Public Health Social Work: Developing Tomorrow's Leaders Today

Summit held at the University of Pittsburgh, October 20-21, 2016

Final Report

Acknowledgments

Edward Pecukonis MSW, Ph.D.
University of Maryland

Robert H. Keefe PhD, LMSW, ACSW
University at Buffalo
State University of New York

Gary Steven Cuddeback Ph.D.
University of North Carolina Chapel Hill

Valire Carr-Copeland MSW, PhD.
University of Pittsburgh

Mark Friedman Ph.D.
University of Pittsburgh

Steven M. Albert, PhD, MS, FGSA
University of Pittsburgh

Misha A. Zorich, MSW, MDiv
University of Pittsburgh

Brandi Boak, CNP
University of Pittsburgh

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Executive Summary

The purpose of the Health Resources and Services Administration (HRSA)-funded *Leadership in Public Health Social Work Education* (LPHSWE) program is to strengthen the field of public health social work by reexamining competencies, developing curricula, integrating programs across schools of social work and public health, and developing models for field placement training. These efforts have made great progress through the Juanita Evans Fellowship program, which prepares MSW/MPH joint degree students for leadership positions in the field of public health social work to meet the needs of vulnerable populations. In October 20-21, 2016, the HRSA LPHSWE centers at the University of Pittsburgh, University of North Carolina-Chapel Hill, and University of Maryland convened a national working summit titled, *Public Health Social Work: Developing Tomorrow's Leaders Today*, to survey the field, establish benchmarks for assessing success of dissemination efforts, and identify directions for future investment and growth.

The specific mission of the Juanita Evans Fellowship program is to develop leaders in public health and social service systems through a specialized field placement, bimonthly leadership seminars, career development workshops and individualized counseling, inter-professional education lectures, cohort building activities, and capstone presentations. All Evans Fellows receive a stipend of $10,000 provided by HRSA to support their work in this program.

During the leadership field placements, fellows are supervised by field instructors with significant administrative and leadership knowledge, skills, and experience. During the first few weeks, fellows shadow, observe and learn the responsibilities and functions of their field instructors in their leadership roles; soon the fellows are assigned appropriate administrative tasks, based on their learning field learning plan. Eventually, fellows implement what they have learned and apply the new skills and knowledge semi-independently with tasks assigned by the field instructor. At the end of the placements, each fellow presents a product/project, which the student has developed to benefit the placement site.

Fellows consistently report that they have gained valuable field experiences to facilitate their developing leadership skills, with specific attention to program development, policy analysis, supervision, and program evaluation. Throughout the field placements, fellows take initiative to engage in leadership

experiences and tasks, which helps the agencies address the needs they have identified. For these reasons, the partnerships have been mutually beneficial.

The bimonthly leadership seminar series consists of interactive presentations on applied areas of leadership, such as program and policy development and analysis, organizational culture and bias, grants and budgets, strategic planning, conflict resolution, effective supervision strategies, environmental advocacy, research and evaluation, financial management, and working with refugee and immigrant populations. Following each seminar and at the end of each term, Evans fellows complete assessments. Major findings based on these surveys show that the speakers are very well rated on levels of knowledge, engagement, and topical relevance to the students. Furthermore, reflection sessions held for fellows indicate that the students find the leadership seminars highly valuable.

The 2016 National Public Health Social Work Summit was attended by 72 key stakeholders, including representatives from the graduate education accrediting bodies Council on Social Work Education(CSWE) and Council on Education for Public Health CPHE; professional organizations, such as the social work section of American Public Health Association (APHA), National Association of Social Workers (NASW), National Association of Black Social Workers (NABSW), the Navajo Division of Health, the National Network of Public Health Institutes, and the Association of Schools of Public Health; degree granting institutions, such as the Washington University, University of Southern California, University of Illinois at Chicago; and historically black colleges and universities (HBCUs) interested in establishing pathways to a public health concentrations in their social work programs.

Upon arrival, attendees were given an evaluation form consisting of thirty-two questions (Appendix 1). The 42.3% survey response rate indicated that over 77% of respondents found the agenda and goals of the summit were important and relevant to the field and to their work in public health social work. On the last day of the summit, efforts were made to summarize findings and enlist the large group in developing a next steps agenda. Presently, faculty are writing journal articles detailing the summit themes, findings, and recommendations. In addition, summit participants are being contacted to discuss additional commentaries and reflection pieces, as well as implementation of action plans and strategies for sustaining ongoing collaboration among participants.

The two-day event consisted of panel presentations on 1) defining PHSW, 2) reviewing models of PHSW programs, 3) addressing the needs and challenges of building new programs, 4) hearing from alumni of MSW/MPH dual-degree programs about their assessment of their education experience, 5) learning from PHSW administrators about their thoughts and experiences supervising new social work graduates, 6) developing strategies to advance PHSW, 7) assisting new programs in developing their PHSW infrastructure, and 8) developing plans for dissemination of Summit materials. This report will focus on the evaluation component of the two-day event.

Objectives of the panel presentations included 1) identifying possible pathways to infuse curriculum content in public health social work programs, 2) outlining content areas for public health social work curriculum, 3) articulating ideas from the professional social work literature on encouraging students to pursue public health social work careers, 4) describing key challenges to developing and sustaining PHSW dual degree programs, 5) identifying strategies for historically black colleges and universities that are interested in developing PHSW programs, and 6) discussing the implications of PHSW challenges with respect to the growing behavioral health workforce.

Attendees reported that each of the eight areas helped them to strategically plan ways to enhance their own programs, develop mentoring relationships with other educators nationwide, and begin thinking about revising competencies for PHSW practice as the basis for a future summit.

FINDINGS FROM THE SUMMIT

Curriculum

Public health social work (PHSW) dual degree programs are critical for training future leaders to address issues of social justice and health disparities facing our country today. Indeed, a well-trained behavioral health workforce is paramount to meeting some of our nation's most pressing public health challenges. Currently, there are over 40 PHSW programs across the country. However, more information is needed about these programs – how they are structured, how curricula vary, and their successes and challenges, particularly regarding the integration of public health and social work, in order to understand how these programs can best meet the emerging issues for our behavioral health workforce.

Panel discussions and breakout sessions attempted to determine the essential components and concepts they felt should be guaranteed in PHSW dual degree programs. The results of those discussions are outlined in the table below.

Essential Components of Public Health Elements in PHSW Curriculum	
Courses	
Epidemiology	Biostatistics
Health Behavior	Health Policy
Environmental Health	Professional Development
Concepts	
Social determinates of health	Epigenetics
Health equity and health justice	Role of discrimination in promoting and maintaining health disparities, especially race
Reducing stigma in seeking behavioral and physical healthcare	Awareness & appreciation of cultural diversity within communities
Etiology of disease and illness	Health education and promotion, risk reduction, disease prevention
Advocacy and social action in health assurance	Health policy development and analysis
Finance/budgeting in healthcare organizations	Disease surveillance and control
Emergency preparedness (i.e., natural disasters)	Injury prevention
Population-based assessments and interventions	How to broaden health care access

Many groups discussed the ability of current faculty to carry out PHSW curriculum. Among the main talking points was the suggestion to *"retrain current social work faculty in public health content in order to aid integration."* Likewise, some suggested that *"public health faculty should be informed of core social work knowledge."* The group ultimately discussed the advantages and disadvantages of hiring faculty with a dual degree in public health and social work, or using a faculty exchange between the schools for semester teaching assignments and participation in the schools' curriculum committees. The

main advantage was that *"visiting professors would bring new knowledge to students in other schools,"* while the main disadvantage was simply that they *"did not know if this would be feasible or work well."*

Other ways to facilitate current faculty's ability to ensure effective PHSW curriculum included *"utilizing webinars that faculty can download and view at their convenience, using APHA preconference seminar materials, using grant funds to train faculty, and creating a clearing house of information for faculty regarding public health approaches to population based interventions."*

There were several concerns with integrating curriculum. Some were concerned that complete infusion or integration of social work and public health would *"replace the MPH work that students currently do; the dual degree program should be maintained to foster leadership skills, as social work is not recognized as a public health profession."* Another concern of integration was tenure and power struggles among faculty. On the topic of integration, Washington University's was cited as an ideal example. Due to support and interest from the chancellor, dean, and undergraduate students, the university placed public health and social work in the same school. By contrast, the University of North Carolina-Chapel Hill has not blended the two disciplines but has instead fostered a collaborative spirit. Another opinion of the group was that *"infusion or integration should be forgotten, and the focus should be on course development."*

In the discussion of ways to integrate public health curriculum into social work programs, some attendees stated that changing the public health degree or public health curriculum in general would pose several challenges. First, attendees believed that core courses in both the social work and public health degrees need to be a priority; the foundation should not be disrupted. Attendees felt that the opportunity to take electives in either school would be potentially cut in order to ensure foundational knowledge. Loss of opportunities for electives could be a problem because a degree consisting of all foundational classes would not be specific enough for students to feel that they received a well-rounded or in-depth education. Electives allow students to dive deeper into the subject areas they are particularly interested in and build on foundational coursework.

In regard to degree concentrations, some felt that the *"[macro practice] track aligns more with public health ideals than direct practice."* This led to a discussion on the University of Pittsburgh's medical public health model. Attendees noted that *"public health has a medical perspective, and PHSW must be able to work within this perspective."* However, another attendee noted the trend towards integrated

care in healthcare delivery. This brought up questions surrounding the ways in which the PHSW field addresses these changes, including altering curriculum to include more clinical experience.

In addition to these curriculum issues, attendees discussed the implementation of current curriculum. One noted that there are sometimes difficulties cross-listing courses due to debate over who "owns" it, who has access to the most resources, and how a difference in pedagogical approaches should be balanced.

The dual degree attendees referenced the step out year that is required to complete public health curriculum. Further, this subset of attendees said that public health classes during this step out year are sometimes difficult to complete, possibly because *"professors in that area are stricter and not as lenient."* They went on to state that, in light of this commitment, dual degrees should be marketed to a specific type of student with strong self-motivation.

Further, there was general concern for students as they navigate dual degrees. *"Students are currently being forced to negotiate for themselves in terms of actualizing both degrees and defining what it is that they are looking for, and they should not be doing this."* Also in regards to students, the sentiment was that there was a one-way relationship between degrees; social work students may decide to pursue public health, but public health students do not generally seek out MSW programs. To add to this, one dual degree attendee said that she has always considered herself a social worker, and that this is true among her colleagues as well.

Competencies

Discussion of Public Health Social Work (PHSW) competencies was a highly charged topic, with two very distinct voices. There was a small but senior group of participants that said *"We have developed these competencies already and there is no need to reinvent them."* The second group noted a "*lack of awareness of a definition and competencies of PHSW."* The Public Health Social Work competencies which have been developed focus on Maternal and Child Health because the dual degree programs have historically focused on this are of Public Health.

There were also several questions around competencies, such as *who knows about current competencies, who implements competencies and what standards are used, which competencies are most important, how competencies are used to inform curriculum and field work, and who updates the*

competencies to ensure they are reflective of current work environments and demands. The concern of the group was, within dual degree programs, each school may be independently implementing competencies or relying on the other for such implementation, creating an experience for students that may feel compartmentalized and inconsistent. Ultimately, it was the opinion of the group that "*competencies be developed using input from students, faculty, employers, and community stakeholders."* Having a set of standardized competencies may not work because many of the programs are unique, some universities have both MSW and MPH programs and the dual degree would work. Social Work programs located in colleges and universities without a School of Public Health would be limited. In addition, there are very few Schools of Social Work who have faculty with both the MSW/MPH degrees. A required standardize set of competencies with the expectation that everyone would follow does not take into the consideration regarding program diversity and uniqueness.

The following competencies were discussed within groups as most important:

Competencies to be Taught in the Field & Classroom	
Facilitation Skills	Committee work, public commissions, facilitation of meetings, research to policy process, negotiation skills, clinical skills
Planning	Strategic planning for organizations
Grant Writing	Identifying appropriate grants, grant writing
Program Management	Goals & strategies, personnel management, evaluation, project management, researching current trends
Fiscal responsibility	Writing and implementing budgets
Development	Fundraising, reporting, cultivating the board of directors and advisors
Policy	Data-informed public health & social welfare policy, creating and lobbying for legislation
Cultural Intelligence	Understanding lived experiences of communities, community collaboration to plan programming, cultural sensitivity & acknowledgment of perspectives and experiences

Ways to measure competencies were briefly discussed. They included: *"determining the domains that are the core of both social work and public health, and determining cross-cutting competencies between the two fields."*

Structural barriers to integration of competencies were raised. These included: *"faculty and staff may not be willing to adapt their policies and materials again, and social work departments already work under competencies for the council on social work education that they must follow."* However, it was

noted that *"existing curriculum should fit at least one competency already in order to be included in the program's curriculum, and that the council on social work education needs to align the competencies that were established in 2005."*

Models of PHSW Programs

There was much discussion regarding various models of PHSW programs. General observations were made when considering different models of PHSW programs. Attendees noted the potential usefulness of an "official toolkit" when attempting to evaluate a program. This toolkit should be a free resource available to anyone. This was spurred by the opinion that PHSW has not been fully conceptualized in past years. One attendee stated, "*I've been in the field for 10 years and am just now thinking of what I do as a PHSW."* The necessity of an in-depth discussion of the ways public health and social work are currently working together was stressed as an important first step in evaluating and/or mapping models of integrated PHSW programs.

For this reason, attendees felt it was necessary for the field to take a comprehensive inventory of what current programs consist of in order to gain a better picture of the current state of the field and have the information necessary to discuss new pathways. This could be accomplished by publishing current work on a consistent basis, as it was felt that publications explicitly utilizing the PHSW model was very limited. This was followed by the observation that the link between the two fields is hidden in plain view and already in place, such as trauma-informed care. Another attendee stated that at their institution, it is difficult to tell the difference between public health and social work faculty, as they are already doing the same work.

The main example of program models that was discussed was the pyramid model, presented by Betty Ruth of Boston University. Attendees expressed their appreciation for a visual to describe how a dual degree and/or integrated program can and does operate at some universities. One critique of the pyramid was the desire to see how the two fields interact with each other at each level of the pyramid, not just how the fields connect from level to level.

The group went on to explore ways to promote interdisciplinary work in current programs. One attendee stated that interdisciplinary work seems to happen very readily in international settings, such as service trips involving medical students and others to form care teams. Attendees went on to say that

this model could ideally be applied to field placements for PHSW dual degree students. One attendee expressed that their field education experience felt separated. Field placements felt like a social work placement or public health placement and were not well blended. Attendees went on to say that the *"public health social work definition must lead to field experiences that give those skills and connection as close to ground level as possible."* When trying to solve a problem in the field students should be taught to consider what a social work lens and public health lens each bring to the problem, instead of defining problems as either a social work or public health problem.

At the end of the session, the following action steps were outlined: (1) design a toolkit for program evaluation, (2) gather more information to clearly conceptualize the field of PHSW, (3) ensure that shared competencies are identified and well defined, (4) encourage an integrated approach to problem solving in the field, and (5) cultivate relevant field experiences that show students how public health and social work are integrated.

Models of integration were also discussed. There was reference to "the old-fashioned way." This was described as including case studies that feature public health content into classwork, specifically policy classes, practice classes, and human behavior and social environment classes.

Another approach discussed was to bring area agencies and university initiatives into the curriculum in a way that goes beyond field placement. Mandates from the Patient Protection and Affordable Care Act (PPACA) were suggested as a topic of focus when selecting collaborating agencies and initiatives. Classes could discuss how area agencies have shifted their operations to incorporate prevention-focused services, and how they work to collaborate with non-traditional services, such as faith-based organizations and senior citizen centers. An additional suggestion was to incorporate health-related programs at one's own university. This could mean learning more about internship or practicum policies and participating sites to learn how they are addressing community health needs.

Field Practice

Relating to field practice, discussion centered on determining criteria for effective PHSW field placements, and how these placements are identified. Attendees stressed the need for *"a dedicated process to develop and enhance PHSW field placements,"* including the creation of *"small group supervision for field instructors,"* and the integration of a *"capstone project within advance year field placement."* Other ideas were to move away from the *"apprentice model of field education, allow*

supervisors access to school resources such as Blackboard and libraries, provide free/discounted continuing education units, and providing free parking passes" to incentivize hosting a student.

Regarding the qualification of field supervisors, attendees debated education and program requirements. Some felt that supervisors should have a dual degree themselves, or at least come from a multidisciplinary background, while still others thought an MSW was most appropriate. The group also suggested that field supervisors submit documentation regarding proof of their CEUs.

The group also debated whether is it appropriate to send students to field placements that are clinically based, in addition to policy focused, or if placements should be solely policy-focused.

State of the Field

Multiple groups acknowledged that dual degree social workers often define themselves as either a social workers or public health workers in their job description. Several questions were raised, including: *"Do employers use the term PHSW for dual degree graduates? Is there a pay differential for dual degree graduates? That is, are they paid more than a graduate with only one degree? If not, then what is the point of getting the dual degree?"* In response, attendees stated that there is value in dual degree programs and the PHSW field that needs to be acknowledged, because students do enroll and complete the MSW/MPH program before becoming successful professionals. It would be valuable to track graduates and obtain their feedback.

A physician in attendance also addressed changes and trends in the healthcare delivery system, including a push towards clinical orientation, lessening the need of formal public health education. Given these trends, the physician questioned why employers would pay more for a dual degree candidate if clinical social work education would equip candidates with the necessary knowledge and skills. Another employer stated that they were generally unsure of the advantages of hiring an MSW or MPH. Opposing this view was a dual degree attendant, who stated, "*I believe I have skills from both. Both disciplines have trained me to communicate and think about system division."*

Some attendees expressed having a difficult time legitimizing PHSW. Current employers often focus on the LCSW, which many PHSW graduates may not have. Attendees went on to say that *"dual degree students have to explain to employers the value of an integrated skill set. We need to educate employers on the benefits of employing a truly holistic practitioner."*

Identity of Public Health Social Workers

Historically, social work has had difficulty in defining itself as a legitimate healthcare provider. Medical social workers have primarily focused on clinical care of patients within hospital settings, such as discharge planning, short term counseling, crisis intervention, and consultation with health care providers. Traditional health care curriculum within schools of social work has not focused on population-based health interventions or public health domains. SW needs to redefine its role in health care to include public health content as its essential health practice model.

As discussed in groups, *"most identify with one of the two professions*." One participant noted, *"I'm a social worker or I'm a public health professional. Rarely do we see professionals who are dual degree graduates that see themselves as a PHSW*." This was thought to be due to the learning experience of students while in dual degree programs, namely the experience of having either social work or public health faculty instead of faculty who possessed skills in both professions. Further, attendees wondered if employers use the term 'PHSW'; if not, attendees wondered if spending the time and money to obtain a dual degree was worth it. One strategy to answer this question would be to look at the starting salaries of social workers without the MPH degree. The value of the dual degree is partly in it's earing potential. Other values relate to develop competencies in population health, program development, health promotion, and health behavior which very few schools of social work offer within the MSW curriculum.

There was some concern that the current definition of PHSW did not reflect what is going on in the workforce, and that we need to see if the definition of public health social work helps to describe what people are doing in the work environment. Attendees then asked what should drive the definition of PHSW to ensure it is reflective of workplace realities, who would collect this information, and how would the information be used to inform curriculum. The ultimate goal would be to ensure that dual degree graduates can clearly define PHSW and market themselves in a way that bolsters recognition of the field.

In regards to the current ability to accurately track public health social workers, attendees acknowledged that the CSWE and NASW only track the careers of social work licensees. Given there is no licensing process for the MPH, data are limited. Further, APHA accrediting bodies only track public health workers and do not include public health social work as a specific category. Again, this would prevent adequate capture of PHSW and the careers of public health social workers. This led to the group to wonder which national accrediting body or professional group would be best suited to track the dual degree graduates. Without a national data base, this information can be collected from the University

Programs which award these degrees, and available upon request. The other option would have the joint degree programs at one of degree awarding institutions be the clearinghouse for collecting this information annually.

Several attendees voiced concerns regarding the way PHSW is currently branded. Even though social worker educators and practitioners have made significant contributions to defining the field, the vast majority of the profession and community is unaware of PHSW and its value in the evolving health care delivery system. PHSW has not been fully acknowledged or integrated into the social work or public health fields. A difference in language between fields may be inhibiting the two fields from integrating; for example, clinical social workers may be interested in population health topics, but may not define the topics that way. One attendee stated, *"Go figure, all these years I have been practicing as a public health social worker and never knew it!"*

Proposed strategies for branding PHSW included (1) special issue journals dedicated to PHSW, (2) national conferences promoting PHSW, (3) establishing PHSW professional organizations, (4) determining CSWE and APHA accreditation standards, (5) creating a clearinghouse for curriculum located at a PHSW program, (6) identifying and partnering with advocates and supporter of PHSW, (7) clearly linking PHSW to the grand challenges social work, and (8) promoting the efficiency and cost effectiveness of the dual degree (two degrees in often three years) . Some felt that a national campaign led by CSWE to raise awareness and shape the perception of PHSW would help achieve many of these goals.

Attendees stressed the need for intentional efforts to increase awareness of social work practice and education. Increasing intra-professional work and education to help other fields recognize the role of public health social workers will help. One attendee noted that the fields of public health and social work need to acknowledge the trauma and history associated with their fields and be willing to engage in conversation regarding the stigma sometimes held by other professions.

Institutional Supports

Several programmatic structures that would aid in progressing PHSW were identified and discussed. First, multiple groups said that establishing joint faculty appointments for instructors across schools would help with integration of the dual degree program across academic units. Similarly, integrated advising and admission structures to facilitate knowledge and communication between schools would help ensure a cohesive learning experience. Addressing differences in credit cost per courses between

schools, total tuition cost of the dual degree program, and loan forgiveness programs were also important to those in attendance.

Technology needs were also addressed. Creating online courses, webinars, and teaching teams that incorporate knowledge and leadership from both fields were all mentioned as opportunities to achieve some level of integration.

Finally, community mentors that support and advise recent dual degree students and graduates about career trajectory and opportunities could help strengthen the field, as many felt that there is often a lack of field placements that truly meet PHSW requirements.

HBCU Strengths and Programmatic Needs

Attendees from Historically Black Colleges and Universities (HBCU) who were interested in exploring the establishment of dual degree programs looked to discuss the structure of these programs. This included (1) establishing the minimum number of students interested in PHSW that will justify building a program, (2) identifying the best candidates for dual degree programs, (3) marketing dual degree programs to attract students, faculty and administration, (4) determining the easiest way to begin a program, including creating a certificate program within the school of social work, (5) beginning to establish field placements that address community needs and fulfil PHSW requirements, and (6) partnering with established dual degree programs to mentor program development and problem solving along the way.

Other common themes during discussed included (1) acknowledging that partnership means that both sides are on an even plane, which is not always the reality, (2) acknowledging that public health is social justice, (3) focusing on the strengths perspective when educating students and working in communities, (4) undertaking creative approaches to community engagement, and (5) understanding the links between poverty, capitalism, and discrimination.

Data were collected to determine the presence of social work schools in HBCUs, as well as the top twenty-five HBCU social work schools. Results are below.

HBCU Social Work Schools by Diploma	
	Number, HBCUs
Degrees	

Certificates	3
Associate's Degrees	5
Bachelor's Degrees	58
Master's Degrees	26
Doctoral Degrees	7
HBCU Social Work Schools by Region	
Northeast	2
Midwest	3
South	60
Locations for HBCU Social Work Schools	
Washington	2
Atlanta	2
New Orleans	2
Little Rock	2
Baltimore	2
Greensboro	2
Columbia	2
Wilberforce	2
Jackson	1
Nashville	1
Itta Bena	1
Frankfort	1
Baton Rouge	1
Houston	1
Durham	1
Bowie	1
Norfolk	1
Raleigh	1
Savannah	1
Fayetteville	1

Top 25 HBCU Social Work Schools	
1. Howard University, Washington, DC 2. Jackson State University, Jackson, MS 3. Florida A&M University, Tallahassee, FL 4. North Carolina Central University, Durham, NC 5. Southern University, New Orleans, LA 6. Norfolk State University, Norfolk, VA 7. Texas Southern University, Houston, TX 8. Mississippi Valley State University, Itta Bena, MS 9. Morgan State University, Baltimore, MD 10. Grambling State University, Grambling, LA 11. Southern University and A&M College, Baton Rouge, LA 12. Bowie State University, Bowie, MD 13. North Carolina A&T State University, Greensboro, NC 14. Fayetteville State University, Fayetteville, NC 15. Albany State University, Albany, GA 16. Tennessee State University, Nashville, TN 17. Alabama A&M University, Nashville, TN 18. Alabama State University, Montgomery, AL 19. Delaware State University, Dover, DE 20. Winston Salem State University, Winston Salem, NC 21. Prairie View A&M University, Prairie View, TX 22. Virginia State University, Petersburg, VA 23. Tuskegee University, Tuskegee, AL 24. Virginia Union University, Richmond, VA 25. Xavier University of Louisiana, New Orleans, LA	

Future of the Field

Discussion of the future of PHSW and how to advance the field included the idea of establishing doctoral and post-doctoral programs in PHSW. Participants were unsure of what progress has already been made regarding doctoral education, but felt it was important to prioritize doctoral training to prepare a generation of leaders and teachers in the field, especially in the areas of research and education.

Proposed methods and goals of integration included focusing on unmet needs (such as Native American reservations), emphasizing obtaining good data, combining public health certificate programs with existing social work programs to mitigate cost and curriculum constraints, and recruiting undergraduate students to graduate public health programs.

Challenges anticipated in the field included the privatization of services, especially mental health. Participants expressed the increased need for licensing and clinical experience, as well as specialized grants that limit integration and expansion of programs. Further, there was concern among some groups that integrating the schools of social work and public health to create one PHSW program may not result in a "truly integrated" program. Reasons cited for this belief included the possibility of staff and faculty imbalance between social work and public health in numbers and resources. One participant stated, *"finding stability in faculty championing a new program is difficult."* This difficulty stems in part from the belief that integration is unnecessary. The cost of the dual degree was also addressed in multiple groups. Potential solutions include loan forgiveness advocacy, integrated field placements, creating courses that address PHSW specifically, and contracting with other colleagues.

Integration of the social work and public health fields was addressed again relating to the future of PHSW. The long, established history between disciplines beginning with the settlement house movement was cited as a reason the two fields would naturally fit into one integrated program. Integration was also thought to be important because students and professionals sometimes felt pressure to define themselves within one field or another. In order to combat this separation, the field needs to clearly define who "we" are as a profession, then focus on marketing that identity.

Finally, attendees felt it was important to keep a focus on African Americans, Latino, Hispanic, LGBTQIA, rural, and other marginalized populations in future endeavors related to PHSW. This was followed by a reminder that financial resources are not the only barrier to HBCUs developing programs. Institutional racism and other bias also are barriers.

Dissemination Plan

At the end of the summit, the group discussed ways to turn two days of discussion into an agenda to move the field forward. According to post-survey data, 90% of attendees signaled that the summit did not fully meet the goals charted by the steering committee. Some reasons given for falling short were (1) a need to create actionable items from the breakout sessions, (2) a lack of time given to create action plans in general, and (3) a lack of confidence that these discussions had the power to influence actual change or development. There was also some debate regarding the time spent defining PHSW during the summit. Some felt too much time was spent on this topic over others, while other attendees felt there would be more benefit in discussing the definition further. Many of the participants who wished

to spend more time defining PHSW were from HBCU's or other schools who were in the process of developing PHSW programs.

STRUCTURE OF THE SUMMIT

The goals of the summit and its structure was developed by a national advisory council in an iterative fashion over a period of 8 months prior to the summit. Participation in the summit was by invitation only and consisted of leaders in PHSW from across the nation. While the clear majority represented social work, the lack of a public health presence appeared to make the conference feel out of balance.

Formal Panels and Focus Groups

There were four formal panel presentations during the two-day summit that covered the following topics: defining PHSW, models of PHSW education, needs and challenges of building new PHSW programs, and developing strategies to advance PHSW. Following each panel presentation focus groups were held with participants to extend the panel presentation. Participants were divided into 6 focus groups. Each group was comprised of at least one faculty member or dean, a national organization member (i.e., CSWE), one local organization or practice site member, a HRSA grantee director, and a student. Focus groups consisted of approximately eight participants. Two facilitators and one scribe, who recorded the discussion, were assigned to each group, which met for approximately 45 minutes. After the focus group meetings, the entire group met for a 30-minute community (large group) discussion in which each group reported its findings. Facilitators used a series of orienting questions related to the specific panel presentation to initiate discussion.

Notes and discussion content from each focus group were organized, transcribed, and analyzed for themes. Following the initial reading, questions or concerns about the transcribed content was sent to participants of that small group for clarification prior to any additional analysis. The clarified transcriptions were formatted into a narrative to provide a comprehensive account of the summit.

Summit Schedule

10/20/2016		
Time	**Presentation/Activity**	**Presenters/Panel Members**
7:30a-8:00a	Registration	
8:00a-8:30a	Welcoming Remarks	Dean Larry Davis (University of Pittsburgh)
8:30a-9:30a	Purpose of Summit	Miryam Gerdine (HRSA)
	Review of Agenda	Gary Cuddeback (University of North Carolina, UNC), Ed Pecukonis (University of Maryland)
	Intro/History of HBCUs	Sandra Crewe, Howard University
9:00a-10:15a	Defining PHSW	Betty Ruth (Boston), Dorothy Cilenti (UNC), Julia Hastings (Albany), Sandra Crewe (Howard); Moderator: Gary Cuddeback
10:30a-12:25	Models of PHSW Programs	Betty Ruth, Carrie Jefferson Smith (Syracuse), Elaine Congress (Fordham), Anna McPhatter (Morgan State); Moderator: Rob Keefe
12:25p-1:25p	Remarks and Reflections	Dean Donald Burke (Pitt), Kenneth Jaros (Boston)
1:25p-3:10p	Needs and Challenges of Building New Programs	Darla Coffey (Council on SW Education), Victoria Stanhope (NYU), Rowena Wilson (Norfolk State); Moderator: Valire Carr Copeland (Pitt)
3:25p-4:50p	MSW/MPH Alumni Thoughts and Experiences as Students	Harold Cox (Boston), Krista Woodward (Patient-Centered Outcome Research Institute), Arnold Barnes (N Carolina A&T), Sharon McCarthy (American Association of Suicidology), Michelle Clark (Baltimore Area Health Education Center); Moderator: Ed Pecukonis
10/21/2016		
8:00-9:00	Goals and Expectations	Mark Friedman (Pitt), Robert Keefe (Buffalo)
9:00-10:10	PHSW Administrators: Thoughts and Experiences as Administrators	Karen Hacker (Allegheny County Health Department), Mae Gilene Begay (Navajo Nation Community Health Rep & Outreach Program), Joan Levy Zlotnik (Nat'l Association of SW Fdn), Frankye Johnson (Nat'l Assoc of Black Social Workers; Marion County Public Health Dept); Moderator: Mark Friedman
10:25-12:10	Developing Strategies to Advance PHSW	Ed Pecukonis, Bruce DeForge (Maryland), Joseph Telfair (Georgia Southern); Moderator: Gary Cuddeback
12:10-1:00	Testimonial to Kathleen Rounds	Kenneth Jaros, Robert Keefe, Gary Cuddeback, Ed Pecukonis
1:00-2:45	Assisting New Programs in Developing PHSW Infrastructure	Robert Keefe, Marvin Feit (Norfolk State), Diane Marie St. George (Maryland); Moderator: Michele Kelley
2:45-3:35	Dissemination Plan	Gary Cuddeback, Mark Friedman, Ed Pecukonis, Rob Keefe
3:35-3:55	Summary & Closing	Valire Carr Copeland, Gary Cuddeback, Mark Friedman, Robert Keefe, Ed Pecukonis

Attendees

Name	Credentials	Category	Title	Organization
Anastasia Booth	MPH	Grantee Team	Project Coordinator	University of Maryland, Baltimore School of Social Work
Anna McPhatter	PhD, MSW, LCSW	HBCU	Dean, Professor	Morgan State University
Arnold Barnes	PhD, MSW	Alumni, HBCU	Interim Chair	North Carolina Agricultural and Technical State University, Department of Sociology and Social Work
Art Donsky	Ddiv, MAHL	Grantee Team	School of Social Work, Graduate School of Public Health	University of Pittsburgh, MPH/MSW Joint Degree GSA
Betty Ruth	MSW, MPH	Steering Committee	Clinical Professor	Boston University School of Social Work
Brenda Portillo	MSW/MPH expected 2017	Trainee	Student	University of Pittsburgh, MPH/MSW Joint Degree Fellow
Bruce DeForge	PhD	Grantee Team	Associate Professor	University of Maryland, Baltimore School of Social Work
Carrie Dorn	LMSW, MPA	Steering Committee	Senior Practice Associate	National Association of Social Workers
Carrie Jefferson Smith	DSW, ACSW			Syracuse University School of Social Work
Cynthia E. Harris	SHA, MBPA, LICSW, LCSW-C	HBCU	Special Assistant for Academic & Student Advancement	Howard University School of Social Work
Dana Heilman	MSW/MPH expected 2017	Trainee	Student	University of Pittsburgh, MPH/MSW Joint Degree Fellow
Darla Spence Coffey	PhD, MSW	Steering Committee	President and CEO	Council on Social Work Education
Diane Marie St. George	PhD	Other	Assistant Professor	University of Maryland School of Medicine
Donald Burke	PhD	Speaker, Dean	Dean	University of Pittsburgh School of Public Health
Dorothy Cilenti	DrPH, MPH, MSW	Alumni	Clinical Associate Professor	UNC Gillings School of Global Public Health
Ed Saunders	PhD, MSW, MPH	Model Program	Associate Professor	University of Iowa School of Social Work
Ed V. Pecukonis	PhD	Grantee	Associate Professor	University of Maryland Baltimore School of Social

				Work
Elaine Congress	MSW, MA, MAT, DSW, ACSW, LCSW	Model Program	Associate Dean, Professor	Fordham University Graduate School of Social Service
Frank Duncan	MSW/MPH expected 2017	Trainee	Student	University of Pittsburgh, MPH/MSW Joint Degree Fellow
Frankye E. Johnson	MSW, LCSW, LMFT, LMHC, LCAC	Other	Administrator of Social Work	Marion County Public Health Department (MCPHD)and the National Association of Black Social Workers (NABSW)
Gary s. Cuddeback	PhD	Grantee	Associate Professor	University of North Carolina at Chapel Hill School of Social Work
Harold Cox	MSSW	Other	Associate Professor	Boston University School of Public Health
Jael Epple	MSW/MPH expected 2017	Trainee	Student	University of Pittsburgh MSW Candidate
Janina Anzalota	MSW, LICSW, MPH	Other	Director	City of Boston, Mayor's Office of Fair Housing and Equity
Jay Poole	PhD, MSW, LCSW	HBCU Partner		University of North Carolina at Greensboro School of Social Work
Jenny Jones	PhD, MSW, ACSW	HBCU	Associate Professor, Department Chair	Clark Atlanta University WMJY School of Social Work
Joan Levy Zlotnik	PhD, ACSW	Steering Committee	Senior Consultant	National Social Work Organizations
Joseph Telfair	DrPH, MSW, MPH	Back-up Panelist	Dual Chair, Karl E. Peace Distinguished Chair of Public Health	Georgia Southern University Jiann Ping Hsu College of Public Health
Julia F. Hastings	PhD, MSW	Steering Committee	Assistant Professor, School of Public Health, School of Social Welfare	University of Albany, SUNY School of Public Health
Julie Cederbaum	PhD, MSW, MPH	Model Program	Assistant Professor	University of Southern California School of Social Work
Julie Platt	MSW/MPH expected 2017	Trainee	Student	University of Pittsburgh, MPH/MSW Joint Degree Fellow
Karen Hacker	MD, MPH	Director	Director	Allegheny County Health Department, Pittsburgh
Kathleen	PhD, MPH,	Honorary	Former dual degree	University of North Carolina

Rounds	MSW		director	at Chapel Hill School of Social Work
Kellie Gilchrist	MPH	HRSA		HRSA, U.S. Department of Health and Human Services
Kelsey White			LPHSWE Research Assistant	University of North Carolina at Chapel Hill School of Social Work
Kenneth Jaros	PhD		Retired Assistant Professor and Associate Chair for Departmental Administration, Behavioral and Community Health Sciences	University of Pittsburgh
Krista Woodward	MPH, MSW	Alumni	Program Associate	Patient-Centered Outcome Research Institute, Washington DC
Larry Davis	PhD	Speaker, Dean	Dean	University of Pittsburgh School of Social Work
Luz Lopez	PhD, MPH, MSW	Other	Associate Director, Dual Degree Program in Social Work & Public Health	Boston University School of Social Work
Mae-Gilene Begay	MSW	Back-up Panelist	Program Director	Navajo Nation CHR/Outreach Program, Window Rock, Arizona
Mansoo Yu	PhD, MSW	Model Program	Associate Professor	University of Missouri-Columbia School of Social Work
Maria Jeronimo Talavera	MSW/MPH expected 2017	Trainee	Student	University of Pittsburgh, MPH/MSW Joint Degree Candidate
Mark Friedman	PhD, MSW, MPA	Grantee	Assistant Professor	University of Pittsburgh School of Public Health
Marvin Feit	PhD, MSW, MSPH	Other	Professor	Norfolk State University Social Work in Public Health
Michele A Kelly	Sc.D, MA, MSW	Other	Associate Professor	University of Illinois at Chicago School of Public Health
Michelle Green Clark	MSW, MPH	Alumni	Executive Director	Baltimore Area Education Center (AHEC) Maryland
Miryam Gerdine	MPH	HRSA	Social Science Research Analyst, Project Officer	HRSA, US Department of Health and Human Services
Misha A.	MSW, Mdiv	Grantee	Project Coordinator	University of Pittsburgh

Zorich		Team		School of Social Work
Patricia Kohl	PhD	Steering Committee	Associate Dean	Washington University St. Lois George Warren Brown School of Social Work
Rachel Bari Goldberger	MSW/MPH expected 2017	Trainee	Student	University of Pittsburgh, MPH/MSW Joint Degree Fellow
Rita Kelliher	MSPH	Steering Committee	Senior Director	Association of Schools and of Programs Public Health (ASPPH) Washington DC
Robert Keefe	PhD, ACSW, LMSW	Steering Committee	Associate Professor	University at Buffalo, SUNY School of Social Work
Rowena Wilson	PhD	HBCU	Dean	Norfolk State University School of Social Work
Sally Hageman	Predoctoral Fellow	MPH/MSW Program		University of Maryland Baltimore School of Social Work
Sandra Edmonds Crewe	PhD, ACSW	Steering Committee, HBCU	PhD, ACSW	Howard University School of Social Work
Sandra Lane	PhD, MPH			Syracuse University Public Health and Anthropology & Upstate Medical University Obstetrics and Gynecology
Sarah Gehlert	PhD		E. Desmond Lee Professor of Racial and Ethnic Diversity	Washington University St. Louis George Warren Brown School and Social Work and the Department of Surgery of the School of Medicine
Sharon McCarthy	MPH, MSW	Alumni	Manager of Special Projects & Training and Accreditation	American Association of Suicidology
Sharon Parker	PhD, MSW, MS	HBCU Partner	Associate Professor	North Carolina A&T State University School of Social Work
Summer-Rae Haston	MBA	Admin	Admin	University of Pittsburgh School of Public Health
Tamarah Moss	PhD, MPH, MSW	HBCU	Assistant Professor	Howard University School of Social Work
Valire Carr Copeland	PhD, MPH	Grantee	Associate Dean of Academic Affairs	University of Pittsburgh School of Social Work
Victoria Stanhope	PhD, MSW		Associate Professor of Social Work	New York University School of Social Work

Summit Evaluation

Prior to the summit, a pre-survey was distributed to attendees to learn more about their respective programs. The survey mainly addressed current program challenges, ways the program has worked to meet these challenges, and any other unique program elements they wished to highlight.

There were major themes regarding the challenges PHSW programs expressed facing. These were: (1) cost and financial aid, (2) recruitment, admissions, and enrollment, (3) courses, curriculum, and advising, (4) communication, leadership, and integration, (5) field placements, (6) professional identity, and (7) job opportunities.

Among programs that detailed challenges related to cost and financial aid, many mentioned the lack of financial aid for dual degree programs combined with the high cost associated with the dual degree. Differences in cost per credit between schools of social work and public health were also cited as hurdles facing their students.

Several programs addressed challenges regarding recruitment, admissions, and enrollment. Some programs acknowledged the struggle to recruit students for public health programs resulting in lower enrollment, despite a growing interest in the public health field. It was posed that there is not as much marketing and advertising of the MSW/MPH dual degree program, as the focus at their institutions is on recruitment for the larger MSW. Further, social work and public health programs often have different admissions procedures and dates. Helping potential students navigate these processes is sometimes a barrier to successful or smooth enrollment.

Building on administrative differences between public health and social work programs, participants indicated a challenge to successfully advise all dual degree candidates throughout their education. There was reference to current curriculum, and the challenge advisors sometimes face to maintain the level of individualization for dual degree students who cannot necessarily complete each schools' programs the way single degree students would. The two disciplines in some dual degree programs even operated on different semester, dates, and hours of classes, posing a challenge to students and advisors when planning degree pathways. All of these challenges ultimately affected communication and often prevented integration of public health and social work.

Challenges related to field placements ultimately tied into challenges with professional identity and job opportunities. Summit participants signaled a lack of field placement opportunities, and later job opportunities, that were true examples of PHSW. There was a feeling of fierce competition among programs to connect their students to the available opportunities. Further, without enough well-

marketed positions in the field and a true understanding of the impact of PHSW on communities, it was thought that programs and students struggle to ultimately define the identity of a public health social worker.

After the summit, post-surveys were distributed to attendees. A total of twenty-two surveys were gathered from participants. A summit evaluation report was completed by Ed Pecukonis, which yielded the results that follow. The survey and analysis was broken into five sections: (1) program facilities and administrative supports, (2) purpose of the summit, (3) panel presentations, (4) breakout discussion groups, and (5) dissemination plan and large group discussion.

Participants found the program facilities and administrative supports to be helpful, responsive, and well organized. The reception was well received with over 70% of respondents rating the event as excellent or very good. The process of arranging travel and transportation was viewed as straightforward, with the major concern being reimbursement delays via the administrative structures of the sponsoring institutions (University of Maryland, UNC, and University of Pittsburgh). Participants were grateful that travel and housing was included.

Over 77% of respondents found the agenda and goals of the summit were important and relevant to the field and to their work in Public Health Social Work. However, as noted earlier, approximately 90% of participants who completed the post survey felt the summit did not accomplish its purpose. Some reasons given for that response included: *"underutilized having leaders together—too many presentations, though many were good," "the summit was excellent, but I'm not sure if the summit was as focused on HBCUs as it was supposed to be,"* and *"such a great conference, learned so much, but was confused on overall purpose and end game."* Despite this response, participants generally viewed the summit as beneficial to their work in the field. Many stated they were grateful to have many leaders, experts, and champions from their field, and appreciated the quality and variety of discussions.

A total of four panel presentations were held during the two-day summit and included: Defining PHSW, Models of PHSW, Needs and Challenges of building new PHSW programs and Alumni of dual degree programs. In general, all panel presentations were well received by participants. However, the panel presentation "Defining PHSW" was most valued by participants, with almost 70% of respondents rating it as excellent. Over 90% rated this presentation as being either very good or excellent. Comments from participants suggest that this presentation was helpful in stimulating discussion and ideas for curriculum enhancements in PHSW programs.

Break out discussion groups immediately followed each panel discussion and were coordinated by a leader and scribe who recorded and summarized discussion themes. Break out discussion groups were in general well received by participants. Respondents seemed to value the "Assisting new Programs in developing PHSW infrastructure" as slightly less helpful than others. However, 59% of respondents continued to rate this discussion group as either very good or excellent. The remaining discussion sessions were rated highly and valued by participants. There was some feedback from respondents appreciating the suggestion of incorporating public health concepts into their school's social work curriculum without undertaking a full dual degree program. Some noted their enjoyment of the diversity of perspectives presented around the concept of PHSW and how this concept is defined by various institutions and clinical settings. Some respondents felt that the small groups needed more structure in terms of the discussion (focused questions) along with sharing actions steps.

On the last day of the summit, efforts were made to summarize findings and enlist the large group in developing a next steps agenda. Feedback from respondents note that 63% found this discussion helpful and rated it as either excellent or very good. Of some concern is respondent's response to the question "Do you feel the summit accomplished its purpose." Approximately 90% of participants felt that the summit did not fully accomplish its stated goals as defined by the steering committee. Participants noted that their major concern was lack of time dedicated to action planning, a need to create actionable items drawn from small group discussions and a general pessimism that nothing will happen in terms of change or policy from the work. Interestingly, a portion of the group noted that too much time was spent defining PHSW. However, there was another segment represented by the HBC's that felt more time should have been dedicated to that task.

Appendix A

Below is a list of the summit's steering committee members:

- Darla Spence Coffey PhD, MSW, President and Chief Executive Officer, Council on Social Work Education
- Sandra Edmonds Crewe, PhD, ACSW, Dean and Professor, School of Social Work, Howard University
- Carrie Dorn, LMSW, MPA, Senior Practice Associate, National Association of Social Workers
- Julia F. Hastings, PhD, MSW, Assistant Professor, School of Public Health, School of Social Welfare Assistant Professor, University at Albany, SUNY
- Robert Keefe, PhD, ACSW, LMSW, Associate Professor, School of Social Work, University of Buffalo (chair)
- Rita Kelliher, Senior Director, Education and Practice, Association of Schools and Programs of Public Health
- Patricia Kohl, PhD, Associate Professor, Associate Dean, George Warren Brown School of Social Work, Washington University
- Betty Ruth, MSW, MPH, Clinical Professor, Boston University
- Joan Levy Zlotnik, PhD, ACSW, Senior Consultant, NASW
- Miryam Gerdine MPH, representing HRSA

Appendix B

The following is an excerpt from a document written by the Association of State and Territorial Public Health Social Workers (2005) and is widely regarded as a crucial foundational set of standards and competencies with which the field of PHSW should use to establish curriculum and training. This includes a summary of the principles and competencies that explicitly address leadership in PHSW.

Professional Principles

- A public health social worker uses social planning, community organizational development, and social marketing principles to:
    - Inform and educate individuals, families, and communities about public health issues.

- Empower and mobilize individuals, families, and communities to become active participants in identifying and addressing public health concerns to improve individual, family, and societal wellbeing.
    - Mentors the leadership ability of individuals, families, and communities to creatively solve public health concerns
- Promote and enforce legal requirements that protect the health and safety of individuals, families, and communities.
    - Provides leadership in the enforcement and simplification of rules related to entitlements and services.
- Assure public accountability for the wellbeing of all, with emphasis on vulnerable and underserved populations.
    - Provides leadership in the dissemination of information about the effectiveness of public health and social interventions to policymakers, funders, and community groups.
- Develop primary prevention and strategies that promote the health and wellbeing of individuals, families, and communities.
- Develop secondary and tertiary prevention strategies to alleviate health and related social and economic concerns.

- A public health social worker provides leadership and advocacy to assume and promote:
    - Elimination of health and social disparities wherever they exist such as, but not limited to, those based on community, race, age, gender, ethnicity, culture, or disability.
        - Provides leadership in presenting research and data in a manner which documents health and social disparities clearly and comprehensively.
        - Provides leadership to inform policymakers about the economic, environmental and social factors impacting health and social disparities.
    - Policy development for providing quality and comprehensive public health services within a cultural, community, and family context.
        - Provides leadership in the development and simplification of rules related to entitlements and services.

Core Competencies

- Theoretical Base

- Methodological and Analytical Practice
- Leadership and Communication
    - Demonstrate knowledge and understanding of:
        - Organizational culture and change.
        - Leadership and communication practices for diverse internal and external groups.
        - Networking inter-multidisciplinary team building and group work processes.
        - Social work community organization and coalition building to address social and health disparities
        - Strategies for soliciting and maintaining consumer and other constituencies involved at all levels of an organization.
        - Strategic planning, organizational development, performance outcome measures, and program evaluation.
        - Articulation of a vision and motivate staff to actualize the mission, goals, and objectives of their organization.
        - Commitment to individuals, families, and communities and the diverse cultural values they hold.
        - Operationalize best practice prevention and intervention strategies to eliminate social inequity and health disparities.
        - Build on the strengths and assets of individuals, families and communities to develop innovative and applying creative solutions to social and health issues.
        - Applying management and organizational theories and practices to the development, planning, budgeting, staffing, administration and evaluation of public.
        - Health programs including the implementation of strategies promoting integrated service systems, especially for vulnerable populations.
        - Develop mechanisms to monitor and evaluate programs and service networks for their effectiveness and quality, including the use of performance and outcome measures.
        - Develop, implement, monitor and evaluate grant-funded programs.
        - Written and oral communication skills, including accurate and effective preparation and presentation of reports to stakeholders e.g., agency boards,

administrative organizations, policymakers, consumers and/or the media using demographic, statistical, programmatic and scientific information.

- Communicate effectively with diverse and multi-cultural organizations community/consumer boards and coalitions.
- Develop strategies to assure integrated service systems for populations at risk for health and social issues.

- Policy and Advocacy
- Values and Ethics

References

Association of State and Territorial Public Health Social Workers (2005). Public health social work Standards and competencies. Columbus (OH): Ohio Department of Health.