The MSW/MPH program at Boston University is a place where you can merge your concerns for helping people solve their problems with your ultimate goal of helping to prevent major issues such as substance abuse and violence.

Twenty first century health issues are complex and multidimensional, demanding intervention at all levels, from the individual to the whole population. Public health social workers draw on the rich traditions and complementary methods of these two fields to enhance effectiveness. From hospitals and schools, to local community-based settings and government agencies, our graduates are making the connection between prevention and intervention. Find out more about the intersection today at publichealthsocialwork.org.

Public health social work: people, prevention and problem solving. All in one program at Boston University.
As part of National Public Health Week, Boston University School of Social Work is kicking off its Campaign for Public Health Social Work. While often thought of as child welfare workers, more than half of all US social workers today are found in health care settings. This includes social workers in health, mental health, hospital, substance abuse and community settings. Moreover, social workers are also likely to be part of the growing number of public health social workers who are meeting the demand for trained public health professionals, and advancing the goals of Healthy People 2010.

Did you know...

- Social work’s origins are in public health, particularly Progressive-reform era activities, such as maternal and child health, environmental hygiene and STD prevention.

- Social work shares many common practices and themes with public health, including a holistic view of health and welfare, advancing movements for social reforms, and furthering rapid population-level change through new policies and laws.

- The NASW standards for practice in health care settings require social workers to know how to do prevention, health promotion and health education, in addition to intervention and treatment.

- NASW Executive Director Elizabeth Clark, MSW/MPH, calls public health social work “social work leadership for the 21st century.”

- The interest in merging an individual and population-level approach is growing, including: innovative partnerships between public health and social work that have expanded tobacco control, public housing and environmental justice activism; a growing body of public health social work research that is shaping social work’s understanding of risk, protection, resilience and prevention; greater interest in public health social work in professional literature; and increased federal funding for social work outcomes research that explicitly employs a public health approach.

Early PHSW Legislative Victories:

- The Pure Food & Drug Act
- The White House Conference on Children
- Creation of the Children’s Bureau, forerunner to the Bureau of Maternal and Child Health
- The Sheppard-Towner Act
- The Social Security Act

Learn more about the exciting work public health social workers perform each day during National Public Health Week, and visit publichealthsocialwork.org to find out if a career in public health social work is right for you.

The Campaign for Public Health Social Work

www.publichealthsocialwork.org

Public health social workers support individuals, communities and populations across the nation and around the world.

Optimists wanted.
With the boom in information and new media, it has become harder for program planners to find the most relevant information for their particular needs. Public health social worker Vicky Marchand (SSW ’93, SPH ’94) helps states, coalitions and communities not only find this information, but use it to see the big picture.

For the past six years, Vicky has worked on the Pathways Mapping Initiative (www.pathwaystooutcomes.org). Vicky and colleagues assemble “Pathways” integrating information about what contributes to outcomes, such as school readiness, prevention of child abuse and neglect, and successful young adulthood. In addition to digging through publications and websites, they use a technique called “Mental Mapping” to learn from the experience and expertise of policy makers, practitioners, advocates, and researchers from seemingly disparate fields, but who are working on similar or related issues. The resulting Pathway provides a framework and knowledgebase incorporating research, policy, practice, and advocacy to inform strategic action that improve outcomes for children, youth, and families.

Shares Vicky, “It’s hard for people to make the space for collaboration, and to take the time for the big picture approach because you’re so focused on your little piece [of the solution]. I enjoy when I sit down with folks and the discussion results in little ‘ah ha!’ moments that make new connections and validate what they already know. In these mental mapping meetings with researchers, practitioners and advocates, all in the same room, they always learn something from each other, and they leave having had a valuable experience.”

Ever increasing access to information and the struggle to act on what we know has emerged as an increasing trend in Vicky’s work. Based in Washington, D.C., she is working also as an independent consultant with The Finance Project (www.financeproject.org) that provides technical assistance to leaders focused on financing and sustaining strategies that benefit children, families, and communities. By combining external expertise with local wisdom, Vicky hopes the impact of her work is to inspire results-oriented community action on public health issues across sectors. “We talk about how to put the pieces together and what connections can be made both fiscally, and across disciplines, to get the best return on investment…with our help, folks think and, eventually, act differently.”

She acknowledges that her interdisciplinary training has launched her to where she is today. “My work is focused on the world beyond programs. I look at how we build infrastructure and create new norms that support families at the population level. I couldn’t have done my work [without my MSW/MPH.] By putting the pieces together, I can engage an audience to think more broadly and plan holistically. When you say ‘social work’ people automatically think ‘clinical,’ but it is far beyond clinical.”

The Campaign for Public Health Social Work

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Optimists wanted.
A typical week for public health social worker Elana Premack Sandler (SSW ’05, SPH ’06) can involve speaking with a military captain about the spike in suicides in the army, organizing strategic planning training for suicide prevention advocates in Washington, D.C., attending presentations on mental health stigma by the National Institutes of Health, and participating in discussions about the implications of research findings for the suicide prevention field.

Elana is a Prevention Specialist with the Suicide Prevention Resource Center, a national technical assistance and resource center that focuses on suicide prevention through capacity building and professional development. Helping states and communities to implement and evaluate suicide prevention programs, she regularly draws on public health and social work theories, and applies them, examining the risks, protective factors, and interventions at individual, peer, family, community, and societal levels.

One of Elana’s goals is to encourage the grantees she works with to explore the ways in which they can sustain their programs without federal funding, “to get them thinking about what types of partnerships they want to build and what policies they need to have in place.”

In addition to helping programs and populations, Elana understands that individuals are part of the public health equation. Due to the nature of her work, she says, “The hardest part is the content area. Often enough, I interact with people who have lost a loved one to suicide. The emotions can be raw and the stories are always moving.” Nevertheless, she cites the most exciting aspects of her profession as the teaching moments: “When I am having a conversation with someone about applying a theory or research finding to their practice, and the idea just clicks for them.”

While she works to develop suicide prevention capacity, she also recognizes that she is part of an early wave of public health social workers who are addressing suicide in a systemic way, and the outcomes of her work may not be readily apparent. “Because suicide prevention is a relatively new and small field,” Elana says, “another outcome [of my work] is greater political awareness and support for a public health approach to this issue. Advancing beyond treating individuals to preventing suicide at the population level is another outcome.”

Undoubtedly, Elana credits her training in public health and social work with giving her the ability to translate research and theory into practice. She recognizes that melding a public health approach into social work is valuable, and reports encountering varied partners and practitioners who don’t yet know what public health social work can do. “I’ve been surprised by people’s limited views of each field,” she says. Public health social work is important because she says, “it’s interdisciplinary nature is essential to creating comprehensive approaches to solving social and health problems.”
Keeping up with the latest research findings and best practices in health and well-being can be difficult at best for program planners and advocates. Helping people digest all of the information and find what is most relevant to specific communities is all in a day’s work for Erica Streit-Kaplan (SSW ’00, SPH ’01). As a technical assistance specialist, Erica practices public health social work through the Children’s Safety Network, a project housed out of the Education Development Center (EDC).

“We’re federally funded to provide technical assistance and resources to all state and territorial maternal and child health and injury and violence prevention programs around the country,” explains Erica. “This means if someone wants information on a specific topic like safe sleeping or bullying prevention, I digest the information and make it specific to their needs.”

While information sharing may sound simple, complexities soon present themselves. For instance, programs in New England may have different issues and priorities than programs in Washington state, and programs focused on urban areas don’t have the same needs as rural ones. “Lots of states are interested in addressing disparities in injury prevention,” says Erica. But rural areas may not “have as many safety precautions, for instance roads that may not be highly trafficked, so people will speed, [car crashes may result, and] sometimes emergency response times are longer because of distance.” Recognizing these challenges, Erica is bringing together several states to create a community of practice, focused on the needs of rural communities, as well as the most effective practices to meet them.

In addition to working with state health departments and coalitions to find answers to problems, Erica also works to prevent other health-related problems from happening. “Technical assistance is not just reactive, but proactive,” she says. Part of her work has been working with a team in the creation of state-level fact sheets (available at: childrenssafetynetwork.org) that describe various key stakeholders, funders and programs, all of which may come from different disciplines. Getting everything down in one place is important, because, she says, “the different disciplines don’t always communicate in the same language, and they have different priorities. Some are experts in children’s health, others injury prevention, but we put it all together, and get it down and distributed.”

However, once preventive information and best practices are shared, there are few easy ways to measure the eventual outcomes. She says, “I get really energized thinking that something I do on a state level may eventually trickle down and keep other kids safe and healthy, prevent child abuse, reduce bullying, reduce suicide. It can be hard to see the imprint on prevention but knowing that I may be making a difference, saving someone’s life or keeping her out of the hospital, is pretty encouraging.”
Uncovering the best interventions and coordination of care for substance abusers is the long term work of public health social worker Julie Witas (SSW ’06, SPH ’07). Julie is a project manager of two large, multi-year, federally funded research projects at Boston Medical Center.

“We are committed to improving the health care system for people who struggle with alcohol and drug abuse,” says Julie. “What we’re doing here is finding clear answers as to whether these interventions are effective in improving outcomes, increasing abstinence, or at least reducing use [of substances]. We want a clear answer as to whether [these interventions are] effective, so that we can help disseminate the information and providers can use another tool for treatment.”

Julie explains that in one of her National Institute of Health (NIH) research projects, the “interventions are all behavioral specific and it is our job to offer specific types [of intervention] to different people at risk.” The other project examines health care management and how coordination of care might affect patients dealing with substance abuse. Together, these projects create a fast-paced environment with tight deadlines for Julie, and she is constantly collecting and managing data, and reporting findings.

“I probably would not have gotten this job if it wasn’t for the degree and level of experience I had… my Master of Social Work and Master of Public Health degrees brought a unique perspective to my work,” she says. “[They] gave me some edge over other applicants and I could bring a unique perspective [because I had] done work with patients. I could work with different players on a team and I could handle giving difficult feedback.”

She continues that her role as a public health social worker provides valuable insight into a community traditionally oriented to population-level prevention. “Sometimes [in public health] there is a need for more of an individual perspective, [particularly] when thinking about how real life situations may play out for an individual research subject,” she says. “Social work can help to provide some stories to inform the data. For instance, we administer questionnaires to people in our research studies, and they may give responses that may not seem so logical or consistent throughout the interview. When someone looks at this one line of data and wonders whether it makes sense, they may need to talk with someone with a client centered background [to get more perspective].”

Julie continues, “Working with all different players is really satisfying. I get to be somewhat creative within a structured bound. At start up, there’s a lot of problem solving, and I make sure we’re efficient, and our research goals are being met. From a patient perspective, I am being mindful to their needs. From a service provider perspective, I work so that she feels fulfilled [on the project], and has the proper amount of training and feedback available.”
First-line responders are often the people who will see a public health crisis earliest. In 2003, this could not be more accurate for public health social worker Will Halpin (SSW '03, SPH '06). Working at Fenway Community Health Clinic in Boston, Will began to see case after case of crystal methamphetamine abuse among gay and bisexual men. At the time, Will explains, crystal meth abuse wasn’t seen anywhere else in Boston.

Recognizing the need for rapid intervention, Will relied on his public health training to research empirically validated treatment methods for crystal meth addiction. As a result, he began incorporating the Matrix Model into his substance abuse treatment groups. Not long after, his work caught the eye of the Massachusetts Department of Public Health and the Boston Public Health Commission, both of whom saw the critical need to train their own people in the best treatment and prevention models around crystal meth addiction. Contracted by both agencies to train their people, Will developed curricula that was built on empirically validated treatments, as well as public health perspectives. A critical piece, he explained, was tailoring his materials to first-line responders: “child welfare workers who were going into homes and needed to able to identify if this was a crystal meth lab; parole and other police officers who needed to know what crystal meth was and how to intervene in a domestic situation; and primary care physicians who were seeing people with other medical problems but crystal meth was the underlying factor.”

Making communities across Massachusetts safer and better prepared to respond to a growing public health issue, Will credits his training in social work and public health. “I appreciate that I’m a social worker working in public health because I can do the micro interventions, and can think big and also act in an individual way. Do other health professionals really know the nuances and subtleties of working with groups and individuals? What does motivational enhancement really look like when you’re sitting across from someone? There’s only so much standardization that you can do.”

Furthermore, a public health perspective has helped improve Will’s work and programming. “I can think clinically with people, but I also have intervention and prevention. The advantage to this training is to think beyond crisis management, for example. What can we do to prevent things from getting worse? Prevention and intervention, it’s a marriage between the two.”

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When refugees and immigrants come to Massachusetts, they face many looming challenges: finding work, learning the language, accessing appropriate culturally-competent healthcare. What’s more, many of these challenges build on the traumas that these populations have frequently left behind in their home countries. Serving the refugee and immigrant community is public health social worker Lauren Shebairo (SSW ’04, SPH ’05).

Working at the Community Legal Services and Counseling Center (CLSACC), Lauren helps various immigrant and refugee populations throughout the state, including survivors of intimate partner and sexual violence, and asylum seekers who have suffered torture and persecution in their countries of origin. She explains that “many of them have fled to the U.S. and are in legal process to get status here. As a clinical social worker, I see individuals and conduct forensic evaluations to document the psychological impact of the traumas clients have experienced in order to support their asylum cases.”

On the surface, her job may seem like a traditional, individually-focused social work position. However, she explains that her MSW/MPH training has enabled her to have broader outlook, relying on human rights and international health perspectives. Lauren says, “With my training, I have greater awareness and knowledge about what people may have experienced at home and how that impacts them and their community. Even if my position doesn’t have an international component, it’s very much tied into my work.”

Lauren insists that it is essential for professionals in public health and clinical social work fields to work together to extrapolate from individuals how useful interventions can be designed and implemented: “Clinical social work is very individually focused, and it’s important for people working in the broader public health scale to be in touch with people who are working with individuals.” In this way, she says, “Interventions at the broadest level will really be motivated by what the individual and community needs are.” With this in mind, CLSACC works with other organizations serving refugee and immigrant populations to collaborate for the most effective ways to work together.

As Lauren helps her clients overcome their past traumas and new challenges, she admits she is exposed to a lot of traumatic material. However, she shares, as she is constantly witnessing the process of change that individuals from immigrant and refugee populations experience, “it is remarkable to be able to witness the resiliency of what people are able to overcome.”

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How can we improve patient care? How can doctors, nurses and care teams in hospitals work better to achieve better patient outcomes? These are questions public health social worker Reva Kleppel (SSW '85, SPH '86) examines daily. As part of the research team at Bay State Medical Center in Springfield, Massachusetts, Reva coordinates the Team Study project that looks at teamwork on the medical floors, emphasizing how patient care is coordinated, and how better coordination leads to more effective outcomes.

However, better coordination of care is frequently halted by the realities of the hospital model, involving frequent turnover of care providers. In particular, hospital care providers are medical residents who regularly rotate in their ward assignments. Recognizing these inherent workplace challenges to patient care, Reva has developed and tested tools to help the medical residents and other Bay State Medical Center workers to look beyond the medical model and the daily time shift.

“The relationship [between patients and providers] is a big piece of healing,” states Reva. “Healing is about the process, not just the 52 year old female with diabetes. We're looking at the whole person and asking questions to get providers thinking beyond the surface.” Because of Reva’s work, doctors are now examining their bedside rounding practices, from how nurses and patients are involved, to how patients are discussed.

“This is the perfect combination of public health social work for me. I’m getting the word out on how we can make care more efficient.”

Furthermore, Reva also shares that a dual degree has a particular staying power. “I worked and then left the field for 14 years to raise my kids,” she says. However, re-entering the public health workforce did not pose a problem. “People are impressed by [my MSW/MPH]. I graduated almost 25 years ago, and when people see my resume they say, 'Yeah, that makes sense.'”

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Tamara Konig (SSW ’06, SPH ’07) describes her work as “a real blend of social work and public health.” As a Care Manager at John Hancock Insurance Company’s Retail Long Term Care Insurance Claims Department, Tamara helps policyholders and their families initiate claims, and use their Long Term Care policies to the best interest of the policyholder.

“I talk to people who are often in crisis situations,” she says, “who call trying to figure out how to take care of aging parents, siblings, spouses, or themselves.” Often, individuals initiating claims, and those with active claims, are living with chronic physical illnesses – in fact, a growing number have forms of dementia or other cognitive impairments. Crisis intervention, counseling, and problem-solving are just a few of the skills Tamara’s job requires while helping people access and understand a complex long term care system that includes the public, private, and nonprofit sectors. “I also need to be well versed in John Hancock’s Long Term Care Insurance products and company policies and procedures. I need to be knowledgeable about the health care system, trends in the older adult population, and the range of services available to older adults and their families.”

In addition to her public health training for health care management, Tamara relies on her social work training, particularly when looking at the individual. She cites the importance of understanding how variables such as race, age, and gender contribute to a person’s overall health picture and outcome. In addition, she applies her training in family dynamics to try to understand family relations within a claimant’s family. “These variables affect how individuals access health care, report medical conditions, respond to medical treatment and health care providers, and view a disease or illness in their communities,” Tamara states, “My colleagues and I focus on customer service and consider multiple aspects of someone’s situation—financial, medical and social—when making decisions about their service plans.”

Tamara adds how rewarding it is to witness a policyholder, who has no formal care in place, beginning his or her claims process, and looks to Tamara and her team for direction. She says, “By the time a policyholder has opened a claim and benefited from my team’s explanations of benefits and ongoing case management, he or she has appropriate services in place, whether it’s physical therapy, a live-in home health aide, or a skilled memory unit at a nursing home.”

Ultimately, she continues, we “practice due diligence every day to ensure that our policyholders are well informed, understand their policies, and have the resources necessary to care for themselves and their loved ones.”
Thousands of children in Somerville, Massachusetts, have been touched by the work of public health social worker Gretchen Kinder (SSW ‘96, SPH ‘97). As the public school system's Coordinator of Research and Development, Public Information and Grants, Gretchen shapes policies, partnerships and programs of Somerville students, and reports no two of her days are the same. “My days are incredibly dynamic and I have the opportunity to influence a significant number of individuals through partnerships on a day-to-day basis.”

While these partnerships may not be seen traditionally as part of the public health infrastructure, Gretchen explains that the well-being of the students and the schools are keys to the health priorities of the overall community. “Students can’t learn and teachers can’t teach if they don’t feel safe. So much of social work is about building safe communities, and public health social work is about community health priorities and systemic change. My ability to leverage [our] programming is a part of my being a public health social worker.”

In addition to forming partnerships and developing grant proposals, part of Gretchen’s work is to help schools, parents and education advocates move beyond seeing problems to finding solutions. The key to these solutions, Gretchen finds, is knowing why something isn’t working and having hard information to back it up. “[Others] might be more affective [in their decision-making], driven by feelings or relationships. But in many environments, that just doesn’t cut it for making an argument of choosing option A versus option B. I use data to drive program improvements, to understand what’s going on behind the surface.”

Relying on her MSW/MPH training, Gretchen most recently brought together individual, institutional and environmental stakeholders to develop a five-part strategic plan for the Somerville schools. Explaining why her role has been so valuable to the school system, she shares, “There’s no one else in the district who could have done what I did. No one had the skill sets in community partnership, building and facilitation, and no one had the language for the grant program, which includes the language of education, social work and mental health services, early childhood and community-based environmental change. I hope 5,000 people in Somerville are going to have a better life because of a grant that I wrote or a partnership that I built.”
Scientist and scholar, **Patria Rojas, PhD** (SSW ’99, SPH ’00) is the director of a women’s study examining health disparities among Latinas at The Center for Research on US Latino HIV/AIDS and Drug Abuse, a national center of excellence ([www.crusada.fiu.edu](http://www.crusada.fiu.edu)). For Patria, public health social work starts in the home. As she investigates the intergenerational link between Latina mothers and daughters who suffer from substance abuse and domestic violence, she meets most of them where they’re at: home. “I start with the population in mind first,” she shares, “not a research instrument. The woman is the most important thing, not a code, not a number, but that woman in front of me, who has legal issues, socio-economic challenges. [The data collection] is done at a time that’s best for the participants, usually when there’s nobody in the house, when the kids are at school, or on weekends.”

Patria explains that part of her work has been creating new tools to fit the population. “Due to the lack of research on Latina women, there aren’t that many [data collection] instruments out there that are valid and reliable.” Getting input from the women themselves is a key part of the work. “I was very vocal about taking this instrument to women in the community and getting feedback on the language and the scales, and if the questions really made sense for them. Sometimes, public health has that expert approach. But we know that the community is the expert. The definition of the problem coming from an epidemiologic or ethnographic point of view may be very different from how a community defines it.”

Meeting her research participants where they are at, in their homes, has been, says Patria, “a lot of fun but very challenging. That’s the nature of doing community-based research.”

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The Campaign for Public Health Social Work

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**Public Health Social Work & the Home**

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**Patria Rojas**

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**Boston University School of Social Work**

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**Optimists wanted.**
Public Health Social Work
Leadership at BUSSW

Betty J. Ruth is the Director of the Dual Degree Program in Public Health and Social Work at Boston University. She is also Director of the Professional Education Programs, which sponsors the Public Health Social Work Training Institute, and as Clinical Associate Professor, teaches Dual Professional Ethics to students in the MSW/MPH program. Her current research, funded by the MA Department of Public Health, focuses on suicide prevention education.

Sara S. Bachman is an Associate Professor of Social Research, and Director of Research for the Catalyst Center, a national center funded by the Maternal and Child Health Bureau (MCHB), to advance to the national goals related to children and youth with special health care needs. Dr. Bachman is also the Director of the Dual Degree Program in Social Work and Theology.

Lena Lundgren is Professor of Social Welfare Policy, Director of the Center for Addictions Research and Services (CARS), and the Director of Research for the School. Dr. Lundgren conducts large scale quantitative research efforts on the relationship between injection drug use, substance abuse treatment utilization and the spread of HIV. Her current research focus is on health disparities and access to substance abuse treatment.

Hyeouk Chris Hahm is an Assistant Professor in the Clinical Practice and Social Research department. Dr. Hahm is a nationally recognized researcher, whose scholarship focuses on HIV/STI infections among Asian Americans, acculturation, and health risk behaviors.

Luz López is an Assistant Professor of Clinical Practice and regularly leads the public health social work class, The Puerto Rico Summer Experience. Dr. López is currently researching substance abuse and homelessness in Puerto Rico and Massachusetts. She is also working with Latino prison reentry members in Springfield, MA as the PI for evaluation in a current SAMHSA, Center for Substance Abuse Prevention grant initiative.

Learn more about these PHSW leaders, as well as other faculty members advancing the field at www.bu.edu/ssw