



# SPECIALIZED PRACTICE CURRICULAR GUIDE *for* HEALTH SOCIAL WORK

2015 EPAS Curricular Guide Resource Series

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PRACTICE  
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GUIDE *for*  
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SOCIAL WORK**



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**2015 EPAS Curricular Guide  
Resource Series**

**Council on Social Work Education**  
*Alexandria, Virginia*

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# Contents

Acknowledgments.....	v
Preface: Competency-Based Education .....	xi
Introduction.....	xv
<b>Competency 1 Demonstrate Ethical and Professional Behavior.....</b>	<b>1</b>
<b>Competency 2 Engage Diversity and Difference in Practice .....</b>	<b>5</b>
<b>Competency 3 Advance Human Rights and Social, Economic, and Environmental Justice .....</b>	<b>15</b>
<b>Competency 4 Engage in Research-informed Practice and Practice-informed Research.....</b>	<b>19</b>
<b>Competency 5 Engage in Policy Practice.....</b>	<b>25</b>
<b>Competency 6 Engage With Individuals, Families, Groups, Organizations, and Communities.....</b>	<b>33</b>
<b>Competency 7 Assess Individuals, Families, Groups, Organizations, and Communities.....</b>	<b>37</b>

**Competency 8 Intervene With Individuals, Families, Groups, Organizations, and Communities** ..... 51

Appendix 8A: Area of Healthcare Presentation ..... 57

Appendix 8B: Health Policy Resource Project ..... 60

Appendix 8C: Book Critique and Reflection ..... 64

Appendix 8D: Treatment Plan Exercise .....71

Appendix 8E: SMART Goal and Action Planning Worksheet ..... 73

**Competency 9 Evaluate Practice With Individuals, Families, Groups, Organizations, and Communities** ..... 77

# Preface: Competency-based Education

In 2008 CSWE adopted a competency-based education framework for its Educational Policy and Accreditation Standards (EPAS). Competency-based education rests on a shared view of the nature of competence in professional practice. Social work competence is the ability to integrate and apply social work knowledge, values, and skills to practice situations in a purposeful, intentional, and professional manner to promote human and community well-being. EPAS recognizes a holistic view of competence; that is, the demonstration of competence is informed by knowledge, values, skills, and cognitive and affective processes that include the social worker's critical thinking, affective reactions, and exercise of judgment regarding unique practice situations. Overall professional competence is multidimensional and composed of interrelated competencies. An individual social worker's competence is seen as developmental and dynamic, changing over time in relation to continuous learning (CSWE, 2015, p. 6)

Competency-based education is an outcome-oriented approach to curriculum design. The goal of the outcome approach is to ensure that students can demonstrate the integration and application of the competencies in practice. In the EPAS, social work practice competence consists of nine interrelated competencies and component behaviors that consist of knowledge, values, skills, and cognitive and affective processes. Using a curriculum design that begins with the outcomes, expressed as the expected competencies, programs develop the substantive content, pedagogical approach, and educational activities that provide learning opportunities for students to demonstrate the competencies (CSWE, 2015, p. 6)

## **SOCIAL WORK COMPETENCIES**

The 2015 Educational Policy and Accreditation Standards (EPAS) stipulates nine competencies for the social work profession (pp. 7-9). These competencies apply to both generalist and specialized practice. In the EPAS, each of the nine Social Work Competencies is followed by a paragraph that describes the dimensions (knowledge, values, skills, and cognitive and affective processes) that make up the competency at the generalist level of practice. This paragraph also describes the content that should be reflected in the generalist social work curriculum and the underlying processes that inform those behaviors. Under the paragraph descriptions in the EPAS Social Work Competencies, the bullet points list a set of behaviors that integrate the dimensions of the competency and represent observable components of each competency in practice. The dimensions of the competency inform the behaviors.

## **FRAMEWORK FOR THE GUIDE**

The CSWE Commission on Educational Policy (COEP) developed a framework for the development of curricular guides for areas of practice. The task force followed these guidelines for health social work competencies and curricular resources:

- 1) Identification of an area of specialized practice for a specific population, problem area, method of intervention, perspective, or approach to practice in social work (Educational Policy [EP] M2.1).
- 2) Discussion of how the area of specialized practice builds on generalist practice as described in EP 2.0 (Accreditation Standard [AS] M2.1.1).
- 3) Identification of the specialized knowledge, values, skills, cognitive and affective processes, and behaviors that extend and enhance the nine social work competencies and prepare students for practice in the area of specialization identified (EP M2.1 and AS M2.1.3).
- 4) Suggested curriculum content and resources (e.g., readings, multimedia and online resources, modules, assignments, experiential exercises, and class and field activities) for each of the nine social work competencies

and any additional competencies identified. The curriculum content and resources identified in this guide are not required by accreditation standards and are meant to serve as an optional guide to programs on how to conceptualize trauma-informed social work practice with the nine social work competencies identified in the 2015 EPAS.

- 5) Identification of the competency dimensions (knowledge, values, skills, and cognitive and affective processes) associated with the course content for each competency.

## **REFERENCE**

Council on Social Work Education. (2015). *Educational policy and accreditation standards*. [2015EPASandGlossary.pdf \(cswe.org\)](#)



# Introduction

While this curricular guide on health is part of the 2015 Educational Policy and Accreditation Standards (EPAS) Curricular Guide Resource Series, we recognize that there may be forthcoming changes in the 2022 EPAS. Regardless, the task force charged with developing this guide was intentional in leading with an anti-racist statement because of its overall importance to social work practice and particularly because of its critical importance in health. As such and recognizing that the Council on Social Work Education (CSWE) will be issuing an anti-racist statement, the task force wants to acknowledge the following: (Note: these statements are excerpted and adapted from the following organizations: Mental Health of America (<https://www.mhanational.org/updated-statement-anti-racism-and-health-equity>), Council on Social Work Education (<https://secure.sswr.org/social-works-call-to-action-against-pandemic-othering-anti-asian-racism/>; <https://www.cswe.org/getattachment/3032bc11-bbfb-4a3d-ab44-bba58a11b6e8/Social-Work-Education-Policy-Principles-2020-A-Call-for-Equity-and-Justice-FINAL-2.pdf?lang=en-US>) and Group for the Advancement of Doctoral Education in Social Work (<https://www.gadephd.org/Portals/0/docs/Anti-Racist%20Pedagogy/GADE%20Statement%20on%20Anti-Racism%20June%2012%202020.pdf?ver=Z1lcdN8JFfpWZgcz-5btuA%3d%3d>))

- The social work profession must be committed to a mission of social, racial, and economic justice; specifically anti-racism must be a core focus of the social work profession



- There needs to be a dismantling of systemic racism and White supremacy that oppresses populations of color in order to ensure the just and equitable treatment of all.
  - Racial injustice has caused and causes current and historical trauma and harm
- We acknowledge that combatting racism and inequity must be an ongoing commitment of the social work profession and social work practitioners. The impact of economic, clinical, and environmental disparities and injustices hinders the opportunity to access and receive quality and equitable health services. Thus, we must remain devoted to addressing discrimination, stigma, trauma, harm, and other social and moral determinants of health.

At the time of writing of this curricular guide in 2022, we feel the need to specifically name two groups who are experiencing specific forms of oppression in our current political climate

- We specifically name the African men, women and their families who are disproportionately victimized by police brutality and other atrocities of which systemic racism is the root cause of these tragedies and subsequent trauma. Historically, the legacy of American slavery, followed by decades of racist laws and practices blocking full political participation and enabling discrimination in housing, employment, education, social services, and everyday social life, indicates that racial injustice is not a new pandemic but a long-time pandemic.
- We specifically name Asian, Pacific Islander, and Desi American men, women, and their families who are experiencing discrimination, oppression, harassment, violence, and racism in the wake of the ongoing COVID-19 pandemic. Historically, racist and xenophobic attitudes towards Asian, Pacific Islander, and Desi American communities are absent in the discourse on race relations in the US from being cast as the “yellow peril” and perpetual foreigners due to discriminatory and imperialist laws that restricted

Chinese women to the US to the incarceration of Japanese Americans during World War II to the Muslim ban indicates that racial injustice is not a new pandemic but a long-time pandemic.

- These principles are not comprehensive nor exhaustive and we recognize that there are so many—too many other populations and communities that experience discrimination, oppression, violence and their access to health is impacted.

In this guide, we intentionally use “structural competencies” instead of cultural competencies or cultural humility and use the term “interprofessional” for the words, interdisciplinary, transdisciplinary or multidisciplinary.

This Guide is designed to serve as a national resource for social work programs to help faculty conceptualize practice and education in health social work to increase the competence and expertise of the next generation of social workers. This project is supported in part by funding from the New York Community Trust and was proposed as a sustainability product of *Social Work Healthcare Education and Leadership Scholars* (HEALS), a 6-year project through the National Association of Social Workers and the Council on Social Work Education to support social work healthcare leaders.

This introduction provides an overview and context for the competencies and includes a discussion of the definition and scope of health as it relates to social work and the social work health professional perspective that guides the work supported by the antiracist principles discussed in the Preface, which are integrated throughout each of the competencies. Despite the social work field’s historical and current acts of complicity, the importance of embodying anti-racist pedagogy and practice is critical when considering health social work. Racial injustices and COVID-19 have surfaced long standing inequities related to health. The COVID-19 pandemic has exposed the inequities in the U.S. healthcare system that cause disproportionate harm to racial and ethnic minoritized populations. COVID-19 is a magnifying glass that has highlighted the larger pandemic of racial/ethnic disparities in health. Nationwide, Black and Latinx individuals diagnosed with COVID-19 are dying at 1.5–2.5 times the rates of White patients (COVID Tracking project, Boston University). In Texas, Latinx/Hispanic community account for 51% of COVID-19 deaths, while

only representing 39% of the state's population (Centers for Disease Control and Prevention [CDC], 2020). Insight into the large racial/ethnic differences associated with COVID-19 emphasizes the need for, and potential opportunity to amplify efforts in the United States to develop strategies that could enable society to slow and ultimately eliminate the spread of inequities in health. These sobering inequities result from the effects of decades of systemic racism and adverse social and structural determinants of health.

## **DEFINITION AND SCOPE OF HEALTH**

Overall, health should be considered in the broadest possible manner to include all aspects of an individual, family, community's or population's life that impacts wellness and the ability to function and thrive. While the task-force recognizes that health can be defined as *healthcare* or can be defined as *well-being*, the task force takes the stance that health includes both and that social workers have crucial roles to play in promoting healthcare, health, and well-being for individuals, families, communities, and populations.

Social work approaches health through a person-in-environment lens which spans from the micro to the mezzo to the macro and focuses on individuals and populations (Ruth et al., 2020), and holds a commitment to equity and justice. Social workers, therefore, should utilize the World Health Organization (1994) definition of health as the "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Health also includes behavioral health, which includes the broad applicability of integrated health services in medical care. Behavioral health encompasses behavioral factors in chronic illness care, care of physical symptoms associated with stress rather than diseases, and health behaviors, as well as mental health and substance use struggles, conditions, and diagnoses."

It is critical that we view health as multidimensional, dynamic, and complex, and understand the global interconnections that differentially distribute health, health access, and outcomes between groups of people. This involves understanding and intervening in the social determinants of health (SDOH), defined as the conditions in which we live, grow, work and play (Office of Disease Prevention and Health Promotion, 2018). SDOH are increasingly recognized as major drivers of health, access to health, utilization, and

expenditures, and health outcomes. Social work skills and leadership are critical to improve health outcomes by addressing SDOHs. Optimizing health, therefore, requires a holistic perspective (inclusive of physical, behavioral, and oral health) that values preventive care, equitable access, and public health approaches as well as services in traditional healthcare settings. Part of this holistic perspective recognizes that health is shaped and determined by cultural, environmental, economic, historical, communal, psychological, relational, social, and biological factors and the interplay between them. We must teach students the importance of differential power and privilege which impacts intersecting identities and health disparities across populations to ensure that the social work field is continually addressing these issues in a way that is congruent with our commitment to health equity and justice.

## **SOCIAL WORK HEALTH PRACTITIONER PERSPECTIVES**

Social work's mission focuses on social justice and advocacy for the needs of vulnerable individuals and communities and those who become marginalized. The profession emphasizes person-in-environment and systems theories and focuses on the impacts of social determinants on individual and community-level health (Stanhope et al., 2015). Social workers also explore the causes and solutions to injustice, with health equity being one of those injustices (Browne et al., 2017). Moreover, social work has traditionally worked to mitigate the overwhelming role mental and behavioral health plays in an individual's and families' physical well-being. Social work also brings a community practice lens to responding to public tragedies and crises that recognizes that we must support and build the communities where individuals and families live (Jones et al, 2021; Kropf & Jones, 2014). Public health social work has led the way in this important focus (Ruth et al., 2020).

Because of social work's mission, efforts to improve health can and should occur in many settings, including those not traditionally considered health social work. A health social work perspective underscores the fluid interplay of individual health behaviors within the broader social, economic, and political environment and across time. To function effectively with individuals, families, and communities and on interprofessional teams, social work health practitioners need a broad understanding of biopsychosocial, life-course, ecological,

and the social determinants of health perspectives. As such, it is essential that social work education provide training in health for social workers to prepare them for practice.

## **SOCIAL WORK HEALTH PRACTICE**

Social work has a long history of health social work—providing care in the hospital setting from the earliest days of Ida Cannon to current models that include integrated behavioral health, interprofessional collaborative practice and social work leadership (Gehlert and Browne, 2019; Jones et al, 2020). National efforts continue to demonstrate the role of social work health practice. For example, the American Academy of Social Work and Social Welfare has identified *Closing the Health Gap* as a Grand Challenge for Social Work with specific focus on both reducing inequities in health and strengthening the healthcare system. (<https://grandchallengesforsocialwork.org/close-the-health-gap/>)

In 2019, the National Academies of Science, Engineering and Medicine (NASEM) released the report, *Integrating Social Care into the Delivery of Health Care*, which highlighted the need for increased assessment and intervention to address social care needs within the United States' healthcare system (2019). Specifically, the report highlighted the role of social workers in delivering this care. As our nation attempts to envision better ways to deliver healthcare to our communities, social workers emerge as central to the successful improvement of health at the micro and macro levels. Social work's historical roots lie in assessing the role of SDOH and linking an individual's personal circumstances with their ability to access, accept, and adhere to medical care, all of which is paramount during this global health crisis (Zerden et al., 2021).

## **SETTINGS AND ROLES**

Because of the variety of settings where social workers practice, working on interprofessional teams is part of the work and thus it is critical that students gain the knowledge, competencies, and skills to effectively do so. Many health social workers serve in direct care roles, such as counseling, health education, and crisis intervention. However, social workers also practice at intermediary levels as navigators and care managers and at the macro level in health administration, education, prevention and health promotion, research, advocacy, and

policy. Some other examples of settings where health social workers practice include prevention, primary care, inpatient and outpatient medical care, reproductive/sexual healthcare in various settings, pediatrics and adolescent care, short-term rehabilitative and long-term nursing care, palliative care, homecare, and hospice, for individuals across the lifespan. There are also settings focused on preventive care or public health such as social service agencies that focus on homelessness, food insecurity, or child welfare.

In all these settings, health social workers are the practitioners who assess holistically to help people access services, resources, and education related to health defined broadly. Their goal is to help the individuals, families, groups, organizations, communities, and populations achieve and maintain a state of optimal health (mental, physical, and social), eliminate disparities, and access health services. Health social workers are responsible for understanding the process, advocating for equity, and supporting individuals, families, and communities to navigate systems. Health social workers value the importance of human relationships, self-determination, empowerment, and human dignity.

These values must be integrated into both students' and faculty's worldview while also recognizing the potential for social work to grow into an anti-oppressive practice. While there are many examples, we highlight a few: we can improve how we teach assessment by using culturally congruent strengths-based approaches. In research, social workers need to consider critiquing and evaluating research from an anti-racist lens. We can utilize community-based approaches that include the target populations in the design and conduct of the research.

## **SUMMARY**

Social workers recognize that health is shaped and determined by cultural, environmental, economic, historical, psychological, interpersonal, individual, communal, social, and biological factors and the interplay among them. Social workers acknowledge the importance of differential power and privilege which impacts intersecting identities and health disparities across and between groups. Social workers emphasize that health operates at multiple systems and the global interconnections that differentially distribute health, health access, and outcomes. Social workers support the importance of

interprofessional collaborative education, research, and practice to advance health and well-being. These perspectives equip social work health practitioners with knowledge and skills for primary, secondary, and tertiary health prevention through research, policy, practice, and advocacy.

As social work educators, we must teach students to attend to the full array of social, behavioral, and economic factors that contribute to or confound healthy outcomes—education, employment, income, family and social support, and community safety. We should be ensuring that services are addressing the full and complex health needs of individuals and families by addressing what is happening inside healthcare settings and outside of healthcare settings, where people live, work, and play. We need to teach that social work is health—housing is health; education is health; financial capability is health; community is health; climate is health. Use this curricular guide to help students see that their commitment to health must be—**interprofessional, person and family-centered, holistic, culturally relevant, anti-racist, equity focused, and community-based**. Social workers need to not only *contribute* to efforts to improve health but should also *lead* these efforts.

## TERMINOLOGY

Given our history, there are many terms that are used in health social work that we would like to discuss. Just as we define health in the broadest possible manner, we approach this curricular guide with the assumption of inclusivity vs. exclusivity. We use the term *health social workers* versus *medical social workers*. We can be and are both. We use the terms *culturally informed*, *culturally responsive*, and *cultural humility* recognizing that there are similarities and differences. Our goal is to indicate that these terms require lifelong commitment and learning and leadership. We use *evidence-informed practice*, *evidence-based practice*, and *research informed practice*, recognizing there are multiple ways of knowing. We use these terms to demonstrate our commitment to all types of knowledge that will contribute to the teaching of health social work with the goal of decreasing health disparities and increasing health equity for individuals, families, communities, and organizations.

We use the terms *multidisciplinary*, *interdisciplinary*, *interprofessional*, and *transdisciplinary* though our goal should be to teach about transdisciplinary

teams, the exemplar to provide the broadest view of health. Health professionals on transdisciplinary teams work so closely together that they develop a shared language and pool the best of their separate disciplinary theories to best serve their clients.

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- Gehlert, S. (2019). *Handbook of health social work*. Wiley.
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- Jones, B., Phillips, F., Shanor, D., Sparks, D., Currin-McCulloch, J., Van Diest, H., Chen, Q., Franklin, C., Ortega, J., Corral, C. (2021) Social work leadership in a medical school: A coordinated, compassionate COVID-19 response. *Journal of Social Work in Health Care*. <https://doi.org/10.1080/00981389.2021.1885567>
- Kropf, N. & Jones, B. (2014) When Public Tragedies Happen: Community Practice Approaches to Grief, Loss and Recovery. *Journal of Community Practice*. 22: 281-298.
- Zerden, L.D., Cadet, T.J. Galambos, C & Jones, B. (2021) Social work's commitment and leadership to address social determinants of health and integrate social care into health care. *Journal of Health and Human Services Administration*. Vol. 43 No. 3, 309-323 <https://doi.org/10.37808/jhhsa.43.3.5>







## *Competency 1*

# Demonstrate Ethical and Professional Behavior

### **COMPETENCY DESCRIPTION**

Health social workers understand and are guided by social justice, equity, dignity of the person, and self-determination. Social workers acknowledge and uplift these values. To do so, social workers should have a broad understanding of the biopsychosocial, life-course, ecological, and SDOH perspectives. Social workers collaborate with clients to maximize self-determination in the context of institutional and environmental constraints. A social work health perspective underscores the fluid interplay of individual health behaviors within the broader social, economic, and political environment and across time. These perspectives equip social work health professionals with ethical and professional knowledge and skills for primary, secondary, and tertiary health promotion measures that include research, policy, practice, and advocacy. To promote ethical and professional behaviors, social workers aim to eliminate health inequities that are unjust and avoidable, such as health inequities tied to systemic discrimination and historical trauma—racism, sexism, classism, misogyny, ageism, ableism, homophobia, heterosexism, transphobia, xenophobia, and other forms of oppression—and aim to build resiliency, cooperation, and trust among individuals, families, communities, and society.

### **COMPETENCY BEHAVIORS**

- Develop culturally informed and culturally responsive ways of knowing to reframe our understanding of SDOHs, including the biopsychosocial, life-course, and ecological perspectives.

- Use knowledge and research about the effects of oppression, discrimination, and historical trauma on clients and client systems to inform our understanding of access to healthcare and health-producing behaviors.
- Apply advocacy strategies to eliminate oppressive structural barriers and promote equitable access to services and resources.
- Use informed consent and shared decision making.
- Engage social work supervision and the NASW Code of Ethics (<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>) to navigate ethical dilemmas and challenges in integrated healthcare settings arising from conflicting ethical professional standards among interprofessional healthcare team members.
- Promote access to health and healthcare through critical thinking about how to improve health and healthcare delivery.

## CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

### *Readings*

Resource	Competency Dimension
Cairns, I., Jonas, M., & Wallis, K. (2018). The ethics of sharing: How do social workers decide what to record in shared health records? <i>Ethics in Social Welfare</i> , 12(4), 348-369. <a href="https://doi.org/10.1080/17496535.2017.1384849">https://doi.org/10.1080/17496535.2017.1384849</a>	Knowledge Skills Cognitive and Affective Processes
Glaser, B., & Suter, E. (2016). Interprofessional collaboration and integration as experienced by social workers in health care. <i>Social Work in Health Care</i> , 55(5), 395-408. <a href="https://doi.org/10.1080/00981389.2015.1116483">https://doi.org/10.1080/00981389.2015.1116483</a>	Knowledge Skills Cognitive and Affective Processes

*(continued)*

**Readings** (continued)

Resource	Competency Dimension
The National Academies of Sciences, Engineering, Medicine (2004). <i>Measuring racial discrimination</i> . <a href="https://nap.nationalacademies.org/catalog/10887/measuring-racial-discrimination">https://nap.nationalacademies.org/catalog/10887/measuring-racial-discrimination</a>	Knowledge Cognitive and Affective Processes
National Association of Social Workers. (2016). <i>NASW standards for social work practice in health care settings</i> . <a href="https://www.socialworkers.org/LinkClick.aspx?fileticket=fFnsRHX-4HE%3D&amp;portalid=0">https://www.socialworkers.org/LinkClick.aspx?fileticket=fFnsRHX-4HE%3D&amp;portalid=0</a>	Knowledge Values Skills
National Association of Social Workers. (2017). <i>Code of ethics</i> . English ( <a href="https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English">https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English</a> ) and Spanish ( <a href="https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-Spanish">https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-Spanish</a> ) versions.	Knowledge Values
National Institute on Aging. (n.d.). <i>Health disparities framework</i> . <a href="https://www.nia.nih.gov/research/osp/framework">https://www.nia.nih.gov/research/osp/framework</a>	Knowledge Cognitive and Affective Processes
National Institute on Minority Health and Health Disparities. (2021). <i>Research framework</i> . <a href="https://www.nimhd.nih.gov/about/overview/research-framework/nimhd-framework.html">https://www.nimhd.nih.gov/about/overview/research-framework/nimhd-framework.html</a>	Knowledge Cognitive and Affective Processes
Reamer, F. G. (2018). Ethical issues in integrated health care: Implications for social workers. <i>Health &amp; Social Work, 43</i> (2), 118–124. <a href="https://doi.org/10.1093/hsw/hly005">https://doi.org/10.1093/hsw/hly005</a>	Knowledge Values Skills
Spitzer, W., Silverman, E., & Allen, K. (2015). From organizational awareness to organization competency in health care social work: The importance of formulating a “profession-in environment” fit. <i>Social Work in Health Care, 54</i> (3), 193–211. <a href="https://doi.org/10.1080/00981389.2014.990131">https://doi.org/10.1080/00981389.2014.990131</a>	Knowledge Skills Cognitive and Affective Processes

<i>Media</i>	
Resource	Competency Dimension
Network of the National Library of Medicine. (2020). Effective Health Communication and Health Literacy: Understanding the Connection. Retrieved from <a href="https://www.youtube.com/watch?v=82DqnjphXGY">https://www.youtube.com/watch?v=82DqnjphXGY</a>	Knowledge Values Skills Cognitive and Affective Processes



## **Competency 2**

# **Engage Diversity and Difference in Practice**

### **COMPETENCY DESCRIPTION**

Understanding how intersectionality, power, and oppression drive health disparities provides the generalist practitioner an essential foundation for practicing structurally competent and culturally conscious assessments and interventions. Structural competence is the trained ability to discern how a host of issues defined clinically as symptoms, attitudes, behaviors, and diseases (e.g., depression, hypertension, obesity, smoking, medication “noncompliance,” trauma, psychosis) also represent the downstream implications of upstream decisions and power imbalances about such matters as healthcare and food delivery systems, zoning laws, urban and rural infrastructures, medicalization, and even the very definitions of illness and health. Structural competence includes recognizing that social and political structures shape interactions with individuals, families, groups, communities, and organizations; applying knowledge to describe social and political structures; restating cultural formulation in cultural terms; understanding structural interventions; and developing structural humility (Metzel & Hansen, 2014). Cultural consciousness is an ongoing and dynamic developmental process with no endpoint, one that requires active, critical, and purposeful engagement on the part of the social worker entering the helping relationship (Azzopardi & McNeill, 2016, p. 289).

## COMPETENCY BEHAVIORS

- Articulate critical definitions of culture that recognize how structural power dynamics in societal structures shape intersections and interconnectedness of various aspects of identity and oppression and their impact on health outcomes.
- Informed by personal introspection of one's own biases, ensure the use of a strengths-based approach to promote health when engaging, assessing, intervening, and evaluating with individuals, families, groups, and communities.
- Practice with the understanding that health disparities, injustices, and barriers persist, created from an unconscious bias or the conscious desire to subjugate disenfranchised individuals, families, groups, and communities based on race, ethnicity, immigrant status, ability, income, sexual orientation, and gender identity expression.
- Resist essentialist and one-dimensional notions of identity and oppression, the stereotypical and reductive stories that are harmful and do not promote or encourage participation in health discussions or decisions.
- Implement interventions that target the SDOHs and factors beyond biology, behaviors, and healthcare.

## CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

### Readings

Resource	Competency Dimension
Bailey, Z. D., Feldman, J. M., & Bassett, M. T. (2021). How structural racism works: Racist policies as a root cause of US racial health inequities. <i>New England Journal of Medicine</i> , 384, 768–773. doi:10.1056/NEJMms2025396	Knowledge Values Skills
Calzada, E. J., Gulbas, L. E., Hausmann-Stabile, C., Kim, S. Y., & Cardoso, J. B. (2020). Mental health issues within Latinx populations: Evaluating the state of the field. In A. D. Martínez & S. D. Rhodes (Eds.), <i>New and emerging issues in Latinx health</i> (pp. 45–62). Springer Link.	Knowledge Values Skills Cognitive and Affective Processes
Camacho, S., & Rivera-Salgado, G. (2020). Lost in translation “en el Fil”: Actualizing structural humility for Indigenous Mexican farmworkers in California: Perdidos en la traducción “en el Fil”: La materialización de la humildad estructural para los trabajadores agrícolas indígenas mexicanos en California. <i>Latino Studies</i> , 18(4), 531.	Knowledge Values Skills Cognitive and Affective Processes
Gaztambide, D. J. (2019). Reconsidering culture, attachment, and inequality in the treatment of a Puerto Rican migrant: Toward structural competence in psychotherapy. <i>Journal of Clinical Psychology</i> , 75(11), 2022–2033. <a href="https://doi.org/10.1002/jclp.22861">https://doi.org/10.1002/jclp.22861</a>	Knowledge Values Skills
Iwai, Y., Khan, Z. H., & DasGupta, S. (2020). Abolition medicine. <i>The Lancet</i> , 396(10245), 158–159.	Knowledge Values Skills Cognitive and Affective Processes
Kickey, L., & Singh, A. (2017). Social justice and advocacy for transgender and gender-diverse clients. <i>Psychiatric Clinics of North America</i> , 40(1), 1–13. <a href="https://doi.org/10.1016/j.psc.2016.10.009">https://doi.org/10.1016/j.psc.2016.10.009</a>	Cognitive and Affective Processes

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Resource	Competency Dimension
Mathias, J., Gulbas, L. E., Chin, M., & Perry, T. E. (2020, May). Interrogating culture: Anthropology, social work, and the concept trade. <i>Journal of Social Work</i> . doi:10.1177/1468017320920566	Knowledge Values Skills Cognitive and Affective Processes
McKinley, C. E., Spencer, M. S., Walters, K., & Figley, C. R. (2021). Mental, physical and social dimensions of health equity and wellness among US Indigenous peoples: What is known and next steps. <i>Journal of Ethnic &amp; Cultural Diversity in Social Work</i> , 30(1-2), 1-12.	Knowledge Values Cognitive and Affective Processes
The National Academy of Science, Engineering, and Medicine. (2017). <i>Communities in action: Pathways to health equity</i> . <a href="https://www.nationalacademies.org/our-work/community-based-solutions-to-promote-health-equity-in-the-united-states">https://www.nationalacademies.org/our-work/community-based-solutions-to-promote-health-equity-in-the-united-states</a>	Knowledge Values Skills Cognitive and Affective Processes
Sacks, T. (2019). <i>Invisible visits: Black middle class women in the American healthcare system</i> . Oxford University Press.	Knowledge Values Cognitive and Affective Processes
Sáenz, R., & Garcia, M. A. (2021). The disproportionate impact of COVID-19 on older Latino mortality: The rapidly diminishing Latino paradox. <i>Journals of Gerontology: Series B</i> , 76(3), e81-e87.	Knowledge Values Cognitive and Affective Processes
Stall, R., Dodge, B., Bauermeister, J. A., Poteat, T., & Beyrer, C. (Eds.). (2020). <i>LGBTQ health research: Theory, methods, practice</i> . Johns Hopkins University Press.	Knowledge Values Skills Cognitive and Affective Processes

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Resource	Competency Dimension
<p>Teasley, M. L., McCarter, S., Woo, B., Conner, L. R., Spencer, M. S., &amp; Green, T. (2021). <i>Eliminate racism</i>. Grand Challenges for Social Work initiative Working Paper no. 26. American Academy of Social Work &amp; Social Welfare.</p>	<p>Knowledge Values Skills Cognitive and Affective Processes</p>
<p>Walters, K. L., Johnson-Jennings, M., Stroud, S., Rasmus, S., Charles, B., John, S., Allen, J., Kaholokula, J. K., Look, M. A., de Silva, M., Lowe, J., Baldwin, J. A., Lawrence, G., Brooks, J., Noonan, C. W., Belcourt, A., Quintana, E., Semmens, E. O., &amp; Boulafentis, J. (2020). Growing from our roots: Strategies for developing culturally grounded health promotion interventions in American Indian, Alaska Native, and Native Hawaiian communities. <i>Prevention Science</i>, 21(1), 54-64.</p> <p>The following three videos featuring Dr. Karina Walters are excellent companion pieces for this article:</p> <p>Historical Trauma Research <a href="https://www.youtube.com/watch?v=OxiiPSnbU9I">https://www.youtube.com/watch?v=OxiiPSnbU9I</a></p> <p>Historical Trauma Interventions <a href="https://www.youtube.com/watch?v=DTRnAGRCM_Y">https://www.youtube.com/watch?v=DTRnAGRCM_Y</a></p> <p>2018 Native American Nutrition Conference <a href="https://www.youtube.com/watch?v=3vC_OIsfXnQ">https://www.youtube.com/watch?v=3vC_OIsfXnQ</a></p>	<p>Knowledge Values Skills Cognitive and Affective Processes</p>
<p>Walters, K. L., Spencer, M. S., Smukler, M., Allen, H. L., Andrews, C., Browne, T., Maramaldi, P., Wheeler, D. P., Zebrack, B., &amp; Uehara, E. (2016). <i>Health equity: Eradicating health inequalities for future generations</i>. Working Paper Social Work Initiative Working Paper no. 19. American Academy of Social Work and Social Welfare. <a href="https://grandchallengesforsocialwork.org/wp-content/uploads/2016/01/WP19-with-cover2.pdf">https://grandchallengesforsocialwork.org/wp-content/uploads/2016/01/WP19-with-cover2.pdf</a></p>	<p>Knowledge Values Skills Cognitive and Affective Processes</p>

### Assignments

Resource	Competency Dimension
<p><b>Diagnosing and Responding to Health Disparities in Bexar County by Using the SDOH Framework</b></p> <p>The five-part assignment includes sequential steps to be completed over the course of one semester; however, each step can also be a stand-alone assignment with slight modifications. First, students choose one local health outcome or community-identified health problem and examine related health disparities (e.g., low birth weight, childhood asthma, homicide, feeling sad or hopeless). Next, they use the theoretical and empirical literature to understand complex factors contributing to a particular health disparity, focusing primarily on SDOHs (e.g., limited access to mental health services for low-income people, lack of sidewalks in a neighborhood, negative impact of punitive discipline in K-12 schools on academic and health outcomes, healthcare providers' implicit bias and their impact on patients' pain management). Students then use the available theoretical and empirical literature to propose a structural intervention that targets SDOHs and aims to reduce health inequities. The assignment ends with an opportunity for action in the form of a letter to the editor submitted for publication. See attached assignment with instructions and rubrics.</p>	Knowledge Values Skills Cognitive and Affective Processes

### Field Experiences

Resource	Competency Dimension
<p>Learn about the Healthcare Equality Index (HEI), the national LGBTQ benchmarking tool that evaluates healthcare facilities' policies and practices related to the equity and inclusion of their LGBTQ patients, visitors, and employees. If your organization is participating in HEI, meet with the people responsible for completing the annual survey and learn about their process. If the organization is not participating, advocate for or lead the organizational effort.</p> <p><a href="https://www.hrc.org/resources/healthcare-equality-index">https://www.hrc.org/resources/healthcare-equality-index</a></p>	Knowledge

### In-Class Exercises

Resource	Competency Dimension
<p>Robert Wood Johnson Foundation. (n.d.). <i>Life expectancy: Could where you live influence how long you live?</i> <a href="https://www.rwjf.org/en/library/interactives/whereyouliveaffectshowlongyoulive.html">https://www.rwjf.org/en/library/interactives/whereyouliveaffectshowlongyoulive.html</a></p> <p>This web page will allow students to quickly determine life expectancy in their zip code and compare it with the state and national levels, then engage in the facilitated discussion of their findings.</p>	Knowledge Values Skills Cognitive and Affective Processes

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*In-Class Exercises (continued)*

Resource	Competency Dimension
<p>Metzl, J. M., &amp; Petty, J. (2017). Integrating and assessing structural competency in an innovative prehealth curriculum at Vanderbilt University. <i>Academic Medicine</i>, 92(3), 354–359. doi:10.1097/ACM.0000000000001477</p>	<p>Knowledge Values Skills</p>
<p>Adams, M., Bell, L. E., Goodman, D. J., &amp; Joshi, K. Y. (Eds.). (2016). <i>Teaching for diversity and social justice</i> (3rd ed.). Routledge.</p> <p>A comprehensive textbook on the pedagogy of teaching about social justice. The material provides a theoretical foundation, practical guidance, exercise, and handouts (companion web page). Although it does not focus specifically on health, the book proves excellent guidance for how to design anti-oppressive course materials that allow students to explore social, structural, and political determinants of health. Many of the activities can be modified to focus on health.</p>	<p>Knowledge Values Skills Cognitive and Affective Processes</p>
<p>The Healthcare Equality Index (HEI) is the national LGBTQ benchmarking tool that evaluates healthcare facilities' policies and practices related to the equity and inclusion of their LGBTQ patients, visitors, and employees.</p> <p><a href="https://www.hrc.org/resources/healthcare-equality-index">https://www.hrc.org/resources/healthcare-equality-index</a></p> <p>This resource will allow students to look up participating healthcare institutions in the community and review their HEI index score, then engage in the facilitated discussion of their findings.</p>	<p>Knowledge Values Skills Cognitive and Affective Processes</p>
<p>Listening and Visual Guides for the <i>1619</i> Podcast, Episode 4: “How the Bad Blood Started.” <a href="https://pulitzercenter.org/builder/lesson/listening-guide-1619-podcast">https://pulitzercenter.org/builder/lesson/listening-guide-1619-podcast</a></p>	<p>Knowledge Values Skills Cognitive and Affective Processes</p>
<p>California Newsreel. (2008). <i>Unnatural causes</i> [documentary series]. Discussion Guide. <a href="https://unnaturalcauses.org/assets/uploads/file/UC_DiscussionGuide_All.pdf">https://unnaturalcauses.org/assets/uploads/file/UC_DiscussionGuide_All.pdf</a></p>	<p>Knowledge Values Skills Cognitive and Affective Processes</p>

<i>Media</i>	
Resource	Competency Dimension
<p>KCET. (2020). <i>Power &amp; health</i>. <a href="https://www.youtube.com/watch?v=kaLYFAAqqV8">https://www.youtube.com/watch?v=kaLYFAAqqV8</a></p> <p><i>Power and Health</i> examines the underlying sociological and economic forces that determine our health and how those forces are shaped by power.</p>	<p>Knowledge Values Cognitive and Affective Processes</p>
<p>National LGBTQIA+ Health Education Center: A Program of the Fenway Institute <a href="https://www.lgbtqihealtheducation.org/resources/">https://www.lgbtqihealtheducation.org/resources/</a></p>	<p>Knowledge Values Skills Cognitive and Affective Processes</p>
<p>National Academy of Medicine. Culture of Health Program. <a href="https://nam.edu/programs/culture-of-health/">https://nam.edu/programs/culture-of-health/</a></p>	<p>Knowledge Values Skills Cognitive and Affective Processes</p>
<p>Doha Debates. (2020). <i>My disability justice: The dancer</i>. <a href="https://www.youtube.com/watch?v=TMhZgpOONc8">https://www.youtube.com/watch?v=TMhZgpOONc8</a></p>	<p>Knowledge Values Cognitive and Affective Processes</p>
<p>Barnard Center for Research on Women. (2017). <i>My body doesn't oppress me, society does</i>. <a href="https://www.youtube.com/watch?v=7r0MiGWQY2g">https://www.youtube.com/watch?v=7r0MiGWQY2g</a></p> <p>Barnard Center for Research on Women. (2017). <i>Ableism is the bane of my motherfuckin' existence</i>. <a href="https://www.youtube.com/watch?v=IelmZUxBIq0">https://www.youtube.com/watch?v=IelmZUxBIq0</a></p>	<p>Knowledge Values Cognitive and Affective Processes</p>

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Resource	Competency Dimension
Network of the National Library of Medicine. (2020). <i>Effective health communication and health literacy: Understanding the connection.</i> <a href="https://www.youtube.com/watch?v=82DqnjphXGY">https://www.youtube.com/watch?v=82DqnjphXGY</a>	Knowledge Values Skills Cognitive and Affective Processes
Interview with David Williams, MPH, PhD: <i>Structural competency and institutional discrimination.</i> <a href="https://youtu.be/2UF4JIVbOak">https://youtu.be/2UF4JIVbOak</a>	Knowledge Values Cognitive and Affective Processes
National Association of Social Workers (NASW). (2021). <i>Code of ethics.</i> NASW. <a href="https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English">https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English</a>	Knowledge Values Skills Cognitive and Affective Processes
From Cultural to Structural Competency Narrative Humility. <a href="https://youtu.be/OsPXMDtSVVM">https://youtu.be/OsPXMDtSVVM</a>	Knowledge Values Skills
How We Heal: Structural Competency Training Sessions 1 and 2 <a href="https://www.youtube.com/watch?v=fDZQKpGUXsQ">https://www.youtube.com/watch?v=fDZQKpGUXsQ</a> <a href="https://www.youtube.com/watch?v=RWaxO-clcNc">https://www.youtube.com/watch?v=RWaxO-clcNc</a>	Knowledge Values Skills Cognitive and Affective Processes
UCR Health Equity and Structural Competency Collective, March 9, 2019. <a href="https://tinyurl.com/HWHprogram">tinyurl.com/HWHprogram</a>	Knowledge Values Skills Cognitive and Affective Processes

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**Media** (continued)

Resource	Competency Dimension
Jones, C. (2014). <i>Allegories on race and racism</i> [TEDxEmpire]. <a href="https://www.youtube.com/watch?v=GNhcY6fTyBM">https://www.youtube.com/watch?v=GNhcY6fTyBM</a>	Knowledge Values Skills Cognitive and Affective Processes
Hannah-Jones, N. (2019). <i>The 1619 Project</i> . Episode, 4: "How the bad blood started" [Podcast]. <a href="https://www.nytimes.com/2019/09/13/podcasts/1619-slavery-healthcare.html">https://www.nytimes.com/2019/09/13/podcasts/1619-slavery-healthcare.html</a>	Knowledge Values Skills Cognitive and Affective Processes
Centers for Medicare & Medicaid Services. (2020). <i>Toolkit for making written material clear and effective</i> . <a href="https://www.cms.gov/Outreach-and-Education/Outreach/WrittenMaterialsToolkit">https://www.cms.gov/Outreach-and-Education/Outreach/WrittenMaterialsToolkit</a>	Knowledge Values Skills Cognitive and Affective Processes
Office of Minority Health, U.S. Department of Health & Human Services. (2021). <i>Think cultural health</i> . <a href="https://thinkculturalhealth.hhs.gov/">https://thinkculturalhealth.hhs.gov/</a>	Knowledge Values Skills Cognitive and Affective Processes
California Newsreel. (2016). <i>The raising of America: Early childhood and the future of our nation</i> [documentary film series]. <a href="https://www.raisingofamerica.org/about-documentary-series">https://www.raisingofamerica.org/about-documentary-series</a>	Knowledge Values Skills Cognitive and Affective Processes



## *Competency 3*

# Advance Human Rights and Social, Economic, and Environmental Justice

### **COMPETENCY DESCRIPTION**

Social workers recognize that both health and access to healthcare are human rights. Social workers communicate that every person regardless of position in society has a fundamental human right to health and healthcare. Social workers recognize that health is shaped and determined by cultural, environmental, economic, historical, psychological, interpersonal, social, and biological factors and the interplay between them. Social workers acknowledge the importance of differential power and privilege, which affects intersecting identities and health disparities across groups. Social workers promote social, economic, and environmental equity by fighting to reduce a range of injustices including limited affordability and accessibility of health services, absence of culturally conscious care, environmental hazards that disproportionately affect the health of marginalized communities, and discrimination within health systems.

Social workers emphasize that health operates in multiple systems and in the global interconnections that differentially distribute health, health access, and outcomes. Social workers recognize that certain individuals, families, communities, and groups are disproportionately affected by health disparities due to racism, sexism, ageism, ableism, heterosexism, transphobia, trauma, economic injustice, and complex global systems of capitalism, finance, and war. Social workers understand that health and healthcare are not bound by formal colonial systems of care but exist in collaboration and in conflict with formal colonial systems. Social workers support the importance of interprofessional collaborative education, research, and practice to advance health and well-being. Social workers commit to engagement, assessment, intervention,



and evaluation of the health and well-being of individuals, families, groups, and communities as an act of distributive justice that advances human rights and social, economic, and environmental equity.

## COMPETENCY BEHAVIORS

- Articulate, interpret, and promote health-seeking behaviors of marginalized individuals, families, groups, and communities.
- Leverage multiple ways of knowing, formal and informal economies, and alternative and complementary service provisions for clients to support access to healthcare.
- Promote and transform current health systems that include social justice and equity at the social service, public health, and criminal justice levels through community, tribal, national, and global policy interventions.
- Challenge oppressive practices based on racism, sexism, ageism, homophobia, transphobia, xenophobia, and other forms of oppression, economic injustice, and complex global systems of capitalism, finance, and war to improve health and well-being across all populations.
- Analyze, critique, and transform explanations for health injustices, focusing on oppressive systems that perpetuate health inequities within marginalized groups.
- Engage in continuing education to increase understanding of structural competence to dismantle systems that sustain health inequities.

## CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

### Readings

Resource	Competency Dimension
Berg-Weger, M., & Schneider, F. D. (1998). Interdisciplinary collaboration in social work education. <i>Journal of Social Work Education, 34</i> (1), 97-107. <a href="https://doi.org/10.1080/10437797.1998.10778908">doi:10.1080/10437797.1998.10778908</a>	Knowledge Skills
Christopher, A., & Caruso, D. (2015). Promoting health as a human right in the post-ACA United States. <i>American Medical Association Journal of Ethics, 17</i> (10), 958-965. <a href="https://doi.org/10.1001/journalofethics.2015.17.10.msoc1-1510">https://doi.org/10.1001/journalofethics.2015.17.10.msoc1-1510</a>	Knowledge

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**Readings** (continued)

Resource	Competency Dimension
Gehlert, S. (2019). <i>Handbook of health social work</i> . Wiley.	Knowledge Values Skills
Maramaldi, P., Sobran, A., Scheck, L., Cusato, N., Lee, I., White, E., & Cadet, T. J. (2014). Interdisciplinary medical social work: A working taxonomy. <i>Social Work in Health Care</i> , 53(6), 532–551. doi:10.1080/00981389.2014.905817	Knowledge Skills
Martinez, D. B., & Fleck-Henderson, A. (Eds.). (2014). <i>Social justice in clinical practice: A liberation health framework for social work</i> . Routledge.	Knowledge Values Skills
Peterson, K. J. (2012). Shared decision making in health care settings: A role for social work. <i>Social Work in Health Care</i> , 51(10), 894–908. doi:10.1080/00981389.2012.714448	Knowledge Skills
Pickover, A. M., Allbaugh, L. J., Sun, S., Casimir, M. T., Graves, C. C., Wood, K. A., Ammirati, R., Cattie, J. E., Lamis, D. A., & Kaslow, N. J. (2020). Ecological framework for social justice advocacy by behavioral health professionals in public healthcare. <i>Psychological Services</i> , 17(S1), 5.	Knowledge Values Skills
Ruth, B. J., & Marshall, J. W. (2017). A history of social work in public health. <i>American Journal of Public Health</i> , 107(S3), S236–S242. doi:10.2105/AJPH.2017.304005	Knowledge Values Skills
Schwaber Kerson, T., & McCoyd, J. L. (2016). <i>Social work in health settings: Practice in context</i> . Taylor & Francis.	Knowledge Values Skills

### Learning Activities

Resource	Competency Dimension
<b>Health Social Work Seminar Series:</b> The bimonthly workshops will include guest speakers, professionals from the field. Speakers will present on applied health social work and facilitate a related discussion among the students. Three seminars will consist of fellows developing and discussing case studies from field placement experiences. The case studies should be two to six paragraphs long. They will be discussed in small groups during the session. The workshops will cover the cultural, environmental, economic, historical, psychological, interpersonal, and biological factors affecting their clients and how they address them in practice. Each student group will also present these elements in their presentations.	Knowledge Values Skills Cognitive and Affective Processes

<i>Field Experiences</i>	
Resource	Competency Dimension
Rishel, C., & Hartnett, H. (2018). Innovations in field education to improve integrated care for young people and their families. <i>Field Educator</i> , 8.2. <a href="https://www2.simmons.edu/ssw/fe/i/18-201.pdf">https://www2.simmons.edu/ssw/fe/i/18-201.pdf</a>	Knowledge Values Skills Cognitive and Affective Processes
Frederick, N. (2011). Teaching social determinants of health through mini-service learning experiences. <i>Journal of Teaching and Learning Resources</i> . <a href="https://www.mededportal.org/doi/10.15766/mep_2374-8265.9056">https://www.mededportal.org/doi/10.15766/mep_2374-8265.9056</a>	Knowledge Values Skills Cognitive and Affective Processes

<i>Media</i>	
Resource	Competency Dimension
Singer, J. B. (Producer). (2018, May 9). #120, Using simulation to teach holistic competence: Interview with Marion Bogo and Toula Kourgiantakis [Audio podcast]. <i>Social Work Podcast</i> . <a href="http://www.socialworkpodcast.com/2018/05/simulation.html">http://www.socialworkpodcast.com/2018/05/simulation.html</a>	Knowledge Values Cognitive and Affective Processes
Singer, J. B. (Producer). (2017, October 24). #112, Social work superheroes: Interview with John Vassello, MSW [Audio podcast]. <i>Social Work Podcast</i> . <a href="http://www.socialworkpodcast.com/2017/10/superheroes.html">http://www.socialworkpodcast.com/2017/10/superheroes.html</a>	Knowledge Values Cognitive and Affective Processes
Singer, J. B. (Producer). (2011, March 9). #65, The process of evidence-based practice: An interview with Danielle E. Parish, Ph.D. [Audio podcast]. <i>Social Work Podcast</i> . <a href="http://www.socialworkpodcast.com/2011/03/process-of-evidence-based-practice.html">http://www.socialworkpodcast.com/2011/03/process-of-evidence-based-practice.html</a>	Knowledge Values Cognitive and Affective Processes



## **Competency 4**

# **Engage in Practice-informed Research and Research-informed Practice**

### **COMPETENCY DESCRIPTION**

Social workers understand quantitative, qualitative, mixed-method, and community-based approaches to research and the value of these approaches for advancing the science of social work. In addition to creating knowledge, research is used to inform practice in health settings and to evaluate the efficacy of that practice. Social workers comprehend the principles of logic, scientific inquiry, and culturally responsive and ethical knowledge building. They understand that evidence to inform practice in health settings should derive from cross-disciplinary sources and represent multiple ways of knowing, based in social work values. Importantly, social workers understand the processes for translating research findings into ethical and effective practice. Health social workers practice in evidence-informed ways regarding the promotion of health, well-being, and the impact of health disparities, diagnoses, and interventions to improve health outcomes. This includes engaging in and leveraging intervention research, rigorous program evaluation methods, and evidence-based research processes. Health social workers need the skills to adopt, modify, and translate evidence-informed practices and available data to develop and support treatment planning, prevention, and public health interventions in culturally conscious ways.

### **COMPETENCY BEHAVIORS**

- Be informed and capable consumers of research evidence relevant to practice, recognizing the practical and ethical implications of evolving knowledge of health conditions, treatments, and personalized medicine.

- Locate resources and evidence in the literature, critically analyze research, and use findings in real-world and evidence-informed practice.
- Actively seek, integrate, and translate multiple sources of information into language and materials useful to and understandable by individuals, communities, and other members of the interprofessional team, to inform and evaluate clinical and organizational practice effectiveness within health settings.
- Commit to better understanding the impact of social determinants and systemic inequities and use research-informed practice to help interprofessional healthcare teams clearly view health disparities and social justice issues that are present in their work context populations.
- Lead, organize, and participate in interprofessional healthcare teams to deliver evidence-informed practice, policy, education, and research in health and healthcare settings, which can include engaging in all elements of study design and implementation and using advocacy skills and professional knowledge to contribute to the success of the teams.

## CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

### Readings

Resource	Competency Dimension
<p>Bottorff, J. L. (2015). Knowledge translation: Where are the qualitative health researchers? <i>Qualitative Health Research</i>, 25(11), 1461-1462. <a href="https://doi.org/10.1177%2F1049732315611266">https://doi.org/10.1177%2F1049732315611266</a></p>	Knowledge
<p>Bryan, V., Brye, W., Hudson, K., Dubose, L., Hansberry, S., &amp; Arrieta, M. (2014). Investigating health disparities through community-based participatory research: Lessons learned from a process evaluation. <i>Social Work in Public Health</i>, 29(4), 318-334. <a href="https://doi.org/10.1080/19371918.2013.821356">https://doi.org/10.1080/19371918.2013.821356</a></p>	Knowledge
<p>Cicero, E. C., Reisner, S. L., Silva, S. G., Merwin, E. L., &amp; Humphreys, J. C. (2019). Healthcare experiences of transgender adults: An integrated mixed research literature review. <i>Advances in Nursing Science</i>, 42(2), 123-138. <a href="https://doi.org/10.1097/ans.0000000000000256">https://doi.org/10.1097/ans.0000000000000256</a></p>	Knowledge

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**Readings** (continued)

Resource	Competency Dimension
Craig, S. L., McInroy, L. B., Bogo, M., & Thompson, M. (2017). Enhancing competence in health social work education through simulation-based learning: Strategies from a case study of a family session. <i>Journal of Social Work Education</i> , 53(suppl 1), S47–S58. <a href="https://doi.org/10.1080/10437797.2017.1288597">https://doi.org/10.1080/10437797.2017.1288597</a>	Knowledge
Currie, M., King, G., Rosenbaum, P., Law, M., Kertoy, M., & Specht, J. (2005). A model of impacts of research partnerships in health and social services. <i>Evaluation and Program Planning</i> , 28(4), 400–412. <a href="https://doi.org/10.1016/j.evalprogplan.2005.07.004">https://doi.org/10.1016/j.evalprogplan.2005.07.004</a>	Knowledge
Fraser, M. W., Lombardi, B. M., Wu, S., de Saxe Zerden, L., Richman, E. L., & Fraher, E. P. (2018). Integrated primary care and social work: A systematic review. <i>Journal of the Society for Social Work and Research</i> , 9(2), 175–215. <a href="https://doi.org/10.1086/697567">https://doi.org/10.1086/697567</a>	Knowledge
Garrard, J. (2020). <i>Health sciences literature review made easy</i> . Jones & Bartlett Learning.	Knowledge
Gehlert, S., Hall, K. L., & Palinkas, L. A. (2017). Preparing our next-generation scientific workforce to address the grand challenges for social work. <i>Journal of the Society of Social Work and Research</i> , 8(1), 119–136. <a href="https://doi.org/10.1086/690659">https://doi.org/10.1086/690659</a>	Knowledge
Gehlert, S., Walters, K., Uehara, E., & Lawlor, E. (2015). The case for a national health social work practice-based research network in addressing health equity. <i>Health &amp; Social Work</i> , 40(4), 253–255. <a href="https://doi.org/10.1093/hsw/hlv060">https://doi.org/10.1093/hsw/hlv060</a>	Knowledge
Hawk, M., Ricci, E., Huber, G., & Myers, M. (2015). Opportunities for social workers in the patient centered medical home. <i>Social Work in Public Health</i> , 30(2), 175–184. <a href="https://doi.org/10.1080/19371918.2014.969862">https://doi.org/10.1080/19371918.2014.969862</a>	Knowledge
Jensen, T. M., & Kainz, K. (2019). Positioning social work researchers for engaged scholarship to promote public impact. <i>Journal of the Society for Social Work and Research</i> , 10(4), 591–609. <a href="https://doi.org/10.1086/706266">https://doi.org/10.1086/706266</a>	Knowledge
Kourgiantakis, T., Sewell, K. M., Hu, R., Logan, J., & Bogo, M. (2020). Simulation in social work education: A scoping review. <i>Research on Social Work Practice</i> , 30(4), 433–450. <a href="https://doi.org/10.1177/1049731519885015">https://doi.org/10.1177/1049731519885015</a>	Knowledge
Ndugga, N., & Artiga, S. (2021). <i>Disparities in health and health care: 5 key questions and answers</i> . Kaiser Family Foundation. <a href="http://www.kff.org/disparities-policy/issue-brief/disparities-in-health-and-health-care-five-key-questions-and-answers/">http://www.kff.org/disparities-policy/issue-brief/disparities-in-health-and-health-care-five-key-questions-and-answers/</a>	Knowledge

(continued)

*Readings (continued)*

Resource	Competency Dimension
Preyde, M., Ardal, F., Chevalier, P., Sulman, J., & Savage, D. (2013). Integrated knowledge translation: Hospital-based social work. <i>Social Work Research, 37</i> (4), 339–347. <a href="https://doi.org/10.1093/swr/svt027">https://doi.org/10.1093/swr/svt027</a>	Knowledge
Scheyett, A. (2019). The velocity of research. <i>Social Work, 64</i> (4), 281–282. <a href="https://doi.org/10.1093/sw/swz037">https://doi.org/10.1093/sw/swz037</a>	Knowledge
Spensberger, F., Kollar, I., Gambrill, E., Ghanem, C., & Pankofer, S. (2020). How to teach evidence-based practice in social work: A systematic review. <i>Research on Social Work Practice, 30</i> (1), 19–39. <a href="https://doi.org/10.1177/1049731519852150">https://doi.org/10.1177/1049731519852150</a>	Knowledge
Sy, M., O’Leary, N., Nagraj, S., El-Awaisi, A., O’Carroll, V., & Xyrichis, A. (2020). Doing interprofessional research in the COVID-19 era: A discussion paper. <i>Journal of Interprofessional Care, 34</i> (5), 600–606. <a href="https://doi.org/10.1080/13561820.2020.1791808">https://doi.org/10.1080/13561820.2020.1791808</a>	Knowledge
Werner-Lin, A., McCoyd, J. L., Doyle, M. H., & Gehlert, S. J. (2016). Leadership, literacy, and translational expertise in genomics: Challenges and opportunities for social work. <i>Health &amp; Social Work, 41</i> (3), e52–e59. <a href="https://doi.org/10.1093/hsw/hlw022">https://doi.org/10.1093/hsw/hlw022</a>	Knowledge
World Health Organization. (2008). <i>Closing the gap in a generation: Health equity through action on the social determinants of health</i> . <a href="https://www.who.int/publications/i/item/WHO-IER-CSDH-08.1">https://www.who.int/publications/i/item/WHO-IER-CSDH-08.1</a>	Knowledge

### Assignments

Resource	Competency Dimension
<p><b>Research Paper: Modified Systematic Review (Skills: Find; Read/ Analyze)</b></p> <p>A systematic review is a comprehensive and systematic search, identification, analysis, and synthesis of all available studies on a specific topic (Moher et al., 2009). For this assignment, you will complete a modified systematic review. The exercise is “modified” because your search will be restricted to studies completed within the past 10 years, you will search only two electronic databases, and a full manuscript is not required to communicate your results.</p>	Skills

*(continued)*

**Assignments** (continued)

Resource	Competency Dimension
<p>Step 1: Define your problem statement or question.</p> <ul style="list-style-type: none"> <li>● Provide a brief review of the extant literature.</li> <li>● What is the significance of your topic?</li> <li>● What specific question will the systematic review answer?</li> </ul> <p>Step 2: Define your search strategy.</p> <ul style="list-style-type: none"> <li>● What is the scope of your question? Be as specific as possible.</li> <li>● What are your search strings? Words?</li> <li>● What electronic databases are you using (e.g., Medline, CINAHL, PsycINFO)</li> </ul> <p>Step 3: Define your selection process.</p> <ul style="list-style-type: none"> <li>● What are your inclusion criteria?</li> <li>● What are your exclusion criteria?</li> <li>● Use the PRISMA flow diagram to outline the results of your selection process.</li> </ul> <p>Step 4: Define your analysis framework.</p> <p><b>Study characteristics:</b> Once you have your final set of articles, create a table and extract the following information (if applicable) from each article:</p> <ul style="list-style-type: none"> <li>● Author, year</li> <li>● Research design</li> <li>● Research questions and hypotheses</li> <li>● Study population (participant characteristics collected in separate table)</li> <li>● Independent variables and associated measures</li> <li>● Dependent variables and associated measures</li> <li>● Analysis</li> <li>● Main findings</li> <li>● Study strengths</li> <li>● Study limitations</li> </ul>	<p>Skills (continued)</p>

(continued)



*Assignments (continued)*

Resource	Competency Dimension
<p><b>Participant characteristics:</b> Once you have your final set of articles, create a table and extract the following information (if applicable) from each article:</p> <ul style="list-style-type: none"> <li>● Author, year</li> <li>● Sample size</li> <li>● Gender</li> <li>● Race</li> <li>● Age</li> <li>● Other social identities (e.g., sexual identity)</li> </ul> <p><i>Note:</i> If your question involves intervention, please contact me for additional information that you should consider extracting.</p> <p>Step 5: Synthesize the data.</p> <p>After reviewing the data you extracted, what are the main findings about your question?</p> <ul style="list-style-type: none"> <li>● What does the available evidence from your identified studies tell you about what we know about your question?</li> <li>● What gaps still exist in our knowledge?</li> <li>● How do different research designs, samples, and measures account for the variation or similarities in research findings?</li> <li>● How would you assess the quality of the available evidence?</li> <li>● What are the limitations that affect the interpretation of findings of the studies?</li> <li>● What recommendations do you have for future research?</li> </ul>	<p>Skills <i>(continued)</i></p>

**Field Experiences**

Resource	Competency Dimension
<p><b>Activity 1:</b> Students can perform an evaluation of their field placement (e.g., field placement’s use of evidence-based practices, student’s plan to implement these practices with their clients).</p> <p>These are some interesting field activities in the Trauma-informed Social Work <a href="#">EPAS Guide</a> that could be translated to health social work.</p>	<p>Skills</p>



## **Competency 5**

# **Engage in Policy Practice**

### **COMPETENCY DESCRIPTION**

Achieving whole health necessitates the creation and implementation of social and health policies that dismantle the root causes of health inequities that are systemic and entrenched in unfair, avoidable differences arising from poor governance, racism, discrimination, and social exclusion. Policy practice requires that health social work practitioners possess a nuanced understanding of social needs across the life course, the ways in which targeted social and health policies affect individuals and populations differentially, and how these policies may produce or redress health inequities. Across the micro to macro continuum, social work practitioners are ethically bound to advocate for equitable policies that improve the lives and well-being of the individuals and populations they serve. Achieving equitable health policies requires a deep understanding of the historical and contextual roots of inequity, inter-professional collaboration, and the mechanisms through which social policy, healthcare financing, and healthcare service delivery operate. Furthermore, advocacy for U.S. social and health policies that ensure the human right to health and equitable access to healthcare requires an understanding of global health policy. In the absence of U.S. policy change fueled by advocacy efforts and informed by global perspectives that improve social and health outcomes, the right to health and healthcare will remain elusive.

### **COMPETENCY BEHAVIORS**

- Through social justice and health equity lenses, effectively explain health policies and apply their benefits at both individual and population levels.

- Critically evaluate health policy at local, state, federal, and global levels by explaining different theoretical orientations that inform the development and implementation of health policy; describe the role of health policy in relation to access to and provision of high-quality, ethically and culturally responsive care.
- Engage stakeholders in formulation, implementation, and evaluation of equitable and socially just health policies from the local to the global level by synthesizing a range of policy and intervention solutions that have been proposed and investigating how these values align with social work practice; lead community organizing and engagement strategies to create, implement, and evaluate health policies; and generate policy solutions that redistribute resources and foster health for all.
- Advocate for policy solutions to dismantle oppressive systems and improve health, health access, and health outcomes by demonstrating mastery of varied advocacy strategies and knowledge of when to apply them; build broad-based coalitions to promote social justice and equitable policy solutions.
- Understand various payment mechanisms and resources available to patients within healthcare systems, know how to access accurate data and research related to this topic, and seek to stay current with policy changes that affect accessibility of care for various populations, with attention to marginalization of groups.

## CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

### *Readings*

Resource	Competency Dimension
Bardach, E., & Patashnik, E. M. (2020). <i>A practical guide for policy analysis: The eightfold path to more effective problem solving</i> (6th ed.). Sage.	Knowledge Skills
Bodenhemier, T., & Grumbach, K. (2016). Chapter I: How health care is organized I: Primary, secondary, and tertiary care. In <i>Understanding health policy: A clinical approach</i> (pp. 45–60). McGraw Hill Education.	Knowledge

*(continued)*

## Readings (continued)

Resource	Competency Dimension
Bogard, K., Murry, V., & Alexander, C. (2017). <i>Perspectives on health equity and social determinants of health</i> . National Academy of Medicine.	Knowledge
Braveman, P., & Gottlieb, L. (2014). The social determinants of health: It's time to consider the causes of the causes. <i>Public Health Reports</i> , 129(2), 19–31.	Knowledge Values
Brown, A. (2017). <i>Emergent strategy</i> . AK Press.	Knowledge Skills
Cadet, T., Burke, S., & Drudzein, A. (2020). Closing the health gap. In S. Sanders, S. Kolomer, C. Waites-Spellman, & V. Rizzo, <i>Gerontological social work and the Grand Challenges: Focusing on policy and practice</i> (pp. 19–31). Springer.	Knowledge Values
Dickman, S., Himmelstein, D., & Woolhandler, S. (2017). Inequality and the health-care system in the USA. <i>The Lancet</i> , 389, 1431–1441.	Knowledge
Forrest, C. B., & Riley, A. W. (2004). Childhood origins of adult health: A basis for life-course health policy. <i>Health Affairs</i> , 23(5), 155–164.	Knowledge
Hankivsky, O. (Ed.). (2012). <i>An intersectionality-based policy analysis framework</i> . Institute for Intersectionality Research and Policy, Simon Fraser University.	Knowledge Values
Hankivsky, O., Grace, D., Hunting, G., Giesbrecht, M., Fridkin, A., Rudrum, S., Ferlatte, O., & Clark, N. (2014). An intersectionality-based policy analysis framework: Critical reflections on a methodology for advancing equity. <i>International Journal for Equity in Health</i> , 13(119), 1–16. <a href="http://www.equityhealthj.com/content/13/1/119">http://www.equityhealthj.com/content/13/1/119</a>	Knowledge Values
Hardcastle, D., Powers, P., & Weocur, S. (2011). Using the advocacy spectrum. In <i>Community practice: Theories and skills for social workers</i> (pp. 340–370). Oxford University Press.	Knowledge Skills
Jacobs, P. D., & Selden, T. M. (2019). Changes in the equity of US health care financing in the period 2005–16. <i>Health Affairs</i> , 38(11), 1791–1800. doi: <a href="https://doi.org/10.1377/hlthaff.2019.00625">https://doi.org/10.1377/hlthaff.2019.00625</a>	Knowledge
Jones, C. P., Holden, K. B., & Belton, A. (2019). Strategies for achieving health equity: Concern about the whole plus concern about the hole. <i>Ethnicity &amp; Disease</i> , 29(suppl 2), 345–348. <a href="https://doi.org/10.18865/ed.29.S2.345">https://doi.org/10.18865/ed.29.S2.345</a>	Knowledge Values

(continued)

**Readings** (continued)

Resource	Competency Dimension
Lawrence, T. Z., Douglas, M. D., Rollins, L., Willock, R. J., Cooper, D. L., Gooden, R. A., Francis, S., & Mack, D. H. (2019). Health policy engagement strategy for the health information technology policy project of the Transdisciplinary Collaborative Center for Health Disparities Research. <i>Ethnicity &amp; Disease, 29</i> (suppl 2), 377.	Skills
Lindberg, B. (2009, August). Making a difference: Writing and presenting testimony. <i>Gerontology News, 4-5</i> .	Knowledge Values Skills
Miller, D. P., Bazzi, A. R., Allen, H. L., Martinson, M. L., Salas-Wright, C. P., Jantz, K., Crevi, K., & Rosenbloom, D. L. (2017). A social work approach to policy: Implications for population health. <i>American Journal of Public Health, 107</i> (S3), S243-S249.	Knowledge
Ruth, B. J., & Marshall, J. W. (2017). A history of social work in public health. <i>American Journal of Public Health, 107</i> (S3), S236-S242. doi: <a href="https://doi.org/10.2105/AJPH.2017.304005">https://doi.org/10.2105/AJPH.2017.304005</a>	Knowledge
Stanhope, V., & Straussner, S. L. A. (Eds.). (2017). <i>Social work and integrated health care: From policy to practice and back</i> . Oxford University Press	Knowledge Skills Cognitive and Affective Processes
Starr, P. (2018). <i>The social transformation of American medicine: The rise of a sovereign profession and the making of a vast industry</i> . Basic Books.	Knowledge
Verbiest, S. (Ed.). (2018). <i>Translating life course theory into practice</i> . APHA Press.	Knowledge Skills
Walters, K. L., Spencer, M. S., Smukler, M., Allen, H. L., Andrews, C., Browne, T., Maramaldi, P., Wheeler, D. P., Zebrack, B., & Uehara, E. (2016). Health equity: Eradicating health inequalities for future generations. Social Work Initiative Working Paper no. 19. American Academy of Social Work and Social Welfare. <a href="https://grandchallengesforsocialwork.org/wp-content/uploads/2016/01/WP19-with-cover2.pdf">https://grandchallengesforsocialwork.org/wp-content/uploads/2016/01/WP19-with-cover2.pdf</a>	Knowledge
Wilkinson, G., Sager, A., Selig, S., Antonelli, R., Morton, S., Hirsch, G., Lee, C. R., Ortiz, A., Fox, D., Lupi, M. V., Acuff, C., & Wachman, M. (2017). No equity, no Triple Aim: Strategic proposals to advance health equity in a volatile policy environment. <i>American Journal of Public Health, 107</i> (S3), S223-S228. <a href="https://doi.org/10.2105/AJPH.2017.304000">https://doi.org/10.2105/AJPH.2017.304000</a>	Knowledge

<b>Websites and Other Resources</b>	
Resource	Competency Dimension
<i>Integrating social care into the delivery of health care: Moving upstream to improve the nation's health</i> (beginning chapters). <a href="https://www.nationalacademies.org/our-work/integrating-social-needs-care-into-the-delivery-of-health-care-to-improve-the-nations-health">https://www.nationalacademies.org/our-work/integrating-social-needs-care-into-the-delivery-of-health-care-to-improve-the-nations-health</a>	Knowledge Skills
Kaiser Family Foundation website: <a href="https://www.healthsystemtracker.org/health-spending-explorer/?display=U.S.%2520%2524%2520Billions&amp;service=Hospitals%252CPPhysicians%2520%2526%2520Clinics%252CPrescription%2520Drug">https://www.healthsystemtracker.org/health-spending-explorer/?display=U.S.%2520%2524%2520Billions&amp;service=Hospitals%252CPPhysicians%2520%2526%2520Clinics%252CPrescription%2520Drug</a>  <a href="https://www.kff.org/policy-watch/health-disparities-symptom-broader-social-economic-inequities/">https://www.kff.org/policy-watch/health-disparities-symptom-broader-social-economic-inequities/</a>	Knowledge
Social Determinants of Health. <a href="https://www.goinfo.com/vision/determinants-of-health/">https://www.goinfo.com/vision/determinants-of-health/</a>	Knowledge
<i>Engaging stakeholders to improve the quality of children's health care: Implementation guide from AHRQ</i> . <a href="https://www.ahrq.gov/sites/default/files/wysiwyg/policymakers/chipra/demoeval/what-we-learned/implementation-guides/implementation-guide1/impguide1.pdf">https://www.ahrq.gov/sites/default/files/wysiwyg/policymakers/chipra/demoeval/what-we-learned/implementation-guides/implementation-guide1/impguide1.pdf</a>	Knowledge Skills
<i>Clinica de migrantes</i> (Documentary available on Kanopy). <a href="https://www.hbo.com/documentaries/clinica-de-migrantes">https://www.hbo.com/documentaries/clinica-de-migrantes</a>	Knowledge
Katie Beckett Leaves Legacy For Kids With Disabilities [obituary]. NPR. <a href="https://www.npr.org/2012/05/19/153076971/katie-beckett-leaves-legacy-for-kids-with-disabilities">https://www.npr.org/2012/05/19/153076971/katie-beckett-leaves-legacy-for-kids-with-disabilities</a>	Knowledge
Example of Testimony: Amy Berman Senate Committee on Aging Testimony. <a href="https://www.youtube.com/watch?v=AwuoGbsP7jY">https://www.youtube.com/watch?v=AwuoGbsP7jY</a> (29:27 minutes)	Knowledge Skills
<b>Examples of Coalitions</b> Empowered Patient Coalition: <a href="https://www.empoweredpatientcoalition.org/">https://www.empoweredpatientcoalition.org/</a> Health Care for All (MA): <a href="https://hcfama.org/coalitions/">https://hcfama.org/coalitions/</a> Health Access California (CA): <a href="https://health-access.org/about-us/">https://health-access.org/about-us/</a> National Coalition on Health Care: <a href="https://www.guidestar.org/profile/52-1687849">https://www.guidestar.org/profile/52-1687849</a>	Knowledge
Mary Bassett Ted Talk: Why your doctor should care about social justice. <a href="https://www.youtube.com/watch?v=E_NiCniwOJE">https://www.youtube.com/watch?v=E_NiCniwOJE</a>	Knowledge

(continued)

*Websites and Other Resources (continued)*

Resource	Competency Dimension
The Commonwealth Fund: <a href="https://2020scorecard.commonwealthfund.org/">https://2020scorecard.commonwealthfund.org/</a>	Knowledge
The Commonwealth Fund International Health Care System Profiles: <a href="https://www.commonwealthfund.org/international-health-policy-center/system-profiles">https://www.commonwealthfund.org/international-health-policy-center/system-profiles</a>	Knowledge

***Assignments and Activities***

Resource	Competency Dimension
Unnatural causes: Is inequality making us sick? [Video series and discussion prompts]. <a href="https://unnaturalcauses.org/for_educators.php">https://unnaturalcauses.org/for_educators.php</a>	Knowledge Cognitive and Affective Processes
<p><b>Policy Analysis 1</b></p> <p>For this assignment, you will need to focus on one policy topic. This could be a policy issue that is important in your field placement or an issue of interest. All policies must address a health inequity, recognizing that there are many influences on health and many populations that are affected. The review should include the following:</p> <p>Describe the policy and how it creates or reduces a health inequity. Describe the populations most affected. Who are the key stakeholders? Who might disagree with the policy? Are there potential unintended consequences? What needs to happen next to move the policy forward?</p> <p><b>Policy Analysis 2</b></p> <p>Review the Commonwealth Fund International Health Care System Profiles (<a href="https://www.commonwealthfund.org/international-health-policy-center/system-profiles">https://www.commonwealthfund.org/international-health-policy-center/system-profiles</a>). Compare the United States with three or four other countries on this website. How do the ways in which nations organize, govern, and finance their health systems influence population health outcomes?</p>	Knowledge Skills Cognitive and Affective Processes
Following the Bardach and Patashnik (2020) methods, describe how you would conduct an eightfold path policy analysis of the Clinica de Migrantes case. Specifically identify how your analysis will adopt a health equity framework and how you will consider social work and stakeholder engagement as part of your analysis. Write a policy memo arguing for one or more changes to improve the effectiveness of the policy.	Knowledge Values Skills

*(continued)*

**Assignments and Activities** (continued)

Resource	Competency Dimension
<p><b>Timothy's Law (Mental Health Parity)</b></p> <p>Timothy's Law is the informal name of a <a href="#">New York</a> state statute, signed into law on December 22, 2006 by governor <a href="#">George E. Pataki</a>, that took effect January 1, 2007. The law requires that <a href="#">health plans</a> sold in the state provide comparable coverage for mental health ailments as they do for physical ailments.</p> <p><a href="https://www.latimes.com/archives/la-xpm-2003-jun-22-adna-tim22-story.html">https://www.latimes.com/archives/la-xpm-2003-jun-22-adna-tim22-story.html</a></p> <p><a href="https://aclnys.org/op-ed-national-health-plan-timothy-occlair-parity-and-medicaid/">https://aclnys.org/op-ed-national-health-plan-timothy-occlair-parity-and-medicaid/</a></p> <p><a href="#">Legislative Advocacy - Mental Health Parity - NASW-NYS (naswnys.org)</a></p>	Knowledge
<p>Unnatural causes: Is inequality making us sick? [Video series and discussion prompts]. <a href="https://unnaturalcauses.org/for_educators.php">https://unnaturalcauses.org/for_educators.php</a></p>	Knowledge Cognitive and Affective Processes
<p><b>Policy Analysis 1</b></p> <p>For this assignment, you will need to focus on one policy topic. This could be a policy issue that is important in your field placement or an issue of interest. All policies must address a health inequity, recognizing that there are many influences on health and many populations that are affected. The review should include the following:</p> <p>Describe the policy and how it creates or reduces a health inequity. Describe the populations most affected. Who are the key stakeholders? Who might disagree with the policy? Are there potential unintended consequences? What needs to happen next to move the policy forward?</p> <p><b>Policy Analysis 2</b></p> <p>Review the Commonwealth Fund International Health Care System Profiles (<a href="https://www.commonwealthfund.org/international-health-policy-center/system-profiles">https://www.commonwealthfund.org/international-health-policy-center/system-profiles</a>). Compare the United States with three or four other countries on this website. How do the ways in which nations organize, govern, and finance their health systems influence population health outcomes?</p>	Knowledge Skills Cognitive and Affective Processes
<p>Following the Bardach and Patashnik (2020) methods, describe how you would conduct an eightfold path policy analysis of the Clinica de Migrantes case. Specifically identify how your analysis will adopt a health equity framework and how you will consider social work and stakeholder engagement as part of your analysis. Write a policy memo arguing for one or more changes to improve the effectiveness of the policy.</p>	Knowledge Values Skills

(continued)



**Assignments and Activities** (continued)

Resource	Competency Dimension
<p><b>Timothy’s Law (Mental Health Parity)</b></p> <p>Timothy’s Law is the informal name of a New York state statute, signed into law on December 22, 2006 by governor George E. Pataki, that took effect January 1, 2007. The law requires that health plans sold in the state provide comparable coverage for mental health ailments as they do for physical ailments.</p> <p><a href="https://www.latimes.com/archives/la-xpm-2003-jun-22-adna-tim22-story.html">https://www.latimes.com/archives/la-xpm-2003-jun-22-adna-tim22-story.html</a></p> <p><a href="https://aclnys.org/op-ed-national-health-plan-timothy-occlair-parity-and-medicaid/">https://aclnys.org/op-ed-national-health-plan-timothy-occlair-parity-and-medicaid/</a></p> <p>Legislative Advocacy - Mental Health Parity - NASW-NYS (<a href="http://naswnys.org">naswnys.org</a>)</p>	Knowledge
<p><b>Congressional Testimony Role Play</b></p> <p>For this assignment, you will conduct a 15-minute congressional hearing role play with classmates. Working in groups of three, student groups will select a health or mental health policy at the federal level agreeable to all group members for the role play. In class, we will review one example of congressional testimony in order to provide a model for your role play. You can also view other samples of congressional testimony at <a href="https://www.c-span.org/">https://www.c-span.org/</a>. View legislative branch videos. The most helpful models on this website are congressional sessions and senate hearings.</p>	Knowledge Skills
<p><b>Analysis and Treatment of Health Disparities</b></p> <p>Students will present a detailed critical analysis of health disparities, including a thorough evaluation of various aspects from a systems perspective, describing the stakeholders, populations affected, and significant developments over the last 100 years, discussing the trajectory of social change on this issue. Students will explore failed and ongoing efforts and offer policy solutions based on their understanding and analysis of the issue along with a detailed description of the roles of social workers in different settings. NASW publications and updates from related advocacy organizations will provide students with a contextual starting point.</p>	Knowledge Values Skills Cognitive and Affective Processes
<p>Steketee, G., Ross, A. M., &amp; Wachman, M. K. (2017). Health outcomes and costs of social work services: A systematic review. <i>American Journal of Public Health, 107</i>(S3), S256–S266. <a href="https://doi.org/10.2105/ajph.2017.304004">https://doi.org/10.2105/ajph.2017.304004</a></p>	Knowledge



## **Competency 6**

# **Engage With Individuals, Families, Groups, Organizations, and Communities**

### **COMPETENCY DESCRIPTION**

Health social workers use a biopsychosocial approach to assessment and care to advocate for health equity and support individuals, families, and communities as they navigate health and social systems of care. Social workers understand theories of human behavior within the social and cultural environments and critically assess and apply this knowledge to facilitate engagement with patients, families and caregivers, community organizations, and partners. As many healthcare institutions move toward interdisciplinary and interprofessional teams, health social workers need to continue to build interprofessional skills to collaborate with other health professions. To facilitate engagement, health social workers build trust with patients, families, caregivers, and communities by providing biopsychosocial support using models of empathy and collaboration and by encouraging an environment of mutual respect. Health social workers continuously regulate engagement processes throughout the working relationship as consumer, client, and constituent needs, preferences, goals, and experiences change over time.

### **COMPETENCY BEHAVIORS**

- Use empathy, reflection, and interpersonal skills to effectively engage diverse clients and constituencies to build trust and assess their health and healthcare needs.
- Exhibit awareness of how one's own biases, experiences, potential countertransference processes, and values can affect the engagement

processes to help clients at all levels of practice understand the health and healthcare process and ways to navigate the system.

- Establish culturally conscious health skills to engage clients to improve health outcomes and quality of care and contribute to eliminating cultural, racial, and ethnic health inequities.
- Demonstrate understanding that engagement is part of continuum of care in health that involves an integrated system of care that guides and tracks patients over time through a comprehensive array of health and related services spanning all levels of intensity of care across the lifespan, including palliative care.
- Incorporate technologies and digital, written, and verbal communication skills to engage individuals, different constituencies, partners, and target audiences to help meet health needs.
- Apply knowledge of human behavior and the social environment, person-in-environment, and other interprofessional theoretical frameworks to engage with individuals, families, groups, organizations, and communities to meet health needs.

## CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

### *Readings*

Resource	Competency Dimension
Bachman, S. S., Wachman, M., Manning, L., Cohen, A. M., Seifert, R. W., Jones, D. K., Fitzgerald, T., Nuzum, R., & Riley, P. (2017). Social work's role in Medicaid reform: A qualitative study. <i>American Journal of Public Health, 107</i> (S3), S250–S255.	Knowledge Skills
Berrett-Abebe, J., Donelan, K., Berkman, B., Auerbach, D., & Maramaldi, P. (2020). Physician and nurse practitioner perceptions of social worker and community health worker roles in primary care practices caring for frail elders: Insights for social work. <i>Social Work in Health Care, 59</i> (1), 46–60. <a href="https://doi.org/10.1080/00981389.2019.1695703">https://doi.org/10.1080/00981389.2019.1695703</a>	Knowledge Values

*(continued)*

## Readings (continued)

Resource	Competency Dimension
Browne, T., Gehlert, S., Andrews, C. M., Zebrack, B. J., Walther, V. N., Steketee, G., Maramaldi, P., Jones, B. L., Golden, R. L., Ewald, B., Bernstein, S. R., Begun, A. L., Allen, H. L., Guth, S., Ross, A., Moore, M., & Merighi, J. R. (2017). <i>Strengthening health care systems: Better health across America</i> (Grand Challenges for Social Work Initiative Working Paper no. 22). American Academy of Social Work & Social Welfare.	Knowledge
Craig, S., Frankford, A. K., Williams, C., Schwartz, C., Yaworski, A., Janz, G., & Malek-Saniee, S. (2016). Self-reported patient psychosocial needs in integrated primary health care: A role for social work in interdisciplinary teams. <i>Social Work in Health Care, 55</i> , 41–60. <a href="https://doi:10.1080/00981389.2015.1085483">https://doi:10.1080/00981389.2015.1085483</a>	Knowledge Values Cognitive and Affective Processes
Davis, T. S., Rebecca R., Guada, J., Swenson, S., Peck, A., Saunders-Adams, S., & Haas-Gehres, L. (2019). Social Worker Integrated Care Competencies Scale (SWICCS): Assessing social worker clinical competencies for health care settings. <i>Social Work in Health Care, 58</i> (1), 75–92. <a href="https://doi:10.1080/00981389.2018.1547346">https://doi:10.1080/00981389.2018.1547346</a>	Knowledge Skills
Downey, M. M., Neff, J., & Dube, K. (2019, January 1). Don't "just call the social worker": Training in structural competency to enhance collaboration between healthcare social work and medicine. <i>Journal of Sociology and Social Welfare, 46</i> (4), 77–95. <a href="https://scholarworks.wmich.edu/jssw/vol46/iss4/6/">https://scholarworks.wmich.edu/jssw/vol46/iss4/6/</a>	Knowledge Cognitive and Affective Processes
Green, D. M. (2017). Proactive case management: Social work active engagement revisited. <i>Journal of Sociology, 5</i> (1), 10–16.	Knowledge Skills
Lilliehorn, S., Isaksson, J., & Salander, P. (2019). What does an oncology social worker deal with in patient consultations? An empirical study. <i>Social Work in Health Care, 58</i> , 494–508. <a href="https://doi:10.1080/00981389.2019.1587661">https://doi:10.1080/00981389.2019.1587661</a>	Values Skills Cognitive and Affective Processes
Redfern, H., Burton, J., Lonne, B., & Seiffert, H. (2016). Social work and complex care systems: The case of people hospitalized with a disability. <i>Australian Social Work, 69</i> (1), 27–38. <a href="https://doi.org/10.1080/0312407X.2015.1035295">https://doi.org/10.1080/0312407X.2015.1035295</a>	Values Skills Cognitive and Affective Processes

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*Readings (continued)*

Resource	Competency Dimension
Walters, K. L., Spencer, M. S., Smukler, M., Allen, H. L., Andrews, C., Browne, T., Maramaldi, P., Wheeler, D. P., Zebrack, B., & Uehara, E. (2016). <i>Health equity: Eradicating health inequalities for future generations</i> (Grand Challenges for Social Work Initiative Working Paper no. 19). American Academy of Social Work and Social Welfare.	Knowledge
Zerden, L. D., Lombardi, B. M., & Richman, E. L. (2019). Social workers on the interprofessional integrated team: Elements of team integration and barriers to practice. <i>Journal of Interprofessional Education &amp; Practice, 17</i> , 100286.	Knowledge Skills

### Assignments

Resource	Competency Dimension
Students conduct informational interviews with two hospital social workers who work in different departments. Learn about how patients are referred to the social workers and the ways that social workers engage with individuals and families. What strategies do social workers use to build rapport? How are these strategies the same as or different from those of other interprofessional team members?	Skills
Students take turns presenting a case they are currently working on with an individual, family, or community, with a focus on challenges to engagement. Other students can play the role of healthcare members to ask questions and provide suggestions.	Skills
Ask students to interview a preselected client about their experiences in the healthcare system and focus on how to engage them, their family members, and other team members.	Skills



## **Competency 7**

# **Assess Individuals, Families, Groups, Organizations, and Communities**

### **COMPETENCY DESCRIPTION**

The assessment phase of health social work is important for building trust with clients and communities, and it varies by setting, the reason for referral, and the social worker's role. Health social work assessment identifies individual, family, group, organization, and community strengths and needs to promote health and well-being. Social work practitioners work with patients and their support systems to understand their treatment goals and preferences, strengths and barriers, social and structural determinants of health, biopsychosocial therapeutic and resource needs, and coping strategies.

Health social workers may conduct a comprehensive biopsychosocial assessment that includes the client's physical health and their social, emotional, and spiritual health or a focused brief assessment to respond to a particular referral or address a specific problem. Regardless of the setting, health social work assessment should be evidence-based, nonjudgmental, strengths-based, and justice-focused and should reflect the client's or community's perspective on health, well-being, and treatment options. Health social work assessment should consider the role of culture, health literacy, communication, linguistic skills, and sociopolitical factors in determining client, family, group, and community needs. This includes considering potential systemic oppression, recognizing the power differentials between social workers and their clients, and promoting and developing assessment tools that do not disenfranchise and are co-created by clients and communities. Social workers also assess the community, organizational, and systemic factors that influence health outcomes and policies and procedures to promote effective care.

## COMPETENCY BEHAVIORS

- Demonstrate understanding of evidence-based approaches for assessing the health and well-being of individuals, families, groups, organizations, and communities to recognize the disparate impact of health conditions for individuals, families, organizations, and communities.
- Demonstrate understanding and the use of evidence-based measurement instruments that are culturally and developmentally appropriate for screening and assessing individual and community health and well-being.
- Collect and organize data and apply critical thinking to interpret information from individuals, families, groups, organizations, and communities.
- Apply understanding of health and behavioral health theories and models to client systems and circumstances, including the social and structural determinants of health.
- Demonstrate ability to assess resource eligibility and accessibility at the local, state, national, and global levels.
- Apply interprofessional practice standards to create an assessment process for the team.

## CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

### Readings

Resource	Competency Dimension
Acquaviva, K. D. (2017). <i>LGBTQ-inclusive hospice and palliative care: A practical guide to transforming professional practice</i> . Columbia University Press.	Knowledge Values Skills Cognitive and Affective Processes
Boulware, L. E., Cooper, L. A., Ratner, L. E., LaVeist, T. A., & Powe, N. R. (2016). Race and trust in the health care system. <i>Public Health Reports</i> , 118(4), 358-365.	Knowledge Values

(continued)

**Readings** (continued)

Resource	Competency Dimension
Carrillo Álvarez, E., & Riera Romani, J. (2017). Measuring social capital: Further insights. <i>Gaceta Sanitaria</i> , 31, 57–61.	Knowledge
Center of Excellence for Integrated Health Solutions. <a href="https://www.thenationalcouncil.org/integrated-health-coe/">https://www.thenationalcouncil.org/integrated-health-coe/</a>	Knowledge Values Skills
Ellis, G., Gardner, M., Tsiachristas, A., Langhorne, P., Burke, O., Harwood, R. H., Conroy, S. P., Kircher, T., Somme, D., Saltvedt, I., Wald, H., O'Neill, D., Robinson, D., & Shepperd, S. (2017). Comprehensive geriatric assessment for older adults admitted to hospital. <i>Cochrane Database of Systematic Reviews</i> , 2017(9), CD006211.	Knowledge
Ernst, J. S., & Smith, C. A. (2012). Assessment in adult protective services: Do multidisciplinary teams make a difference? <i>Journal of Gerontological Social Work</i> , 55(1), 21–38.	Knowledge
Fengler, J., & Taylor, B. J. (2019). Effective assessment: A key knowledge and skill for a sustainable profession. <i>Social Work Education</i> , 38(3), 392–405.	Knowledge
Grady, M., & Drisko, J. W. (2014). Thorough clinical assessment: The hidden foundation of evidence-based practice. <i>Families in Society</i> , 95(1), 5–14.	Knowledge
Hansen, A. G., Martin, E., Jones, B. L., & Pomeroy, E. C. (2015). Social work assessment notes: A comprehensive outcomes-based hospice documentation system. <i>Health &amp; Social Work</i> , 40(3), 191–200.	Knowledge Skills
Hunter, C. L., Goodie, J. L., Oordt, M. S., & Dobmeyer, A. C. (2017). <i>Integrated behavioral health in primary care: Step-by-step guidance for assessment and intervention</i> (2nd ed.). American Psychological Association.	Knowledge Values Skills
Karpetsis, G. (2013). Employing assessment systems in social work: A practitioner-researcher approach. <i>Social Work in Mental Health</i> , 11(6), 542–562.	Knowledge Skills
Lichtenberg, P. (Ed.). (2010). <i>Handbook of assessment in clinical gerontology</i> . John Wiley & Sons.	Knowledge Skills
Mainstone, F. (2014). <i>Mastering whole family assessment in social work: Balancing the needs of children, adults and their families</i> . Jessica Kingsley Publishers.	Knowledge Values Skills

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*Readings (continued)*

Resource	Competency Dimension
Mason, T., & Tofthagen, C. S. (2019). Complicated grief of immediate family caregivers: A concept analysis. <i>Advances in Nursing Science</i> , 42(3), 255–265. doi:10.1097/ANS.000000000000243	Knowledge
McClennen, J., Keys, A. M., & Day, M. (2016). <i>Social work and family violence: Theories, assessment, and intervention</i> . Springer.	Knowledge Values Skills Cognitive and Affective Processes
Messing, J. T., & Thaller, J. (2015). Intimate partner violence risk assessment: A primer for social workers. <i>British Journal of Social Work</i> , 45(6), 1804–1820.	Knowledge
Milner, J., Myers, J. S., & O'Byrne, P. (2020). <i>Assessment in social work</i> . Red Globe Press.	Knowledge Skills
Morone, J. (2017). An integrative review of social determinants of health assessment and screening tools used in pediatrics. <i>Journal of Pediatric Nursing</i> , 37, 22–28.	Knowledge
National Academies of Sciences, Engineering, and Medicine. (2019). <i>Integrating social needs care into the delivery of health care</i> . <a href="https://www.nationalacademies.org/our-work/integrating-social-needs-care-into-the-delivery-of-health-care-to-improve-the-nations-health">https://www.nationalacademies.org/our-work/integrating-social-needs-care-into-the-delivery-of-health-care-to-improve-the-nations-health</a>	Knowledge
National Association of Social Workers. (2016). <i>NASW Standards for Social Work Practice in Health Care Settings</i> . <a href="https://www.socialworkers.org/LinkClick.aspx?fileticket=fFnsRHX-4HE%3D&amp;portalid=0">https://www.socialworkers.org/LinkClick.aspx?fileticket=fFnsRHX-4HE%3D&amp;portalid=0</a>	Knowledge Values
O'Hare, T. (2019). <i>Essential skills of social work practice: Assessment, intervention, and evaluation</i> . Oxford University Press.	Knowledge Values Skills Cognitive and Affective Processes

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**Readings** (continued)

Resource	Competency Dimension
Parker, J. (2020). <i>Social work practice: Assessment, planning, intervention and review</i> . Sage.	Knowledge Values Skills Cognitive and Affective Processes
Pirl, W. F., Fann, J. R., Greer, J. A., Braun, I., Deshields, T., Fulcher, C., Harvey, E., Holland, J., Kennedy, V., Lazenby, M., Wagner, L., Underhill, M., Walker, D. K., Zabora, J., Zebrack, B., & Bardwell, W. A. (2014). Recommendations for the implementation of distress screening programs in cancer centers: Report from the American Psychosocial Oncology Society (APOS), Association of Oncology Social Work (AOSW), and Oncology Nursing Society (ONS) joint task force. <i>Cancer</i> , 120(19), 2946–2954.	Knowledge
Preyde, M., & Brassard, K. (2011). Evidence-based risk factors for adverse health outcomes in older patients after discharge home and assessment tools: A systematic review. <i>Journal of Evidence-Based Social Work</i> , 8(5), 445–468.	Knowledge Skills
Price, S. K., Coles, D. C., & Wingold, T. (2017). Integrating behavioral health risk assessment into centralized intake for maternal and child health services. <i>Health &amp; Social Work</i> , 42(4), 231–240.	Knowledge Skills
Rolland, J. S. (2019). Families, health, and illness. In S. Gehlert & T. Browne (Eds.), <i>Handbook of Health Social Work</i> (pp. 331–357). Wiley.	Knowledge Skills
Rolland, J. S. (2020). COVID-19 pandemic: Applying a multisystemic lens. <i>Family Process</i> , 59(3), 922–936.	Knowledge Values Skills
Rural Health Information Hub (RHlhub). <i>Tools to assess and measure social determinants of health in communities</i> . <a href="https://www.ruralhealthinfo.org/toolkits/sdoh/4/assessment-tools">https://www.ruralhealthinfo.org/toolkits/sdoh/4/assessment-tools</a>	Knowledge Values Skills
Svärd, V. (2014). Hospital social workers' assessment processes for children at risk: Positions in and contributions to inter-professional teams. <i>European Journal of Social Work</i> , 17(4), 508–522.	Knowledge Values Skills

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Resource	Competency Dimension
University of Louisville's Interdisciplinary Curriculum in Oncology Palliative Care Education (iCOPE). <a href="http://icopeproject.org/what-is-icope/">http://icopeproject.org/what-is-icope/</a>	Knowledge Values Skills
Wilson, H. (2020). Social work assessments for people with advanced dementia in "the new normal." <i>Working With Older People</i> , 24(4), 293-297.	Knowledge Skills

**Assessments**

Resource	Competency Dimension
The Accountable Health Communities Health-Related Social Needs Screening Tool. <a href="https://innovation.cms.gov/files/worksheets/ahcm-screeningtool.pdf">https://innovation.cms.gov/files/worksheets/ahcm-screeningtool.pdf</a>	Knowledge Skills
Adverse Childhood Experiences Screenings. <a href="https://www.acesaware.org/screen/screening-for-adverse-childhood-experiences/">https://www.acesaware.org/screen/screening-for-adverse-childhood-experiences/</a>	Knowledge Skills
Adult Human Trafficking Screening Tool. <a href="https://freedomnetworkusa.org/app/uploads/2018/10/HHS-OTIP-Adult-Human-Trafficking-Screening-Tool-and-Guide.pdf">https://freedomnetworkusa.org/app/uploads/2018/10/HHS-OTIP-Adult-Human-Trafficking-Screening-Tool-and-Guide.pdf</a>	Knowledge Skills
Alcohol Use Disorders Identification Test (AUDIT). <a href="https://cde.drugabuse.gov/instrument/f355611c-0ff2-036f-e040-bb89ad435374">https://cde.drugabuse.gov/instrument/f355611c-0ff2-036f-e040-bb89ad435374</a>	Knowledge Skills
Ask Suicide-Screening Questions (ASQ). <a href="https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/">https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/</a>	Knowledge Skills
CAGE Substance Abuse Screening Tool. <a href="https://www.hopkinsmedicine.org/johns_hopkins_healthcare/downloads/all_plans/CAGE%20Substance%20Screening%20Tool.pdf">https://www.hopkinsmedicine.org/johns_hopkins_healthcare/downloads/all_plans/CAGE%20Substance%20Screening%20Tool.pdf</a>	Knowledge Skills
Chronic Disease Self-Efficacy Scales. <a href="https://selfmanagementresource.com/wp-content/uploads/2019/07/English_-_chronic_disease_self-efficacy_scales_32.pdf">https://selfmanagementresource.com/wp-content/uploads/2019/07/English_-_chronic_disease_self-efficacy_scales_32.pdf</a>	Knowledge Skills
Community Health Assessment Toolkit. <a href="https://www.healthycommunities.org/resources/community-health-assessment-toolkit">https://www.healthycommunities.org/resources/community-health-assessment-toolkit</a>	Knowledge Skills
Cornell Scale for Depression in Dementia. <a href="https://cgatoolkit.ca/Uploads/ContentDocuments/cornell_scale_depression.pdf">https://cgatoolkit.ca/Uploads/ContentDocuments/cornell_scale_depression.pdf</a>	Knowledge Skills

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**Assessments** (continued)

Resource	Competency Dimension
Drug Abuse Screening Test (DAST-10). <a href="https://cde.drugabuse.gov/instrument/e9053390-ee9c-9140-e040-bb89ad433d69">https://cde.drugabuse.gov/instrument/e9053390-ee9c-9140-e040-bb89ad433d69</a>	Knowledge Skills
FICA Spiritual History Tool. <a href="https://smhs.gwu.edu/spirituality-health/sites/spirituality-health/files/FICA-PDF-Final-Nov2020.pdf">https://smhs.gwu.edu/spirituality-health/sites/spirituality-health/files/FICA-PDF-Final-Nov2020.pdf</a>	Knowledge Skills
Generalized Anxiety Disorder Screen (GAD-7). <a href="https://www.mirecc.va.gov/cih-visn2/Documents/Clinical/GAD_with_Info_Sheet.pdf">https://www.mirecc.va.gov/cih-visn2/Documents/Clinical/GAD_with_Info_Sheet.pdf</a>	Knowledge Skills
Geriatric Depression Scale. <a href="https://geriatrictoolkit.missouri.edu/cog/GDS_SHORT_FORM.PDF">https://geriatrictoolkit.missouri.edu/cog/GDS_SHORT_FORM.PDF</a>	Knowledge Skills
Health Distress Scale. <a href="https://selfmanagementresource.com/wp-content/uploads/2019/07/English_-_healthdistress.pdf">https://selfmanagementresource.com/wp-content/uploads/2019/07/English_-_healthdistress.pdf</a>	Knowledge Skills
Health Literacy Tool Shed (database of health literacy measures). <a href="https://healthliteracy.bu.edu/">https://healthliteracy.bu.edu/</a>	Knowledge Skills
HITS (Hurt, Insult, Threaten, and Scream) Tool for Intimate Partner Violence Screening. <a href="http://www.ctcadv.org/files/4615/6657/9227/HPO_HITS_Screening_Tool_8.19.pdf">http://www.ctcadv.org/files/4615/6657/9227/HPO_HITS_Screening_Tool_8.19.pdf</a>	Knowledge Skills
Hospital Anxiety and Depression Scale. <a href="https://www.svri.org/sites/default/files/attachments/2016-01-13/HADS.pdf">https://www.svri.org/sites/default/files/attachments/2016-01-13/HADS.pdf</a>	Knowledge Skills
Instrumental Activities of Daily Living Scale. <a href="https://geriatrictoolkit.missouri.edu/func/Lawton_IADL.pdf">https://geriatrictoolkit.missouri.edu/func/Lawton_IADL.pdf</a>	Knowledge Skills
Inventory of Complicated Grief. <a href="https://help.valant.com/79967-measures/icg-inventory-of-complicated-grief#:~:text=The%20Inventory%20of%20Complicated%20Grief%20%28ICG%29%20consists%20of,on%20the%20uninitialed%20documents%20tab%20in%20the%20EMR.">https://help.valant.com/79967-measures/icg-inventory-of-complicated-grief#:~:text=The%20Inventory%20of%20Complicated%20Grief%20%28ICG%29%20consists%20of,on%20the%20uninitialed%20documents%20tab%20in%20the%20EMR.</a>	Knowledge Skills
Kiddy KINDL. <a href="https://www.kindl.org/english/information/">https://www.kindl.org/english/information/</a>	Knowledge Skills
Kidney Disease Quality of Life Instrument (KDQOL). <a href="https://www.rand.org/health-care/surveys_tools/kdqol.html">https://www.rand.org/health-care/surveys_tools/kdqol.html</a>	Knowledge Skills

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*Assessments (continued)*

Resource	Competency Dimension
Lubben Social Network Scale. <a href="https://www.bc.edu/bc-web/schools/ssw/sites/lubben.html">https://www.bc.edu/bc-web/schools/ssw/sites/lubben.html</a>	Knowledge Skills
Mini-Cog: Screening for Cognitive Impairment in Older Adults. <a href="https://mini-cog.com/">https://mini-cog.com/</a>	Knowledge Skills
Mini-Mental State Examination. <a href="http://www.heartinstitutehd.com/Misc/Forms/MMSE.1276128605.pdf">http://www.heartinstitutehd.com/Misc/Forms/MMSE.1276128605.pdf</a>	Knowledge Skills
Montreal Cognitive Assessment. <a href="https://www.mocatest.org/">https://www.mocatest.org/</a>	Knowledge Skills
Mood Disorder Questionnaire (MDQ). <a href="https://ibpf.org/wp-content/uploads/2016/11/MDQ.pdf">https://ibpf.org/wp-content/uploads/2016/11/MDQ.pdf</a>	Knowledge Skills
NCCN Distress Thermometer and Problem List. <a href="https://www.nccn.org/about/permissions/thermometer.aspx">https://www.nccn.org/about/permissions/thermometer.aspx</a>	Knowledge Skills
Parenting Stress Index. <a href="https://www.parinc.com/Products/Pkey/333">https://www.parinc.com/Products/Pkey/333</a>	Knowledge Skills
Patient Health Questionnaire (PHQ-2, PHQ-9). <a href="https://cde.drugabuse.gov/instrument/fc216f70-be8e-ac44-e040-bb89ad433387">https://cde.drugabuse.gov/instrument/fc216f70-be8e-ac44-e040-bb89ad433387</a>	Knowledge Skills
Patient-Reported Outcomes Measurement Information System. <a href="https://www.healthmeasures.net/explore-measurement-systems/promis">https://www.healthmeasures.net/explore-measurement-systems/promis</a>	Knowledge Skills
Pediatric Quality of Life Inventory. <a href="http://www.pedsqol.org/">http://www.pedsqol.org/</a>	Knowledge Skills
Primary Care PTSD Screen for DSM-5 (PC-PTSD-5). <a href="https://www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp">https://www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp</a>	Knowledge Skills
SAD PERSONS for suicidal ideation. <a href="https://www.med.unc.edu/emergmed/wp-content/uploads/sites/649/2018/04/sadpersons.do">https://www.med.unc.edu/emergmed/wp-content/uploads/sites/649/2018/04/sadpersons.do</a>	Knowledge Skills
Short Form Health Survey (SF-12, SF-20, SF-36). <a href="https://www.rand.org/health-care/surveys_tools/mos/12-item-short-form.html">https://www.rand.org/health-care/surveys_tools/mos/12-item-short-form.html</a>	Knowledge Skills

*(continued)*

**Assessments** (continued)

Resource	Competency Dimension
St. Louis University Mental Status Exam (SLUMS). <a href="https://www.slu.edu/medicine/internal-medicine/geriatric-medicine/aging-successfully/pdfs/slums_form.pdf">https://www.slu.edu/medicine/internal-medicine/geriatric-medicine/aging-successfully/pdfs/slums_form.pdf</a>	Knowledge Skills
Suicide Prevention Resource Center Suicide Screening and Assessment. <a href="https://www.sprc.org/sites/default/files/migrate/library/RS_suicide%20screening_91814%20final.pdf">https://www.sprc.org/sites/default/files/migrate/library/RS_suicide%20screening_91814%20final.pdf</a>	Knowledge Skills
Zarit Caregiver Burden Scale. <a href="https://dementiapathways.ie/_filecache/edd/c3c/89-zarit_burden_interview.pdf">https://dementiapathways.ie/_filecache/edd/c3c/89-zarit_burden_interview.pdf</a>	Knowledge Skills

**Activities and Assignments**

Resource	Competency Dimension
Lennon-Dearing, R., Florence, J. A., Halvorson, H., & Pollard, J. T. (2012). An interprofessional educational approach to teaching spiritual assessment. <i>Journal of Health Care Chaplaincy</i> , 18(3-4), 121-132.	Knowledge Values Skills
Reilly, J. M., Aranda, M. P., Segal-Gidan, F., Halle, A., Han, P. P., Harris, P., Jordan, K., Mulligan, R., Resnik, C., Tsai, K.-Y., Williams, B., & Cousineau, M. R. (2014). Assessment of student interprofessional education (IPE) training for team-based geriatric home care: Does IPE training change students' knowledge and attitudes? <i>Home Health Care Services Quarterly</i> , 33(4), 177-193.	Knowledge Values Skills
Washburn, M., Bordnick, P., & Rizzo, A. S. (2016). A pilot feasibility study of virtual patient simulation to enhance social work students' brief mental health assessment skills. <i>Social Work in Health Care</i> , 55(9), 675-693.	Knowledge Values Skills Cognitive and Affective Processes

(continued)

*Activities and Assignments (continued)*

Resource	Competency Dimension
<p><b>Community Health Assessment</b></p> <p>In pairs, you will record a 10-minute podcast episode assessing a community's health by using the Robert Wood Johnson Foundation's Community Health Rankings website (<a href="http://countyhealthrankings.org">countyhealthrankings.org</a>) and other scholarly sources. Select a community by city or zip code and address the following in your podcast episode:</p> <ol style="list-style-type: none"> <li>Describe the community's demographic, social, and economic profile. <ul style="list-style-type: none"> <li>What is the population size?</li> <li>What is the ethnic, racial, age, and sex composition?</li> <li>What social determinants are of concern?</li> <li>What inequalities are evident?</li> </ul> </li> <li>Name and define public health issues affecting the community. Discuss the incidence and prevalence of each issue. <ul style="list-style-type: none"> <li>What risk factors are exacerbating these issues?</li> <li>What health behaviors are of concern?</li> <li>What qualifies these public health issues as something society should care about?</li> <li>What populations are directly affected?</li> <li>What is its impact on society?</li> <li>Is there adequate and affordable healthcare available?</li> <li>Have there been wide-scale prevention efforts? Were they successful?</li> <li>What is social work's role in addressing the issue?</li> <li>How can social workers help?</li> <li>What interventions or treatments exist?</li> <li>What should individuals, families, and communities know?</li> </ul> </li> <li>End with overall conclusions of your assessment and briefly state next steps.</li> </ol>	<p>Knowledge</p> <p>Values</p> <p>Skills</p>

<i>Field Experiences</i>	
Resource	Competency Dimension
<p><b>Health Social Work Professional Organizations</b></p> <p>Conduct a search of health social work professional organizations in your area (e.g., an oncology social work group or a nephrology social work group). Name each group and describe their membership criteria, purpose, programs, and activities. Highlight an organization that directly relates to your field placement and discuss the pros and cons of affiliating with that organization with your field supervisor.</p>	<p>Values</p> <p>Cognitive and Affective Processes</p>

<i>In-Class Exercises</i>	
Resource	Competency Dimension
<p><b>Interdisciplinary Collaboration Exercise: Students From Departments of Social Work, Nursing, and Nutrition</b></p> <p>The purpose of this activity is to learn about the assessment of a patient's needs and interdisciplinary collaboration on patient care needs.</p> <p><b>Session Structure:</b> Your group of three students will divide up roles: One will play the social worker, one the dietitian, and one the nurse. Because there are either two social work students or two nutrition students in each group, one of those two will need to play the role of nurse. You will conduct a Zoom session (or other web-based meeting platform) for your role play. You can all be together in person or you can all be in different locations. You must record the role play and send it to your professor. The easiest way will probably be to upload your video onto YouTube and send the link.</p> <p>The role play should take between 20 and 30 minutes total. The following elements should all be included in the video.</p> <ol style="list-style-type: none"> <li>1. Introduction of yourself and your role (please use your real names)</li> <li>2. IDT/Care Planning Team Meeting: 10–15 minutes</li> <li>3. For the role play, students will engage in a discussion about determinants of health, patient needs, and whether and how these take into account in biopsychosocial contexts or culturally responsive considerations when developing:             <ol style="list-style-type: none"> <li>a. the treatment plan</li> <li>b. the discharge plan</li> </ol> </li> </ol>	

*(continued)*



*Class Exercises and Learning Activities (continued)*

Resource	Competency Dimension
<p>4. Debrief: 10–15 minutes:</p> <ol style="list-style-type: none"> <li>Elicit reactions to role play. Was this an effective meeting? Why or why not? What specific helpful behaviors did you observe in the group? What behaviors did you observe that impeded group functioning?</li> <li>Did the biopsychosocial context inform determinants of health? Did context inform patient needs? Did the group discussion raise any implicit or explicit cultural bias?</li> <li>What could have been done differently?</li> <li>What experiences have you had in team meetings? Similar to or different from this?</li> <li>What key messages do you take away from this that you can apply in the future?</li> </ol> <p><b>Case Studies for Role Plays</b></p> <p><b>Case Study 1: Interdisciplinary Cirrhosis Role Play</b></p> <p><b>Roles:</b> Nurse, dietitian, social worker</p> <p><b>Background:</b> The patient is Sarah Jones. She is 55 years old and lives in Denver with her adult daughter. She has an extensive history of alcoholism and was diagnosed with cirrhosis last year. Her daughter has brought her to the emergency room because she states her mom is confused and acting “out of her mind.” Sarah is disabled and lives with her adult daughter, Becky, who works two jobs and isn’t at home often. The patient has been on the medical unit since yesterday with a diagnosis of cirrhosis. Patient appears anxious and is picking at her clothes and pretend IV lines. Patient appears malnourished and unkempt. Patient is oriented to self and others she knows, such as family members. She knows her own name but does not know where she is or the year or date. The patient’s lab regarding ammonia level explain the patient’s behavior because high ammonia levels affect cognitive functioning.</p> <p><b>Assessment with patient’s daughter, Becky:</b> Sarah drinks vodka every night and occasionally during the day while home alone. The patient went into rehab a year ago when first diagnosed with cirrhosis but did not complete the program. Becky thinks her last drink was probably when she passed out 2 days ago. The patient forgets to eat and take care of herself when alone in the house. Becky is concerned but doesn’t know what to do, because they can’t afford for her to quit her jobs.</p> <p><b>Setting:</b> The scenario will begin with the patient in her room and her daughter at the bedside. The nurse will complete a daily assessment. The social worker will assess the biopsychosocial background and current needs of the patient. Based on this assessment and consultation with the nurse and dietician, prepare some initial ideas for next steps in providing support to the team.</p>	

*(continued)*

*Class Exercises and Learning Activities (continued)*

Resource	Competency Dimension
<p><b>Case Study 2:</b> Interdisciplinary HIV and Hepatitis C Role Play</p> <p><b>Background:</b> The patient is Chris Williams. He is 44 years old and lives in Denver. He is self-employed as a handyman. Two weeks ago, he went to his primary care provider's office with complaints of flu symptoms. While in the office, he reported a history of unprotected sexual intercourse with multiple partners, so he was screened for HIV, hepatitis C, and other sexually transmitted infections. On a second appointment last week, Chris was notified that he tested positive for HIV and hepatitis C. He was so overwhelmed and devastated by the news that another appointment was scheduled to develop and explain a plan of care. Today, he is returning to the clinic for more information and resources.</p> <p><b>Assessment:</b> The social worker will assess the biopsychosocial background and current needs of the patient. Based on this assessment and consultation with the nurse and dietician, prepare some initial ideas for next steps in providing support to the team.</p> <p><b>Setting:</b> Primary care office.</p> <p><b>Questions After Role Play</b></p> <p>These questions must be completed and given to the instructor to receive participation points for attending.</p> <ol style="list-style-type: none"> <li>1. Was this an effective meeting? Why or why not?</li> <li>2. What specific helpful behaviors did you observe in the group? What behaviors did you observe that impeded group functioning?</li> <li>3. Did the group address biopsychosocial context and cultural considerations for the patient? In what ways?</li> <li>4. What could have been done differently?</li> <li>5. What experiences have you had in team meetings? What were some differences and similarities?</li> <li>6. What key messages do you take away from this that you can apply in the future?</li> </ol>	





## **Competency 8**

# **Intervene With Individuals, Families, Groups, Organizations, and Communities**

### **COMPETENCY DESCRIPTION**

Health social workers improve the health of individuals, families, groups, organizations, and communities by using evidence-informed interventions. Specifically, health social workers possess expert knowledge of health, disease, wellness, health behaviors, healthcare systems, and community and a deep understanding of the influence of social and behavioral determinants of health. Health social workers select and implement assessment-driven prevention and intervention strategies appropriate for health settings that improve the health and well-being of populations; target the SDOHs; address the bio-psycho-social-spiritual-cultural concerns of individuals, families, groups, organizations, communities, and populations; and overcome systemic barriers that cause health inequities. Health social workers practice across micro, mezzo, and macro levels to improve access to care, stakeholder satisfaction, quality of services, and health outcomes in a person-centered, cost-effective, and value-based manner. Health social workers embrace team-based care and facilitate communication and collaboration, recognizing that beneficial outcomes require interdisciplinary, interprofessional, and interorganizational collaboration.

### **COMPETENCY BEHAVIORS**

- Apply health behavior frameworks, SDOHs, and the bio-psycho-spiritual-cultural concerns of individuals, families, groups, organizations, communities, and target populations to select and tailor evidence-informed interventions.

- Apply shared ethical decision making and reflective techniques with individuals, families, groups, teams of providers, organizations, communities, and populations that are person centered, evidence informed, and strengths based.
- Use care coordination, care management, and integrated behavioral health strategies (e.g., brief cognitive-behavioral therapy, problem-solving techniques, motivational interviewing, psychoeducation, crisis intervention, focused acceptance commitment therapy, screening and brief intervention).
- Lead and facilitate teams to coordinate interprofessional communication and approaches to care.
- Demonstrate the ability to negotiate, mediate, and advocate with diverse individuals, families, groups, organizations, communities, and populations to address systemic barriers and improve access and quality of care.
- Demonstrate capacity to engage in primary, secondary, and tertiary prevention approaches in community health by creating person-centered, family-focused, and community-informed programs, policies, and interventions that promote health and well-being and reduce health disparities on multiple levels including biological, interpersonal, psychological, economic, environmental, and cultural.

## CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

### Readings

Resource	Competency Dimension
Agerwala, S. M., & McCance-Katz, E. F. (2012). Integrating Screening, Brief Intervention, and Referral to Treatment (SBIRT) into clinical practice settings: A brief review. <i>Journal of Psychoactive Drugs, 44</i> , 307-317.	Knowledge Skills Cognitive and Affective Processes
Allen, K., & Spitzer, W. (2016). <i>Social work practice in health care</i> . Sage.	Knowledge Values Skills

*(continued)*

## Readings (continued)

Resource	Competency Dimension
Babor, T. F., McRee, B. G., Kassebaum, P. A., Grimaldi, P. L., Ahmed, K., & Bray, J. (2007). Screening, Brief Intervention, and Referral to Treatment (SBIRT). <i>Substance Abuse</i> , 28, 7–30.	Knowledge Skills Cognitive and Affective Processes
Basso Lipani, M., Holster, K., & Bussey, S. (2015). The Preventable Admissions Care Team (PACT): A social work-led model of transitional care. <i>Social Work in Health Care</i> , 54(9), 810–827.	Knowledge Cognitive and Affective Processes
Bronstein, L. R., Gould, P., Berkowitz, S. A., James, G. D., & Marks, K. (2015). Impact of a social work care coordination intervention on hospital readmission: A randomized controlled trial. <i>Social Work</i> , 60(3), 248–255.	Knowledge Cognitive and Affective Processes
Cabin, W. D. (2014). Medicare constrains social workers' and nurses' home care for clients with Alzheimer's disease. <i>Social Work</i> , 60(1), 75–83.	Knowledge Skills
Desrosiers, P. L., Mallinger, G., & Bragg-Underwood, T. (2016). Promoting socially just healthcare systems: Social work's contribution to patient navigation. <i>Advances in Social Work</i> , 17(2), 187–202.	Knowledge Values Cognitive and Affective Processes
Dziegielelowski, S. (2013). Chapter 10 – Restorative health care and long term care. In <i>The changing face of health care social work: Opportunities and challenges for professional practice</i> .	Knowledge Cognitive and Affective Processes
Francoeur, R. B., Burke, N., & Wilson, A. M. (2016). Role of social workers in spiritual care to facilitate coping with chronic illness and self-determination in advance care planning. <i>Social Work in Public Health</i> , 31(5), 453–466.	Knowledge Values Skills
Gehlert, S., & Browne, T. (Eds.). (2019). <i>Handbook of health social work</i> (3rd ed.). John Wiley & Sons, Inc.	Knowledge Skills Cognitive and Affective Processes

(continued)

*Readings (continued)*

Resource	Competency Dimension
Hernandez, D. (2017). Poor families, housing, and health. <i>Focus</i> , 33(1), 20–23.	Knowledge Values
Lindsay, S., Terrault, S., Desmaris, C., King, G., & Pierart, G. (2014). Social workers as “cultural brokers” in providing culturally sensitive care to immigrant families raising a child with a physical disability. <i>Health &amp; Social Work</i> , 39(2), e10–e20.	Knowledge Values Skills
McCauley, J. L., Killeen, T., Gros, D. F., Brady, K. T., & Back, S. E. (2012). Posttraumatic stress disorder and co-occurring substance use disorders: Advances in assessment and treatment. <i>Clinical Psychology: Science and Practice</i> , 19(3), 283–304.	Knowledge Skills
McCoyd, J. L. M. & Kerson T. S. (Eds.). (2017). <i>Social work in health settings: Practice in context</i> (4th ed.). Routledge.	Knowledge Values Skills
Moniz, C., & Gorin, S. (2014). <i>Health care policy and practice: A biopsychosocial perspective</i> . Routledge.	Knowledge Values Skills Cognitive and Affective Processes
Moore, M., Winkelman, A., Kwong, S., Segal, S. P., Manley, G. T., & Shumway, M. (2014). The emergency department social work intervention for mild traumatic brain injury (SWIFT-Acute): A pilot study. <i>Brain Injury</i> , 28(4), 448–455.	Knowledge Skills Cognitive and Affective Processes
Ramiah, K., Schrag, J., Susman, K., Roberson, B., & Siegel, B. (2016). <i>Population health at essential hospitals: A roadmap to community-integrated health care</i> . Essential Hospitals Institute. <a href="https://essentialhospitals.org/institute/institute-population-health-at-essential-hospitals-a-road-map-to-community-integrated-health-care/">https://essentialhospitals.org/institute/institute-population-health-at-essential-hospitals-a-road-map-to-community-integrated-health-care/</a>	Knowledge
Reed, M., & Harding, K. E. (2015). Do family meetings improve measurable outcomes for patients, carers, or health systems? A systematic review. <i>Australian Social Work</i> , 68(2), 244–268.	Knowledge Values Cognitive and Affective Processes

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**Readings** (continued)

Resource	Competency Dimension
Rollick, S., Miller, W. R., & Butler, C. C. (2008). <i>Motivational interviewing in health care: Helping patients change behavior</i> . Guilford Press.	Knowledge Skills
Wynia, M. K., Von Kohorn, I., & Mitchell, P. H. (2012). Challenges at the intersection of team-based and patient-centered health care: Insights from an IOM Working Group. <i>JAMA</i> , 308(13), 1327–1328.	Knowledge Cognitive and Affective Processes

### Assignments

Resource	Competency Dimension
<p><b>Vaccine Education for High-Risk and Minority Populations</b></p> <p>COVID-19 has changed healthcare significantly over the past year. The incidence of disease and related deaths have disproportionately affected minority populations. As the virus surges, new vaccine developments offer hope to reduce the spread of the disease. Getting people to accept and trust the vaccine is critical to saving lives. There is also a significant cultural barrier between patients and healthcare professionals, reducing trust and communication. The purpose of this assignment is to use social work skills and medical knowledge to develop a plan to improve the trust around accepting the vaccine and elucidate cultural resistance for providers. The plan should address how cultural, environmental, economic, historical, psychological, interpersonal, and biological factors influence vaccine awareness and vaccine uptake among high-risk communities.</p>	Values Skills Cognitive and Affective Processes
<p><b>Making Client–Clinician Communications Accessible</b></p> <p>In healthcare settings, the use of medical terms and jargon during patient–provider communications has been associated with reduced empowerment, autonomy, and care satisfaction and compliance (Dahm, 2012; Fields et al., 2008; Koch-Weser et al., 2009; Thompson &amp; Pledger, 2008). Some patients may miss important information about their health and healthcare because they do not understand what their provider is saying to them. In a study comparing medical students who did and did not have experience translating medical documents into plain language, simulated patients rated those with experience as better at communicating with understandable language. Simulated patients also indicated that they would be more likely to choose the students who used accessible language as their doctor (Bittner et al., 2016).</p> <p>For this assignment, you will read a paragraph that is filled with medical jargon. Communicating the information as is may be confusing or overwhelm a client. Your goal is to translate the paragraph into language that balances accuracy, brevity, detail, clarity, and accessible language.</p> <p><i>[Instructors can use their own example.]</i></p>	Skills

(continued)



*Assignments (continued)*

Resource	Competency Dimension
<p><b>Area of Healthcare Practice Presentation</b></p> <p>Arrange a visit and brief interview with a social worker practicing in a healthcare setting. Present what you have learned to class.</p> <p><a href="#">Appendix 8A</a></p>	<p>Knowledge</p> <p>Cognitive and Affective Processes</p>
<p><b>Health Policy Resource Project</b></p> <p>You will develop expertise in a particular health policy and its implications for social work practice. You will share what you have learned as part of a health policy resource project to which all class members will contribute.</p> <p><a href="#">Appendix 8B</a></p>	<p>Knowledge</p> <p>Cognitive and Affective Processes</p>
<p><b>Book Critique and Reflection</b></p> <p>You will read a book chronicling a family's illness narrative and complete a structured written reflection.</p> <p><a href="#">Appendix 8C</a></p>	<p>Knowledge</p> <p>Values</p> <p>Cognitive and Affective Processes</p>
<p><b>Treatment Plan Exercise</b></p> <p>You will develop a treatment plan that incorporates social and physical determinants of health.</p>	<p>Knowledge</p> <p>Values</p> <p>Cognitive and Affective Processes</p>
<p><b>SMART Goal and Action Planning Worksheet</b></p> <p>You will develop treatment goals that are Specific, Measurable, Attainable, Relevant, and Timely</p>	<p>Knowledge</p> <p>Values</p> <p>Cognitive and Affective Processes</p>

<i>Guides and Toolkits</i>	
Resource	Competency Dimension
Core Competencies for Integrated Behavioral Health and Primary Care	Knowledge
Interprofessional Education Collaborative. (2016). <i>Core competencies for interprofessional collaborative practice: 2016 Update</i> . <a href="https://www.ipecollaborative.org/ipecc-core-competencies">https://www.ipecollaborative.org/ipecc-core-competencies</a>	Knowledge Skills
NASW. (2016). <i>Standards for social work practice in health care settings</i> . <a href="https://www.socialworkers.org/LinkClick.aspx?fileticket=fFnsRHX-4HE%3D&amp;portalid=0">https://www.socialworkers.org/LinkClick.aspx?fileticket=fFnsRHX-4HE%3D&amp;portalid=0</a>	Knowledge Values Skills Cognitive and Affective Processes

## APPENDIX 8A: AREA OF HEALTHCARE PRESENTATION (30 POINTS)

**Assignment Purpose:** To give you an opportunity to explore an area of social work practice in healthcare.

For this assignment, you are to identify and contact a medical social worker, visit him or her in their setting, and interview him or her about their role in healthcare. Challenge yourself; consider contacting a medical social worker in a setting you are not very familiar with. You will present what you learned to the class during a 10-minute presentation. Presentation dates and schedule will be provided, but the presentation materials are due on the due date.

- Medical social work practice areas include:
  - Hospice
  - Home health
  - Long-term care (e.g., nursing homes, assisted living, ombudsman)
  - Dialysis facilities
  - Organ transplant facilities
  - Hospital
  - Public health organizations and facilities
  - Medicare Quality Improvement Organizations (macro)

- Specialized areas of training include:
  - Oncology
  - Nephrology
  - Pediatrics
  - Gerontology
  - Chronic disease and disability
  - Mental health
  - End-of-life
  - Orthopedics and mobility
  - Dementia
- This presentation must include the following:
  - Name, credentials, and training of person being interviewed
  - Name and description of program and services provided
  - Specific questions driving the visit or interview (e.g., how is care individualized?) and answers to the question
  - The interviewee's thoughts about the state of the healthcare system and the future of medical social work (e.g., will there be a need for well-trained medical social workers? What is driving that need?)
- Slides, posters, or other visual materials may be used. Upload your slides to the assignment dropbox. Contact the instructor if you are unable to secure a meeting after several attempts.
- Keep in mind that social workers in healthcare settings tend to be very busy. Be polite and respectful of their time and express your appreciation for their willingness to speak to you.

## Grading Rubric

<p><b>Excellent (30–28 points)</b></p>	<p><b>Presentation:</b></p> <ul style="list-style-type: none"> <li>● Clearly indicates a high level of understanding of the selected area of social work practice.</li> <li>● Content clearly addresses the focus areas listed in the Assignment Sheet and incorporates the interview questions developed by the group.</li> <li>● Demonstrates a professional tone that meets and exceeds formatting criteria as outlined in the syllabus and on the Assignment Sheet (e.g., no spelling or grammatical errors).</li> <li>● Includes reference citations beyond the minimum (from the book, other course materials, or an outside resource that supports the presenter's ideas or position). Quotes and sources of information are credited appropriately.</li> <li>● Demonstrates strong insight into the health and social issues commonly faced in this healthcare setting.</li> <li>● Is submitted on time.</li> </ul>
<p><b>Adequate (23–27 points)</b></p>	<p><b>Presentation:</b></p> <ul style="list-style-type: none"> <li>● Clearly indicates an adequate level of understanding of the selected area of social work practice.</li> <li>● Content adequately addresses the focus areas listed in the Assignment Sheet and the interview questions developed by the group.</li> <li>● Demonstrates a professional tone that meets formatting criteria as outlined in the syllabus and on the Assignment Sheet (e.g., few grammatical or spelling errors, meets minimum time limit).</li> <li>● Includes the minimum number of references required. Quotes and sources of information are credited appropriately.</li> <li>● Is submitted on time.</li> </ul>
<p><b>Partially Proficient (19–22 points)</b></p>	<p><b>Presentation:</b></p> <ul style="list-style-type: none"> <li>● Demonstrates a superficial level of understanding of the selected area of social work practice.</li> <li>● Content partially vaguely addresses the focus areas listed on the Assignment Sheet and the interview questions developed by the group.</li> <li>● Demonstrates a professional tone that partially meets formatting criteria as outlined in the syllabus and on the Assignment Sheet (e.g., too many spelling or grammatical errors, partially meets formatting criteria).</li> <li>● Includes the minimum number of references, but quotes and sources of information are credited incorrectly or are incomplete.</li> <li>● Is submitted late.</li> </ul>

(continued)

*Grading Rubric (continued)*

<p><b>Incomplete (0–18 points)</b></p>	<p><b>Presentation:</b></p> <ul style="list-style-type: none"> <li>● Demonstrates a lack of understanding of the selected area of social work practice.</li> <li>● Content does not adequately address the focus areas listed on the Assignment Sheet and the interview questions developed by the group.</li> <li>● Does not demonstrate a professional tone (e.g., frequent spelling or grammatical errors, too casual of a writing style, does not meet formatting criteria, does not meet minimum time limit).</li> <li>● Is missing the minimum number of references.</li> <li>● Information was not submitted to the instructor to allow for planning.</li> <li>● Is submitted late.</li> </ul>
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## **APPENDIX 8B: HEALTH POLICY RESOURCE PROJECT (30 POINTS)**

**Assignment Purpose:** To become familiar with a particular health policy and to discuss its implications for social work practice.

For this assignment, you will use current and reliable resources to explore a health policy of your choosing. You will investigate how the health policy shapes social work practice in healthcare settings and relates to cultural diversity, social and economic justice, and disenfranchised populations.

- You are contributing to a web-based “Health Care Policy Resource Guide” for healthcare social workers. This assignment consists of two parts:
  - Select a health policy from the list below. (You may select another policy, however, it must meet the requirements for this assignment, and the instructor must approve it.) Using the template below (following the grading rubric), you will create a 2- to 3-page “information document” about this policy. You must use at least six references from a credible source. No more than four of the references can be websites. Professional journals, texts, and other publications must make up the other references and must have a copyright date of 2010 or later. You will submit your document electronically, and all of the documents will be compiled into a resource guide. (20 points)

- Share information with the class about your policy in a brief class presentation. More information about the presentation, as well as presentation dates, will be forthcoming. (10 points)

The following is a list of policies you may consider for your assignment. This is not an exhaustive list. Remember, there are multiple provisions within each policy that offer a variety of programs and services to individuals and families. Please see the instructor if you need assistance.

- Social Security
- Medicare (Parts A-D)
- Medicaid
- Patient Protection and the Affordable Care Act
- Supplemental Security Income
- Americans With Disabilities Act
- Older Americans Act
- Patient Self-Determination Act
- American Recovery and Reinvestment Act
- Children's Health Insurance Program
- Mental Health Parity Act
- Ryan White CARE Act
- Nursing Home Reform Act
- Supplemental Nutrition Program for Women, Infants, and Children
- Breast and Cervical Cancer Protection and Treatment Act
- Veterans Suicide Prevention Act

## Grading Rubric

<p><b>Excellent (28–30 points)</b></p>	<p><b>Assignment:</b></p> <ul style="list-style-type: none"> <li>● Clearly indicates a high level of understanding of the selected policy and implications.</li> <li>● Content clearly addresses the sections listed in the Assignment Sheet.</li> <li>● Demonstrates a professional tone that meets and exceeds formatting criteria as outlined in the syllabus and on the Assignment Sheet (e.g., no spelling or grammatical errors, does not exceed maximum word count or page limits).</li> <li>● Includes reference citations beyond the minimum (from the book, other course materials, or an outside resource that supports the student's ideas or position). Quotes and sources of information are credited appropriately.</li> <li>● Opinions and recommendations demonstrate strong insight into the health policy issue and its ramifications.</li> <li>● Is submitted on time.</li> </ul>
<p><b>Adequate (23–27 points)</b></p>	<p><b>Assignment:</b></p> <ul style="list-style-type: none"> <li>● Clearly indicates an adequate level of understanding of the selected policy and implications.</li> <li>● Content adequately addresses the sections listed in the Assignment Sheet.</li> <li>● Demonstrates a professional tone that meets formatting criteria as outlined in the syllabus and on the Assignment Sheet (e.g., few grammatical or spelling errors, meets minimum word count and page limits).</li> <li>● Includes the minimum number of references required. Quotes and sources of information are credited appropriately.</li> <li>● Is submitted on time.</li> </ul>
<p><b>Partially Proficient (19–22 points)</b></p>	<p><b>Assignment:</b></p> <ul style="list-style-type: none"> <li>● Demonstrates a superficial level of understanding of the selected policy and implications.</li> <li>● Content partially or vaguely addresses the sections listed in the Assignment Sheet.</li> <li>● Demonstrates a professional tone that partially meets formatting criteria as outlined in the syllabus and on the Assignment Sheet (e.g., too many spelling or grammatical errors, partially meets formatting criteria).</li> <li>● Includes the minimum number of references, but quotes and sources of information are credited incorrectly or are incomplete.</li> <li>● Is submitted late.</li> </ul>

(continued)

*Grading Rubric (continued)*

<p><b>Incomplete (0–18 points)</b></p>	<p><b>Assignment:</b></p> <ul style="list-style-type: none"> <li>● Demonstrates a lack of understanding of the selected policy and implications.</li> <li>● Content does not adequately address the sections listed in the Assignment Sheet.</li> <li>● Does not demonstrate a professional tone (e.g., frequent spelling or grammatical errors, too casual of a writing style, does not meet formatting criteria, does not meet minimum word count or page limit).</li> <li>● Does not include the minimum number of references.</li> <li>● Prior approval for the selected policy was not obtained from the instructor.</li> <li>● Is submitted late.</li> </ul>
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**Healthcare Policy Resource Guide Template (see template on the following pages)**

<p><b>Things Healthcare Social Workers Need to Know About</b> [insert policy name]</p>
<p>1. Under what circumstances would a social worker help an individual or family access [insert policy name]?</p> <ul style="list-style-type: none"> <li>● Describe the policy and answer the question above. This section should be about half a page in length.</li> </ul>
<p>2. What health issue is the [insert policy name] designed to address?</p> <ul style="list-style-type: none"> <li>● Consider the populations directly and indirectly affected. This section should be about half a page in length.</li> </ul>
<p>3. What specific benefits or provisions are offered? How are they financed?</p> <ul style="list-style-type: none"> <li>● This section should be about half a page in length.</li> </ul>
<p>4. To whom are the benefits offered? How are they delivered?</p> <ul style="list-style-type: none"> <li>● This section should be about half page in length.</li> </ul>
<p>5. What should social workers know about the specifics of [insert policy name] in this state?</p> <ul style="list-style-type: none"> <li>● This section should be about half a page in length.</li> </ul>



<p>6. Where can social workers, individuals, families, and community members learn more about [insert policy name]?</p> <ul style="list-style-type: none"> <li>List any relevant resources, including names, contact information, and website addresses of nonprofit, academic, or research organizations. This section should be about a quarter to half a page in length.</li> </ul>
<p>Resource Sheet produced by [insert your name, email address]  [Class Name]  School of Social Work  [University Name]</p>
<p>References [in APA style, list the references you used to create this document.]</p>

## APPENDIX 8C: BOOK CRITIQUE AND REFLECTION (20 POINTS)

**Assignment Purpose:** To gain perspective on a family's experience of a healthcare issue. You will read a book chronicling a family's illness narrative, and you will complete a structured written reflection.

Obtain and read one book from the following list\* (remember, you can borrow books from the university library or local library if you would rather not purchase the book). Brief descriptions of each of the books are included in this document after the grading rubric.

Avila, E. (2000). *Woman who glows in the dark: A curandera reveals traditional Aztec secrets of physical and spiritual health*. Jeremy P. Tarcher/Putnam. ISBN: 1585420220.

Beck, M. (2011). *Expecting Adam: A true story of birth, rebirth, and everyday magic*. Harmony (reprint edition). ISBN-10: 0307719642, ISBN-13: 978-0307719645.

Fadiman, A. (1997). *The spirit catches you and you fall down: A Hmong child, her American doctors and the collision of two cultures*. Farrar, Strauss and Giroux. ISBN: 0-374-52564-1.

Genova, L. (2009). *Still Alice*. Gallery Books. ISBN-10: 1439102813; ISBN-13: 978-1439102817.

Grubbs, V. (2017). *Hundreds of interlaced fingers: A kidney doctor's search for the perfect match*. Amistad. ISBN-10: 0062418173, ISBN-13: 978-0062418173.

Lorde, A. (2006). *The cancer journals: Special edition*. ISBN-10: 1879960737, ISBN-13: 978-1879960732.

Watkins, T. (2017). *A sick life: TLC 'n Me: Stories from on and off the stage*. HighBridge.

Zupan, M., & Swanson, T. (2006). *GIMP: When life deals you a crappy hand, you can fold—or you can play*. HarperCollins. ISBN: 006112768X.

## Suggested Outline

**Part 1: Book Critique.** This part will focus on your opinion of the usefulness of the book, focused specifically on its usefulness or helpfulness to medical social work students like you who are seeking to gain insight into a family's experience of a health issue.

- Introductory paragraph
  - Identify the title, author, and the publisher of the book.
  - Summarize the main idea or theme of the book you are reviewing in one or two sentences. Include details of the health issue, how the individual was affected, and how the family was affected by the health issue.
  - Write your thesis statement (what you thought of the book).
    - Example: I loved the book, but I had some problems with it.
    - Example: I thought the book was useful for medical social work students to gain insight into a family's experience of a health issue.
- Body paragraphs
  - Summarize the important points of the book (can span one or several paragraphs).
    - Use quotes or paraphrases from the book to prove your points. Use appropriate citations.

- Evaluate (can be one or several paragraphs).
  - Explain the writer's purpose for writing the book. Give your opinion on whether the writer achieved their purpose in writing the book.
  - Was the book useful to medical social work students? How?
  - Criticize or praise the book.
- Explain to your audience whether you thought the book was helpful, was entertaining or boring, or has thorough or inadequate information. Would you recommend it to other medical social work students? Why or why not?
  - Use quotes or paraphrases from the book to prove your points (use proper citations).
- Conclusion
  - Review the main points of your argument.
  - Remind the reader of your thesis (whether or not you thought the book was good).

**Part II: Reflection.** This part will focus on what you as a professional have gained from this book.

- What have you learned about this particular health issue?
- How did the book tie into what you learned in class? What concepts covered in this course fit with what you read in the book? Be sure to cite sources.
- How might you apply what you have learned to your future practice?

The specific criteria for this assignment are:

- The paper should be approximately 1,800–2,000 words (approximately 6–7 pages).
- It should follow the formatting instructions in the syllabus, including using proper citations.
- Include a minimum of two references (including a reference for the book you selected).

## Grading Rubric

<p><b>Excellent (18–20 points)</b></p>	<p><b>Assignment:</b></p> <ul style="list-style-type: none"> <li>● Clearly indicates a high level of understanding of the selected book.</li> <li>● Content clearly addresses the outline components listed in the Assignment Sheet.</li> <li>● Demonstrates a professional tone that meets and exceeds formatting criteria as outlined in the syllabus and on the Assignment Sheet (e.g., no spelling or grammatical errors).</li> <li>● Critique includes thought-provoking questions or demonstrates strong insight.</li> <li>● Includes reference citations beyond the minimum (from the book, other course materials, or an outside resource that supports the student's ideas or position). Quotes and sources of information are credited appropriately.</li> <li>● Clearly applies concepts learned in class to help explain the experience in the book, along with proper citations.</li> <li>● Is submitted on time.</li> </ul>
<p><b>Adequate (15–17 points)</b></p>	<p><b>Assignment:</b></p> <ul style="list-style-type: none"> <li>● Clearly indicates an adequate level of understanding of the selected book.</li> <li>● Content adequately addresses the outline components listed in the Assignment Sheet.</li> <li>● Demonstrates a professional tone that meets formatting criteria as outlined in the syllabus and on the Assignment Sheet (e.g., few grammatical or spelling errors, meets minimum word count).</li> <li>● Includes the minimum number of references required. Quotes and sources of information are credited appropriately.</li> <li>● Vaguely applies concepts learned in class to help explain the experience in the book, along with proper citation.</li> <li>● Is submitted on time.</li> </ul>

*(continued)*

*Grading Rubric (continued)*

<p><b>Partially Proficient (13–14 points)</b></p>	<p><b>Assignment:</b></p> <ul style="list-style-type: none"> <li>● Demonstrates a superficial level of understanding of the selected book.</li> <li>● Content vaguely addresses the outline components listed on the Assignment Sheet.</li> <li>● Demonstrates a professional tone that partially meets formatting criteria as outlined in the syllabus and on the Assignment Sheet (e.g., too many spelling or grammatical errors, partially meets formatting criteria).</li> <li>● Includes the minimum number of references, but quotes and sources of information are credited incorrectly or are incomplete.</li> <li>● Does not apply concepts learned in class to help explain the experience in the book, or improperly cites them.</li> <li>● Is submitted late.</li> </ul>
<p><b>Incomplete (0–12 points)</b></p>	<p><b>Assignment:</b></p> <ul style="list-style-type: none"> <li>● Demonstrates a lack of understanding of the selected book.</li> <li>● Content does not address the outline components listed on the Assignment Sheet.</li> <li>● Does not demonstrate a professional tone (e.g., frequent spelling or grammatical errors, too casual of a writing style, does not meet formatting criteria, does not meet minimum word count).</li> <li>● Is missing the minimum number of references.</li> <li>● Does not apply concepts learned in class to help explain the experience in the book or does not cite them.</li> <li>● Alternative book was not submitted for approval by the instructor.</li> <li>● Is submitted late.</li> </ul>

*\*Note:* You may propose an alternative book that chronicles a family’s illness narrative; however, you must obtain instructor approval before reading the book and completing the assignment. To obtain instructor approval, you must email the instructor with the complete citation of the book you propose and place a copy of the book in the instructor’s mailbox for review. Please allow a minimum of 2 weeks for the instructor to review the book. At that time the instructor will contact you about the acceptability of the alternative book and arrange the return the book to you.

### **Book Descriptions**

**Avila, E. (2000). *Woman who glows in the dark: A curandera reveals traditional Aztec secrets of physical and spiritual health*. Jeremy P. Tarcher/Putnam. ISBN: 1585420220.**

“An autobiographical account of how a psychiatric nurse specialist became a folk medicine healer; this also explains the origins and practice of one of the oldest forms of medicine in the New World.”—Kirkus

**Beck, M. (2011). *Expecting Adam: A true story of birth, rebirth, and everyday magic*. Harmony (reprint edition). ISBN-10: 0307719642, ISBN-13: 978-0307719645.**

John and Martha Beck had two Harvard degrees apiece when they conceived their second child. Further graduate studies, budding careers, and a growing family meant major stress—not that they’d have admitted it to anyone (or themselves). As the pregnancy progressed, Martha battled constant nausea and dehydration. And when she learned her unborn son had Down syndrome, she battled nearly everyone over her decision to continue the pregnancy. She still cannot explain many of the things that happened to her while she was expecting Adam, but by the time he was born, Martha, as she puts it, “had to unlearn virtually everything Harvard taught [her] about what is precious and what is garbage.”

**Fadiman, A. (1997). *The spirit catches you and you fall down: A Hmong child, her American doctors and the collision of two cultures*. Farrar, Strauss and Giroux. ISBN: 0-374-52564-1.**

Explores the clash between a small county hospital in California and a refugee family from Laos over the care of Lia Lee, a Hmong child diagnosed with severe epilepsy. Lia’s parents and her doctors both wanted what was best for Lia, but the lack of understanding between them led to tragedy. Winner of the National Book Critics Circle Award for Nonfiction, the Los Angeles Times Book Prize for Current Interest, and the Salon Book Award, Anne Fadiman’s compassionate account of this cultural impasse is literary journalism at its finest. The current edition, published for the book’s fifteenth anniversary, includes a new afterword by the author that provides updates on the major characters along with reflections on how they have changed Fadiman’s life and attitudes.

**Genova, L. (2009). *Still Alice*. Gallery Books. ISBN-10: 1439102813; ISBN-13: 978-1439102817.**

A compelling debut novel about a 50-year-old woman's sudden descent into early-onset Alzheimer's disease, written by first-time author Lisa Genova, who holds a PhD in neuroscience from Harvard University. Alice Howland, happily married with three grown children and a house on the Cape, is a celebrated Harvard professor at the height of her career when she notices forgetfulness creeping into her life. As confusion starts to cloud her thinking and her memory begins to fail her, she receives a devastating diagnosis: early-onset Alzheimer's disease. Fiercely independent, Alice struggles to maintain her lifestyle and live in the moment, even as her sense of self is being stripped away. At turns heartbreaking, inspiring, and terrifying, *Still Alice* captures in remarkable detail what it's like to literally lose your mind.

**Grubbs, V. (2017). *Hundreds of interlaced fingers: A kidney doctor's search for the perfect match*. Amistad. ISBN-10: 0062418173, ISBN-13: 978-0062418173.**

**Lorde, A. (2006). *The cancer journals: Special edition*. ISBN-10: 1879960737, ISBN-13: 978-1879960732.**

**Watkins, T. (2017). *A sick life: TLC 'n me: Stories from on and off the stage*. HighBridge.**

**Zupan, M., & Swanson, T. (2006). *GIMP: When life deals you a crappy hand, you can fold—or you can play*. HarperCollins. ISBN: 006112768X.**

College soccer star Mark Zupan was out drinking one night and passed out in the back of his best friend's pickup truck when his friend got in the driver's seat, decided to take the truck for a spin, and accidentally crashed it. Thrown into a canal and stuck in frigid water for 14 hours, Mark was finally rescued and learned soon after that he'd broken his neck. He'd probably be a quadriplegic and spend the rest of his life in a wheelchair, doctors told him. At first Mark's only goal was to walk again. When that proved impossible, he fell into the depths of anger and despair, retreating from the world and the people closest to him. But love, friendship, and a new sport, quad rugby (a.k.a. "murderball"), helped Mark create a new existence that's truly exceptional. Note: The book includes some language and discussion of a sexual nature that may be offensive to some readers.

## APPENDIX 8D: TREATMENT PLAN EXERCISE

**Assignment Purpose:** Developing a treatment plan that incorporates social and physical determinants of health.

In addition to addressing the presenting problem and situation of your client, the care plan must also include proposed intervention strategies to address the social and physical determinants of health and well-being identified by the CDC (<https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>). Provide a rationale and literature to support all your proposed intervention responses in the care plan. You can change the social and physical determinants that you presented in your initial care plan meeting that resulted from the discussion or changes in the client status.

- 1) Describe two social determinants and two physical determinants.
- 2) What is the goal?
- 3) What challenges do you anticipate?
- 4) What intervention strategy (one for each of the social and physical determinants) do you suggest to overcome the challenges?
- 5) What other disciplines would be instrumental for improving each of the social and physical determinants?

If possible, apply the competencies to your case presentation or your experience to interprofessional collaboration at your field placement.

- 1) Values
  - a. What social work values were most apparent in your case?
  - b. How would you resolve a potential conflict between your professional values, those of your agency, and those of your client? (Provide an illustration.)
- 2) Communication
  - a. What method or process is used at your agency for communicating about client issues and concerns?



- b. What are some of the challenges of communicating with your colleagues from different disciplines? (Provide an example.)
- c. What would you suggest to improve communication (between the agency and client, agency and you, or you and client)?

3) Roles and responsibilities

- a. How does the agency assign value to the roles and responsibilities of the different disciplines working with your client?
- b. What type of disciplinary hierarchy exists, and what suggestion would you make to improve client care?

4) Team and teamwork

- a. What do you really think about working on an interprofessional team?
- b. What role does social work have for developing effective teams?

## **APPENDIX 8E: SMART GOAL AND ACTION PLANNING WORKSHEET**

### **BUREAU OF HEALTH WORKFORCE**

#### **Working in Multidisciplinary Teams Community of Practice**

#### **SMART Goal and Action Planning Worksheet**

Today's date: \_\_\_\_\_

Participant name(s): \_\_\_\_\_

Organization: \_\_\_\_\_

Participant SMART Goal: *Please describe a goal to work toward during the Community of Practice in 100 words or less.*

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1. **Specific:** *What exactly will you accomplish?*
  
  
  
  
  
  
  
  
  
  
2. **Measurable:** *How will you know when you have reached this goal?*
  
  
  
  
  
  
  
  
  
  
3. **Attainable:** *Is achieving this goal realistic? Does your organization have the resources to achieve this goal?*



9. On the left, list three barriers you foresee to achieving this SMART goal. Then, write three potential solutions or facilitators on the right.

Potential Barrier	Potential Solution or Facilitator

10. Write down action steps that need to be taken to help your organization achieve this SMART goal and the target completion date.

Action Step	Target Completion Date





## **Competency 9**

# **Evaluate Practice With Individuals, Families, Groups, Organizations, and Communities**

### **COMPETENCY DESCRIPTION**

Social workers improve the health of their clients, communities, and populations by using evidence-based practices and practice-based evidence with individuals, families, groups, organizations, and communities. Evaluation of practice is ethical, collaborative, interprofessional, and strengths-based. Evaluation of practice involves and empowers clients and constituents as contributors to the evaluation process. Social workers adapt and use research designs and measurement strategies that are relevant to healthcare systems, organizations, and community-based settings. They select and implement assessment and measurement strategies appropriate for the particular evaluation of processes, outcomes, or policies that are targeted to individuals, families, groups, and communities that recognize SDOHs, consider the bio-psycho-social-spiritual-environmental contexts, and use methods that are culturally responsive and anti-racist and take an anti-oppressive stand in their evaluation and research practices. Social workers communicate and disseminate evaluation findings across micro, mezzo, and macro levels of practice, with the overarching goal of improving access, quality, and satisfaction with services, reducing costs, and enhancing population health.

### **COMPETENCY BEHAVIORS**

- Plan, conduct, and engage in research and evaluations that consider interprofessional contexts to continuously improve practices, programs, and policies affecting access, quality, and affordability of healthcare, and population health.

- Lead interdisciplinary evaluation efforts to improve the quality of health and healthcare for individuals, families, groups, and communities.
- Evaluate processes and outcomes related to SDOHs, biopsychosocial, spiritual, and environmental aspects of health conditions, and evidence-informed practice as a foundation for intervention and policy decisions with individuals, families, groups, organizations, and communities.
- Identify and apply evaluation processes and outcomes to inform measurement-based care and care-informed measurement that are culturally conscious and contribute to improving outcomes including access to care, continuous quality improvement, fidelity monitoring, supervision, and innovation.
- Use culturally conscious and equitable evaluation principles that center the target population's voice as critical to identifying health outcomes that matter.

## CURRICULAR RESOURCES MAPPED TO COMPETENCY DIMENSIONS

### Readings

Resource	Competency Dimension
Agarwal, G., Angeles, R., Pirrie, M., McLeod, B., Marzaneq, F., Parascandalo, J., & Thabane, L. (2018). Evaluation of a community paramedicine health promotion and lifestyle risk assessment program for older adults who live in social housing: A cluster randomized trial. <i>CMAJ: Canadian Medical Association Journal</i> , 190(21), E638-E647.	Knowledge Cognitive and affective processes
Beck, J. S. (2021). The evaluation session. In J. S. Beck, <i>Cognitive therapy: Basics and beyond</i> (3rd ed., pp. 71-86). Guilford Press.	Knowledge Values Skills Cognitive and Affective Processes
Berglas, N. F., Jerman, P., Rohrbach, L. A., Angulo-Olaiz, F., Chou, C.-P., & Constantine, N. A. (2016). An implementation and outcome evaluation of a multicomponent sexuality education programme for high school students. <i>Sex Education</i> , 16(5), 549-567.	Knowledge Values Skills

(continued)

**Readings** (continued)

Resource	Competency Dimension
Burg, M. A., & Oyama, O. (2015). <i>The behavioral health specialist in primary care: Skills for integrated practice</i> . Springer.	Knowledge Values Skills
Committee on Educating Health Professionals to Address the Social Determinants of Health; Board on Global Health; Institute of Medicine; National Academies of Sciences, Engineering, and Medicine. (2016). <i>A framework for educating health professionals to address the social determinants of health</i> . <a href="https://www.ncbi.nlm.nih.gov/books/NBK395983/">https://www.ncbi.nlm.nih.gov/books/NBK395983/</a>	Knowledge Values Skills
de Saxe Zerden, L., Cadet, T. J., Galambos, C., & Jones, B. (2020). Social work's commitment and leadership to address social determinants of health and integrate social care into healthcare. <i>Journal of Health &amp; Human Services Administration, 43</i> (3).	Knowledge
Dziegielewski, S., & Holliman, D. C. (2019). <i>The changing face of health care social work: Opportunities and challenges for professional practice</i> . Springer.	Knowledge Values Skills Cognitive and Affective Processes
Fawcett, S. B., Boothroyd, R., Schultz, J. A., Francisco, V. T., Carson, V., & Bremby, R. (2003). Building capacity for participatory evaluation within community initiatives. <i>Journal of Prevention &amp; Intervention in the Community, 26</i> , 21–36. <a href="https://doi.org/10.1300/J005v26n02_03">https://doi.org/10.1300/J005v26n02_03</a>	Knowledge Values Skills
Garrett, K. (2009). Working with groups in schools: Monitoring of processes and evaluation of outcomes. In C.R. Massat, R. Constable, S. McDonald, & J. P. Flynn (Eds.), <i>School social work: Practice, policy and research</i> (7th ed., pp. 610–620). Oxford University Press.	Knowledge Skills
Gehlert, S., and Browne, T. A. (Eds.). (2019). <i>Handbook of health social work</i> (3rd ed.). John Wiley and Sons.	Knowledge Values Skills Cognitive and Affective Processes

(continued)



*Readings (continued)*

Resource	Competency Dimension
Hepworth, D. H., Rooney, R. H., Rooney, G. D., & Strom-Gottfried, K. (2017). The final phase: Evaluation and termination. In D. Hepworth, R. Rooney, G. Rooney, & K. Strom-Gottfried. (Eds.), <i>Direct social work practice: Theory and skills</i> (10th ed., pp. 568–584). Cengage Learning.	Knowledge Skills
Knickman, J. R., & Elbel, B. (Eds.). (2018). <i>Jonas and Kovner's health care delivery in the United States</i> (12th ed.). Springer.	Knowledge Values
Metzl, J. M., & Hansen, H. (2014). Structural competency: Theorizing a new medical engagement with stigma and inequality. <i>Social Science &amp; Medicine</i> , <i>103</i> , 126–133. <a href="https://doi.org/10.1016/j.socscimed.2013.06.032">https://doi.org/10.1016/j.socscimed.2013.06.032</a>	Knowledge Values
Minian, N., Penner, J., Voci, S., & Selby, P. (2016). Woman focused smoking cessation programming: A qualitative study. <i>BMC Women's Health</i> , <i>16</i> (1), 1–8.	
National Academies of Sciences, Engineering, and Medicine. (2019). <i>Integrating social care into the delivery of health care: Moving upstream to improve the nation's health</i> . The National Academy Press. <a href="https://doi.org/10.17226/25467">https://doi.org/10.17226/25467</a> Additional information may be found here: <a href="https://www.nationalacademies.org/our-work/integrating-social-needs-care-into-the-delivery-of-health-care-to-improve-the-nations-health">https://www.nationalacademies.org/our-work/integrating-social-needs-care-into-the-delivery-of-health-care-to-improve-the-nations-health</a>	Knowledge Values Skills
O'Hare, T. (2009). Overview: Defining and linking assessment, intervention, and evaluation. In <i>Essential skills of social work practice: Assessment, intervention, and evaluation</i> (pp. 3–37). Lyceum.	Knowledge Skills
Steketee, G., Ross, A. M., & Wachman, M. K. (2017). Health outcomes and costs of social work services: A systematic review. <i>American Journal of Public Health</i> , <i>107</i> , S256–S266. <a href="https://doi.org/10.2105/AJPH.2017.304004">doi:10.2105/AJPH.2017.304004</a>	Knowledge

<i>Other Resources</i>	
Resource	Competency Dimension
WHO. (2010). <i>Framework for action on interprofessional education &amp; collaborative practice</i> . Health Professions Networks Nursing & Midwifery Human Resources for Health. <a href="http://apps.who.int/iris/bitstream/handle/10665/70185/WHO_HRH_HPN_10.3_eng.pdf;jsessionid=14FE6ABBD5C40035CD0EE0841F8F2FE4?sequence=1">http://apps.who.int/iris/bitstream/handle/10665/70185/WHO_HRH_HPN_10.3_eng.pdf;jsessionid=14FE6ABBD5C40035CD0EE0841F8F2FE4?sequence=1</a>	Knowledge Values Skills
National Council for Behavioral Health: Six Levels of Collaboration/Integration (Core Descriptions). <a href="https://mthcf.org/wp-content/uploads/2018/01/Six-Levels-of-Collaboration-MT.pdf">https://mthcf.org/wp-content/uploads/2018/01/Six-Levels-of-Collaboration-MT.pdf</a>	Knowledge Values Skills Cognitive and Affective Processes
SAMHSA-HRSA Center for Integrated Health Solutions. (2014). Core competencies for integrated behavioral health and primary care. <a href="https://www.samhsa.gov/integrated-health-solutions">https://www.samhsa.gov/integrated-health-solutions</a>	Knowledge Values Skills Cognitive and Affective Processes
Office of Disease Prevention and Health Promotion: Social Determinants of Health. <a href="https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health">https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health</a>	Knowledge Values Skills
Dodd, S. J., & Savage, A. (2016). Evidence-informed social work practice. <a href="https://doi.org/10.1093/acrefore/9780199975839.013.915">https://doi.org/10.1093/acrefore/9780199975839.013.915</a>	
HRSA Center for Excellence Behavioral Health Technical Assistance. <a href="https://www.jsi.com/project/hrsa-center-for-excellence-behavioral-health-technical-assistance/#:~:text=The%20HRSA%20Center%20for%20Excellence,services%20in%20primary%20care%20settings.">https://www.jsi.com/project/hrsa-center-for-excellence-behavioral-health-technical-assistance/#:~:text=The%20HRSA%20Center%20for%20Excellence,services%20in%20primary%20care%20settings.</a>	Knowledge Values Skills Cognitive and Affective Processes
SAMHSA Native Connections: SMART Objectives. <a href="https://www.samhsa.gov/sites/default/files/nc-smart-goals-fact-sheet.pdf">https://www.samhsa.gov/sites/default/files/nc-smart-goals-fact-sheet.pdf</a>	Knowledge Values Skills Cognitive and Affective Processes

(continued)

*Other Resources (continued)*

Resource	Competency Dimension
CDC Evaluation Resources. <a href="https://www.cdc.gov/eval/resources/index.htm">https://www.cdc.gov/eval/resources/index.htm</a>	Knowledge Values Skills Cognitive and Affective Processes
American Evaluation Association, Guiding Principles. <a href="https://www.eval.org/Portals/0/Docs/AEA_289398-18_GuidingPrinciples_Brochure_2.pdf">https://www.eval.org/Portals/0/Docs/AEA_289398-18_GuidingPrinciples_Brochure_2.pdf</a>	Knowledge Values Skills Cognitive and Affective Processes
ATSDR, Principles of Community Engagement. <a href="https://www.atsdr.cdc.gov/communityengagement/pce_program_approaches.html">https://www.atsdr.cdc.gov/communityengagement/pce_program_approaches.html</a>	Knowledge Values Skills Cognitive and Affective Processes
Community Tool Box, <i>Evaluating Programs and Initiatives</i> . <a href="ps://ctb.ku.edu/en/evaluating-community-programs-and-initiatives">ps://ctb.ku.edu/en/evaluating-community-programs-and-initiatives</a>	Knowledge Values Skills Cognitive and Affective Processes
Better Evaluation, Participatory Evaluation. <a href="https://www.betterevaluation.org/en/plan/approach/participatory_evaluation#:~:text=Participatory%20evaluation%20is%20an%20approach,the%20reporting%20of%20the%20study">https://www.betterevaluation.org/en/plan/approach/participatory_evaluation#:~:text=Participatory%20evaluation%20is%20an%20approach,the%20reporting%20of%20the%20study</a>	Knowledge Values Skills Cognitive and Affective Processes

*(continued)*

**Other Resources** (continued)

Resource	Competency Dimension
Detroit Urban Research Center Community-Based Participatory Research. <a href="https://www.detroiturc.org/about-cbpr/what-is-cbpr">https://www.detroiturc.org/about-cbpr/what-is-cbpr</a>	Knowledge Values Skills Cognitive and Affective Processes
USAID. (2013). <i>Using photographs to evaluate project impact</i> . <a href="https://blog.usaid.gov/2013/11/using-photography-to-evaluate-project-impact/">https://blog.usaid.gov/2013/11/using-photography-to-evaluate-project-impact/</a>	Knowledge Values
CUNY, IPE eLearning Resources: The Maria Garcia Series. <a href="https://ipelab.commons.gc.cuny.edu/ipe-elearning-resources/">https://ipelab.commons.gc.cuny.edu/ipe-elearning-resources/</a>	Knowledge Values Skills

### Media

Resource	Competency Dimension
United Nations Independent Evaluation Office. <i>Evaluation Guidelines</i> . <a href="https://www.youtube.com/watch?v=fFhQp2aFagg">https://www.youtube.com/watch?v=fFhQp2aFagg</a> <a href="https://www.youtube.com/channel/UC6kygL-IT709Pe6nKj1qnYg">https://www.youtube.com/channel/UC6kygL-IT709Pe6nKj1qnYg</a>	Knowledge Skills

