with capacity and history for impacting health on multiple levels (Frieden, 2012)

SW Health Impact Model

Addressing Social Determinants of Health

Creating health equity through structural change efforts directed at SDOH

Influencing Systems within the Current Context

Social reform efforts within system to achieve incremental change

Prevention & Resilience Promotion

Health promotion & prevention activities with groups/communities

"Close-up"/Individually-Oriented Clinical Interventions

Counseling, therapeutic interventions, psychosocial support

wider-lens approaches

increasing population impact

SW Health Impact Model Summary

- The Bad News: Most SW in health occurs at tip of model, where population impact is least

- The Good News: We have within our ranks current and historical capacity to work at all four levels

- Even Better News: We can educate students and SW professionals for greater impact in health

- The Best News: SW in health can become important force for social justice, health equity and success of ACA

HEALTH CONTENT IN SW EDUCATION

Health Content in SW Education

Little knowledge regarding health content in SW education:

- Historic concern that graduating students unprepared for practice in health (Bronstein, Kovacs & Vega 2007; Spitzer & Davidson, 2013)

- Scholarly discussion of role of public health content in SW education ongoing since 1970s (Ruth & Sisco, 2008)

- Robust inquiry into various gaps/missing content in SW education e.g. suicide, healthy aging, domestic violence (Danis & Lockhart, 2003; Marshall & Altpeter, 2005; Ruth, Gianino, Muroff, McLaughin & Feldman, 2012)

Health Content in SW Education Trends

- Most recent review of health content in 1997: half of MSW programs offered health-related courses (Kadushin & Egan, 1997)

- More recently, one quarter of MSW programs appear to offer prevention content (McCave & Rishel, 2011)

- Sharp increase in MSW/MPH programs suggests interest in public health wide-lens approaches (Ruth et al., 2013)

- Growing recognition that ACA era requires significant changes in SW education including recommendations for
  - Increased prevention and public health content
  - Increased care coordination, integration, behavioral health content
  - Development of health concentrations in all MSW programs
  - Requiring health care social work content for reaccreditation (Collins, 2013; Reisch, 2013; Zabora, 2013)

THE HEALTH IN ALL MSW PROGRAMS STUDY (HIAPS)

The Origins of the Title

Our Title:

- "Health in all Policies:" global public health strategy for improving population health by addressing complex factors that influence health; goal is to make health central to ALL policy

- Refers to collaboration necessary to impact social determinants of health: food systems, transportation, neighborhood, childcare, education, & access to health care

- "Health in all MSW Programs," acknowledges growing importance of health as over-arching social justice framework in SW

- If, as SW Health Impact Model suggest, that all social workers are engaged in addressing social determinants of health, then **"all social work is health social work"** (Bywaters & Napier, 2009)

- Thus, there should be "Health in all MSW programs!"

Methods: HIAPS Rationale

Study Rationale:

- To establish baseline understanding of amount and type of health language in MSW program missions and health content in MSW programs

Four areas of inquiry:

1. Presence of health in MSW program's mission statements; is *wide-lens* language included?

2. Presence of health courses in MSW programs; are *wide-lens* health courses included?

3. Presence of health concentrations (Areas of Practice, Specializations, Certificate Programs) in MSW programs; how many contain *wide-lens* content?

4. How many schools offer MSW/MPH programs?

Methods: Content Analysis

- Team of five researchers conducted content analysis of all available US MSW program websites during Spring 2014
- Identified sample using 2013-2014 CSWE list of accredited programs
- A total of 224 MSW programs located; 222 had complete information available online; 1 school had partial information
- Coded for:
  1. Health in Mission Statements, including wide-lens statements
  2. Health Courses, including those with wide-lens content
  3. Health Concentrations (includes Areas of Practice, Specializations, and Certificate Programs, other formal clusters of study), including those with wide-lens content
  4. Presence of MSW/MPH programs
  5. Demographics

Methods: Sources of Data

- CSWE website list of all accredited MSW programs
- MSW websites
- Individual MSW program course catalogs
- Student handbooks

Methods: Coding Process

- Three rounds of coding:
  - Round 1 focused on general health content
  - Round 2 focused on wide-lens health content
  - Round 3 focused on health in mission statements, including wide-lens
- Five team members individually reviewed MSW program websites coding for health content, including wide-lens, and presence of MSW/MPH programs
- Inter-rater reliability assessed by examination of rater coding for 10% sample – coding consistent on all variables
- Following development of final coding scheme, 20 schools coded, with 100% agreement
- In situations where there was disagreement, reviewers converged for consensus coding

Methods: Defining Health

NOT EASY! Challenges included:

- Lots of health content and very wide-ranging
- Changing definitions of health e.g., behavioral health, integrative health, mind-body health
- Health often coupled with population or other issues
- Once health content identified, wide lens had to be defined and operationalized for secondary coding

Through iterative discussions:

- Arrived at meaning/definition of wide-lens content in social work
- Relied on emerging body of literature on wide-lens curriculum in SW education (Crisp & Beddoe, 2013; Frieden, 2012; Bywaters & Napier, 2009)
- Anchored terms and content in Social Work Health Impact Model

Methods: Mission Statement Coding

All 224 MSW programs reviewed for mission statements:

- Roughly 95% of all schools (n=215) posted mission statements online

- All mission statements coded for following terms:
  - health (including mental health), health equity, prevention, social determinants of health

- All schools which coded "yes" for any of above terms were sub-coded for "wide-lens" as defined by:
  - health equity, prevention, social determinants of health, health promotion

Methods: Course Coding

Two phases of course coding:

1. Coding of any health or health-related courses by titles and descriptions

2. Coding any of the above as "wide-lens" if course titles and descriptions contained *substantive* content on ANY of the following:

   - Prevention, health promotion, social determinants of health, health disparities, health equity, public health

   - Social/structural models of causes or solutions to health problems and health inequalities

   - Health/mental health policy, systems of health care delivery, & integration of health content in all policies and systems

   - Population-level efforts to create healthy communities and environments

Methods: Concentration Coding

The term "Health Concentrations" refers to multiples ways MSW programs enable student focus on health, such as Areas of Practice, Specializations, Concentrations, and Certificate Programs

- First, Health Concentrations were identified and coded;
- Health Concentrations were sub-coded as "wide-lens" if they included two or more wide-lens courses, as defined previously

FINDINGS

Demographics of our Sample

- **Total MSW programs:** 224; 222 had complete information available; 1 had partial information
- **Organization of Curriculum:**
  - **Methods only (clinical; macro; generalist):** 42.2% (n=94)
  - **Concentrations only (AOP, specializations):** 14.3% (n=32)
  - **Both/Hybrid (includes Methods with certificate programs):** 42.6% (n=95)
- **State/Private:**
  - **State:** 72.6% (n=162)
  - **Private:** 27.4% (n=61)
- **Religious Affiliation: 13.9%** (n=31)
- **MSW/MPH Programs: 18.8 %** (n=42)

Findings: Mission Statement

Of the 215 schools with mission statements:

- **14.9%** (n=31) contained health language
- **6.0%** (n=13) had wide-lens health language

Examples: Mission Statements

Health-Related Example – Fayetteville State University:

"The mission of the Master of Social Work Program (MSW) at Fayetteville State University (FSU), which is consistent with the profession's purpose and values and program's context, is to prepare students for advanced social work practice and leadership with a **focus on issues concerning children, families, the military, mental health and substance abuse**."
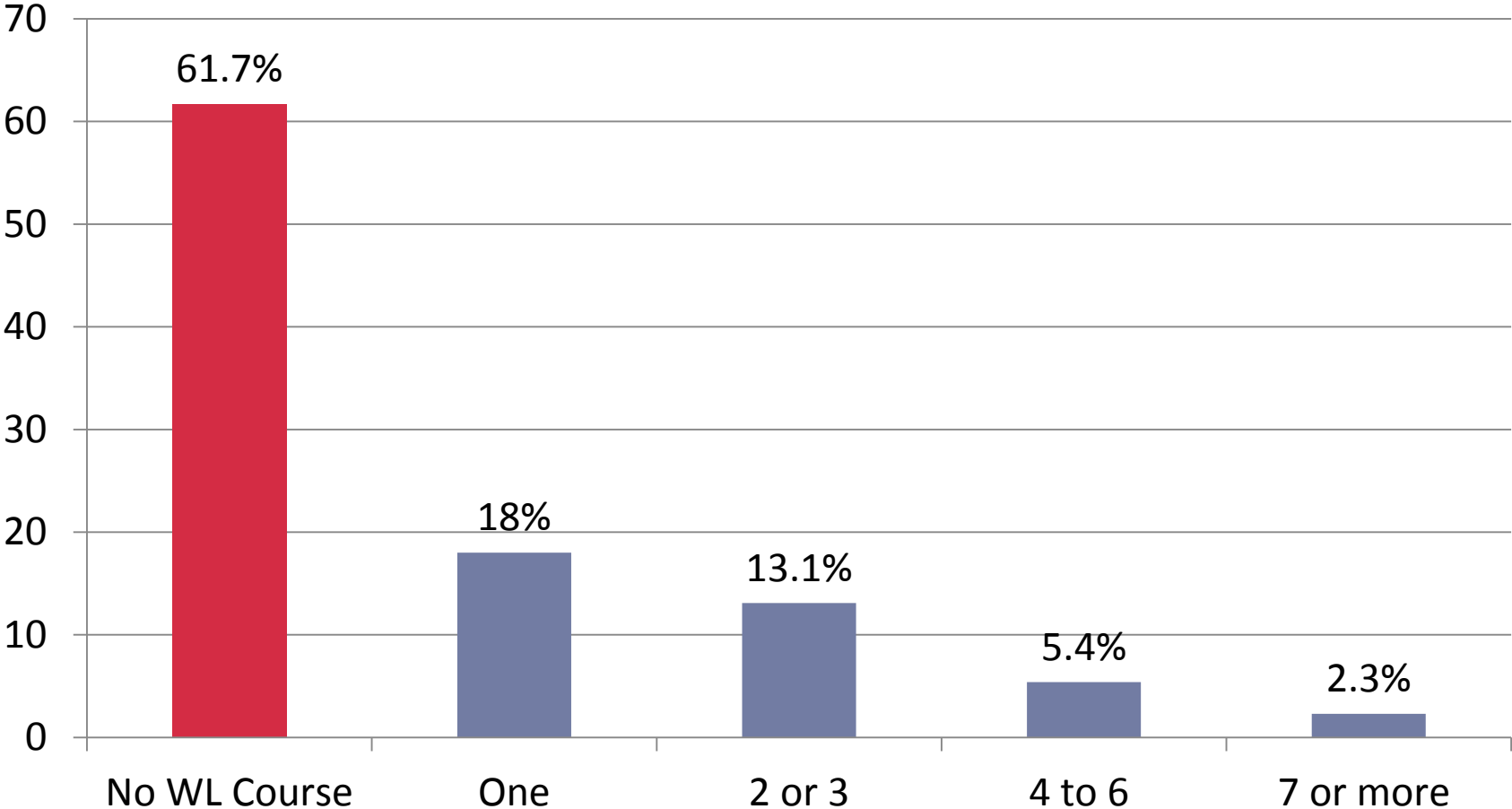
Wide-Lens Health Example – Indiana University School of Social Work:

"The mission of the Indiana University SSW is excellence in education, research and service to **promote health**, well-being, and social and economic justice in a diverse world."

Findings: General Health-Related Courses

- About 8,000 courses reviewed
- Approximately 93% schools offered health-related courses
- Strong emphasis on micro practice courses: about three-quarters (73.1%) appeared to be clinical courses focused on individual or family well-being and coping
- Changing language of heath courses: few "medical social work" (11.11%), trend toward terms such as "behavioral health"
- Only 38.5% (n=86) schools offered any wide-lens courses
- Less than 20% offered more than one wide-lens course
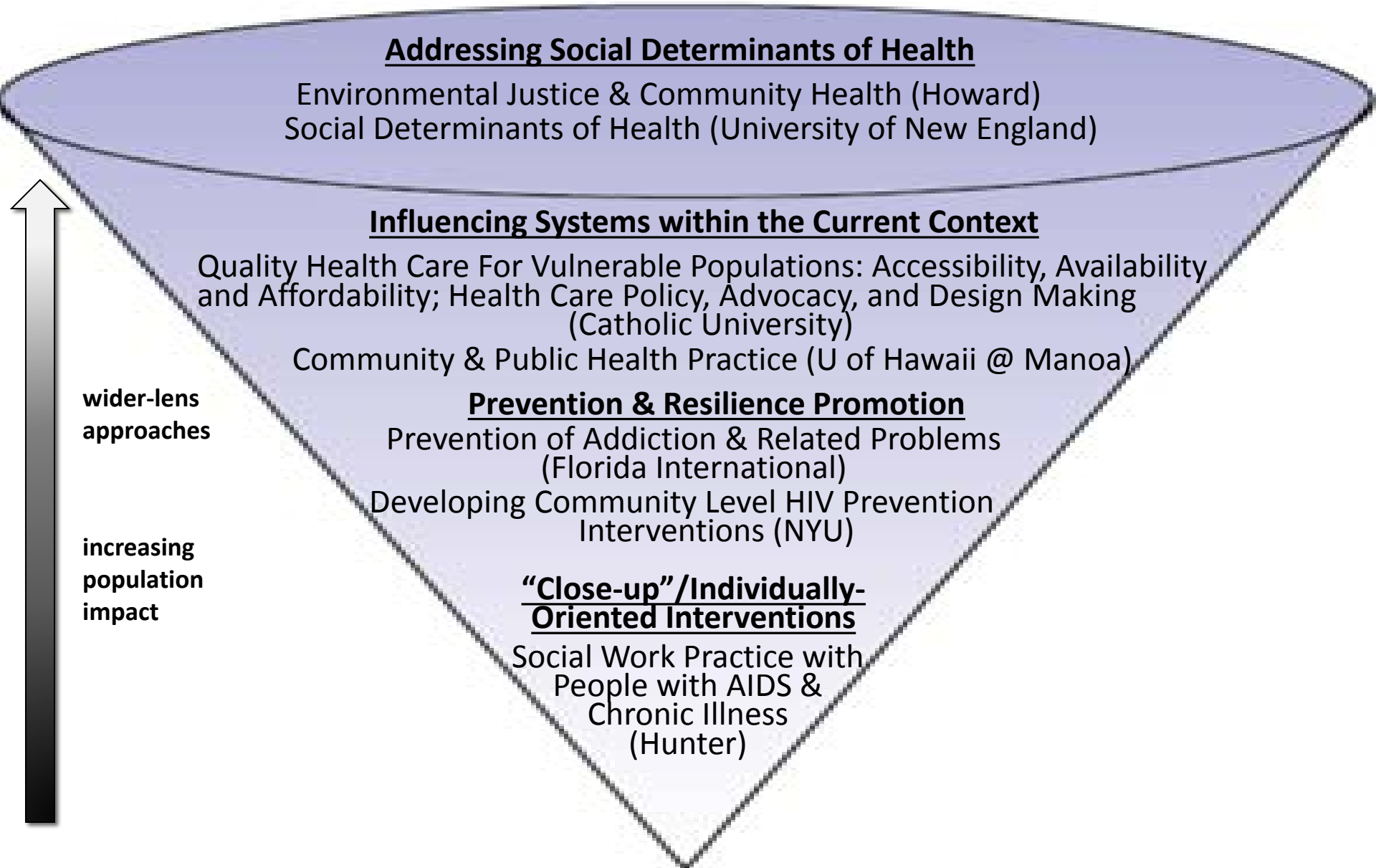
Findings: Wide-Lens Courses

Wide-Lens Courses

n=222

Examples: Health Courses
(Arranged by SW Health Impact Model)

Addressing Social Determinants of Health

Environmental Justice & Community Health (Howard)
Social Determinants of Health (University of New England)

Influencing Systems within the Current Context

Quality Health Care For Vulnerable Populations: Accessibility, Availability
and Affordability; Health Care Policy, Advocacy, and Design Making
(Catholic University)
Community & Public Health Practice (U of Hawaii @ Manoa)

Prevention & Resilience Promotion
Prevention of Addiction & Related Problems
(Florida International)
Developing Community Level HIV Prevention
Interventions (NYU)

**"Close-up"/Individually-
Oriented Interventions**
Social Work Practice with
People with AIDS &
Chronic Illness
(Hunter)

wider-lens
approaches

increasing
population
impact

Findings: General Observations on Health Concentrations

- A total of 35.7% (n=44) had traditional "health concentrations"

- Health concentrations often partnered with topics such as mental health, aging & trauma; when these are included, a total of 127 MSW programs (57.2%; n=222) offer what we termed "health plus" concentrations

- Only 5.4% (n=12) of all MSW programs offered "wide-lens concentrations," as defined by requiring two or more wide-lens courses

Example: Health Concentration

Southern University at New Orleans' Health/Mental Health Concentration, characterized by health content (not wide-lens):

Health/Mental Health

◆ SOWK 732: Practice Issues in Health and Mental Health

◆ SOWK 734: Empowerment Based Social Work And Health/Mental Health Care

◆ SOWK 750: Empowerment Based Practice in Mental Health

◆ SOWK 751: Chemical Dependency

Example: Wide-Lens Health Concentration

Morgan State University's Public Health Social Work Concentration, characterized by wide-lens course content:

Public Health Social Work

◆ SOWK 650: Social Work Practice in Health and Disease Prevention

◆ SOWK 651: Epidemiology

◆ SOWK 652: Maternal and Child Health Macro Practice, Programs and Policies

◆ SOWK 653: Public Health Policy, Urban Health Services, Issues and Planning

Limitations

- Content analysis based on static view of MSW programs' web presence; some content may not have been current

- Quantity of available online information unequal from school to school

- Inconsistencies in health-related language posed coding challenges; euphemistic health terms, such as *well-being*, were not coded

- Course and concentration titles/descriptions provided limited picture of actual content

DISCUSSION & IMPLICATIONS

Discussion

Observations:

- Few schools use health to anchor mission statements; even fewer use "wide-lens" or broad health framework

- MSW program health content, though plentiful, focused largely on clinical practice in health settings

- Health content generally framed as "niche area of practice," not overarching framework for population health

- Changing terminology: less medical SW, more behavioral health

- Limited wide-lens content in MSW courses or concentrations

- Some schools show signs of shifting MSW content toward wide-lens approaches, but still limited to small minority

Implications

- Health inequality and downturn in nation's health cannot be arrested without substantive engagement in population health

- No profession can stay outside the population health framework and thrive in the ACA era!

- SW has important roles to play in helping ACA achieve its goals, including promotion of population health

- To be effective, SW must widen its lens to include prevention and other population health approaches…what Reisch (2012) calls the "*return to the future*" for SW and SW education

Recommendations for SW Education

Recalibrate SW education to respond to ACA:

- Shift from viewing health as "niche area of practice" to updated broad conceptualization of health--"**all SW is health SW**"-- which will empower SW in larger health environment

- Rebrand SW as unique profession dedicated to health equity, through explicit focus on social determinants of health and intentional practice at all levels of Social Work Health Impact Pyramid

- Integrate ACA skills into SW education: health advocacy, policy analysis, coaching, measurement of SW impact on health outcomes, prevention, wide lens approaches

- Elevate/enhance "traditional" SW practice strengths skills: cultural responsiveness, person-in-environment approaches, inter-professional teamwork, integration, care coordination

A Final Quote

"...It is the responsibility of social workers in the health care field...to adapt their practice skills, their education for practice, and their research focus to increase the likelihood that health care reform will produce its intended results...(of) greater well-being and a reduction in health disparities"

(Reisch, 2012)

Acknowledgements

- Members of the Group for Public Health Social Work Initiatives: Esther Velasquez, Jamie Wyatt Marshall, Sara S. Bachman, Lianne Hope

- BUSSW research assistants: Brita Orwoll, MSW, MPH; Ashley Fryer, BA; Nermeen Tahoun, B.S.

- BUSSW Associate Dean Ken Schulman

- The generous donors to the Boston University MSW/MPH Program and the Group for Public Health Social Work Initiatives

Contact us

Thank you for joining us today! Please contact us:

- Madi Wachman, MSW
  - madi@bu.edu
- Betty J. Ruth, MSW, MPH
  - bjruth@bu.edu