Public Health Social Work: Core Concepts & Practical Applications*

Course Purpose and Description

Approximately half of all social workers are employed in health settings, and that number is expected to substantially increase over the next decade. While most social workers practice clinically, a growing number work in community, public and population health. Important national trends—health reform, health inequities, and the need to address social determinants of health—reflect this change and underscore the importance of adapting social work education for upstream public health-oriented practice in a transforming health environment. Public health social work (PHSW), one of the oldest continuous forms of social work, is both a sub-discipline and a set of approaches for addressing major health issues through the integrated use of public health and social work concepts, skills and competencies. PHSW has emerged as a particularly relevant framework for conceptualizing how to maximize social work's health impact.

This course, *Public Health Social Work: Core Concepts and Practical Applications,* is designed to introduce core concepts of public health social work, integrate perspectives from the distinct, but related, fields of public health and social work, and provide students with practical skills that can be applied in a variety of settings. The course provides a foundation for understanding, embracing, and communicating about public health social work as a practice discipline and unifying framework within the social work profession. Students will engage in critical thinking, analysis, and application of PHSW to major issues such as social determinants, prevention, health equity, advocacy, and health systems transformation.

Modifications for the COVID-19 Era

The origins of public health social work lie in collaborations with its sister discipline of public health for the purpose of epidemic and infectious disease control and prevention in the early 20th century. Public health social work has always responded to epidemics, natural disasters, wars, terrorism and trauma. While today's pandemic poses some unique challenges in our globalized world, many are similar to those posed over the course of the profession's response to need. This syllabus can provide both historic and up to date materials to assist faculty and students in learning the basics of public health social work and applying them to the most serious public health challenge in many decades. While some COVID-19 specific readings are interspersed throughout each module, there are two COVID-19 specific appendices. Appendix A: PHSW and COVID-19 Sample Vignettes and Exercises contains educational exercises and case vignettes that can be used as in-class exercises, discussion board postings, or short reflective assignments. Appendix B: COVID-19 Specific Supplemental Learning Materials aligned with Six Core Concepts of Public Health Social Work provides COVID-19/pandemic/disaster-related learning resources (e.g., articles, videos, etc.) that showcase practical application of each of the six PHSW core concepts. Appendix C contains PHSW integration exercises that can be used within the context of practice in the era of COVID-19.

Course Summary and Target Student Population

The course is divided into four content sections: 1) Overview and Orientation to Social Work, Public Health, and Public Health Social Work; 2) Six Core Concepts of Public Health Social Work; 3) Practical Applications of Public Health Social Work; and 4) PHSW Synthesis and Integration. This course is appropriate for all MSW students, and for MSW/MPH students at any stage of their program trajectory. With adaptations, this course can be made relevant to baccalaureate level students.

_____

Course Objectives

At the end of this course, students will be able to do the following in each of the below domains:

1. Overview and Orientation to Social Work, Public Health, and Public Health Social Work
   - Discuss social work's role in health and health care in the current health landscape;
   - Define the differences and similarities between the social work and public health fields, including theories, competencies, skills and frameworks
   - Articulate the history, values, and theoretical pillars of Public Health Social Work (PHSW)
   - Describe value of PHSW in today's health environment

2. Six Core Concepts of Public Health Social Work
   - Describe the six PHSW Core Concepts
   - Discuss the intersection of public health and social work in each concept
   - Formulate practice examples highlighting the utility of the concepts to contemporary issues in social work and health
   - Use PHSW core concepts to connect to issues of social justice and ethics
   - Articulate how practice changes when Core Concepts are utilized

3. Practical Applications of Public Health Social Work
   - Identify components of PHSW in practice including the PHSW Practice Wheel and the Social Work Health Impact Model
   - Apply PHSW approaches to various issues and settings (e.g. suicide, child welfare, substance use)
   - Apply PHSW concepts and approaches across different levels of practice: clinical, macro, and policy, articulating differences in each level
   - Identify and describe challenges associated with interprofessional, cross-sectoral and transdisciplinary application of PHSW
   - Formulate plan for how to utilize integrated skills sets at every level and across a wide range of services and collaborations

4. PHSW Synthesis and Integration
   - Identify ethical challenges associated with use of two profession's skill sets
   - Locate and report on professional development opportunities in PHSW
   - Demonstrate competence in applying Core Concepts to recent field practice experiences
   - Organize, design and explain how to apply PHSW approaches to a topic of choice

Link to Social Work and Public Health Competencies

This course seminar supports the attainment of social work competencies established by the Council on Social Work Education (CSWE) and public health competencies established by the Council on Education for Public Health (CEPH), listed below.

CSWE Social Work Competencies:
1. Demonstrate Ethical and Professional Behavior
2. Engage Diversity and Difference in Practice
3. Advance Human Rights and Social, Economic, and Environmental Justice
4. Engage In Practice-informed Research and Research-informed Practice
5. Engage in Policy Practice
6. Engage with Individuals, Families, Groups, Organizations, and Communities
7. Assess Individuals, Families, Groups, Organizations, and Communities
8. Intervene with Individuals, Families, Groups, Organizations, and Communities
9. Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities

CEPH Public Health Competencies:
Evidence-based Approaches to Public Health
1. Apply epidemiological methods to the breadth of settings and situations in public health practice
2. Select quantitative and qualitative data collection methods appropriate for a given public health context
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate
4. Interpret results of data analysis for public health research, policy or practice
Public Health & Health Care Systems
5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels
Planning & Management to Promote Health
7. Assess population needs, assets and capacities that affect communities' health
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs
9. Design a population-based policy, program, project or intervention
10. Explain basic principles and tools of budget and resource management
11. Select methods to evaluate public health programs
Policy in Public Health
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations
15. Evaluate policies for their impact on public health and health equity
Leadership
16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making
17. Apply negotiation and mediation skills to address organizational or community challenges
Communication
18. Select communication strategies for different audiences and sectors
19. Communicate audience-appropriate public health content, both in writing and through oral presentation
20. Describe the importance of cultural competence in communicating public health content
Inter-professional Practice
21. Perform effectively on inter-professional teams
Systems Thinking
22. Learning Objectives and Outcomes

Textbooks and Reading Materials

There is no required text for this class. Instead, a variety of articles and essays related to contemporary public health, social work, and public health social work will be assigned and required.

<u>Recommended Textbooks</u>:
Turnock, B. (2017). *Public health: What it is and how it works*. 6th Edition. Sudbury, Massachusetts. Jones and Bartlett.

Schneider, M.J., Schneider H. (2017) Introduction to Public Health. 5th Edition. Jones and Bartlett, Burlington. MA.

Course Outline

Module 1	Topic	Objectives
Introduction	• Course purpose and structure • Overview of current health and healthcare landscape • Locating the traditional role of social work • Becoming familiar with COVID-19 and its effects on health care, public health and social work	By the conclusion of this week, participants will be able to: 1) Understand the purpose and structure of this public health social work course; 2) Demonstrate a basic understanding of the current health and healthcare landscape as it relates to social work and public health using COVID as an example; 3) Articulate the traditional role(s) of social work in health and health care. 4) Explore sources for up-to-date information on COVID-19
Readings	1. Commonwealth Fund (2015). US Health Care from a Global Perspective. Available at http://www.commonwealthfund.org/publications/issue-briefs/2015/oct/us health-care-from-a-global-perspective 2. Bradley, E.H. & Taylor, L.A. (2013). *The American health care paradox: Why spending more is getting us less. N*ew York: Public Affairs. 3. Dickman, S. L., Himmelstein, D. U., & Woolhandler, S. (2017). Inequality and the health-care system in the USA. *The Lancet*, 389(10077), 1431–1441. https://doi.org/10.1016/S0140-6736(17)30398-7 4. Williams, D. R., & Wyatt, R. (2015). Racial bias in health care and health: Challenges and opportunities. *Journal of the American Medical Association*, *314*(6), 555–556. https://doi.org/10.1001/jama.2015.9260 5. Craig, S. L., Bejan, R., & Muskat, B. (2013). Making the invisible visible: are health social workers addressing the social determinants of health? *Social Work in Health Care, 52*(4), 311-331. 6. Stanhope, V., Videka, L., Thorning, H., & McKay, M. (2015). Moving toward integrated health: opportunity for social work. *Social work in Health Care,* 54(5), 383-407.

Module 2	Topic	Objectives

Public Health: An Overview	• What is public health: core functions and services • Historical perspectives and future directions	By the conclusion of this week, participants will be able to: 1) Discuss what public health is, including its core functions and services as a field of practice; 2) Outline core public health theoretical models for practice; 3) Define key public health terms; and 4) Engage in discussion on similarities and differences between social work and public health as fields of practice in health and healthcare.
Readings	1. Frieden TR. A framework for public health action: the health impact pyramid. *American Journal of Public Health.* 2010;100(4):590–595. 2. The Centers for Disease Control and Prevention: State, Tribal, Local & Territorial Public Health Professionals Gateway. (2017). The Public Health System & the 10 Essential Public Health Services. Retrieved from https://www.cdc.gov/stltpublichealth/publichealthservices/essentialhealthservices.html 3. Richardson (2012). Investing in public health: barriers and possible solutions. *Journal of Public Health, 34*(3), pp. 322-327 4. DeSalvo, K. B., O'Carroll, P. W., Koo, D., Auerbach, J. M., & Monroe, J. A. (2016). Public health 3.0: time for an upgrade. *American Journal of Public Health, 106*(4), 621. 5. Bayer, R., & Galea, S. (2015). Public health in the precision-medicine era. *New England Journal of Medicine.* https://doi.org/10.1056/NEJMp1506241 6. The Future of Public Health, Institute of Medicine (1988). 10 Essential Public Health Services, Core Public Health Functions Steering Committee, 1994. https://www.networkforphl.org/_asset/dd8lf6/Public-Health-Core-Functions-and-10-Essential-Services.pdf	

Module 3	Topic	Objectives
Core Concepts #1: Perspectives on PHSW: History, Definitions, and Relationship to Health Systems	• PHSW History • Brief review of common elements/ differences between SW and PH • PHSW Definitions and Distinctive Features • What Makes it PHSW?	By the conclusion of this week, participants will be able to: 1) Define public health social work; 2) Engage in discussion on the history of public health social work, including driving forces and historical events leading to significant changes in practice and theory; 3) Expand their discussion of the similarities and differences between social work and public health; 4) Initiate discussion on the integration of public health and social work into the fluid practice of public health social work

Readings	1. Ruth, B. J., & Marshall, J. W. (2017). A history of social work in public health. *American Journal of Public Health. 107*:S3, S236-S242. https://doi.org/10.2105/AJPH.2017.304005
	2. Bowen, E. A., & Walton, Q. L. (2015). Disparities and the social determinants of mental health and addictions: Opportunities for a multifaceted social work response. *Health & Social Work, 40*(3), e59-e65.
	3. Ruth, B.J., Wachman, M. K., Marshall, J. (2019). Public health social work. In S. Gehlert & T. Browne (Eds.), Handbook of health social work (3rd ed., pp. 93-118). Hoboken, NJ: John Wiley & Sons.
	4. Rose, S. M., Hatzenbuehler, S., Gilbert, E., Bouchard, M. P., & McGill, D. (2016). A population health approach to clinical social work with complex patients in primary care. *Health & Social Work, 41*(2), 93-100.
	5. Darnell, J. S., & Allen, H. (2011). Health policy and social work. Chapter 6 in Gehlert, S and Browne, T, Handbook of health social work, 3rd edition (New York: Wiley).
	6. Ruth, B.J. & Wachman, M. (2019) Public Health Social Work 101 (PowerPoint slides). Retrieved from ciswh.org https://ciswh.org/resources/advancing-leadership-phsw-toolkit/
	7. Kerson, T. S., & McCoyd, J. L. (2013). In response to need: An analysis of social work roles over time. *Social Work, 58*(4), 333-343.
	8. The Social Worker in Tuberculosis Control. (1950). *American Journal of Public Health and the Nation's Health, 40*(6), 743–744.

Module 4	Topic	Objectives
Core Concept #2: Critical Importance of Epidemiology	• Overview of epidemiology & relevance to social work • Focus on social Epidemiology	By the conclusion of this week, participants will be able to: 1) Outline what epidemiology is; 2) Discuss the relevance of epidemiology, particularly social epidemiology, to social work and particularly public health social work; 3) Apply principles of social epidemiology in practice of public health social work through actual case examples and exercises.

Readings	1. Tuthill, K. (2003). John Snow and the Broad Street pump: On the trail of an epidemic. *Cricket* 31(3), pp. 23-31, Nov. 2003. Available here: http://www.ph.ucla.edu/epi/snow/snowcricketarticle.html 2. Galea, S., Riddle, M., & Kaplan, G. A. (2010). Causal thinking and complex system approaches in epidemiology. *International Journal of Epidemiology*, 39(1), 97–106. https://doi.org/10.1093/ije/dyp296 Rose – Sick Individuals and Sick Populations 3. Krieger, N. (2001). Theories for social epidemiology in the 21st century: An ecosocial perspective. *International Journal of Epidemiology*, 30(4), 668–677. https://doi.org/10.1093/ije/30.4.668 4. Marent, B., Forster, R., & Nowak, P. (2012). Theorizing participation in health promotion: A literature review. *Social Theory & Health*, 10(2), 188–207. https://doi.org/10.1057/sth.2012 5. Galea, S., Tracy, M., Hoggatt, K. J., DiMaggio, C., & Karpati, A. (2011). Estimated deaths attributable to social factors in the United States. *American Journal of Public Health,101*(8), 1456-1465. 6 Wallerstein, N. B., Yen, I. H., & Syme, S. L. (2011). Integration of social epidemiology and community-engaged interventions to improve health equity. *American Journal of Public Health*, 101(5), 822–830. https://doi.org/10.2105/AJPH.2008.140988 7. Velasquez, E.E. (2010) Epidemiology for Social Work. (PowerPoint Slides) Retrieved from ciswh.org https://ciswh.org/resources/advancing-leadership-phsw-toolkit/

Module 5	Topic	Objectives

Core Concept #3: Social Determinants of Individual and Population Health	• Defining social determinants of health • Defining and differentiating population and public health	By the conclusion of this week, participants will be able to: 1) Outline what epidemiology is; 2) Discuss the relevance of epidemiology, particularly social epidemiology, to social work and particularly public health social work; 3) Apply principles of social epidemiology in practice of public health social work through actual case examples and exercises.
Readings	1. Braveman, P., & Gottlieb, L. (2014). The social determinants of health: It's time to consider the causes of the causes. *Public Health Reports*, *129*(1_suppl2), 19–31. https://doi.org/10.1177/00333549141291S206 2. Heller, J. (2016). A framework connecting criminal justice and public health. *Human Impact Partners.* https://humanimpact.org/a-framework-connecting-criminal-justice-and-public-health/ 3. Centers for Disease Control and Prevention, Duke Community and Family Medicine, du Beaumont Foundation. The Difference between Population Heath and Public Health. Practical Playbook. Featuring Denise Koo, MD, MPH, CAPT, USPHS. https://www.youtube.com/watch?v=GDWDb_G7Hvs 4. Lofters, A., & O'Campo, P. (2012). Differences that matter. In P. O'Campo & J. R. Dunn (Eds.), *Rethinking social epidemiology: Towards a science of change.* New York: Springer. 5. Link, B. G., & Phelan, J. C. (1996). Understanding sociodemographic differences in health - The role of fundamental social causes. *American Journal of Public Health*, *86*(4), 471–473. 6. Moniz, C. (2010). Social work and the social determinants of health perspective: A good fit. *Health & Social Work*. 35(4), 310-313. 7. Marmot, M. (2005). Social determinants of health inequalities. *Lancet*, 365(9464), 1099–1104. Available at http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(05)71146-6.pdf 8. Rine, C.M. (2016). Social determinants of health: Grand challenges in social work's future. *Health & Social Work, 41*(3), 143-145. doi: https://doi.org/10.1093/hsw/hlw028 9. Mitchell, F.M (2012). Reframing Diabetes in American Indian Communities: A social Determinants of Health Perspective. *Health & Social Work, 37*(2), 71–79, https://doi-org.ezproxy.bu.edu/10.1093/hsw/hls013 10. Galea, S., Freudenberg, N., & Vlahov, D. (2005). Cities and population health. *Social Science & Medicine (1982), 60*(5), 1017–1033. 11. Krieger, N. (2010). Workers are people too: societal aspects of occupational health disparities--an ecosocial perspective. *American Journal of Industrial Medicine, 53*(2), 104–115. 12. Baron, S. L., Beard, S., Davis, L. K., Delp, L., Forst, L., Kidd, T. A., Liebman, A. K., Linnan, L., Punnett, L., & Welch, L. S. (2014). Promoting integrated approaches to reducing health inequities among low-income workers: Applying a social ecological framework. *American Journal of Industrial Medicine, 57*(5), 539–556.

Module 6	Topic	Objectives
Core Concept #4: Health Equity	• Defining health disparities and health equity • Linking epidemiology, SDOH, and population health to health equity promotion	By the conclusion of this week, participants will be able to: 1) Define and discuss the principles of health disparities and health equity; 2) Identify the connection between social determinants of health, population health, health disparities and health equity; 3) Review the need for integrating skills of epidemiology to appropriately address health disparities and achieve health equity; and 4) Discuss roles for public health social work in appropriately addressing disparities and working towards health equity through actual case examples.
Readings	1. Braveman, P., Kumanyika, S., Fielding, J., LaVeist, T., Borrell, L. N., Manderscheid, R., & Troutman, A. (2011). Health disparities and health equity: The issue is justice. *American Journal of Public Health, 101*(S1), S149-S155. https://doi.org/10.2105/AJPH.2010.300062 2. Bailey, Z.D., Krieger, N., Agenor, M., Graves, J., Linos, N., & Bassett, M.T. (2017). Structural racism and health inequities in the USA: Evidence and interventions. *The Lancet, 389*(10077), 1453-1463. 3. Braveman, P. (2014). What are health disparities and health equity? We need to be clear. *Public Health Reports*. Supplement 2 (129), 5-8. https://doi.org/10.1177/00333549141291S203 4. Diez Roux, A. V. (2011). Complex systems thinking and current impasses in Health Disparities Research. *American Journal of Public Health, 101*(9): pp. 1627-1634. https://doi.org/10.2105/AJPH.2011.300149 5. Mechanic, D. (2002) Disadvantage, inequality, and social policy. *Health Affairs, 21*(2), pp.48-55. 6. Green, K. & Zook, M. (2019). When talking about social determinants, precision matters. Health Affairs Blog available at: https://www.healthaffairs.org/do/10.1377/hblog20191025.776011/full/?utm_source=Newstter&utm_medium=email&utm_content=Talking+About+Social+Determinants+Of+Health%3B+Behavioral+Health+Care+And+Firearm+Suicide&utm_campaign=HAT+10-29-19 7. Robert Wood Johnson Foundation interactive page on Health Equity: https://www.rwjf.org/en/library/features/achieving-health-equity.html

Module 7	Topic	Objectives

Core Concept #5: Prevention	• Levels of Prevention and the Role of Social Work • Integrating prevention skills into all of SW	By the conclusion of this week, participants will be able to: 1) Outline, define and provide examples for the three main levels of prevention; 2) Discuss the role of prevention in social work practice; 3) Identify ways to expand prevention work in social work through integration of public health social work.
Readings	1. Offord, D. R. (2000). Selection of levels of prevention. *Addictive Behaviors, 25*(6), 833–842. https://doi.org/10.1016/S0306-4603(00)00132-5 2. Thornton, R. L. J., Glover, C. M., Cené, C. W., Glik, D. C., Henderson, J. A., Williams, D. R., & Chan, H. T. H. (2016). Evaluating strategies for reducing health disparities by addressing the social determinants of health. *Health Affaira (Millwood), 35*(8), 1416–1423. https://doi.org/10.1377/hlthaff.2015.1357 3. Rishel, C. W. (2015). Establishing a prevention-focused integrative approach to social work practice. *Families in Society, 96,* 125-132. 4. O'Connell, M., Boat, T., & Warner, K. (2009). Defining the scope of prevention. In Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities. National Research Council (US) and Institute of Medicine (US) Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions; O'Connell ME, Boat T, Warner KE, editors. Washington (DC): National Academies Press (US); 2009. Chapter 3; pp. 59-70 5. Rapoport, L. (1961). The concept of prevention in social work. *Social Work, 6*(1), 3–12. 6. Bigler (2005) Harm reduction as a practice and prevention model for social work. *Journal of Baccalaureate Social Work, (10)*2; pp. 69-86. https://doi.org/10.18084/1084-7219.10.2.69 7. Velasquez, E. E. (2019). Prevention for Social Work. (PowerPoint Slides). Retrieved from ciswh.org https://ciswh.org/resources/advancing-leadership-phsw-toolkit/	

Module 8	Topic	Objectives

Core Concept #6: Understanding and Applying Social Work Heath Impact Model	• Examine examples of PHSW in practice • Conceptualize "widening the lens" •Identify PHSW approaches/strategies that can be applied across various SWHIM categories to address multiple problems	By the conclusion of this week, participants will be able to: 1) Define what is meant by "upstream" and "downstream" interventions; 2) Apply the Social Work in Health Impact Model to current practice examples; and 3) Articulate how the integration of public health social work "widens the lens" of social work practice. 4) Apply intersectionality to public health social work
Readings	1. Ruth, B..J, Wachman, M., Marshall, J.M., Backman, A., Harrington, C., Schultz, N., Ouimet, K. (2017). Health in all social work programs: Findings from a national analysis. *American Journal of Public Health, 107*(S3), S267-S273. 2. Ross, A., Congress, E., & Matsuzaka, S. (2018). Intersectionality, Social Work, and Health. In Health and Social Work: Practice, Policy, and Research: Volume 1. Chapter 4; pp 1-67. 3. Martinez, DB. The Liberation Health Model, Theory and Practice (2014). Chapter 1 in Martinez, DB, and Fleck-Henderson, A (2014). Social Justice in Clinical Practice: A Liberation Health Framework for Social Work. Florence, KY: Routledge, pp. 9 -28. 4. Hawkins, J. D., Shapiro, V. B., & Fagan, A. A. (2010). Disseminating effective community prevention practices: Opportunities for social work education. *Research on Social Work Practice*, *20*(5), 518–527. https://doi.org/10.1177/1049731509359919 5. Gehlert, S., Sohmer, D., Sacks, T., Mininger, C., McClintock, M., & Olopade, O. (2008). Targeting health disparities: A model linking upstream determinants to downstream interventions. *Health Affairs, 27,* 339–349. doi:10.1377/hlthaff.27.2.339 6. Taylor, L. D., Coffey, D. S, Kashner, T.M. (2016). Interprofessional education of health professionals: Social workers should lead the way. *Health & Social Work, (41*) 1, 5–8, https://doi-org.ezproxy.bu.edu/10.1093/hsw/hlv082

Module 9	Topic	Objectives

Practical Applications: Health Care Settings	• Use SWHIM to analyze social work practice in health settings	By the conclusion of this week, participants will be able to: 1) Articulate the definition of public health social work; 2) Apply the Social Work in Health Impact Model to health care settings; and 3) Identify and describe opportunities to integrate public health social work into health care settings.
Readings	1. Monterio, C., Arnold, J., Locke, S., Steinhorn, L., & Shanske, S. (2016). Social workers as care coordinators: Leaders in ensuring effective, compassionate care. *Social Work in Health Care, 55*(3), 195-213. 2. Rose, S. M., Hatzenbuehler, S., Gilbert, E., Bouchard, M. P., & McGill, D. (2016). A population health approach to clinical social work with complex patients in primary care. *Health & Social Work, 41*(2), 93-100. 3. Davis, T. S., Guada, J., Reno, R., Peck, A., Evans, S., Sigal, L. M., & Swenson, S. (2015). Integrated and culturally relevant care: A model to prepare social workers for primary care behavioral health practice. *Social Work in Health Care; 54*(10):909-38; doi: https://doi.org/10.1080/00981389.2015.1062456 4. Pockett, R., & Beddoe, L. (2017). Social work in health care: An international perspective. *International Social Work, 60*(1), 126–139. https://doi.org/10.1177/0020872814562479 5. Gehlert, S., Andrews, C., Browne, T. (2019). Establishing the place of health social work. *Health and Social Work, 44*(2), 69–71; https://doi.org./10.1093/hsw/hlz011 6. Rowe, J.M, Rizzo, V.M., Vail, M.R., Kang, S.Y., & Golden, R.M. (2017). The role of social workers in addressing nonmedical needs in primary health care. *Social Work in Health Care, 56*(6), 435-449. https://www-tandfonline com.ezproxy.bu.edu/doi/full/10.1080/00981389.2017.1318799 7. Golden, R.L. (2011). Coordination, Integration, and Collaboration: A clear path for social work in health care reform. *Health & Social Work, (36)* 3: 227–228, https://doi10.1093/hsw/36.3.227

Module 10	Topic	Objectives

Practical Applications: Integrating PHSW in Community-Based Settings	• Use SWHIM to analyze social work practice in community settings	By the conclusion of this week, participants will be able to: 1) Articulate the definition of public health social work; 2) Apply the Social Work in Health Impact Model to community-based settings; and 3) Identify and describe opportunities to integrate public health social work into community-based settings.
Readings	1. Tkatch, R., Musich, S., MacLeod, S., Alsgaard, K., Hawkins, K. & Yeh, S. (2016). Population health management for older adults: Review of Interventions for Promoting Successful Aging Across the Health Continuum. *Gerontology & Geriatric Medicine, 2,* pp.1-13. 2. DeBate, R., Plescia, M., Joyner, D., & Span, L. P. (2004). A qualitative assessment of Charlotte REACH: An ecological perspective for decreasing CVD and diabetes among African Americans. *Ethnicity and Disease.* *14*(3 Suppl 1). S77-82 3. Williams, D.R., Costa, M.V., Odunlami, A.O., & Mohammed, S.A. (2008). Moving upstream: How interventions that address the social determinants of health can improve health and reduce disparities. *Journal of Public Health Management and Practice, 14*(6), S8-S17. 4. Pope, L., Hopper, K., Davis, C., & Cloud, D. (2016). First-episode incarceration. Retrieved From: https://www.vera.org/publications/first-episode-incarceration-creating-a-recovery-informed-framework-for-integrated-mental-health-and-criminal-justice-responses 5. Minkler, M., Garcia, A. P., Williams, J., Lopresti, T., & Lilly, J. (2010). Sí se puede: Using participatory research to promote environmental justice in a Latino community in San Diego, California. *Journal of Urban Health, 87*(5), 796–812. https://doi.org/10.1007/s11524-010-9490-0 6. Cederbaum, J.A., Ross, A.M., Ruth, B.J., & Keefe, R.H. (2018). Public health social work as a unifying framework for social work's Grand Challenges. *Social Work*, *64*(1), 9-18. https://doi.org/10.1093/sw/swy045 7. Sprague Martinez, L. , Thomas, C. A, Saint-Hilaire, M., McLaren, J. Young, J., & Habermann, B., Tickle-Degnen, L. Using a macro social work strategy to improve outreach in Parkinson's Disease research, *Social Work, 63*(3) 265–268; doi: https://doi.org.ezproxy.bu.edu/10.1093/sw/swy026 8. Anderson-Carpenter, K., Watson-Thompson, J., Jones, M. & Chaney, L. (2014) Using communities of practice to support implementation of evidence-based prevention strategies. *Journal of Community Practice, 22*(1-2); 176-188, doi: 10.1080/10705422.2014.901268

Module 11	Topic	Objectives

Practical Applications: Partnership Models	• Cross-sector partnerships • Integral role of SW	By the conclusion of this week, participants will be able to: 1) Discuss the role of partnerships and collaboration in public health social work; 2) Identify examples of successful cross-sectoral partnerships for advancing health equity; and 3) Outline opportunities for integrating this work into their current field work and course of study.
Readings	1. Weinstein, L., LaNoue, NM., Plumb, J., King, H., Stein, B., & Tsemberis, S. (2013). A primary care–Public health partnership addressing homelessness, serious mental illness, and health disparities. *Journal of the Applied Board of Family Medicine; 26*(3); pp. 279-277. 2. Gray, L. A., & Price, S. K. (2014). Partnering for mental health promotion: Implementing evidence-based mental health services within a maternal and child home health visiting program. *Clinical Social Work Journal, 42*(1), 70–80. https://doi.org/10.1007/s10615012-0426-x 3. Warshaw, C., Gugenheim, A. M., Moroney, G., & Barnes, H. (2003). Fragmented services, unmet needs: Building collaboration between the mental health and domestic violence communities. *Health (San Francisco)*, (September/October), 230. 4. Israel, B. A., Schulz, A. J., Parker, E. A., & Becker, A. B. (1998). Review of community-based research: Assessing partnership approaches to improve public health. *Annual Review of Public Health, 19*(1), 173–202. https://doi.org/10.1146/annurev.publhealth.19.1.173 5. Haggerty, K. P., & Shapiro, V. B. (2013). Science-based prevention through communities that care: A model of social work practice for public health. *Social Work in Public Health*, *28*(3–4), 349–365. https://doi.org/10.1080/19371918.2013.774812 6. Pockett, R. (2003). Learning from each other: The social work role as an integrated part of the hospital disaster response. *Social Work Health Care*; *43*(2-3):131-49. 7. Ross, A.M. & Zerden, L. D. (June 2020). Prevention, health promotion and social work: Aligning health and human service systems through a workforce for health. *American Journal of Public Health,* June, doi: 10.2105/AJPH.2020.305690 8. Ambrose-Miller, W., & Ashcroft, R. (2016). Challenges faced by social workers as members of interprofessional collaborative health care teams, *Health & Social Work; 4*(2): 101–109, https:/ /10.1093/hsw/hlw006

Module 12	Topic	Objectives

Integration and Synthesis of PHSW into Social Work Professionalism	• Compare/contrast ethics across disciplines • Holding population and person simultaneously • Managing cross sectoral and interprofessional tensions	By the conclusion of this week, participants will be able to: 1) Compare and contrast the Ethical Codes and Principles for the fields of social work and public health; 2) Discuss how to ethically practice within a population health perspective; 3) Articulate how to manage interprofessonal ethical tensions; 4) Apply both professional ethical guides to practice within public health social work; 5) Identify resources and opportunities for integration and practice of public health social work; 6) Engage in professional development planning for how to advance a career in public health social work
Readings	1. NASW Code of Ethics: https://www.socialworkers.org/About/Ethics/Code-of Ethics/Code-of-Ethics-English 2. Public Health Ethical Principles: https://www.apha.org/media/files/pdf/ membergroups/ethics/ethics_brochure.ashx 3. Kass, N. (2001). An ethics framework for public health. *American Journal of Public Health, 91*(11); pp. 1776-1782 4. Thomas, J., Sage, M., Dillenberg, J.,& Guillory, V.J. (2002) A code of ethics for public health. American Journal of Public Health, 92(7); pp. 1057-1060 5. Kant, JD. Becoming a Liberation Health Social Worker (2014). Chapter 2 in Martinez, DB, and Fleck-Henderson, A (2014). *Social Justice in Clinical Practice: A Liberation Health Framework for Social Work*. Florence, KY: Routledge, pp. 9 -28. 6. PHSW Standards and Competencies: https://nciph.sph.unc.edu/cetac/phswcompetencies_may05.pdf 7. Ruth, B. J., Marshall, J. W., Velásquez, E. E. M., & Bachman, S. S. (2015). Teaching Note—Educating public health social work professionals: Results from an MSW/MPH program outcomes study. *Journal of Social Work Education*, *51*(1), 186–194. Available at: https://doi.org/10.1080/10437797.2015.979096 8. Ruth, BJ, Marshall, JW, Wachman, M, Choudhury, N, Marbach, A. (Under review). More than a good idea: Findings from the Profiles in Public Health Social Work Study. *Journal of Social Work in Public Health.*	

Course Assignments

Reading Reflection and Facilitation Exercise
The purpose of this brief assignment is to provide each student with an opportunity to reflect upon an assigned reading and to cofacilitate the discussion with the class. Each student will prepare a 200-word reflection summary of one of the assigned articles from the course (to be determined jointly with professor). In addition to the reflection, identify three questions that will serve as prompts for class discussion. The student will be expected to help lead discussion about the reading's relevance. The instructor will engage students in selecting and scheduling these assignments.

Practice Reflection
Each student will briefly describe their main responsibility in their most recent or current field education internship. They will analyze their experience in terms of whether and how the work incorporates Public Health Social Work theory and practice. The paper will be limited to 1,250 words (approx. 5 double spaced pages) and should include recommendations about how the work could be changed to better integrate PHSW theory and practice or, in cases of exemplary practice, how the work could be evaluated, documented, or disseminated. Students should be prepared to share practice reflections in class.

Slide Deck Assignment
The purpose of the slide deck assignment is to inform a selected audience (in this case, your fellow students) about COVID-19 and engage them in a discussion about the added value of social work and public health approaches in order to address a specific sub-issue meaningfully. For instance, you can address issues related to homelessness, mental health response, racial equity, food insecurity, long term population health consequences or another aspect of COVID upon which you and your professor agree. You will then demonstrate how public health and social work frameworks, competencies, and methods intersect and apply. You may decide on the exact structure and format of the slide deck based on your audience, but all should include the following:
- Title of your presentation (must include "Public Health Social Work" and COVID as it relates to a specific sub-issue (e.g. suicide, economic inequality, opiate disorders, gun violence, etc.)
- Introduction: What is the issue and why is it significant?
- Scope and consequences of the identified issue, anchoring this in up-to-date empirical evidence
- Include relevant theoretic frameworks, both public health and social work
- Include strategies currently in use by the social work profession to address COVID and its effects
- Include application of the Six Core PHSW Concepts
- Synthesis: How can public health social work be infused to increase impact on population health during the COVID epidemic
- Challenges to "widening the lens" to include PHSW in the COVID response and recovery
- Wrap up/Next Steps/Recommendations

Additional Instructions: Slide decks run approximately 25-35 slides. There is no limit on the amount of "notes" material you can include. You must cite your slides properly (see examples of *similar* slide decks) and provide a notes page of references.

Appendix A: PHSW and COVID-19 Sample Vignettes and Exercises:

Macro Practice Exercise: You are the director of a comprehensive social service agency serving a wide range of adults and youth in a broadly diverse area outside a major Northeastern city. It's early March. The COVID-19 Pandemic has arrived and your governor has issued a stay at home order. While your staff serves many vulnerable people, they have been sent home to "work from home." Many have never been trained in telehealth; some are not very computer savvy. None of you are considered "essential" to the degree that you must stay at the agency. Therefore, you must plan for how to help your staff make transition to working from home. What factors should you take into consideration? What do you need to do to plan for effective services from home? Discuss the many issues that arise in an emergency, for both agencies and populations served. Brainstorm issues and solutions. Think about the kinds of practical considerations that should guide you and identify "first steps."

Clinical Practice Exercise: You are a senior social work clinician with expertise in CBT, providing advanced group supervision to a diverse group of social workers, working in a variety of settings. Given the pandemic, you have transitioned your group to online. Tonight's group discussion is centered on how to support clients during this anxiety-filled time. One member of the group raises the issue that one of her clients is having difficulty implementing preventive measures due to challenges from household members and asks for help getting other family members on board with preventive measures. Another social worker acknowledges that one of her clients is wondering if COVID-19 is a "hoax" and repeatedly wonders if he should take it seriously. Still, a third participant notes that her client asks her technical questions about COVID-19, and wants the social worker to tell her "when it will all be over." The group has two perspectives on "how much COVID" conversation should be allowed or encouraged in a clinical encounter. Half the group believes that "doing prevention education" has no role in clinical practice, that social workers aren't trained in prevention, and that clinicians should refrain from discussing COVID in depth. The other half argues that health promotion and prevention are an important part of clinical practice and should be integrated. Please comment on these views. How can social workers approach clinical practice during the era of COVID? How much COVID prevention should social workers engage in when clients ask, if any, and where/how should social workers develop sufficient competency for doing so?

Ethics Exercise: You work in a community health center on an Older Adult Behavioral Health service team. Early in the epidemic, your agency decides that while your work is viewed as essential. you must transition to work from home using telehealth. What are some of the ethical issues that you are likely to encounter as you prepare for shifting service delivery with this vulnerable population? Use each of the Code of Ethics' Principles-- Competence, Integrity, Social Justice, Dignity and Worth of Every Person, Importance of Human Relationships and Service-- to illuminate the issues involved. For each principle, suggest a potential challenge, as well as a possible ethical solution. Identify ways that you can reduce harm during the COVID-19 epidemic.

Policy Practice Exercise: Critique the CARES Act from an equity perspective. Who is included? Who is left out? Who benefits? What structures and systems are activated? How will CARES act budgetary infusions address social determinants of health for specific groups, if at all? What (and who) should have been included, but wasn't? What specifically would you change, if anything?

Policy Practice Exercise: Compare the US federal response of the COVID-19 pandemic to international responses of Italy, Singapore, North Korea, China, and Sweden. Do you think Sweden's approach would work in the US? Why or why not? Consider factors such as SDOH, infrastructure, and other important preconditions that might affect the spread of COVID-19.

Policy Practice Exercise: Your state Governor is considering 'reopening' some businesses, and has hired you as his consultant to plan a 'safe reopen'. Design a 'safe reopen' plan, including the preconditions and that would be needed to take such steps, from a public health social work perspective. What other policies might be needed in order to offset social, economic and mental health consequences of COVID-19?

Program Development Exercise: Your state Governor is considering 'reopening' some businesses, and has hired you as his consultant to plan a 'safe reopen'. Since you are a public health social worker, you have already decided

that rigorous testing and contact tracing will be a core component of any 'safe reopen' plan. What, if anything else, will you also build into your contact tracing program? Will you screen for social needs? Which ones? How will these data be monitored at the population level, if at all? What processes might you put in place to ensure that social needs that are identified are in fact met? Might there be other organizations (e.g., Health Leads) that might collaborate with you?

Prisoner Release Dilemma: There is an outbreak of COVID-19 at the jail where you work. The city government, pushed by advocates including social work organizations, has approved release of non-violent offenders to protect their health and reduce COVID-19 spread. There is pressure to begin releasing people quickly, and a lot of media attention. However, you are aware that many have no home to return to and will end up in a shelter or on the street. Further some are already sick. What steps can you take to raise the health and safety issues that are at risk in the rush to release? Who can you enlist to act on what you are seeing at the frontlines of this policy directive?

Human Rights During a Pandemic: The COVID-19 outbreak is emerging in your city. The models show that the need for ICU beds and ventilators is likely to outstrip supply. A private hospital, with permission from city officials, opens a tent hospital in a local park. The hospital is run by a high-profile evangelical Christian group, who have worked mainly in poor countries in the context of outbreaks of infectious disease (e.g., Ebola in Congo). It comes to light the in order to work of volunteer with this group, you must sign a pledge denouncing gay marriage, and volunteers have been turned away for refusing to sign this pledge. The leader of this organization has previously made public statements that homosexuals will burn in the "flames of hell," described Islam as "wicked and evil," and railed against the "transgender lie." During the zoom membership meeting of the local NASW chapter the topic is brought up for discussion. Some want NASW to take stand against the tent hospital, to denounce it and issue a public statement. They point out that this group is taking advantage of the crisis to push an agenda. Others are fearful that this is not the time to refuse help and point to the fact that the group has signed a pledge to not discriminate among patients. How should this debate be resolved?

Testing Essential Personnel During a Crisis: You are a social worker at a community hospital that is at the center of the COVID-19 outbreak. Many of your co-workers are sick, in fact, you have also had a persistent cough. The hospital needs every worker now, and there is the feeling among staff that they need to be at work to meet needs in a crisis. You are puzzled that management is not doing more to test the workforce, and to make sure sick staff stay at home. What policy should be enacted to keep staff and patients sick? In the future, what policy should be created to meet the dual needs of keeping the hospital functioning and protecting the workforce?

Racial/Ethnic Disparities and Health Equity: The dust is starting to settle after the COVID-19 outbreak in your city. Over 16,000 city residents have died (probably more due to undercounting), and half of the people in the city report that they know someone who passed away. However, these phenomena are not spread evenly throughout the city. Hospital data shows that 80% of deaths have occurred among African American, Caribbean American, and Latinx residents in specific areas of the city. You are a social worker at the health department who has been assigned to a committee developing interventions to strengthen the cities approach to future COVID-19 outbreaks, or similar events. What data, studies and research would you think about recommending? What groups need to be involved in the response to shaping prevention and intervention? What can public health social workers contribute to this discussion?

Nursing Homes: In the wake of the COVID-19 outbreak, it is clear that not only have older people been at higher risk for illness and mortality, but that nursing homes have faced devastating consequences. Nursing homes have long been known for low wages, and some for poor infection control. In the COVID-19 outbreak, many homes had serious outbreaks among residents and staff. You are a Public Health Social Worker who sits on the board of a small chain of non-profit nursing homes. Given the realities of the market and the needs of this vulnerable population, what changes would you recommend from the perspective of the nursing homes. Or, you are a Public Health Social Worker who works as a staff for a state legislator who sits on the committee that oversees nursing home regulations. What policy/regulatory changes would you consider from the perspective of state licensing and public health?

Clinical Case Vignettes: How would a public health social worker approach each of these clinical cases?

Case #1: Arup

Arup is a 16 yr. old heterosexual male from Bangladesh who currently resides with his biological parents and younger sister. Arup and his family immigrated to the City 3 years ago to pursue "new opportunities." Arup resides in a close-knit Bengali community in his City that includes several of his relatives. Arup was referred by his school due to significant school refusal caused by symptoms of social anxiety that are exacerbated by hyperhidrosis (medical condition causing excessive sweating). Arup is currently being followed by a dermatologist for his medical condition. He has found the prescribed interventions thus far to be ineffective in reducing symptoms of hyperhidrosis.

Upon arrival to U.S., Arup struggled to learn English and recalls that many of his American peers in 7th grade often "bullied" him for his limited English language proficiency, Muslim faith, his skin color, and body sweat. It was also around this time that Arup began noticing a change in his level of perspiration, particularly heightened sweating in his palms. Arup noted that such social stressors triggered a rise in anxiety and a dislike for American culture ("We don't' treat people like this where I am from").

Arup describes enjoyment of his 8th grade year where he developed stronger English proficiency and found a core group of friends. His friends were more accepting of his differences and showed a willingness to stand up for him, as many of his peers continued to tease him for the aforementioned reasons. However, Arup learned that his uncle enrolled him in a high school where none of his 8th grade friends would be attending.

Of note, Arup is now the primary English speaker within his home as his parents have yet to improve their English proficiency. However, his parents often rely on their relatives (like Arup's uncle) to support Arup's efforts to navigate different U.S. systems (such as their children's education). Arup emphasized his love and adoration of parents, but reported that the pressure of his role in the family can be "a lot."

The transition to 9th was a challenge for Arup. He attempted to attend his classes for the first 2 weeks of school, but often spent significant parts of his school day in the school counselor's office. Arup worries about peers negatively judging him ("everyone is judging me even when I don't see it") and experiences heightened somatic arousal marked by sweatiness. Arup was receiving in-school therapy for his anxiety, but these services were discontinued due to his significant school refusal. At the time Arup presented to our clinic in early 2020, he had not attended school during the Spring semester.

As his school refusal continued, Arup began avoiding other social settings/situations, such as public transportation and his mosque, due to fears of being judged for his sweatiness and body odor. Arup only wears black clothing to mask sweat stains and wears sweat pants with a coat regardless of the weather/temperature. Arup is distressed by his school refusal due to worries that his parents would be put in jail by child protective services. Arup is also distressed by his absence from the mosque due to fearing his disappointment of God and because he aspires to become an imam when older.

Prior to COVID's impact on the U.S., Arup had already began expressing worries about the virus spreading to the U.S. He often checked international news outlets and would express his worries during his weekly therapy appointments. Despite encouragements from his therapist to exercise caution in forming quick judgments about the virus' impact on the U.S., the COVID pandemic began to onset in early March.

Suddenly, Arup's discussion of social anxieties ceased in his appointments and he frantically discussed his worries about he and his family's health, often noting that "my parents are the high-risk age." Prior to government recommendations to remain at home, Arup requested to discontinue in-person appointments due to a fear that the open air would infect him. Arup's awareness of body sensations was further heightened due to fears that he unknowingly contracted the virus and was infecting his parents.

At home, Arup checked news outlets 12-15 times daily (sometimes for hours at a time), seeking to learn new safety guidelines or updates on the status of a cure. Arup began fully cleaning his home 2 times daily (regardless if anyone had left their home). He policed his family's adherence to cleanliness guidelines and closely monitored their health, often asking them if they were exhibiting any symptoms. Arup's parents discouraged his efforts and complained that he was being too excessive, but Arup feared his parents were being too cavalier about the whole pandemic.

Case #2: Jennifer

Jennifer is a 15 y/o bisexual Latina female who resides in a rural community. Jennifer splits time between the homes of her biological mother and biological father. However, because she attends school closest to her mother's residence, she spends more time her mother during the school year. Jennifer requested that her mother seek out therapy services due to her struggle to cope with feelings of sadness and anxiety.

Jennifer has presented with limited emotional expressiveness since childhood. She has felt that her parents have always been disappointed in her lack of expressed excitement ever since she was a child. She recalled early in therapy remembering her parents getting upset with her for not being more excited while opening presents on Christmas day. Her parents clarified that they have learned to expect a restricted range of emotional expression from their daughter, explaining that "We know she only gets excited about a few things."

Her parents added that Jennifer has always been overly concerned about disappointing them and explained that she often avoids expressing her emotions or asserting her opinions due to fear of upsetting them. Parents have tried to assuage Jennifer's fears by continuing to ask about her emotions or opinions, but Jennifer remains reluctant.

Jennifer's concerns of disappointing others also extend to her teachers and peers as she tries to avoid being a burden or an inconvenience to them. Such concerns often leave Jennifer ruminating about past interactions. She often goes along with the flow with and avoids expressing her interests in peer circles. Jennifer also feels a strong pressure to perform highly and require minimal teacher support in order to not appear burdensome to her teachers.

At intake, Jennifer's chronic worries about disappointing or burdening others had resulted in her social withdrawal from peer and family interactions and feeling overwhelmed by school. She presented with flat affect, expressed chronic passive SI, and appeared hopeless that her emotional state could ever improve. As treatment progressed, it was not apparent that Jennifer had ever wanted to receive therapy, as she was often disengaged emotionally and was resistant to early interventions.

It was not until Jennifer and her therapist connected about their shared interests in music, travel, and thrifting that Jennifer became more emotionally expressive and participatory in sessions. She became more hopeful and willing to engage in recommended interventions. However, it was at this time that the COVID pandemic onset.

Jennifer's mother is a nurse in a local hospital and contracted COVID-19 virus in early March. Jennifer had to move in with her father, stepmother, and younger half-brother while her mother recovered at home. She was aware of her mother's sickness, but her parents decided to keep the severity of her mother's condition from Jennifer. Jennifer never shared that her mother was sick with therapist.

However, she did complain about having to remain at her father's home throughout the COVID pandemic. Jennifer does not feel very close to her father and finds him intimidating and invalidating when she attempts to express her emotions. Jennifer desperately wishes and often tries to remain in her room all day, but her stepmother and father require her to be out of her room when not completing homework. Jennifer finds this arrangement "suffocating," but she refuses to express how she feels.

Most recently, Jennifer has complained about the excessive workload she is receiving as an honors student during the online schooling. She badly wants to return to school so she can at least see her friends, but fears the social

restrictions will never end because "People just don't listen…they won't stay inside." Jennifer is having a hard time keeping up with all the assigned work and is becoming increasingly more irritable about her home arrangement.

Jennifer eventually gave up on keeping up with school work, explaining that "If I can't do my best then I don't want to do it all." Once her parents learned that Jennifer was ignoring her studies by texting/calling friends, they grounded her indefinitely from speaking with friends and increased their monitoring of her homework completion.

Case #3: Tyler

Tyler is a mid-20s African American heterosexual male medical student. Tyler resides in on campus housing despite his mother and siblings also living in the same city. He sought therapy during onset of COVID pandemic due to difficulty managing anxiety related to he and his family's health as well as his academic performance.

Tyler is the eldest of his biological parents' 3 children. During his childhood, Tyler's parents were hard working and emphasized the importance of religious faith and education. In high school, his father suddenly died from a heart attack. And, since this time, Tyler has struggled with the concept of mortality - often thinking about when, how, and why he will die. Also, in response to his death, Tyler, his mother, and younger sister devoted themselves to careers in healthcare. His mother and sister currently work as nurses in local hospitals.

At intake, Tyler expressed "I struggle with having balance in my life," noting that he devotes significant time to school preparation which causes him to neglect perceived family and social responsibilities. Tyler strictly adheres to a daily study routine (e.g., 10hrs/daily for 6 per week) and feels that nonadherence to the routine causes unmanageable worries about his lack of preparedness, being a bad representation of himself and his race, and being unable to disprove people who doubted his abilities in the past. Prior to COVID, Tyler was most interested in learning to be more flexible with his academic routines because his anxiety had become very distracting and hard to manage.

Following the intake, Tyler began virtual individual therapy sessions just as the COVID pandemic was reaching its peak. At this time, medical school classes were now online and Tyler was confined to his campus apartment. Also, as a 2nd year student, Tyler had been preparing all academic year for his board exam. However, due to COVID, his date to take the exam was in jeopardy of being rescheduled.

Despite these academic stressors, Tyler preferred to focus on his health-related anxiety. Since starting medical school, Tyler has experienced a heightened sensitivity to somatic discomforts or skin blemishes due to his worries about the observations being signs of his impending death. When worried, Tyler often spends long periods of time checking his body in the mirror for suspicious abnormalities and then researches his observations online.

He has also become prone to scheduling consultations with specialists in effort to reduce worry. But he often feels that physicians do not take him seriously and attributes their dismissiveness to him being a young, Black male. Recently, he has started disclosing that he is a medical student in order to communicate to them "I know what I am talking and I am not making this up." Though he feels more heard in these appointments, he continues to lack trust in the physicians because they often assure their recommended treatment will make his sensations/discomforts go away – but the sensations/discomfort continue to return.

Since the onset of COVID, Tyler's body vigilance has become more intense as he often questions whether certain bodily sensations are early signs of COVID. Tyler is learning to tolerate regularly occurring sensations and their associated discomforts but becomes panicky when he observes unfamiliar sensations. In these moments, he immediately resorts back to his checking and reassurance seeking behaviors due to his tendency to associate the unfamiliar with potential signs of death.

Also, Tyler has remained worried about the health of his mother and sister who are working in COVID units at their respective hospitals. At the beginning of treatment, Tyler feared the worst if either his mother or sister tested positive. Two sessions into his treatment, Tyler's fear became a reality – his mother tested positive. Thus far, she

has been able to recover from the virus at home, but Tyler continues to fear the worst. Of note, as the eldest sibling, Tyler has felt a strong responsibility to care for his mother since his father's death. He has a proneness to feel guilty whenever unable to be there for her. Since she tested positive, he regularly contacts her, but wishes he could do more.

Case #4: Joe

Joe is a mid-30s Asian American heterosexual male of Vietnamese descent who was born and raised in California. He is the oldest of his parent's 3 children. He previously initiated treatment with a psychiatrist in our clinic due to recurrent panic attacks and was referred for psychotherapy to further assess what contributes to the onset of his panic and anxiety..

During the initial assessment, the frequency of Joe's panic sensations had reduced since beginning an SSRI. Prior to the medication, Joe commonly experienced chest tightness, throat discomfort, and shakiness that would cause him to avoid work duties and social interactions due to his perceived inability to tolerate sensations when in those contexts. Joe denied any current worries about having another panic attack – especially now that he is on medication.

The panic sensations appear to have onset after Joe's longtime girlfriend broke up when him on Valentine's Day in February 2020. Joe and his ex-partner met while they were in college. Joe refers to her as his best friend. He was aware of their problems prior to the breakup and requested they not celebrate Valentine's Day if she was going to break up with him. Because she kept their plans, he did not expect her to move forward with the break-up. Joe has been guarded about his emotional response to the break up and feels uncertain why the break up coincided with the onset of panic sensations.

Following the break up, Joe and his now ex-girlfriend did not maintain contact. However, in the past month, Joe has reconnected with her, but is struggling to understand if he wants to rebuild their friendship.

Also, at intake, Joe complained that the medication had not improved his worry about making mistakes. Specifically, Joe had developed a pattern of checking behaviors, which included re-checking his alarm at night at least 4 times, checking for unread emails at least once per hour (even no receiving a notification), rereading emails for typos at 4-5 times, rechecking household appliances 4-5 times before bed, and rechecking if he locked his car door multiple times before walking away from car. Joe denied significant distress or any impairments associated with his checking behaviors.

Joe however feels that the aforementioned stressors have caused him to use juuling as his primary source of stress management. He started juuling in 2 years ago after trying it at a party. Joe has since purchased his own juul and uses it regularly throughout his day – upon waking up in the morning, while studying, during moments of leisure downtime, when feeling bored, and before bed. Joe is aware of the health risks associated with juuling and feels hypocritical to be juuling while learning to be a medical doctor. Joe wants to stop, but is struggling.

Since returning home, Joe has struggled to maintain his regular use given that his family is unaware of his juuling. Though the lack of privacy has resulted in reduced use, Joe is now struggling to cope with his worries about the future of his relationship with his ex-girlfriend and the disrupted academic scheduled caused by COVID. He has noticed an increase in checking behaviors. Joe experiences cravings to use his juul all day – mainly for emotional relief and to obtain the pleasurable sensory experiences (e.g., lightheaded and tingling). Joe is afraid that if he continues to use at home, he will risk his family finding out.

Case #5 Manuel

Manuel is a 29-year-old El Salvadorian married male who is a janitor at a local hospital where his primary assignment is the emergency room. Manuel lives with her elderly mother Irma, wife of 5 years Marleen, and two young children Tim (age 3) and Christine (age 6 months). Manuel has been employed by the hospital for 7 months before the first COVID-19 case came into the hospital and has never worked around an infectious disease before.

Manuel reports nightmares that have affected his sleep at night where he is cleaning rooms filled with body parts and blood. In his dreams, he states he is very sick and no one is giving him any attention. Manuel is referred to you because of his sleeping disturbances, and also reports breathing difficulties, sensations of tightness in his chest, and what he describes as ataque de nervios, or nervous attacks. Manuel's supervisor was the one who made the referral after he found Manuel in the janitor's closet – in what his supervisor believed was him hiding from his work duties.

Manuel has received a Covid-19 test and it was negative. As a result of his fear that he has received a false positive on that test, Manuel has started to sleep in his car so he does not risk bringing home the virus to his family. Manuel presents as malodorous, unkempt, and focused on his physical health symptoms.

Appendix B: COVID-19 Specific Supplemental Learning Materials aligned with Six Core Concepts of Public Health Social Work

Core Concept 1: Perspectives on Public Health Social Work

- Bowen, E. (2013) AIDS at 40: Implications for Social Work Education. *Journal of Social Work Education, 49*: 265-276.

- Bauwens, J., Naturale, A. (2017). The Role of Social Work in the Aftermath of Disasters and Traumatic Events. *Clinical Social Work Journal* 45, 99–101 (2017). https://doi.org/10.1007/s10615-017-0623-8

- Rossoff, P.M. (2008). Ethics of Care: Social Work During a Flu Epidemic*: Social Work in Health Care. 47*(1). doi:10.1080/00981380801970814

- Siefert K. (1983). An exemplar of primary prevention in social work: The Sheppard-Towner Act of 1921. *Social Work in Health Care. 9*(1):87–103.

Core Concept 2: Epidemiology

- Understanding the Epidemiology of COVID: https://www.worldbank.org/en/news/video/2020/04/14/understanding-the-epidemiology-of-covid-19

- COVID-19 Real Time Data Visualization: https://informationisbeautiful.net/visualizations/covid-19-coronavirus-infographic-datapack/

- Getting Familiar with COVID-19 Sources:

  - Johns Hopkins University: https://coronavirus.jhu.edu/news: Due to the rapidly changing nature of COVID-19, students can investigate the latest news using this website, which offers articles from a number of sources
  - World Health Organization: https://www.who.int/emergencies/diseases/novel-coronavirus-2019
  - American Public Health Association: https://apha.org/topics-and-issues/communicable-disease/coronavirus
  - Dynamed: https://www.dynamed.com/condition/covid-19-novel-coronavirus
  - New England Journal of Medicine: https://www.nejm.org/coronavirus
  - Centers for Disease Control and Prevention: https://www.cdc.gov/coronavirus/2019-ncov/index.html

- Free Basic Epidemiology Course focused on COVID-19: https://www.coursera.org/learn/covid19-epidemiology

- Infectious Disease MD Bill Rodriguez, MD's Blog: https://covid19-insights.squarespace.com/about. Dr. Rodrigues is a trained infectious disease physician who has worked on epidemic preparedness off and on since 2001, and intensively from 2015-2017, when he led clinical trials of new diagnostics for Ebola in Sierra Leone and Liberia, for Zika in South America, and worked on diagnostic test capacity planning for new outbreaks at a global level.

- Video explaining social distancing, how it works and why it is important (Ohio Department of Public Health) https://www.youtube.com/watch?v=cURFFnyEhfI

- Explanation of contact tracing for those new to public health: Landman, K. (2020). How The Painstaking Work Of Contact Tracing Can Slow The Spread Of An Outbreak. Available at: https://www.npr.org/sections/health-shots/2020/03/10/814129534/how-the-painstaking-work-of-contact-tracing-can-slow-the-spread-of-an-outbreak

- Michaud, J. & Kates, J. (2020). Is Contact Tracing Getting Enough Attention in U.S. Coronavirus Response? Available at: https://www.kff.org/coronavirus-policy-watch/is-contact-tracing-getting-enough-attention-in-u-s-coronavirus-response/

Core Concept 3: Social Determinants of Health: Application to Individual and Population Levels

- Barnett, M. & Grabowski, D. (2020). Nursing homes are ground zero for COVID-19 pandemic. *JAMA Health Forum*; available at: https://jamanetwork.com/channels/health-forum/fullarticle/2763666

- Gomez, E. & Galea, S. (2020). Politics may kill us, not the coronavirus. *Scientific American.* Available at: https://www.thinkglobalhealth.org/article/politics-may-kill-us-not-coronavirus.

- Chisti, M., & Pierce, S. (2020). Crisis within a crisis: Immigration in the US in the time of COVID-19. Migration Policy Institute, available at: https://www.migrationpolicy.org/article/crisis-within-crisis-immigration-time-covid-19

- Krieger, N. (2010). Workers are people too: societal aspects of occupational health disparities--an ecosocial perspective. *American Journal of Industrial Medicine, 53*(2), 104–115.

- Mainzer, H., & Kruger, J. (2019). Essential public health services framework: Use for rebuilding communities. *American Journal of Public Health; 109*(S4); S271-S274.

- Owen, W., Carmona, R., & Pomeroy, C. (2020). Failing another national stress test on health disparities. Available at: https://jamanetwork.com/journals/jama/fullarticle/2764788

- Tikkanen, R., Aboulafia, G., & Williams, R. (2020). How the US compares to other countries responding to COVID-19: Populations at risk, health system capacity, and affordability of care. Available at: https://www.commonwealthfund.org/blog/2020/how-us-compares-other-countries-responding-covid-19-populations-risk-health-system.

- Data Visualization Tool: A new data visualization tool out of Rensselaer Polytechnic Institute (RPI) will demonstrate how the social determinants of health are affecting COVID-19 risk and outcomes across disparate communities nationwide and throughout individual counties in New York. COVID-MINDEr: https://covidminder.idea.rpi.edu/

- Video: COVID-19 Seminar Series: The Health Consequences of the Consequences: https://www.bu.edu/sph/news-events/signature-programs/deans-seminars/coronavirus-seminar-series/covid-19-the-health-consequences-of-the-consequences/

Core Concept 4: Health Equity

- Braithwaite, R., & Warren, R. (2020). The African American petri dish. *Journal of Health Care for the Poor and Underserved*; 1-12. Available at: https://preprint.press.jhu.edu/jhcpu/sites/default/files/02_warren.pdf.

- Benfer, E. & Wiley, L. (2020). Health Justice Strategies To Combat COVID-19: Protecting Vulnerable Communities During A Pandemic. Health Affairs Blog: https://www.healthaffairs.org/do/10.1377/hblog20200319.757883/full/

- Chin, T., Kahn, R., Li, R., Chen, J., Krieger. N., Buckee, C., Balsari, S., & Kang, M. (2020). U.S. county-level characteristics to inform equitable COVID-19 response. Accessible at: https://www.medrxiv.org/content/10.1101/2020.04.08.20058248v1

- El-Sadr, W. M., & Justman, J. (2020). Africa in the Path of Covid-19. *The New England Journal of Medicine;* available at: https://doi-org.ezproxy.cul.columbia.edu/10.1056/NEJMp2008193

- Eversman, M. H., & Bird, J. D. (2016). Moral Panic and Social Justice: A Guide for Analyzing Social Problems. Social Work. 62(1):29-36. doi: 10.1093/sw/sww068

- Ofur, U. & Tian, L. (2020). New model shows reducing jail population will lower COVID-19 death toll for all of us. ACLU Policy Brief, available at: https://www.aclu.org/news/smart-justice/new-model-shows-reducing-jail-population-will-lower-covid-19-death-toll-for-all-of-us/

- Pavlos, C., Bartlett, C. & Galea, S. (2020). Slowing the spread of COVID-19 the right way: four recommendations for marginalized populations. *Commonwealth Magazine.* Available at: https://commonwealthmagazine.org/opinion/slowing-the-spread-of-covid-19-the-right-way/

- Growing Data Underscore Communities of Color Hit Harder by COVID-19: https://www.kff.org/coronavirus-policy-watch/growing-data-underscore-communities-color-harder-hit-covid-19/

- Video: How COVID Pandemic Amplifies Disparities: https://www.ama-assn.org/delivering-care/health-equity/ama-covid-19-daily-video-update-how-pandemic-amplified-disparities

- Maps: Various Maps of Racial Disparities and COVID-19 infection/death: https://www.policymap.com/2020/04/racial-disparities-covid19/

- Resources: Health Equity Initiative: https://www.healthequityinitiative.org/covid-19-and-health-equity-resources.html

Core Concept 5: Prevention

- Galea, S., Merchant, R., & Lurie, N. (2020). The mental health consequences of COVID-19 and physical distancing: The need for prevention and early intervention. *JAMA Intern Med;* Published online April 10, 2020. doi:10.1001/jamainternmed.2020.1562

- Video: COVID-19 Seminar Series: COVID-19 Pandemic: Mental Health Consequences and Implications: https://www.bu.edu/sph/news-events/signature-programs/deans-seminars/coronavirus-seminar-series/covid-19-pandemic-mental-health-consequences-and-implications/

- Sabbath, E., Shaw, J., Stidsen, A. & Hashimoto, D. (2018). Protecting Mental Health of Hospital Workers after Mass Casualty Events: A Social Work Imperative. *Social Work, 63*(3), 272-275.

- Social Service Workers Mitigating the Impact of COVID-19: http://www.socialserviceworkforce.org/resources/blog/social-service-workers-mitigating-impact-covid-19

- Sample Safety Guidelines:

    - Guidance for Preparing Workplaces for COVID-19: https://www.osha.gov/Publications/OSHA3990.pdf
    - NASW guidance for social worker safety in the pandemic: https://www.socialworkers.org/Practice/Infectious-Diseases/Coronavirus/Social-Work-Safety
    - US based guidance for child welfare home visits: http://www.seiu509.org/wp-content/blogs.dir/77/files/2020/03/Final-Interim-Guidance-on-Case-Contact-and-Visits-3.18-1.pdf

Core Concept 6: The Social Work in Health Impact Model

- Andrews, A. B., Williams, H., & Kinney, J. (1988). Three models of social work intervention with tuberculosis patients. *Health & Social Work, 13*(4), 288–295.

- Walter-McCabe, H. (2020). Coronavirus Pandemic Calls for an Immediate Social Work Response, *Social Work in Public Health, 35*:3, 69-72, DOI: 10.1080/19371918.2020.1751533

- Wheeler, D. P. (2009). Mounting a social work response to the worsening HIV epidemic in black communities. *Health & Social Work, 34*(2), 156–159.

- Zakour, M. (2019). Macro-Level Interventions in Disasters: Theoretical Foundations for Improving Mental Health Outcomes. *Best Practices in Mental Health, 15*(2) 16-28.

Appendix C. PHSW Integration Exercises
Drawn from: Ruth, B., Wachman, M., & Marshall, J. (2019). Public health social work. In S. Gehlert & T. Browne (Eds.), *Handbook of Health Social Work* (3rd ed., pp. 93-118). Hoboken, NJ: John Wiley & Sons.

Learning Exercise 1

Purpose: Learn to identify the opportunities for public health social work in an agency setting.

Exercise: Reflect upon one of your field internships or current social work position. Ask: What broad health issues are addressed in this agency and are we using public health social work approaches to address them? If so, describe them. If not, what first step would you take to help the agency to "widen the lens" and to include prevention and health promotion, community health work, policy analysis, advocacy, and a structural focus on social determinants of health?

Learning Exercise 2

Purpose: Enhance understanding of the fields of social work and public health by reviewing their Codes of Ethics.

Exercise: Both public health and social work rely upon codes of ethics to provide information to the public and guidance to practitioners. As public health social workers, it is important to understand and utilize both codes. After reading the two codes, compare and contrast them. How do they differ? What do they share? Do you notice anything that is missing? What can you learn about each field by examining these statements of cherished values and principles?

Code of Ethics of the National Association of Social Workers (https://www.socialworkers.org/pubs/code/code.asp) and the American Public Health Association Principles of the Ethical Practice of Public Health (https://www.apha.org/apha-communities/member-sections/ethics).

Learning Exercise 3

Purpose: Identify additional health social work practice roles and behaviors according to the Social Work Health Impact Model.

Exercise: Review the Social Work Health Impact Model (SWHIM) found in Figure 1 of this chapter. Drawing on your own practice experience and on the examples in the chapter, identify an area of practice or professional role and locate it on the SWHIM. Utilize the SWHIM model to imagine ways you might "widen the lens" or expand your practice.

Learning Exercise 4

Purpose: Discuss ways that agencies might engage in prevention.

Exercise: Review the various levels of prevention. Then, identify a community health issue that may or may not be currently addressed in your agency (i.e.; high rates of child abuse and neglect; the spike in opioid-related deaths; suicide rates within a community at-risk). Assess whether your agency is involved in prevention. If it is, determine the level of prevention and identify who conducts the prevention. Consider your agency might get involved in primary prevention of this issue, if it is not already. How might services or professional activities look different if the goal shifted to primary prevention?

Learning Exercise 5

Purpose: Apply public health social work in the global context.

Exercise: Identify a current global health issue. Conduct a literature review, including social epidemiological resources in your review, if available. Based on your preliminary review, what roles might public health social work play in addressing this issue? What specific skills or competencies does public health social work bring to the global health issue you have identified? How might the public health social work roles differ in a global context? What skills and competencies would a public health social worker interested in addressing this global health problem need?

Learning Exercise 6

Purpose: Become familiar with various public health resources online.

Exercise: Spend 20 minutes investigating the major health goals of the U.S. Visit https://www.healthypeople.gov/ and learn about major health indicators, benchmarks, and targets for the nation's health. Identify an issue and see what the population health goals are for that issue in the current decade.

Or, compare the Centers for Disease Control and Prevention (https://www.cdc.gov/) with the World Health Organization (http://www.who.int/en/). What issues are more prevalent at the global level than at the national level?

Note that each state has its own department of public health. What's being emphasized in your state?
https://www.cdc.gov/mmwr/international/relres.html

Finally, investigate the National Institutes of Health: https://www.nih.gov/about-nih
Which divisions are most relevant to the work that you are doing? What kinds of research and data are available? How might you utilize these websites in the future? Choose on, and sign up for regular updates and newsletters.