ADVANCING LEADERSHIP

in Public Health Social Work Education

MSW/MPH Program Handbook

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INTRODUCTION

Welcome to the MSW/MPH Program Handbook, a project of the Boston University Advancing Leadership in Public Health Social Work Education grant, funded by the Health Resources and Services Administration (HRSA). This Handbook provides current and prospective Master of Social Work/Master of Public Health (MSW/MPH) program administrators and educators with useful information on how to build and strengthen these valuable dual-degree programs. With 45 MSW/MPH programs currently in existence across the country, and more under development, MSW/MPH programs are popular and prolific throughout the United States.

The BU-ALPS team is passionate about MSW/MPH education. Led by a longtime director of the successful Boston University MSW/MPH Program, our team is comprised of MSW/MPH and MPH graduates, all of whom have practiced at the intersection of public health and social work. Together, we share a deep commitment to quality improvement in these important dual-degree programs, whose value is yet to be fully recognized by their broader fields.

In developing the Handbook, the BU-ALPS team engaged in a variety of efforts to better understand the current state of MSW/MPH education including:

▪ **surveying MSW deans, MSW/MPH Program faculty and directors, APHA members, and other key informants on their views of the strengths, needs, and challenges of MSW/MPH education;**

▪ **conducting website reviews to gather information about existing programs; and**

▪ **interviewing a select set of public health and social work experts and key informants.**

Through these efforts, we gained a better understanding of the unique successes and challenges faced by MSW/MPH programs. No handbook can address all of these challenges or feature all of the strengths of the nation's many programs. Instead, we have endeavored to speak to some of the discernible common themes related to implementing, administering, and sustaining MSW/MPH programs, while providing tools and resources that may be helpful to all.

We believe that MSW/MPH education is an essential method for educating the next generation to address current and future health challenges. We hope that the Handbook will encourage and promote ongoing improvement in these unique and valuable programs. This Handbook contains current information on existing programs; shared wisdom on how to build, strengthen, and sustain high quality MSW/MPH Programs; and examples of how MSW/MPH graduates are integrating social work and public health approaches in practice. As a "living document," we welcome your suggestions for future content. Our team wishes you good luck in developing, sustaining, and participating in high-quality MSW/MPH programs, and is grateful for your work to advance the field of public health social work.

Sincerely,

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Acknowledgements

Using this Handbook

This Handbook includes an overview of the history, current strengths, and existing challenges associated with MSW/MPH Program education, as well as resources to help you in your own efforts to promote, improve, and evaluate your program. We encourage you to adapt the tools and instruments for your own purposes.

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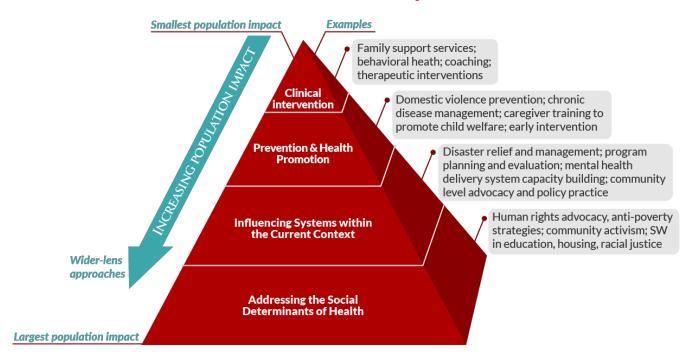
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Why Focus on MSW/MPH Programs?

There are many reasons to elevate the conversation about MSW/MPH education at this time. Numerous factors and challenges are driving professions to assess their impact on major health issues in our society and to adapt their approaches. A brief review of four important drivers of change in the U.S. health landscape—current context, emergence of interprofessional education, new ways of collaboration, and the call to leadership—can help to underscore the potential and promise of MSW/MPH programs and their importance to both fields. After discussing each driver, we address the particular role that MSW/MPH programs can play in addressing the issue.

Context: By any measure, we are in a profound moment of change within the U.S. health and social welfare landscape. The delivery of health services occurs in a fragmented system that emphasizes disease treatment over prevention, uses a maze of bureaucratic structures to contain spiraling costs, and fails to meet the needs of a significant portion of the population (Marshall, Ruth, Sisco, Cohen & Bachman, 2011). Meanwhile, considerable uncertainty accompanies recent efforts to roll back the health reforms and funding associated with the Affordable Care Act (ACA), whose future remains unclear. The nation's ongoing health challenges include worsening national health statistics; rampant health inequities; pervasive chronic and persistent infectious diseases; and increases in substance misuse, gun violence, and suicide. There are health challenges associated with population aging, immigration, urbanization, environment degradation, and climate change. All of these are exacerbated by cutbacks in social and health funding (Ruth, Marshall & Wachman, 2017). All professions and fields are called to engage in a frank reckoning of the circumstances and resources at hand to address these major population level concerns.

Role of MSW/MPH Programs: Social work has an important role to play in improving the nation's health. Roughly half of all social workers work in health settings; over the next 10 years, it is projected that 70% will be employed in health (BLS, 2018). Social work is well-known for its multifaceted clinical activities in health, including care coordination, medical social work, and behavioral health. Social work's wide-lens or "upstream" practices in prevention, health promotion, health advocacy, and public health social work (PHSW), although longstanding, are less widely appreciated. However, recent work on the development of a Social Work Health Impact Model (SWHIM), based on the work of Frieden (2010), demonstrates the strength and diversity of social work practice across health. The SWHIM illustrates the value of widening the lens to both educate and practice for greater population health impact (Ruth, Wachman, Marshall, Backman, Harrington, Schultz & Ouimet, 2017). MSW/MPH programs are key tools in supporting "wide-lens" public and population health education and can help to promote a collaborative high-impact social work response to major health challenges (Ruth et al., 2017).

Social Work in Health Impact Model

Smallest population impact

Examples

INCREASING POPULATION IMPACT

Clinical intervention

Family support services; behavioral heath; coaching; therapeutic interventions

Prevention & Health Promotion

Domestic violence prevention; chronic disease management; caregiver training to promote child welfare; early intervention

Influencing Systems within the Current Context

Disaster relief and management; program planning and evaluation; mental health delivery system capacity building; community level advocacy and policy practice

Wider-lens approaches

Addressing the Social Determinants of Health

Human rights advocacy, anti-poverty strategies; community activism; SW in education, housing, racial justice

Largest population impact

Similarly, the field of public health, charged with assuring and protecting the health of society, is engaged in multidimensional collaborative practices across professions, government, voluntary organizations, and other sectors to meet the complex needs of a rapidly changing society. A broad and disparate field comprised of many professions and practitioners, public health has long included social workers in its ranks (Ruth, Sisco, & Marshall, 2016; Schneider, 2014). As the field prepares to meet new contextual challenges, a stronger emphasis on social and economic determinants of health has emerged (DeSalvo, O'Carroll, Koo, Auerbach, & Monroe, 2016). Public health and social work, two fields concerned about unmet social needs, are building upon their history of longstanding collaboration to create new linkages. MSW/MPH programs offer educational and professional syntheses that can help practitioners engage in powerful collaborations.

Interprofessional education and practice: The recent growth in interprofessional and transdisciplinary approaches has affected all areas of the health system. Interprofessional education (IPE), as defined by the World Health Organization, is "two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes" (Gilbert, Yan, & Hoffman, 2010). Recent cross-profession efforts, such as the Interprofessional Education Collaborative, view IPE as central to reducing fragmentation in health systems and strengthening patient car**e** (Interprofessional Education Collaborative, 2018)**.** The focus on IPE has evolved from recognition that complex health challenges cannot be solved by any one profession. Health is multi-dimensional and the U.S. health system is deeply complex; thus, the solutions must be multifaceted. Some of the U.S. health system's inefficiencies relate to the "silo-ing" effect. This is in part a reflection of payment and reimbursement models in contemporary health system, an aspect that can be partly remedied by a deliberate focus on IPE (Addy, Browne, Blake, & Bailey, 2015). The ACA unleashed a number of initiatives to promote care coordination and integration, all of which rely upon health professionals and workers learning new ways of practice. IPE training has emerged as key tool for promoting integration efforts across health care.

Role of MSW/MPH Programs: MSW/MPH programs are, by their nature, successful efforts at IPE. They provide existing fertile ground upon which to build new IPE opportunities, preparing students for a world in which practitioners must bridge disciplines and sectors (Addy et al., 2015; Ziperstein, Ruth, Clement, Marshall, Velasquez & Wachman, 2015). MSW/MPH graduates are involved in numerous types of interprofessional leadership and collaborations in hospitals, accountable care organizations, integrated behavioral health, and community settings.

Collaboration between public health and social work: Historically, social work's deep roots in public health date back to both fields' Progressive Era origins, when social workers and public health officers successfully collaborated on key public health issues such as infant mortality, tuberculosis, child welfare, and housing (Ruth & Marshall, 2017). At one time, social work and public health were seen as vitally connected.

Although over the course of nearly a century public health and social work have diverged in many ways, the two fields still share common values and goals, such as a mutual commitment to improving quality of life, achieving social justice, and engaging in interventions that address the social determinants of health (Ruth & Marshall, 2017). Public health and social work collaborate on a broad array of issues, from suicide, violence, homelessness and HIV, to substance use disorders, reproductive health, and issues related to the social determinants of health. While the fields share common elements, the distinctions between them are what make MSW/MPH programs relevant and attractive.

Role of MSW/MPH Programs: MSW/MPH education provides an important pathway for sustaining the integrated practice of PHSW and for expanding the interface between the two fields for greater interprofessional impact. The tools of public health (e.g. prevention, health promotion, epidemiology, biostatistics) are vital to social work's efforts to promote health equity and social justice. At a time when public health is emphasizing the need to address unmet social needs that impede health, social work provides deep and enduring connections to community-based practice in every domain of health and social welfare (Ruth & Marshall, 2017). The cooperative cross-school relationships needed for MSW/MPH programs can serve as scaffolding for further collaboration on joint research and projects relevant to the interconnected goals of both fields. The graphic on the following page offers some general observations on the common ground and distinctive features of each field.

A diverse group of professionals exemplifies an IPE approach in *Preventing the School-to-Prison Pipeline: An Innovative Collaboration between Social Work, Legal Services, and Public Health,* presented at Boston University in April, 2018

"The fields of social work and public health are inseparable, and no artificial boundaries can separate them. Social work is interwoven in the whole fabric of the public health movement, and has directly influenced it at every point."
– Harry Hopkins, 1926

Franklin D. Roosevelt (left) with Harry Hopkins, Library of Congress, Prints & Photographs Division, LC-USZ62-12803

Common Ground and Distinctive Features of Public Health and Social Work

Public Health	Social Work
Social justice mission	Social justice mission
Progressive era roots	Progressive era roots
Origins: largely public and governmental	Origins: voluntary organizations
Predominant focus on prevention and provision of essential health services	Predominant focus on interventions for social and clinical problems and issues with individuals, groups and families
Use of social and biological sciences to drive intervention	Use of social sciences to drive intervention
Emphasis on ecological models and role of environment in health	Emphasis on "person in environment" approaches
Emphasis on resilience and protective factors	Emphasis on resilience and strengths perspective
Addresses social determinants of health and health inequities to promote health equity	Addresses health disparities to increase justice
Heavily influenced by public and population health models	Heavily influenced by medical model and "treatment" orientation
Strong practice emphasis on scientifically derived knowledge; emerging emphasis on ethics	Strong practice emphasis on values and ethics; emerging commitment to practice informed research
Goal to promote health and societal conditions that assure health	Goal to advance human well-being and functioning and to promote social justice

Leadership: Much has been written on the need for leadership education in public health and social work programs respectively; both fields have identified the need for a strengthened workforce and new leadership as the Baby Boom generation moves into retirement (Holosko, 2009; Jadhav, Holsinger, Anderson, & Homant, 2017; Sullivan, 2016). Leadership education has been integrated into MPH programs and social work scholars have called for the integration of leadership into social work education as well (DeSalvo, O'Carroll, Koo, D., Auerbach & Monroe, 2016; Fried, Begg, Bayer, & Galea, 2014; Peters, 2017; Rank & Hutchinson, 2000).

Role of MSW/MPH Programs: MSW/MPH education is leadership training; practitioners are cross-trained in and able to broadly integrate both disciplines in response to upstream and downstream health needs. Intentional actors in social work and public health, MSW/MPH graduates have been described as "ambassadors and translators across the two fields and beyond" (Ruth, Marshall, Velasquez, & Bachman, 2015). MSW/MPH programs have the capacity to produce interprofessional leaders that can serve the interests of both professions

as they address areas of shared concern. MSW/MPH programs can revitalize the practice of PHSW, which can serve as a unifying framework to support high-impact health social work.

Conclusion: These societal drivers provide many good reasons for investing in MSW/MPH education. However, this is not an exhaustive list of all the reasons MSW/MPH programs are needed. Individual schools or jurisdictions may have additional rationales, geographic, or even community-specific needs.

The University of South Florida's MSW/MPH Program was developed from a mandate by the Florida legislature to respond to the public health and social welfare needs of the state, particularly in the arena of maternal and child health, women's health and the health needs of families.
http://health.usf.edu/publichealth/apply/mph-and-social-work

History and Overview of MSW/MPH Programs

Origins of MSW/MPH Programs

Interdisciplinary higher education is not a new phenomenon; scholars seeking to widen their knowledge have long engaged in combining studies across fields and areas of inquiry (Miller, Hopkins & Greif, 2008). The emergence of modern forms of professions in the 19th and 20th centuries led to enhanced graduate professional education, which was, over time, gradually linked to universities. Thus, the development of dual-degree professional education, where two graduate programs join to offer programs of study, is a relatively recent occurrence (Miller et al., 2008). Today, there are many forms of dual-degree education across the professions, linking pharmacy, medicine, public health, social work, law, physical therapy, nursing, and many others.

The momentum for building MSW/MPH programs emerged out of several motivations. The 1960s and early 1970s were a period of significant progress in public health and in social work. The post-World War Two economic boom provided funding for and sparked innovation in health and social welfare. Increases in mid-century federal grant-funding strengthened interest in formalized interdisciplinary sharing of knowledge and skills across fields. Excitement about prevention, particularly primary prevention, generated enthusiasm for public health and social work education, encouraging growth in public health programs and generating greater social work interest in public health and prevention (Ruth & Marshall, 2017).

The first MSW/MPH programs arose out of the spirit of interdisciplinary enthusiasm and optimism that accompanied the early decades following World War II. These programs provided initial support for cross-disciplinary cooperation between schools and were offered by universities with well-established schools of social work and public health, including Boston University, University of North Carolina, University of Minnesota, University of Pittsburgh, and Columbia University.

However, by the late 1970s, when funding for health, education, and social services was slashed, applications to MSW programs dropped precipitously, and another motivation for establishing MSW/MPH programs appeared. MSW/MPH programs emerged as a method for increasing enrollment in increasingly competitive (and expensive) MSW and MPH programs (Faherty, 1987). As McClelland observed in describing the 1977 origins of the University of Minnesota MSW/MPH Program, "As a marketing device, joint degrees appear to provide a way to attract a diverse, highly committed [student] population to the graduate [MSW] program" (McClelland, 1985, p. 21). While the economics of higher education drove their development, yet another motive was

Public health social workers and nurses at the Milk Depot in New York, accessed by **https://commons.wikimedia.org/wiki/**

discernable. MSW/MPH programs argued that they could provide graduates with the education necessary for taking on new roles in a rapidly changing health care system (McClelland, 1985; Ziperstein et al., 2015). While much has changed, these strengths continue to drive the development of new MSW/MPH programs.

"I could not have planned a better career than the one I have. I chose the MSW/MPH program because I wanted a career that allowed for continuous learning, professional growth and freedom. I love variety and knew that I would not be satisfied with a career where I did the same thing for 40 years and then retired. The MSW/MPH program checked off all the things that were important to me. It's allowed me to delve into areas of interest, master a specific skill set, and use those skills to branch off into something new. I have been able to follow that path because I have two degrees that can be used across many disciplines."

– Myrtise Kretsedemas, Alumna, Principal MK Consulting; Founder & Clinician of Perspectives Health Services, LLC, Boston (MA), MSW, MPH

Strengths of MSW/MPH Programs

Draws qualified students: Attractive to diverse, mission-driven students

Cost-efficient: Students can earn two degrees in a shorter period of time

Post-graduate success: Graduates report high degree of career satisfaction and employment opportunities in widely diverse arenas

Good for social work profession: Programs support social work's connection to public health methods and continuing development of high impact public health-informed social work

Good for public health field: Programs strengthen public health's connection to social work, enabling greater depth in addressing social determinants of health, social justice, and unmet social needs across social systems

Promotes transdisciplinary collaboration: Foster cooperation and understanding between schools of social work and public health

MSW/MPH Programs Today

General interest in dual-degree education is popular in social work; roughly a third of the nation's MSW programs offer them. MSW/MPH programs are especially popular, reflecting the history of ongoing collaboration between the two fields (Ruth & Marshall, 2017; Ziperstein et al., 2015). Today, there are 45 programs in the U.S., with others under development.

"MSW/MPH education was a perfect fit for my career aspirations, which are to break down barriers to care, increase equity, and work with those who have been disproportionately affected by racism, income equality and lack of access to basic needs. I feel (and felt) that the MSW/MPH program would arm me with both the "soft" and "hard" skills to tackle large and small problems on a daily basis."

-Valerie Tobia, Alumna, Director of Counseling and Health Services, Wheaton College, Norton (MA), MSW, MPH

"My memory of my MSW/MPH training and education is that I had fun. I truly enjoyed my classroom and field placement experiences, made friends that I will have for a lifetime, and gained transferable skills that I continue to use in my career today…The importance of the integration of public health and social work is so clear, so logical to me, that I don't understand why anyone would choose just one! An education in public health provided me with the technical skills to understand and use data, take a population health and systems approach to problem solving, and focus on prevention upstream. An education in social work layered on the elements of social determinants of health, community empowerment and organizing; it also gave me a firm understanding of the systemic oppression and discrimination that exists in our society, disproportionately impacting the lives of our most vulnerable individuals."

– Lisa Gentry, Alumna, Behavioral Health Network Director, UnitedHealthcare Community Plan of Louisiana, (LA), MSW, MPH

MSW/MPH Programs and Geographic Location

West
(8 Programs)
- New Mexico State University
- Portland State University
- San Diego State University
- University of California – Berkeley
- University of California – Los Angeles
- University of Southern California
- University of Utah
- University of Washington

Midwest
(10 Programs)
- Indiana University
- Michigan State University
- Ohio State University
- Saint Louis University
- University of Illinois – Chicago
- University of Missouri
- University of Minnesota
- University of Nebraska
- University of Michigan
- Washington University

South
(11 Programs)
- Tulane University
- University of Alabama
- University of Georgia
- University of Houston
- University of Maryland (Johns Hopkins University and UM School of Medicine)
- University of Oklahoma
- University of North Carolina - Chapel Hill
- University of Texas
- University of South Carolina
- University of South Florida
- Virginia Commonwealth University

North
(12 Programs)
- Boston University
- Bryn Mawr College
- Columbia University
- Fordham University
- Howard University
- New York University
- Temple University
- University at Albany
- University at Buffalo
- University of Connecticut
- University of Pennsylvania
- University of Pittsburgh

The National MSW/MPH Program Study (NMPS), which surveyed MSW/MPH program directors and coordinators from both public health and social work schools, was conducted in 2015 (Ziperstein et al., 2015). The findings reveal that much of the proliferation in MSW/MPH programs has occurred since 2000, with more than 20 new programs having launched during this time period. Geographically well-dispersed, the majority of programs are housed in both public and private universities with a few public/private collaborations. As reported by the program directors, student motivation for participating in MSW/MPH programs parallel the universities' reasons for offering them; students believe they will be more "marketable"; they want the combined skills of public health and social work to tackle transdisciplinary health issues; and they want to become public health social workers.

The rates of graduation from MSW/MPH programs proved challenging to assess. The NMPS reported a range of 0-25 graduates per year and an average of seven. They also noted that close to 20% of programs did not know if anyone had graduated in the past year, or ever, perhaps reflecting the difficulty of tracking graduation across dual programs, a historical lack of recordkeeping, or other administrative issues. The majority of MSW/MPH program directors and coordinators acknowledged that MSW/MPH programs were important to their respective schools. Yet, institutional support appeared to vary widely. For instance, while the majority of program directors reported that there were faculty coordinators at both schools, not all did. Of those that did, almost a third had no reported expertise or interest in public health and social work.

Only three schools reported have modest budgets specific to MSW/MPH program activities and only one school reported that faculty received course release for coordinating the program. Although most programs provided guidelines and advising, only a handful provided specific financial aid for their MSW/MPH students

"As a manager, I have interviewed and met a lot of applicants and have noticed how those that were MSW/MPH-trained had unique perspectives. The first thing I say to MSW/MPH students is not to lose sight of the "dream big" mission because it is what sets public health social work apart from other professions."

- Yaminette Diaz Linhart, Doctoral Student at Brandeis University, (MA), MSW, MPH

"In regard to increasing awareness of public health social work, there is a need to promote MSW/MPH programs across the country, and to conduct and disseminate research findings from the field to show that programs [like these] have a positive effect on health."

- Eric Kamba, Alumna, Executive Director of Congolese Development Center, (MA), MSW, MPH

Despite the challenges, most program directors reported wanting to grow their programs, to learn methods for coordination and administration, and to find additional ways to support students financially and academically.

MSW/MPH Programs are complex entities, which vary in structure. In this section, key aspects of program structure are discussed.

Program Length/Credits: According to the NMPS, the average length of time to complete an MSW/MPH program is three years of full time study (Ziperstein et al., 2015). A few schools reported that students could complete the two degrees in less than three years (n=6) and another six schools (14.6% of the sample) reported that the program took longer than three years full time. Credit hours differ from school to school as well; some schools require as few as 85 credits to as many as 112 credits to earn both degrees. Because some schools are on a trimester/quarter schedule, compared to others on a semester system, these ranges vary. Some schools integrate courses from both schools beginning in the first year; other schools sequence students between the two schools. It is not uncommon for MSW/MPH students to attend the school of social work in year one to complete the foundation curriculum, attend the school of public health in year two, and then return for the third year to complete the advanced social work curriculum. Some programs grant the MSW after the second year if the student meets all the requirements. Others withhold the granting of both degrees until the very end.

> **MSW/MPH Programs...have the potential to become the profession's building blocks for transdisciplinary and inter-professional collaboration in the new era...A national investment in MSW/MPH education and evaluation, commensurate with the understanding that these programs may be central to social work's future, is needed (Ruth et al., 2015, p 193).**

Curriculum Requirements: MSW/MPH programs generally consist of foundational content for each degree, required content for the majors or concentrations in the respective programs, and a small, limited number of electives. The requirements for MSW/MPH programs must be developed in accordance with the accreditation requirements for each degree.

The **Council on Social Work Education (CSWE) and the Council on Education for Public Health (CEPH)** serve as the accrediting bodies for social work and public health respectively and both utilize a competency-based approach. CEPH articulates its expectations for dual and joint degree programs as follows: "The required curriculum of the public health component of these joint degrees must be comparable to the curriculum in the separate public health degree. Any "course sharing" that allows courses or other experiences from the non-public-health degree to replace courses that would otherwise be required for a separate public health degree must be identified and supported by a competency-based analysis. Thus, the school must document that the curriculum for a joint degree addresses all of the competencies associated with the standalone public health degree" **(ceph.org/assets/SPH-Criteria-2011.pdf)**. The **Council on Social Work Education (CSWE)** requires program reaffirmation, including review of dual degrees, every seven years. **(www.cswe.org/getattachment/Accreditation/Accreditation-Process/2015-EPAS/2015EPAS_Web_FINAL.pdf.aspx)**.

> **Coursework in PHSW or seminars designed to promote public health and social work integration, are rare. The National MSW/MPH Programs Study found that only 15% of MSW/MPH programs offered or required integrative courses (Ziperstein et al., 2015).**

As noted earlier, MSW/MPH programs are built upon course exchanges or what is sometimes called "double counts" (one course that counts for twice as many credits). Assessment of overlapping areas of curriculum is quite

straightforward. Required public health content, such as quantitative methods and health policy can be exchanged for social work content in research methods and policy courses. In addition, electives provide important openings for cross-registration.

Schools must work together to assure themselves and their accreditors that competencies are met. The concept of professional competence is central to professions. A competent professional can practice with effectiveness and efficiency according to the standards of his or her profession. Competence is comprised of numerous components, including knowledge, values, skills, and behaviors (Drisko, 2014). Both social work and public health utilize competency-based educational (CBE) approaches to shape MSW and MPH programs, ensuring that graduates are prepared to practice according to the competencies and standards of their professions. The CSWE and the CEPH provide guidance and accreditation to the fields of social work and public health respectively.

Since the early 2000s, CSWE has developed, revised, and promulgated its Educational Policy and Accreditation Standards (EPAS) to strengthen social work education and to assess educational outcomes (Bracy, 2017). There are currently nine holistic and interconnected EPAS standards; these encompass the broad competencies of professional social work practice which masters' students must achieve (Poulin & Matis, 2015). They can be found here: **www.bu.edu/ssw/files/2016/07/CSWE-2015-Competencies.pdf**

The Association of Schools and Programs in Public Health, the membership organization for CEPH-accredited public health programs, issued its *Framing the Future* report in 2015. This report provided guidance and perspective on the changing nature of public health education and reiterated the centrality of CBE, specifying new directions for master's level public health education **(www.aspph.org/teach-research/framing-the-future/)**. CEPH subsequently revised its accreditation criteria in 2016, which can be found here, and these are the competencies now used for MPH education: **ceph.org/assets/2016.Criteria.pdf**

Interest in competence after graduation is widespread and other organizations are shaping standards and competencies across a wide range of areas related to public health and social work. For instance, NASW issues standards for a variety of practice areas, including in health (though none specifically for public health social work) **www.socialworkers.org/practice/practice-standards-guidelines.** The Public Health Foundation's *Core Competencies for Public Health Professionals* guide workforce manager and public health professionals in making the leap from academia to practice settings through promulgation of a consensus set of skills for the broad practice of public health. **(www.phf.org/programs/corecompetencies/Pages/About_the_Core_Competencies_for_Public_Health_Professionals.aspx).** The *National Public Health Performance Standards* provide a framework to help public health agencies and practitioners ensure high quality delivery of the *Ten Essential Public Health Services* **(https://www.cdc.gov/stltpublichealth/publichealthservices/essentialhealthservices.html).**

There are no current agreed-upon joint competencies for use by MSW/MPH programs; however previous efforts have been made to craft PHSW practice competencies. In 1998, a working group under the direction of Drs. Kathleen Rounds and Dot Bon released a first attempt at a PHSW competencies framework: nciph.sph.unc.edu/cetac/phswcompetencies_may05.pdf. While it represented an important effort, it was not widely circulated or used, and needs updating. Several schools and organizations are engaged in conversation about the importance of a collaborative revision effort (Ruth, Marshall & Sisco, 2016). A broad effort is still needed to craft competencies for PHSW education and practice of today and the future.

Majors: MSW/MPH programs vary in their approach to concentrations, majors, and specializations. While approximately half of schools allow students to choose their majors or concentrations, the remainder require students to major or concentrate in particular majors or departments at either school. At the University of North Carolina, MSW/MPH students must major in Macro Practice in the School of Social Work and Maternal and Child Health at the School of Public Health. At University of Michigan, students may major in any of four practice concentrations in social work, but are limited to one concentration, Health Behavior and Health Education, at the School of Public Health. University of South Florida requires a major in Clinical Social Work, with a public health concentration in either Maternal & Child Health or Behavioral Health. The reasons for these "required majors" often lie in the origins of the programs; in some cases, programs received funding contingent upon meeting the needs of certain state populations or federal guidelines. In other cases, programs were established "department to school," not "school to school" and subsequently, students have access to only one department or major.

Field education and practicum experience: Required field internships are a longstanding practice in social work education; field education is called "the signature pedagogy" through which students integrate classroom-based theories and concepts into real world practice (www.CSWE.org). Field education courses are credit-bearing; a minimum of 900 hours of field education are required for MSW programs, though many schools require as much as 1200 hours. In public health, the CEPH-required applied practice experience is traditionally called a practicum and recent requirement revisions have moved away from specifying the number of hours to a competency-based evaluation of practicum deliverables. While most schools offer at least some social work field internships that emphasize public health and social work, the larger question of whether, how, and how many programs integrate the public health practicum experience into social work field education is unclear.

Concerns Regarding MSW/MPH Programs

Over the years, social work educators have raised numerous pertinent questions about the structure and outcomes of dual-degree education, including MSW/MPH programs. First, scholars have noted that dual professionalism may create professional strain for practitioners who answer to two different professions or fields. An example of this strain may show itself in a professional having to choose between abiding by competing codes of professional ethics when faced with a dilemma. A second question centers of whether MSW/MPH programs are "more than a good idea" and if they prepare practitioners for a place in the workforce (Sisco & Frounfelker, 2002). This, in turn, raises questions regarding contemporary PHSW practice and MSW/MPH programs' connections to the practice (Ruth, Marshall & Sisco, 2016). A third concern is that students trained in two fields will fail to develop or sustain professional depth in and identification with the social work profession, a key competency and component of social work professionalism. Some social work educators have argued that social work's lower pay and lesser status results in professional mission drift away from social work on the part of dual professionals (McClelland, 1985; Miller et al., 2008). A fourth consideration is the absence of proof for the value-added of a second master's degree; this is especially paramount during a time of elevated concern about the cost of higher education and the lifelong burden of student loans (Ziperstein et al., 2015). Finally, best or "promising" practices in MSW/MPH education have yet to be developed, an issue that has been articulated both by educators and graduates (Ziperstein et al., 2015).

"I think the best advice for educators is to not treat the MSW and MPH as two separate programs; prepare dual-degree students to think, act, and communicate about the intersection of the two disciplines and encourage field placements that have aspects of both."

– Lisa Gentry, Alumna, Behavioral Health Network Director, UnitedHealthcare Community Plan of Louisiana, (LA), MSW, MPH

"I think students need to know that they may have to create their own paths, that there's not a clear path for someone with a dual public health/social work degree. For students who like flexibility and are open to new possibilities, it will be exciting at times to know that there are a lot of jobs you can do with those two degrees."

– Myrtise Kretsedemas, Alumna, Principal MK Consulting; Founder & Clinician of Perspectives Health Services, LLC, Boston (MA), MSW, MPH

Literature on MSW/MPH Education

A small body of emerging literature on dual-degree programs sheds partial light on some of these issues. A study at the University of Maryland (Miller et al., 2008) suggests that satisfaction with dual-degree programs is high and remuneration appears higher than for MSW-only graduates; notably though, this study did not include the then-new MSW/MPH program. However, several studies have focused on MSW/MPH programs. One study compared 30 MSW and 30 MSW/MPH alumni; consistent with Miller et al. (2008), researchers found no significant differences in program or career satisfaction (Ruth, Wyatt, Chiasson, Geron, & Bachman, 2006). When asked about their identification with the profession, as measured by whether they called themselves a "social worker", held membership in social work organizations, or had obtained social work licensure, the MSW/MPH and MSW respondents were remarkably similar, with no significant differences (Ruth, Wyatt, et al., 2006).

A later study by Ruth, Marshall, Velasquez & Bachman, attempted to better understand the self-reported career outcomes of a larger cohort of MSW/MPH alumni (n=153). Again, the findings did not support the hypothesis that MSW/MPH graduates "identify" less with the profession of social work. **In fact, a large majority called themselves "social workers" or "public health social workers," were licensed to practice social work, and belonged the National Association for Social Workers—all signals of connection to the profession (Ruth, Marshall, Velasquez & Bachman, 2015).** Together, these studies do not support concerns regarding MSW/MPH graduate professional strain and lack of identification with social work.

There are, however, some findings that support concerns related to the lack of promising practices in MSW/MPH education, the price of dual-degree education, and the value of a second degree in the workplace. In one small study of alumni from four established programs, graduates flagged the need for program improvement across programs. They noted: 1) the importance of greater university investment in programs, as evidenced by the broad lack of dedicated advising for MSW/MPH students, inadequate financial aid, and absence of dual-degree specific career services; 2) the need for enhanced administration of MSW/MPH programs; and 3) the need for additional

"One of the key things would be better integration of public health social work from the outset. The way most people were trained was quite separate: one year of social work, one year of public health, one year combined, with a master's project that combined the two themes. I would instead consider an integration course right off the bat so people are trained to use that dual headset. Ideally this would be led by a dual professional, or possibly a team of two professors, one in each discipline, to meet every other week to really ground students in thinking critically about their work and experience."

– Sarah Sisco, Senior Director, Social Determinants Team, Office of Population Health at NYC Health + Hospitals, (NY), MPH, MSSW

opportunities to integrate social work and public health in courses and internships (Ruth, Sisco, Wyatt, Bethke, Bachman & Markham Piper, 2008).

Regarding the issues of salaries, program cost, and value-added of a second degree, Ruth et al. (2015) notes that while alumni found plentiful employment across an array of settings, they encountered lack of workplace understanding of the value of the MSW/MPH degree combination. Moreover, most reported employment in positions that did not require MSW/MPH degree. Salaries were reported in $10,000 increments and almost 80% earned $50,000 or more. Two-thirds earned between $50,000 and $80,000. Most had borrowed for graduate school and while 75% described their debt (which averaged about $52k) as "manageable", a quarter found the debt unmanageable.

> *"A huge obstacle that should be addressed is student loan debt after graduating. I know I had several conversations with my program director and others about the debt, but it was never clear to me how I could move forward with career goals without accumulating a massive amount of debt."*
>
> – Anna Gribble, Alumna, Health Policy Analyst, Maryland Department of Health, (MD), MSW, MPH

As mentioned earlier, the NMPS provides the broadest cross-program view of MSW/MPH program similarities, differences and challenges (Ziperstein et al., 2015). Respondents affirmed the positives, including the popularity of such programs, the talent of the students drawn to transdisciplinary practice, and the general interest of faculty and schools in both social work and public health. Challenges included the need for institutional support, particularly funding, and the difficulties of coordinating complex programs across higher education. Financial aid, especially in light of the increased costs associated with acquiring two degrees, was uniformly identified as a major issue. Although most program directors acknowledged that students enrolled in MSW/MPH programs with the goal of learning PHSW skills and competencies, only 17% used PHSW reported teaching PHSW skills. Finally, most program directors acknowledged that they did not engage in systematic program evaluation, which made it difficult for them to speak to the employment, careers, or professional development of the graduates.

Summary of Concerns Regarding MSW/MPH Programs

Professional strain and place of MSW/MPH graduates in the workforce: Does dual professionalism create a strain of choosing between two professions' ethics or competencies? Are MSW/MPH programs training for real world PHSW practice that or are they "just a good idea?"

Identification with social work profession: Concerns that MSW/MPH graduates drift away from social work and gravitate toward the higher-paying public health field remain

Value of a second master's degree: MSW/MPH education is costly; the value of a second master's degree is unclear.

MSW/MPH program quality: Programs vary, there are no agreed-upon competencies, and there is little consensus about what constitutes a high-quality program.

Summary of Research Implications

Professional strain and place in workforce: While graduates do not speak of strain in the small body of studies, they do talk about employers' lack of familiarity with PHSW and the reality that most jobs do not require MSW/MPH degrees.

Identification with the social work profession: Graduates from MSW/MPH programs are as likely to "call themselves social worker," join social work professional organizations, and read social work literature as MSW graduates.

Value of a second master's degree: The research on this has not been conducted. MSW/MPH Program quality: Most programs have not been evaluated; only one small study addresses general weaknesses in programs.

Conclusion

Although the research on MSW/MPH Programs is not extensive, available studies help to flesh out the concerns, challenges and potential for these programs. While there is evidence that MSW/MPH are indeed "more than a good idea," more research and development is needed.

"I truly believe in the transformative power of public health social work. It is not just the marriage of two skillsets, but instead representative of a whole that is greater than the sum of its parts. Despite this, being a public health social worker requires the ability to navigate uncharted waters. You need to be a pioneer and a champion of a professional role and skillset that are not universally recognized."

– Bonnie Wennerstrom, Healthier Washington Connector, Seattle (WA), MSW, MPH

"I don't think public health and social work are explicitly integrated and I'm not sure it is necessary especially in current times. Most people I encounter either know or learn that my background is in social work and public health. Many are intrigued by this combination and some ask me about it…It seems like there are fewer defined professions and more people are using their skills to create their own path. I would be worried about being too prescriptive in defining what a public health social worker looks like. This type of prescription is exactly what I didn't want; I needed to create my own path with the skills I acquired studying the things I was interested in. I think to increase awareness you have to highlight that there are so many possibilities and very few limitations."

– Christina Ciocola, Alumna, Senior Vice President for Grantmaking and Strategy, The COMMUNITY Foundation for Greater New Haven, (CT), MSW, MPH

Building and Sustaining MSW/MPH Programs:
Components and Considerations

In this section, we offer a set of recommendations for starting, developing and sustaining your MSW/MPH program.

In the Beginning: *Tell Your Story!*

We urge each MSW/MPH program to tell your "origin" story. No doubt your program has its visionary or champion. By featuring them, you help students to connect the program's history and mission to their own goals and aspirations.

While it is common knowledge that launching an MSW/MPH program takes planning, organization, and perseverance, another essential ingredient is needed at the outset: vision and a story for why it is needed can induce people within the institution to support it at the beginning and ongoing. Each MSW/MPH program has its own genesis story and, its own visionary champions. No matter where an MSW/MPH program is in its journey, there is a narrative to be told about who and how it has been started. These stories can inspire fellow faculty, help to anchor students in the mission of their current studies, and garner interest from funders. Here is one program's story which features the steps, cast of characters, and ongoing effort involved in building an MSW/MPH program.

Our story:
Ruth Cowin and the Boston University MSW/MPH Program

During the late 1970s, Boston University commenced its own program at the urging of professor and public health social worker Ruth Cowin. A brief review of her career explains why she was so passionate about creating an established mechanism for training PHSW professionals in the academy.

Prior to joining the Boston University School of Social Work faculty in the 1970s, Ruth Cowin had been a public health social worker for four decades and was a well-known leader and scholar of PHSW. Her writing on social work's role in public health remains some of the only scholarship on social work in public health journals of the 20th century (Ruth & Marshall, 2017). She began her career in the hospitals and health centers of Boston during the Great Depression.

She was a member of the mental health team that responded to the Cocoanut Grove Fire of 1941, an experience that galvanized her interest in disaster response social work. She went on to contribute to the literature on grief work and trauma that emerged from that tragedy. At a time when doctors and nurses were still uncertain about the role of social workers in health, Ruth introduced casework, child guidance, community health outreach, prevention, and crisis intervention to numerous Boston area health settings. Cowin's career reflects the integrated approaches that characterize early PHSW's response to previously unmet needs, as well as its dedication to social work values of social justice (Kerson & McCoyd, 2013).

Cowin's warmth and leadership were legendary. She commanded immense loyalty from the people who worked for her, who were proud to call themselves "Ruthie's girls". They spent more time in the community than in their offices, working on STD prevention, reproductive health, and other roles that were considered "non-traditional" in that era. Famous for her sayings such as, "We social workers work with what we've got," Cowin was known for her matter-of-factness even in the face of serious issues. On a weekly basis, she distributed rolls of dimes to her staff so they could make client phone calls from local diners, because hospital settings did not offer telephone privileges to their undervalued social workers. Over time, of course, her pragmatic advocacy helped to institutionalize social work services in local hospitals, and after many decades and several hospital leadership roles, she retired for the first time.

Boston University Dean Hubie Jones recruited Cowin, then in her early-70s, to join the faculty at Boston University School of Social Work. As Dean Jones recalls, *"She quickly strengthened my public health lens so I could better observe, understand and approach vexing social conditions. And then, before I knew it, Ruth had moved me and the School of Social Work to establish...a dual masters' program in social work and public health..."* (Ruth, 2012).

Ruth Cowin, Assistant Professor. Champion and visionary founder of the MSW/MPH Program at Boston University
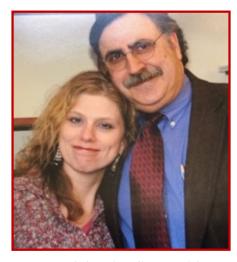

Hubie Jones, Dean Emeritus, Boston University School of Social Work, Co-Founder, MSW/MPH Program

Cowin's rationale was straightforward: the emerging new health care world required social workers with public health skills and degrees. She understood that MSW/MPH programs could provide the leadership training necessary to a new transdisciplinary social work workforce. Together with Dean Jones, Cowin approached the new Boston University School of Public Health's Dean Norman Scotch, and his Associate Dean of Academic Affairs, Leonard Glantz. Glantz recalls, "Sometimes it takes a visionary like Ruth Cowin to show you what is right in front of your eyes. When Ruth suggested to Dean Scotch, whose wife, Freda, is a social worker with an MPH degree, and to me, the brother of two health social workers, the MSW/MPH Program seemed like such an obviously good idea that we wondered we hadn't thought of it ourselves! We had no doubt that this would be a winner for both our schools

and our fields." Perhaps the fact that both Scotch and Glantz had close family members who were social workers predisposed them to view the role of social work in health favorably, but as Glantz now emphasizes, "it was secondary to the fact that we actually knew what social workers did, how they were trained, and the intersecting values of the fields" (Leonard Glantz, personal communication, 2.16.18).
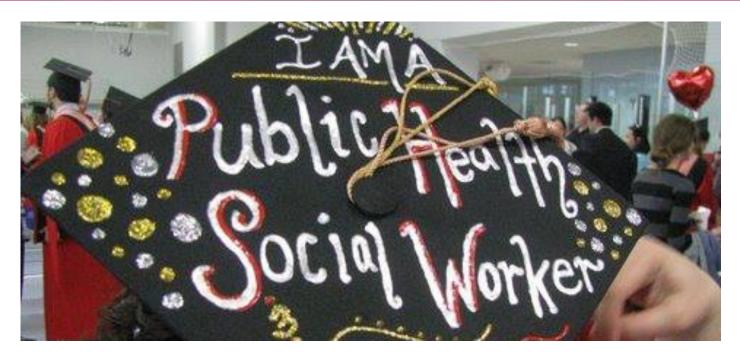

Betty J. Ruth, longtime director of the Boston University MSW/MPH Program and Leonard Glantz, Emeritus Professor of the Boston University School of Public Health, who co-founded the MSW/MPH Program

After obtaining approval to launch a new program, senior administrators from both schools crafted governance and program documents that are still in operation. Among the factors they sorted out were number of credits and course requirements, advising, residency, admissions processes, internships, program leadership, waiver of coursework in areas of shared inquiry (research, policy, human behavior in the social environment), and tuition. It was a carefully designed program that maximized academic flexibility and freedom. Students were encouraged to major in any area they wanted, and cross-school advising ensured the integrity of the program. It grew slowly in its early years, graduating its first students in 1979-1980. Steady growth over three decades, particularly after the millennium, has resulted in a program that enrolls 30-40 students at any time, with close to 400 alumni.

Numerous factors contribute to the BU MSW/MPH Program's continued success. Both the School of Social Work (SSW) and School of Public Health (SPH) have invested in the Program. The BUSSW provides course release and economic support to two social work faculty with degrees in social work and public health, as well as a small budget. BUSPH appoints a MSW/MPH liaison from the SPH faculty, as well as a Student Services adviser, and has contributed to program evaluation efforts over time. The schools have a long tradition of working cooperatively, meet regularly to troubleshoot, and annually update guidelines. The admissions departments work together to share information on applicants and to coordinate marketing and outreach. Advising is crucial to the Program and students have advisers at both schools, meet as a group for integrative activities, and have access on a regular basis to alumni. The longtime leadership of the current director, Betty J. Ruth, who is involved in a range of PHSW activities, has enabled stability and innovation to co-exist. The conscious connection of the program to PHSW research, organizations, and concepts has facilitated student learning and strengthened the overall sense of the Program's purpose. Finally, the Program attracts exceptionally high-quality students who are deeply mission driven. They want to use their skills and degrees to contribute to improvements in human well-being, both upstream and downstream.

The original champion of the BU MSW/MPH Program stepped down in 1989. But true to her PHSW spirit, Cowin could not stay retired in the face of need. In the early 1990s, Cowin, who was then well into her 80s, become deeply concerned about the increase in elder homelessness in Boston. She co-founded the Committee to End Elder Homelessness, (now known as the Hearth Program) and helped jumpstart work that resulted in the development of a nine-unit building that now houses elders in Brookline, Massachusetts. Ruth Cowin recruited the first residents for "her house" in the same way she began her PHSW career—personal outreach at the community level—in this case, recruiting at-risk elders at the local Burger King. This residence opened in 1998 and was named the Ruth Cowin House in her honor. **www.hearth-home.org/rch/**

Online Purpose Statements

In addition to inspiration genesis stories, program purpose statements provide a public face to your MSW/MPH program. These statements live on school of public health and social work's websites; they reach and educate prospective students from the very beginning of their online search, framing both the "why" and the "what" students can gain from choosing an MSW/MPH program. Encapsulating the content, purpose, and rationale is a challenge, and schools show remarkable diversity in their efforts to explain MSW/MPH programs on their websites. A brief scan of MSW/MPH program websites reveals diverse themes among and between schools, as well as some patterns and consistency in the MSW/MPH program stories. In this section, we feature a snapshot of the many positive themes embedded in various MSW/MPH program purpose statements.

Connection to Social Justice: The University of Pittsburgh connects its MSW/MPH Program to wider social work principles: "The program has a strong commitment to social justice, the elimination of health disparities, and a holistic definition of community and population health, including individuals' physical health conditions and the behavioral and social ecological determinants of health. Moreover, both social work and public health share a commitment to involving consumers/community members in the development of policies and in the planning, delivery and evaluation of health promotion interventions, health behavior change, and health education" (www.publichealth.pitt.edu/behavioral-and-community-health-sciences/academics/joint-degrees/mph-msw).

Wayne State University notes the importance of public health skills in promoting health equity and addressing social determinants of health: "Building on the natural overlap between public health and social work, the MSW/MPH degrees will strengthen and deepen the knowledge base necessary to address health disparities, urban health challenges, and equip students with the skills to qualify for employment that demands integration of prevention, research, and social epidemiological methods" (socialwork.wayne.edu/certificate/mswmph).

Leadership Education: University of Maryland's website emphasizes leadership skills as a key goal: "The dual-degree program in Social Work and Public Health is designed to prepare graduates for leadership positions in health-related agencies and settings in which a combined expertise in social work and public health is beneficial" (**https://www.ssw.umaryland.edu/academics/dual-degrees/**).

Loyola University Chicago appeals to geography, equity, and leadership: "The MSW/MPH dual-degree program provides a multidisciplinary education covering both client-centered and population-based health perspectives to train those who will work to address the health and social needs of vulnerable populations. The dual-degree program is designed to prepare social work and public health leaders who understand and respond to social and health issues in order to promote the well-being of communities at local and global levels. The program will have an emphasis on eliminating social and health inequities, through a transformative education, rigorous research, and active community engagement" (**www.luc.edu/socialwork/graduate/dual-degree/mswmasterofpublichealth/**).

Career Opportunities: Another common program rationale focuses on the career flexibility and portability offered by acquiring two degrees.

New York University states: "The MSW/MPH dual-degree provides you with the skills to pursue professional careers in both social work and public health, preparing you for leadership and educational roles in community healthcare settings, government agencies, and non-profit organizations in the United States and internationally" (**https://socialwork.nyu.edu/academics/msw/dual-degrees/dual-degree-mph.html**).

Enhancing Collaboration and Strengthening Both Disciplines: Program purpose statements sometimes address the added value of each field to the other.

University at Buffalo's website states: "Our MPH/MSW program incorporates a public health perspective into social work practice and enables students to earn both a Master in Public Health (MPH) and a Master of Social Work (MSW)" (**http://socialwork.buffalo.edu/education/mph-msw-dual-degree-program.html**)

Similarly, Tulane University echoes the value of public health methods to social work: "Through this program, a student can prepare for a career in social work as well as receive training in the methods and practice of public health. The flexibility resulting from both degrees allows the student to fill a professional role in the planning, management and delivery of human services within communities and public health organizations" (**https://tssw.tulane.edu/degrees/dual-degrees-mswmph-gchb**).

Relevance to Interprofessional Education: The importance of transdisciplinary and interprofessional competencies is another clear statement of purpose.

Wayne State University's new Program links the MSW/MPH degree to 21st century workplace readiness: "The MSW/MPH Joint degree program will provide social work students with a deeper understanding of complex determinants of health and the scientific methods necessary to operate in an interprofessional environment" (**https://socialwork.wayne.edu/certificate/mswmph**).

Geographic Foci: Some programs have a geographic or regional focus.

At New York University, the focus is clearly global: "This interdisciplinary, three-year program with the NYU Silver School of Social Work allows you to combine social work and public health with a global focus" **(publichealth.nyu.edu/master-public-health/mph-dual-degrees/dual-degree-social-work-mswmph).**

The University of Alaska's program description reflect both a regional and global rationale: "The MSW/MPH dual-degree program provides academic training in order to maximize the impact of both public health and social work practices. This dual-degree develops expertise at the nexus of public health and social work. The goal of this program is to train leaders who have the skills and competencies to address many of the social and public health problems facing the state of Alaska, this nation and the world." **(www.uaa.alaska.edu/academics/college-of-health/departments/school-of-social-work/msw-program/msw-and-mph-dual-degree.cshtml).**

Elevation of Public Health Social Work:

Wayne State University affirms its role in the preparation of "Inter-professionally trained _public health social workers_" **(socialwork.wayne.edu/certificate/mswmph).**

In summary, MSW/MPH program purpose statements highlight the various strengths and direction of these programs while enabling schools to tell a bit of the MSW/MPH program story. They affirm the career flexibility, leadership skills, and interprofessional competencies gained, the importance and interconnectedness of public health and social work, and the positive benefit of earning both degrees more efficiently through a dual-degree model. Other purpose statements elevate the need for skills in public health to engage in prevention, to promote health equity, or to engage in 21st century PHSW. These statements should provide the foundation for student expectation and scaffolding for student experience as they pursue their dual-degree education.

Arielle Sobov completes both her MSW and MPH degrees in May 2015.

Identifying and Solidifying Support

Champions: As described above, someone with passion and enthusiasm for the cause of MSW/MPH education is necessary. Good champions need the respect of their colleagues and deans; they must have a degree of decision-making power to effect change and they must be in the room when decisions are made about the MSW/MPH programs. People within both systems must trust that they have a good idea and are supportive of advancing it. All of this means a good champion has to have excellent team-building skills; a solid understanding of public health, social work, and their intersection; and the means and desire to accomplish the work required. A champion need not be a public health social worker but must appreciate the power and importance of the program for the profession and for the schools involved and must be able to transmit that.

As time goes on, those with the original vision for the program may move on to other systems or retire. In addition, issues and context change, underscoring the need for ongoing faculty involvement and updating of the program's purpose. New champions, who can connect contemporary context to the historical program, should always be under cultivation. Schools with a strong commitment to PHSW may make new hires based on their interest in the MSW/MPH program. Schools may gradually seek to hire MSW/MPH alumni for varied roles within the system, serving as advisors, adjuncts, or field supervisors.

Buy-in on Both Sides: Both public health and social work leadership must commit to establishing a program that works for all stakeholders. This generally means that deans and directors must want this program and are willing to advance its development. Programs in which only one school is invested will limp along, or fail, as both schools need to work in a coordinated fashion on an ongoing basis. When one school is disengaged, the process for completing the degree (including coordinating course schedules, advising recommendations, field placements, practicum experiences, etc.) becomes more challenging and students are the ones who end up suffering. Moreover, buy-in is

not a one-time issue. With every new dean or change in program leadership, internal education and marketing of the value of the program is needed.

An MSW/MPH Program Working Group or Coordinating Committee: Faculty and administrators always need to plan carefully for changes to degree programs. The establishment of MSW/MPH programs is no different. In the early stages of building or launching a program, a small working group or committee, comprised of representatives from administrators and faculty across both programs, can tackle the development of program rationale, guidelines, agreements, and approvals. This group or committee can also serve to develop the working relationships needed for future cooperation and problem solving. Because these early decisions have implications for schools' curricula, marketing, accreditation, registration, and degree-granting, it is essential that both schools have their say in shaping the programs from the outset. As fundamental as it may sound, detailed meeting minutes and agendas can be helpful as additional faculty members and administrators engage with the new program and inevitably ask, "how was this decision made?" The more transparent the working group or committee can be with partners across the schools that they are hoping to work with, the better.

Because the startup time needed for an MSW/MPH program can easily run to several years, a small coordinating group needs to support the implementation process. As the program becomes established, that group can become the ongoing committee that helps with the details of program troubleshooting, as well as the regular necessary program improvements. The registrar, directors of marketing/communications, field staff, and student/career services personnel are all potential members. If possible, your group could identify either a part time staff member or a student who can help with administrative tasks related to the group (scheduling group meetings, preparing agendas, taking meeting minutes, documenting progress towards full implementation). A faculty member or PhD student interested in implementation science can help you with the implementation of your program. These individuals can conduct qualitative interviews, measure fidelity to your initial implementation plan, identify barriers and facilitators to implementation, and more.

Program Leadership: MSW/MPH programs need faculty and administrative leaders at both schools. Early on, the above committee can work to identify individuals in each school who are interested in learning more about the other school and field's approaches, or who are already practicing as PHSW educators, researchers, or practitioners, and want to be involved. The cultivation of ongoing leadership is necessary to MSW/MPH program success. Champions may come and go, but schools must sustain leadership in programs for continued success. Program leaders must have an interest in what public health and social work have to offer each other, not just on an educational level but in the practice world as well. Program leaders must be keen on mentoring students, connecting to employers and PHSW professionals, working collaboratively with faculty and administrators in the "other" school, and strengthening alumni relations.

Students and Alumni: Students will ultimately become alumni who can recruit and support other students. Engaging alumni support from the very beginning can help to sustain an MSW/MPH program.

Identifying Components and Navigating Logistics within Your University System

Program Approval: Universities and colleges differ in how they review, evaluate, and ultimately approve new programs. It is not uncommon for dual-degree proposals to require rationale, information on comparable programs, tentative curriculum, budget, projected enrollment, resource needs, and links to existing strategic plans within the university or college. Proposed programs often take many years to launch, and go through multiple levels of review and approval, from the provost and president, down through faculty and deans' councils, to wider university approval. Your program champion can help you to navigate the approval process and advocate for your program at various levels of your institution.

Program Guidelines: Clear program guidelines include sample curricula, information about "course exchanges," credits and residency requirements, advising, and FAQs. These guidelines should be easy for administrators, faculty members, and students to find on the schools' websites and in printed form. While guidelines cannot offset the need for faculty involvement and advising, they go a long way toward basic problem-solving. Good program guidelines are updated regularly and the process of updating offers a quality improvement opportunity.

> ### A word about Course Exchanges:
> *One of the key features of dual-degree programs is reduction in the number of credits needed for acquisition of two degrees. In some MSW/MPH programs, students "save" a semester or even a full year's worth of credits, completing two degrees in three years, instead of four. Because programs must be careful to assure degree integrity, the "savings" are often achieved by reducing the number of electives and creating course exchanges for required courses. For instance, a social work policy elective may be replaced by required health policy course at a School of Public Health. Human behavior courses may "count" for social science content in a public health program. Research courses are another area required by both degrees and where requirements can be flexed without compromising educational outcomes. For instance, the quantitative courses in public health, such as epidemiology and biostatistics, often replace social work research course requirements. Electives at both schools can also serve to craft a flexible program plan. Terminology is often confusing here. Some programs refer to "common credits," "double counts" or "course exchanges." Regardless of the terminology used, schools need to be flexible and creative in how they reduce redundancy and the number of required credits. A dual-degree program that doesn't save a student time, credits, or requirements will not succeed.*

Funding: Once a program is established, the primary required financial inputs are the labor costs associated with ongoing faculty advising and leadership of MSW/MPH programs. Course release or stipends for faculty willing to take on leadership roles go a long way towards improving program quality. In addition, there are relatively small costs associated with increased marketing materials or with occasional student get-togethers that can come out of the general pool for those efforts. MSW/MPH students' financial aid can be folded into general aid provided to all other students. While an infusion of funding to offset program costs and enhancements is always welcome, a solid MSW/MPH program can be built and run without extensive separate funding.

Don't let a small budget (or no budget!) be a barrier!

Building and launching an MSW/MPH program does not have to be a costly endeavor for schools. The start-up costs—meetings, administrative planning, agreements—are more about willpower and sweat equity than financing!

Systems Education: All MSW/MPH programs benefit from "internal marketing." Many faculty and staff may be unaware of the value of such degree programs, the existence of PHSW, and of their professional role in relation to MSW/MPH students. Efforts to inform and establish relationships between the schools might include get-togethers between key faculty and/or administrative professionals, such as registrars, admissions officers, and marketing staff. This type of systems education is not a once-and-done effort. MSW/MPH leadership will need to actively work to keep lines of communication open, especially in the event that university expectations and policies change or during periods of staff turnover. Internal marketing can also take place through internal listervs, social media channels, department or school newsletters, and faculty and staff meetings.

> **Suggestion:**
> Do more than simply offer pragmatic or school-based reasons to enroll in an MSW/MPH Program.
>
> **Instead connect your program purpose and rationale to big ideas:**
> - PHSW integration,
> - social justice and health equity,
> - acquisition of leadership skills needed in a complex health system, and
> - readiness for collaboration and interprofessionism.

Admissions staff need support to convey the vision and substance of PHSW. We recommend orientation of new admission officers, periodic updates of admissions staff, or even joint admissions meetings. Admissions officers need to be able to refer interested students to faculty or directors at both schools who can convey the specifics, and assist interested applicants in determining **if an MSW/MPH program is right for them.**

Evaluation of MSW/MPH Programs: MSW/MPH programs have been understudied, given their proliferation and strategic importance to the profession (Ruth et al., 2015). Yet, evaluation of program outcomes is crucial to understanding the impact of programs on the field and on the lives of those who participate in them. Systematic program evaluation produces valuable information valuable information for both schools and ensures a curriculum that is well-resourced, appropriately implemented, and designed to meet student-centered competencies and achievement of program outcomes. (Greece & Marbach, 2016).

Evaluation of your MSW/MPH program must engage various stakeholders (i.e current students, alumni, field supervisors, faculty, and administrators) with a diverse range of assessment tools (i.e. course evaluations, graduate exit surveys, focus groups, key informant interviews, and alumni surveys). Faculty and staff with research and program evaluation skills can be excellent allies. They can help you design evaluations that ask sufficiently detailed questions so you can obtain the feedback you need to improve your program. Feedback received through various assessment tools should be shared back with the larger MSW/MPH program community to demonstrate that the feedback is valued, and that the institution will take action steps to improve courses and the overall MSW/MPH experience.

If you are new to program evaluation, the good news is that you are not alone and it is never too late to start. The National MSW/MPH Study found that fewer than a third of MSW/MPH programs stayed in touch with alumni informally or engaged in any kind of program evaluation (Ziperstein et al., 2015). If your institution has never

conducted evaluation activities, MSW/MPH program administrators can begin to keep records on who is graduating from programs so that efforts can occur later.

Career and Alumni Services: Many schools of social work and public health offer career services and alumni relations activities. However, research suggests that MSW/MPH students need an integrated approach to career development and lifelong learning, particularly as they make the transition from training to workplace (Ruth et al., 2008). Alumni report that employers are unfamiliar with the expanded competencies of MSW/MPH graduates and with PHSW, placing a heavy burden on new graduates to both "sell" their skillsets and to educate their employers and colleagues (Ruth et al., 2015).

> *"MSW/MPH Programs have an obligation to really talk about how we can apply our dual skills in the real world...not enough schools are doing that!"*
>
> – MSW/MPH Alumna (Ruth et. al., 2008, p 6).

The benefits of developing diverse career advising and life learning opportunities for MSW/MPH alumni comes back to programs in the form of dedicated alumni willing to mentor students, field internship opportunities, and ultimately, PHSW-informed adjunct professors or advisors capable of working with MSW/MPH students. If established in the beginning, such services go a long way toward sustaining an MSW/MPH Program.

Career and alumni services need to routinely engage with the admissions department in order to attract MSW/MPH students. If potential applicants can't visualize a career path or see themselves as practicing public health social workers in the field, it can be harder to draw them in to a dual-degree program. Admissions staff need to be able to answer questions regarding what kinds of jobs are available in PHSW, what kinds of settings the jobs are in, and how lucrative the jobs are.

> *"It can be hard to find jobs that blend all of your interests and truly reflect public health social work. That said, I feel that there are lots of ways to utilize public health social work skills than in traditional social work or public health positions. I would also recommend that job seekers assume that their potential employers don't know what public health social work is. They should consider ways to highlight their unique skills that directly relate to the job they are applying for. I've seen too many job applicants submit vague cover letters or not make clear connections to their skills when answering interview questions. It's essential to explicitly spell out how these unique skills are an asset to the organization."*
>
> – Kerri Nickerson, Alumna, Director of Grantee and State Initiatives Agency/Institution: The Suicide Prevention Resource Center, (MA), MSW, MPH

Recommendations for Improving MSW/MPH Programs

In the course of the MSW/MPH Handbook's development, stakeholders identified needs for technical assistance to address the many issues that arise in launching or sustaining MSW/MPH programs. In this section, we respond broadly to the most frequently cited concerns with recommendations.

Strengthening Public Health Social Work Integration into MSW/MPH Programs

One of the most important challenges faced by MSW/MPH program directors is the pressing need to strengthen PHSW content and educational integration in MSW/MPH programs. Barriers to doing so include a crowded curriculum; personal lack of familiarity with PHSW theories, history, frameworks, or practice; and lack of educational resources for teaching, such as case examples and other curriculum resources. While there is a clear need to further develop the theories, frameworks, models, practice methods, and research on PHSW, a body of work has evolved and can be useful to faculty.

We recommend:

- Linking PHSW to your MSW/MPH program deliberately and explicitly; MSW/MPH program faculty and staff who are not public health social workers should prioritize learning about PHSW, its history, definition, models and current practice (see the Public Health Social Work Toolkit for examples on linking PHSW to the MSW/MPH program);

- MSW/MPH programs committing to facilitate integration of public health and social work through various mechanisms including assignments, integrative seminars, field education projects, advising, other learning opportunities; and

- Developing a required integrative seminar to foster dual professional integration and competence; we highly recommend these seminars be taught by PHSW-informed faculty and advisers. (See the Model MSW/MPH Program Integrative Seminar and the set of MSW/MPH Integration Exercises in the Resource section)

Program Structure and the Need for Flexibility

Some program directors observe that MSW/MPH programs limit students' choice of majors and course options, provide little flexibility, or require an over-abundance of requirements, particularly on the social work side. While each school must abide by its own program requirements, the following principles are worthy of consideration.

We recommend:

- Building in flexibility wherever possible in course, major, and concentration selection; engaging your working group or committee to regularly revisit "what's working";

- Periodically assessing student interest in various majors and concentrations (surveying students already enrolled in the program, looking at national trends, and working with career services to examine workforce trends), and making every effort to expand choice to areas of growing interest and areas that will prepare students for successful careers post-graduation; and

- Streamlining foundation curriculum and degree requirements to make additional room for electives and for integrative seminars in PHSW.

Linking Practice and Field Education

MSW/MPH students benefit from field education and practicum experiences that offer opportunities to intellectually and practically integrate public health and social work. However, there is no established best practice for fostering integration in required field work. Many schools endeavor to combine social work field education and the public health practicum. Others keep social work and public health practicum separate. Both present challenges.

We recommend:

- Where possible, combine hours for the field placement and practicum to reduce program fatigue and promote integration;

- MSW/MPH directors should work with field education, practicum officers and field training sites that can highlight PHSW integration. Examine options for integrated field placement/practicum experience within existing settings;

- In situations where field education and public health practicum are combined, it is important to quantitatively determine what "counts" for social work and public health respectively, particularly for clinical students who may need to document field practice hours that count toward licensure;

- If social work field education and public health practicum are separate, promote integration by offering students examples of how to integrate public health into social work and vice versa;

- Recruit MSW/MPH alumni to help develop field placements and practicum sites; where possible, enable them to supervise and to teach integrative seminars;

- Provide MSW/MPH students with information about PHSW to share with their supervisors, to support integration of PHSW into the field experience;

> *"I would also encourage educators to work with employers to make an investment in taking on field placements. I think that the hesitation is the management/time needed to supervise PHSW interns. More support and creative incentives for the organizations from inclusion in lectures, networking receptions, etc. are needed. If there could be better integration with the dual-degree programs for the field education, that would be helpful for students."*
>
> -Allyson Brown Kenney, Director, National NGO Program on Humanitarian Leadership, Concern Worldwide US, New York (NY), MPH, MSSW

- Provide information on the MSW/MPH program, including potential schedule conflicts or necessary learning experiences to new supervisors and field placements; and

- Integrate public health and social work competencies into field education (see our Comments on Competencies and Advising Guide in the appendix).

Advising Recommendations

Advising MSW/MPH students is sometimes complicated; they diverge from traditional curricular paths, have different goals than many single degree students, and may require assistance troubleshooting systemic issues that arise between schools.

We recommend:

- Developing a basic advising guide to be shared with all who formally advise MSW/MPH students;

- Ensuring that all who interact with MSW/MPH students, especially generalist advisors with little background in social work, have a solid understanding of the MSW/MPH program and PHSW. Use training and advising tools that "teach" what PHSW is from the very beginning;

- Regularly engaging in internal marketing of your MSW/MPH program so faculty, administrators, and advisors at both schools are aware of the program and understand how it intersects with their area; and

- Assuring that an MSW/MPH program director or appointed faculty person is available for student advising (see the Advising Guide in the resource section for additional suggestions).

Funding for MSW/MPH Programs

Funding for specialty programs, especially at the master's level, is limited across universities. Yet three entities—faculty, students, and the programs themselves—need economic support in order to develop and sustain MSW/MPH programs.

We recommend:

- Advocating for faculty support in the form of course release or stipends to better support faculty investment;

- Petitioning for a dedicated budget for MSW/MPH program activities;

- Identifying specific financial aid resources for MSW/MPH students, including research assistantships, employment with tuition remission, and roles on grants;

- Creating fundraising campaigns that highlight your MSW/MPH program and help to establish targeted funds or prizes; and

- Providing debt counseling to all MSW/MPH students, keeping in mind that the research on the value added of a second degree and the salaries of MSW/MPH graduates, have not been established.

Mentoring, Technical Assistance, and Connection to Other Programs and Organizations

MSW/MPH program directors are often disconnected and state that they would benefit from connection to and co-mentoring from other MSW/MPH programs, as well as recognition and support from national social work and public health organizations.

We recommend:

- MSW/MPH stakeholders advocate that national organizations (CSWE, APHA, NASW, SSWR, ASPPH and others) take leadership roles in recognizing and supporting these important programs e.g. creating opportunities for faculty to connect nationally and/or encouraging scholarship on MSW/MPH related concerns;

- MSW/MPH program leaders attend the APHA/PHSW section annual roundtable and related get-togethers to learn how others are integrating these two disciplines; and

- MSW/MPH program directors organize themselves to create mechanisms of support (e.g. University of Michigan once hosted an MSW/MPH listserv, now defunct). A listserv or similar platform, such as a Facebook page, could be relaunched and provide an online support for Q & A and technical assistance (see the Resource section for a comprehensive list of MSW/MPH Programs and their contact information).

MSW/MPH Program Evaluation

Like all parts of graduate education, MSW/MPH programs benefit from evaluation. Particularly because there are questions regarding the "added value" of the second degree and alumni integration of both disciplines into their careers, we urge all MSW/MPH programs to begin to evaluate their outcomes.

We recommend:

- Assessing existing program outcome measures available at your institution and exploring potential ways to add questions related to your MSW/MPH program to annual surveys or assessments;

- Identifying a staff person (or a team of people) who can manage the evaluation process, including sending program evaluation materials, answering questions from participants, interpreting results, and reporting results back to administrators and faculty;

- Remembering that programs can ready themselves for evaluation at their outset or begin at any time. Start where you are;

- Making a focused effort to systematize the tracking of students as they move through the program, particularly because students sometimes "drop off" when they attend a different school. The ability to evaluate can hinge on good record keeping and registrars can be vital team players in helping MSW/MPH program directors know who has completed the program; and

- Sharing evaluation results with the larger academic community. Students, alumni, faculty, and staff are more likely to complete surveys and participate in interviews if they know that the evaluation results will be used to create change within the institution.

Beyond Graduation: Engaging Alumni

MSW/MPH graduates are an important stakeholder group and staying connected can benefit both the alumni, current and prospective students, and the program itself.

We recommend:

- Engaging in studies of MSW/MPH Program alumni examples, such as the Profiles included in this document (see pages 71-79) or more formal program outcomes evaluation;

- Developing continuing education and lifelong learning courses for MSW/MPH alumni (see the Public Health Social Work Toolkit for examples of a Public Health Social Work Training Institute);

- Providing mechanisms where MSW/MPH alumni can network and connect with each other and to current students;

- Creating materials for MSW/MPH students to use in their job search, for instance, an "elevator speech" about PHSW and MSW/MPH programs; a "why hire an MSW/MPH graduate?" and other career readiness documents; and

- Creating events for alumni to speak to students about how they integrate social work and public health on the job (see the Public Health Social Work Toolkit for more examples).

"The best advice I would give would be to network, network, network and just engage in simple conversations with other social workers and public health professors you meet! Don't be shy to introduce yourself. The best way to utilize your skills is to know what is going on in our communities, the different work being done to address these issues, and to join in on the conversation. Maintain your NASW membership, go to specific social work and public health conferences, meet new people! I've maintained a connection to both my schools, have gone to many alumni events, kept in touch with some of my professors and mentors, conducted informational interviews as a result of tips from co-workers and their connections, and recently was elected to the board of directors for NASW-MA. You never know who you're going to meet or the connections you'll make that might end up leading to a great idea, opportunity or collaboration."

– Kristin Beville, Alumna, Director of Social Work, McLean Hospital, Belmont (MA), MSW, MPH

Advocacy for MSW/MPH Programs

MSW/MPH programs need greater recognition, support, and evaluation by social work and public health leadership. Universities and professional organizations have not yet fully invested in understanding their impact.

We recommend:

- Program directors, deans, and other stakeholders work collaboratively to study MSW/MPH graduates;

- Urging national leaders to conduct needed workforce studies that can answer questions regarding the number, location, roles, employment, and practice of public health social workers;

- Educating employers in your locality on the value a MSW/MPH graduate would bring to their organization, agency, clinic, etc.; and

- Advocating for PHSW and MSW/MPH programs among educational organizations such as CSWE, CEPH, Associations of Schools and Programs in Public Health (ASPPH) to generate interest in and strengthen dual-degree education.

RESOURCES

TABLE OF CONTENTS

Handout:
A Brief Overview of Public Health Social Work

Handout: *A Brief Overview of Public Health Social Work*

Definition: PHSW is the established sub-discipline within the social work profession that uses integrated transdisciplinary approaches to promote health equity and mitigate human health problems (Ruth, Sisco & Marshall, 2016).

History: One of the oldest forms of social work, it dates to the early 20th century when social workers and public health officers collaborated on infectious disease control, maternal and child health promotion, and the settlement house movement (Popple & Leighninger, 2011; Ruth, Sisco & Marshall, 2016). Moved by shared Progressive Era values of promoting human health and well-being, social work was viewed as a key component of public health, even at its inception. From its outset, public health-informed social work was distinguished from other forms of social work by its willingness to investigate social factors as causes of poor health. Early public health social workers combined epidemiologically-informed casework, community-level interventions, and vigorous policy advocacy to bring about the major societal level changes that improved overall health (Bracht, 1978; Rice, 1959; Ruth & Marshall, in press; Ruth, Sisco & Marshall, 2016). While social work's role in public health has evolved over the course of a century, the fundamentals of PHSW remain.

Key Characteristics and Features
PHSW is characterized by the following features and elements:
1. A shared commitment to promoting individual and population health and well-being
2. Use of epidemiologically-informed approaches
3. Attention to the needs of vulnerable sub-populations and health injustice
4. A focus on addressing the social and macro determinants that shape health
5. An emphasis on prevention at all levels
6. Multi-level intervention—from individual to systems—to impact and improve people's health
7. Reliance upon cross-sectoral, inter-professional, and transdisciplinary collaborations
8. Advocacy for systems, environmental, and structural change in the conditions that affect health

Ten Reasons Why Public Health Social Work is Necessary
1. Changing health care system: ACA innovation, rollbacks, cost containment
2. Worsening national health statistics: decreases in life expectancy and increased infant mortality
3. Rampant health inequities driven by social determinants: racism, sexism, economic inequality, lack of access, unraveling of ACA
4. Increased number of social workers in health: 50% but expected to increase to 70% in a decade
5. Demographic challenges: globalization, urbanization, aging, immigration
6. Collaboration is king: strong emphasis on inter-professional and cross-sectoral approaches
7. Environmental issues: natural disasters, climate change, terror, and war
8. Diseases/disorders: pervasive chronic disease; emerging and persistent infectious diseases, mental disorders, trauma
9. New roles for social work: integration, care coordination, behavioral health, etc.
10. Social work broadly involved in health, but under increased pressure to demonstrate impact in competitive health system
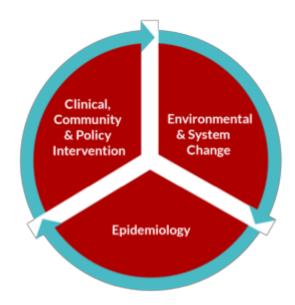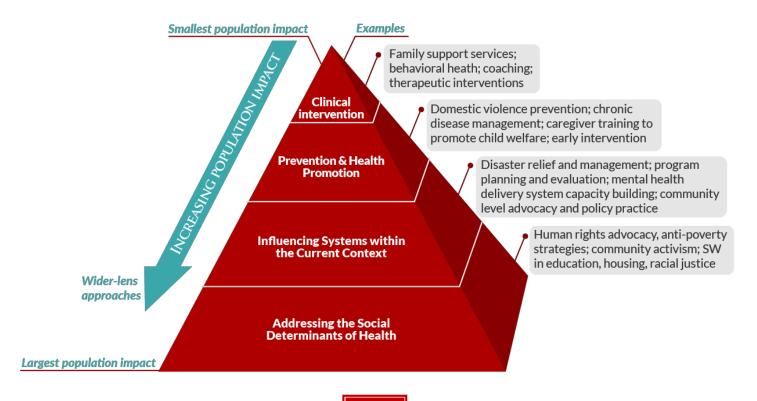
Public Health Social Work Circle of Change

The PHSW Circle of Change (Ruth & Wilkinson, 2018) illustrates the tripartite nature of PHSW as initially conceived by the public health social workers in the early 20th century. Still relevant today, the combination of epidemiology, clinical and community interventions, and advocacy for systems change are the defining components of the PHSW approach and practice.

Education for Public Health Social Work

Health social work, which employs half of all current social workers, is a growth area of the profession. Although PHSW is a longstanding practice and growing area of interest within the profession, education for health social work is still primarily focused on clinical care in health settings. The Health in all Social Work Programs Study (Ruth, Wachman, Marshall, Backman, Harrington, Schultz & Ouimet, 2017) indicates that the vast majority social work courses and specializations at the baccalaureate, masters, and continuing education levels focus on clinical practice. Yet for the profession to effectively address health inequities, social work education must change. While clinical approaches are valuable at the individual, family, and group levels, clinical interventions have minimal population impact and must be paired with public health approaches if the profession is to successfully address the social determinants of health that produce health inequities. The failure to teach a broader set of skills limits graduates' abilities to work, collaborate and lead on these issues in the larger health system. It further undermines the use of public health approaches across the many domains of social work where they are most needed, including child welfare, homelessness, and military, forensic, and school social work. As the SWHIM illustratrates, PHSW is multi-level practice links clinical interventions to prevention, systems and social determinants of health to more broadly maximize health impact and address social injustice.

A Call to Action: All Social Work is Health Work

The profession, as a whole, will strengthen and grow when it understands that, despite its deep and varied practices across all aspects of social welfare, all social work is health social work. Social welfare addresses unmet social needs, which in turn contribute to the nation's health. Even social workers who do not view themselves as working in health, are in fact, doing so, and need to be able to use public health approaches to widen the lens of the issues they are addressing in schools, prisons, shelters, and the military (to name but a few of the arenas in which the profession operates) to have a greater, positive impact on the nation's health.

Handout:
How to Tell if an MSW/MPH Program is Right for You?

Enrolling in an MSW/MPH Program is a big commitment of time, resources, and energy and leads to the question of "How can I know if an MSW/MPH Program is right for me?". Here are a few questions and suggestions for thinking through the decision about whether an MSW/MPH Program is right for you. If you find yourself checking a majority of the boxes, it is a good indicator that you should consider enrolling in an MSW/MPH Program.

☐ **You are a big picture thinker and you want to help solve major problems.** Most MSW/MPH students are mission-driven and drawn to thinking about how to solve broad issues in health, policy, and systems change. If you care about people and want to work on multiple levels to foster change, an MSW/MPH Program may be right for you.

☐ **You are social justice driven so you naturally gravitate upstream.** The concept of "going upstream" refers to a classic public health parable that encourages people to think about the causes of health problems. Imagine you're standing on the edge of a river. Suddenly a flailing, drowning child comes floating by. Without thinking, you dive in, grab the child, and swim to shore. Before you can recover, another child comes floating by. You dive in and rescue her as well. Then another child drifts into sight. . . and another. . . and another. You call for help, and people take turns fishing out child after child. Before too long some wise person asks, "why are all these kids falling into the water?" and heads upstream to find out. If you are someone who tends to think "upstream" in this way, you'll find an MSW/MPH Program may be a good match for you.

☐ **You do not want to choose between working with individuals and working on a systems level**. MSW/MPH students often want to learn to work clinically with individuals, couples, families, and groups. They also want to learn how to work at the systems level advocating and organizing for policy change in health. They do not want to choose between these two focal areas. Many MSW/MPH Programs allow a clinical major in social work to be combined with public health. Just be sure to choose a program that offers this option if you think this is true for you.

☐ **You want to focus on prevention AND intervention.** Perhaps you have an issue you care about, such as helping people with depression. You want to be able to work on learning the skills of helping people with depression to heal and recover. You may want to study what makes people depressed and how to address the causes, as well as the treatment of, depression. The right MSW/MPH Program can give you both sets of skills.

☐ **You have a hard time deciding between majors; you are interested in what people are doing across fields. Sometimes you think you're "all over the place!"** We call this "positive professional restlessness" and it's a sign that you are by nature trans-disciplinary. This is "more than okay" because the larger health field is moving toward cross- sectoral, trans-disciplinary approaches. Thorny health and social problems are never solved by one profession. An MSW/MPH program can help you draw a circle around two fields of interest and unite them into one career.

☐ **You understand the power of research and science.** You are drawn to knowing "what works" to help people and society. From where you stand, it's not enough to offer a prevention program or a treatment modality– you want to know if it's really prevented the problem or helped make someone better. You may or may not be a little intimated by statistics and epidemiology, but you know you need those skills if you are going to be effective.

☐ **You want lots of options and a flexible career path.** The diversity of career paths is one of the true assets of the MSW/MPH path. MSW/MPH graduates have one thing in common: they want career options and they want to ensure they have the skills to pursue various roles in public health, social work, and beyond. Having two degrees, two sets of competencies, and a sense of themselves as broad practitioners of PHSW allows graduates to shape their careers in myriad ways.

☐ **You're interested in leadership.** The next generation of leaders will emerge from today's young people, many of whom are frustrated with the way things are going. They want to change it up, do a better job, and try to improve people's lives through high impact solutions. Leadership is a set of skills that must be cultivated and developed; an MSW/MPH Program can help you hone your natural interest in leading change and inspiring others.

☐ **You've got the energy, time, and commitment to do it.** You are willing to spend extra time getting that additional degree because you know it will enable you to move forward on your terms to fulfill your vision. You recognize it will take more time, and possibly cost more, but you have reflected on your personal and financial readiness, and you are prepared to plan so you can afford to do it.

General Advising Guide:
Advising MSW/MPH Students

Because MSW/MPH programs differ in content and structure, a universal advising document is impossible. Here are some general suggestions for advising MSW/MPH students.

General Advising for MSW/MPH Students

Pre-enrollment: General advising for the MSW/MPH program should begin prior to application and enrollment. Admissions officers should have a basic understanding of the program, and be able to explain its structure, requirements, cost, and advising. The task of orienting admissions officers to MSW/MPH pre-advising will generally fall on the faculty or program directors involved with the program. However, this is time well-spent and will save interested students and busy faculty from having to engage in answering basic questions that could have easily been handled by admissions. Having an established set of program guidelines, agreed upon by both schools, is essential. At the outset, depending on how prospective students first connect to your program, share with them the MSW/MPH Program Student Readiness Checklist so they can self-determine if an MSW/MPH program is right for them.

Start Advising Early: Academic and field advising for MSW/MPH students should begin as soon as they matriculate into the program, which in some schools occurs at the beginning of the graduate program experience and in others, occurs after the first semester or year. To add to the complexity, in some schools, advising is split across several people and departments. An MSW/MPH student might have faculty advisors at both schools, an MSW/MPH program advisor, and a field advisor, not all of whom will be familiar with the MSW/MPH program or PHSW. Ideally, all advisors will know about the MSW/MPH program, but one person must hold the role of MSW/MPH Program advisor and must take the lead in helping the student connect the dots.

A Continuous Conversation: Academic and field advising naturally focuses on meeting the specific program requirements in both schools, (foundation, advanced, and elective), but it must also include a continuous discussion, between student and advisor, on how to integrate public health and social work skills, knowledge, values, and competencies. One of the major goals of advising is helping MSW/MPH students understand that all of their experiences—classroom studies, assignments, field education and public health practicum—are opportunities to practice integration.

Recordkeeping: Keeping a file for each student, together with notes and plan, can support the ongoing PHSW conversation and help the student keep the big picture and the program requirements clear.

Frequency of Advising: Student and advisor should meet as soon as possible in the first semester and thereafter at least once per semester. For schools and programs that cannot meet with students individually, group advising sessions can be effective. Often, MSW/MPH students have more information and are "closer to the ground" of what's going on in various courses or departments and they become co-mentors to one another. Group sessions can facilitate contacts that result in study groups, transportation assistance, support, and friendship.
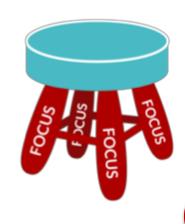
Helping Students Choose Courses: MSW/MPH students often suffer from "candy store syndrome." They want to take all of the classes in the course catalogue (eat ALL of the candy in the store) because is all looks so attractive—they are transdisciplinary by nature. However, because they are dual-degree, their electives are often constrained and they must pay attention to so many factors that they can sometimes lose sight of what's important in choice of courses and majors. One way to assist them is to encourage them to think about graduate school as a stool with four "focus" legs. Students should prioritize focusing on the following four components: Professors or teachers they want to study with;

skills/competencies they want to achieve before graduation; populations they want to learn more about; and compelling topics/issues that they want to study. They need to make sure each leg gets some attention so that their stool is not out of balance. Students should be encouraged to take a course with a well-known master teacher, even if it is outside their focal area or study an issue about which they are curious and know little. In some systems, students can audit courses for enhanced knowledge. Finally, it is important to constantly reinforce that graduate school is not the end of learning, but rather the beginning. It sometimes helps students to examine post-graduate continuing education or other professional development opportunities to ease their minds about the myriad lifelong learning opportunities available upon graduation.

"I think there should be more public health social work continuing education courses. It would be a great way to keep the skills fresh and make connections!"

-Kristin Beville, Alumna, Director of Social Work, McLean Hospital, Belmont (MA), MSW, MPH

Key Questions:

The following key questions that can be helpful in field or academic advising sessions.

- What are your reasons for enrolling in the MSW/MPH Program?

- Do you have specific career goals upon graduation?

- What is your current or planned major or concentration in social work? In public health?

- Do you intend to participate in any additional specialty programs? How will those fit with your MSW/MPH degree requirements?

- Have you reviewed the requirements for the MSW/MPH Program and do you have any questions about them? (Do you understand the course exchanges or double counts? Do you know which requirements you're exempt from?)

- Tell me about your social work field internship? How is it going? Have you talked with your supervisor about the MSW/MPH Program? Are you able to integrate public health into your work there?

- If planning a second field internship or a public health practicum: what are the "lessons learned" from previous field experience? What assets and skills will you bring to the next experience? What specific skills and competencies do you hope to learn in the upcoming field internship or practicum? Have you talked with your potential site about the MSW/MPH program? Will you be able to integrate both public health and social work into any aspect of them?

- Tell me about the assignments for your courses. Are you able to integrate PHSW into them? How can you communicate the PHSW framework in your courses and assignments?

- Are their certain courses, beyond the requirements, that you want take in the MSW or MPH program?

- Are you finding that your coursework is aligning with your fieldwork or practicum?

- How much and to what extent are you able to integrate public health and social work in your courses or in your field experiences?

- What are your summer plans? Will you be taking summer courses, working or engaging in practicum?

- Are you planning to be licensed in social work or certified in public health? What courses might you need to support these and other post-graduate goals?

- How is your career planning going? What kinds of jobs will you look for? Have you developed a PHSW-infused career mission statement? How will you explain your skillset to future employers?

One School's Tool: As an example, we have adapted a user-friendly tool developed at one university to help anchor the student's learning and to establish a written track record. The form contains key areas of advising concern and can be emailed to students in advance of advising sessions. The form enables students and adviser to focus on both the granular concerns—credits, courses—as well as on the larger goals of public health and social work integration. Advisors introduce the forms in their initial meetings and share the explicit goals and methods of learning to integrate public health and social work. Depending on the technological capabilities at your institution, you might consider making this an online form that a student would need to complete prior to your advising session so that the student comes more prepared for their meeting with you and so that you feel more prepared to address their concerns.

The forms encourage students to articulate their concerns and students can use them to solicit input from field supervisors and other mentors. Various sections of the instrument address specific curriculum requirements of the program and or practicum. Due to the variation in programs, advisors must support student awareness of MSW/MPH program specifics in all domains, include requirements, field placements, practicum experiences, and PHSW integration. If the student is using an e-portfolio, the forms can serve as a record of intellectual progress in the program.

Name/Date/Email _____

General Goals for Advising Session:

MSW/MPH Program Specific Issues:

Practicum or Field Education Issues:

Current Courses/Related Concerns:

Planning ahead for Future Courses/Field Experiences:

Public Health and Social Work Integration Concerns/Achievements/Goals:

Student's Next Steps:

Advisor's Next Steps:

Incorporate the Competencies into Advising and Supervision

Use the following document to assist MSW/MPH program directors, students, academic advisers, and field supervisors in ensuring that both social work and public health core competencies are integrated into an MSW/MPH student's academic training and supervision. We recommend that programs:

- Provide a copy of the competencies document to all MSW/MPH students at the outset of their MSW/MPH education. Knowledge of the competencies provides a specific understanding of what their educational experience should include by graduation. It can also help guide students in their course choices, enhance their understanding of PHSW, and help them envision their careers more clearly;

- Ensure that program directors, academic advisers, field supervisors and public health practicum contacts have copies of the competencies document as well; it will help them to better advise MSW/MPH students; and

- Consider utilizing the competencies to create evaluation tools for your MSW/MPH program.

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SOCIAL WORK COMPETENCIES*

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1. Ability to demonstrate ethical and professional behavior
2. Ability to engage diversity and difference in practice
3. Ability to advance human rights and social and economic and environmental justice
4. Ability to engage in practice-informed research and research-informed practice
5. Ability to engage in policy practice
6. Ability to engage with individuals, families, groups, organizations, and communities
7. Ability to assess individuals, families, groups, organizations, and communities
8. Ability intervene with individuals, families, groups, organizations, and communities
9. Ability to evaluate practice with individuals, families, groups, organizations, and communities

<div style="background:red;color:white;text-align:center;">

CEPH PUBLIC HEALTH COMPETENCIES+

</div>

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

Interprofessional Practice

21. Perform effectively on interprofessional teams

Systems Thinking

22. Apply systems thinking tools to a public health issue

Steps to integrate the competencies into practice examples:

1. Begin the discussion by reviewing the competencies. Help students become familiar with the educational competencies of both schools and fields.

2. Discuss and highlight congruence and parallel principles between the two sets of competencies.

3. To strengthen integration, have students reflect on examples that connect the roles, competencies and responsibilities of social workers and public health professionals they encounter in their field agencies or practicum experiences. Encourage students to think as public health social workers, drawing broadly from both sets of competencies. Here are two examples:

Example 1: Jeniah is a hospital based public health social worker working with vulnerable dual-diagnosis clients in an acute short-term setting. She approaches discharge planning using a combination of social work and public health competencies. By working effectively to quickly establish rapport with her client, Mr. N and his family, Jeniah's work reflects the social work competency of working with individuals, families or groups (SW6). Because she is a public health social worker, Jeniah thinks both about Mr. N as a person, as well as about the populations that he is a member of (SW 2, 7, 8; PH 7,8) As she reflects upon his return to the community, Jeniah is concerned about the various social determinants of health that will affect his health, particularly the uncertainty surrounding his ability to access continuing outpatient mental health care; his nutritional, housing, and transportation needs; and the lack of neighborhood safety; all of which exacerbate his psychological vulnerabilities and substance use problems. As part of planning, she engages the interprofessional team to discuss crafting additional options to support post-discharge success (SW 8; PH 21). She refers Mr. N to a public health nurse and community health worker program, who agree to attend a discharge planning meeting to include a relapse prevention plan specifically tailored to Mr. N and his family (SW2, SW7, PH7). Jeniah knows that this warm handoff will increase the likelihood that Mr. N and his family will utilize the services (PH4, PH6). At a later team meeting, she proposes the team make a commitment to include community-based relapse prevention into each discharge plan to increase the chances that more clients will have success in the community (PH 7, PH22).

Example 2: Josh, an MSW/MPH student completing his field placement at a local public health department, has been asked to participate in the evaluation of community health initiative program as part of his field placement. During supervision, the supervisor, who is also an MSW/MPH alumna, asks Josh to identify the competencies he will need to use to accomplish this professional task. Together, they review both sets of competencies. Josh finds that all the competencies have some relevance, but that several stand out as especially key. He identifies prioritizing SW competencies 2, 4, 7, and 9, as they reflect the skills need to engage diversity and difference in practice, conduct practice-informed research and research-informed practice, assess a community, and evaluate practice within community context. He reviews the public health competencies; he tells the supervisor that he will need to call on and strengthen his skills in PH competencies 3 and 4--analysis and interpretation of data analysis for public health research, policy or practice. He also knows he will need to help the team select an evaluation method (PH11), and to work collaboratively with the community coalition involved with this program (PH 13, and 21).

4. Ask students to reflect on how the competencies align with the professional tasks they undertake in their practicum or field internships. A simple chart, such as this one included below, can be helpful in consolidating a firm understanding or their growing competence as they move through the MSW/MPH Program.

COMPETENCY	TASKS/LEARINING ACTIVITIES
1.	
2.	
3.	

* The Council of Social Work Education establishes and updates educational policy and accreditation competencies regularly. See Educational Policy and Accreditation Standards:
https://www.cswe.org/getattachment/Accreditation/Accreditation-Process/2015-EPAS/2015EPAS_Web_FINAL.pdf.aspx

+ **The Council of Education for Public Health revised its educational competencies in 2016.**
https://ceph.org/assets/2016.Criteria.pdf.

Syllabus:

Model MSW/MPH Program Integrative Seminar

[Name of Institution]

Course Syllabus

[Course Number]

Integrative Seminar in Public Health Social Work

[Course dates]

[Course session times]

[Course location]

Instructor: [insert name]

Instructor Contact Information:

[email, phone, office location, appointment hours, etc.]

COURSE DESCRIPTION

[Course number] is the required integrative seminar for students enrolled in the MSW/MPH dual-degree program at [institution name]. The course provides a foundation for understanding, embracing, and communicating about Public Health Social Work as practice discipline within the social work profession. It integrates theory and skills of the social work and public health professions and engages students in critical thinking about their potential for promoting social justice and health equity.

[Course number] is a [#] credit course that meets [8] times and is normally taken in the student's [final MSW program year]. It incorporates an expectation for shared learning among students and instructors and an emphasis on the relationship of action (experience) and reflection (theory). It requires thoughtful preparation for each session and utilizes readings, multi-media, guest speakers, and group discussion. [Course number] provides opportunities for research and out-of-classroom learning through a capstone project each student completes to explore personal interests involving the intersection of social work and public health.

Course Schedule and ASSIGNMENT Summary

Class [insert dates]	Content	Assignments
Session 1	Orientation to PHSW and the Integrative Seminar	Pre-assignment
Session 2	Knowledge Base and Rationale for PHSW	Capstone project proposal
Session 3,	Health in all Social Work?	Reading reflection #1
Session 4	PHSW in a Volatile Health System Environment	Guest speaker questions (in advance)
Session 5	Promoting Health Equity and Culturally Responsive Practice	Reading reflection #2
Session 6	Core Functions and Essential Services	Practice reflection
Session 7	Ethical PHSW Practice	Guest speaker questions (in advance)
Session 8	Capstone Project Presentations & Seminar Evaluation	Capstone project

Course Objectives
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. By the end of the seminar, each student should be able to:

1. Discuss the history, values, and theoretical pillars of Public Health Social Work (PHSW).

2. Describe the relationship between clinical and macro social work methods utilizing person-in-environment and population health perspectives.

3. Explain how prevention theory and practice applies to the student's field education experience.

4. Demonstrate competence in evidence-based PHSW practice skills.

5. Articulate how the seminar has influenced the student's own professional identity, perspective, and aspirations.

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

- Apply epidemiological methods to the breadth of settings and situations in public health practice

- Select quantitative and qualitative data collection methods appropriate for a given public health context

- Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate

- Interpret results of data analysis for public health research, policy or practice

Public Health & Health Care Systems

- Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings

- 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

- Assess population needs, assets and capacities that affect communities' health

- Apply awareness of cultural values and practices to the design or implementation of public health policies or programs

- Design a population-based policy, program, project or intervention

- Explain basic principles and tools of budget and resource management

- Select methods to evaluate public health programs

Policy in Public Health

- Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence

- Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes

- Advocate for political, social or economic policies and programs that will improve health in diverse populations

- Evaluate policies for their impact on public health and health equity

Leadership

- Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making

- Apply negotiation and mediation skills to address organizational or community challenges

Communication

- Select communication strategies for different audiences and sectors

- Communicate audience-appropriate public health content, both in writing and through oral presentation

- Describe the importance of cultural competence in communicating public health content

Inter-professional Practice

- Perform effectively on inter-professional teams

Systems Thinking

- Apply systems thinking tools to a public health issue

Assignments

[Revise or substitute for content below as appropriate]

Assignments in this course will promote and assess student attainment of CSWE and CEPH competencies.

Pre-Assignment Due (this pre-assignment is required but will not be graded, due by [date]): Please email a concise (250-500 words) personal introduction of yourself to the instructor, including the following information: Social Work field education and Public Health practicum experience; SSW and SPH method concentrations; professional aspirations (if known); social work and/or public health-related work experience; political/social/civic engagement experience; and anything else you consider important about your identity, background, interests, or experience. Please provide your preferred personal pronouns and if you use a name other than the one listed on university records. Finally, please share anything you would like the instructor to know about your learning style or needs to help support your success in the program. Personal information will be treated as confidential.

Reading Reflections: Each student will prepare two papers of 500 words each (approx. 2 double spaced pages) describing selected readings from the syllabus. Each paper will be shared with the instructor and other students in advance of the class session for which the reading is assigned, and 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 Social Work field education placement and 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.

Capstone Project: [Course Number] requires a capstone project through which each student will explore a topic of personal interest related to the course content. Students will select their own topics for study and may integrate the capstone projects with their Social Work Field Education and/or Public Health practicum experiences. To inform their studies, students may use original qualitative or quantitative research, online and library-based resources, multi-media, and out-of-class learning opportunities, such as conferences, workshops, community-based events, forums, volunteerism, participation in social action, etc.

Each student will write a paper summarizing their study methods and findings. Alternatively, students may develop trainings, design research studies, draft fundraising proposals, design social media campaigns, or develop other materials that may be useful in advancing capstone project objectives. In addition, each student will present an interactive, summary of their capstone project in the final seminar session.

Students may work on capstone projects in pairs or small groups with approval of the instructor. In such cases, students may cooperate in their final seminar presentations. Capstone project proposals are due to the instructor by the end of the week of Session 2. The instructor will approve the proposals with approval or suggestions for project revisions within one week.

Grading
[Revise or substitute for content below as appropriate. Provide for Pass/Fail option as appropriate.]

Written Assignments
There are three written assignments and a capstone project required for the seminar, as described above. The instructor will provide guidance for each assignment to clarify expectations. Written assignments and the capstone project combined will account for 80 percent of the course grade, as follows:

- Reading reflection paper #1: 5 percent

- Reading reflection paper #2: 5 percent

- Practice reflection paper: 20 percent

- Capstone project: 50 percent

[Name of Institution]'s point system will be used for grading each written assignment. [insert details as appropriate.]

Written assignments should be well written, clearly organized, typed, and free of spelling, punctuation, and grammatical errors. Points may be deducted for papers that were obviously not proofread. References should be provided using APA format. Papers should be formatted with one inch margins, double spacing, and 12 point Times New Roman font. Page limits listed for each assignment are actual maximums.

Class Participation

Class participation will account for 20 percent of the final grade, in consideration of the following:

- Students are expected to attend classes. Please consult with the instructor in advance of any planned absence or late arrival.

- Students are expected to complete required readings and to be prepared to discuss them in class.

- Students are required to prepare for guest speakers by reading information available about them and their organizations online and by drafting at least three questions to ask each speaker. Questions may be emailed in advance to the instructor or submitted (typed only) at the beginning of each respective class session. Questions submitted late will not be accepted.

- Students are expected to participate in class discussions. Please see the class participation guidance below.

Class Participation Guidance

[Revise or substitute for content below as appropriate]

This course incorporates popular education and adult learning theory with the expectation that all class participants—including students and instructor—will learn from one another. Class members are encouraged to address one another, not just the instructor. Diversity of opinion is valued. If you question or disagree with the instructor or colleagues, please express your thoughts freely. If you have a question about anything, please ask, and if you can answer a question, please do.

Since people have different levels of comfort with speaking in class, the impact of one's contributions will be considered, not just the frequency of participation. If you are someone who tends to speak often in class discussions, please consider whether delaying your comments occasionally might facilitate participation by others. If you tend to hold back and let others do the talking, please consider how "stretching yourself" to contribute more might enrich the discussion. The following rubric will be used in evaluating class participation:

Exemplary Contributor (4.0): Contributions in class reflect exemplary preparation. Comments are reliably substantive, insightful, and may shape the direction of class discussion. Challenges are documented and persuasive. If this person were not a member of the class, the quality of discussion would be markedly diminished.

Valuable Contributor (3.7): Contributions in class reflect thorough preparation. Comments are typically substantive and insightful. Challenges are thoughtful and may be persuasive. If this person were not a member of the class, the quality of discussion would be diminished.

Solid Contributor (3.3): Contributions in class reflect consistent preparation. Comments are relevant and may provide useful information. Challenges, if presented, may be persuasive. If this person were not a member of the class, quality of discussion would be diminished.

Contributor (3.0): Contributions in class suggest minimal preparation. Comments relate to topic. If this person were not a member of the class, quality of discussion would be little changed.

Present (2.7): This person says little in class. Degree of preparation is unclear. If this person were not a member of the class, discussion would not be changed.

Unsatisfactory Contributor (2.5): Contributions in class suggest lack of preparation. Comments may detract from the quality of discussion.

Readings

Students should be prepared to discuss all of the readings for each course session, as listed below. In addition, the following readings are recommended to provide an overview of health policy, systems, and outcomes. They may be considered essential, depending on each student's familiarity with these topics:

- Institute of Medicine. Summary of the Public Health System in the United States. Appendix A of The Future of Public Health. National Academies Press (1988 and updated online). Available at **https://www.ncbi.nlm.nih.gov/books/NBK218212/**

- 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**

- 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**

- Bradley EH, Sipsma, LA, Taylor LA. (2017) American Health Care Paradox—High Spending on Health Care and Poor Health. Quarterly Journal of Medicine, 110(2), 61-65, February 1, 2017. Published online 10/24/16. Available at: **https://academic-oup-com.ezproxy.bu.edu/qjmed/article-lookup/doi/10.1093/qjmed/hcw187.**

Course Policies
(revise as appropriate for instructor and institution)

Academic honesty and integrity: Papers and presentations must meet standards of academic honesty and integrity, avoiding any possibility of plagiarism or other forms of academic misconduct. For specific information about the [name of institution] policy regarding academic misconduct, see [link appropriate reference source].

Electronic devices in the classroom: Laptops, tablets, and smart phones may be used to support classroom learning activities, such as note taking and accessing information relevant to discussions. Non-academic uses of electronic devices, such as e-mailing, texting, social networking, and recreational browsing may result in loss of permission to use electronic devices in class. Phone calls during class are prohibited unless you are "on call" and have prepared the instructor in advance. Under such circumstances, please put your phone on vibrate, sit close to a door, and step out of the room to take the call.

Writing style and references: Students are expected to follow the editorial and reference standards set out in the Publication Manual of the American Psychological Association (2010). This manual is available at the [provide reference and link].

Students with disabilities: If you have a disability and want to request reasonable accommodation, consult with [insert appropriate reference for disability services].

Religious holidays: The School, in case classes are scheduled on religious holidays, intends that students observing those holidays be given ample opportunity to make up work. Faculty members who wish to observe religious holidays will arrange for another faculty member to meet their classes or for canceled classes to be rescheduled. Please consult with your faculty member to make appropriate arrangements.

Course Resources

Academic writing assistance: If you would like academic writing assistance, information can be found at [insert appropriate resource link(s)].

Course Materials: This course has a [Blackboard or appropriate equivalent, as appropriate] site where the instructor posts the course syllabus, announcements, handouts, supplemental (optional) readings, and other pertinent information. Presentation slides will be posted to the Blackboard site following [before/after] each class session.

Accessing Course Readings through the [name of institution] Library: Course readings are available electronically through the [name of institution] Library. To access readings, students must be registered for the course and have their log-in name and password. Guidance for accessing readings is provided below [insert as appropriate]. Readings may be listed in the syllabus with direct web links.

The section now concludes the syllabus.

Acknowledgments to Geoff Wilkinson and Rachel John for their work on the syllabus and the advising documents.

Description of Session Objectives, Readings, and Assignments

Session 1: Orientation to PHSW and the Integrative Seminar

Session Objectives:

1. Introduce seminar participants
2. Summarize seminar themes, objectives, and requirements.
3. Discuss the definition and history of Public Health Social Work (PHSW).
4. Relate PHSW to students' field education and work experience.

Required Readings and Video:

▪ Public Health Social Work in the Field, http://publichealthsocialwork.org/?page_id=165

▪ Ruth, BJ & Marshall, JM. (2017). The History of Social Work in Public Health. American Journal of Public Health 2017; 107:S3, S236-S242.

▪ Ruth, BJ, Sisco, S, & Wyatt Marshall, J. (2016). Public Health Social Work. Encyclopedia of Social Work.

Assignment Due: Pre-Assignment (personal introduction due in advance of Session 1)

Session 2: Knowledge Base and Rationale for PHSW

Session Objectives:

1. Define core PHSW concepts, including health, health equity, population health, Social Determinants of Health, and prevention.
2. Assess common ground and critical differences in the foundational methods of Social Work (SW) and Public Health (PH).
3. Examine the relationship between clinical and macro SW practice, using a socio-ecological (Person-In-Environment) framework.
4. Describe the value of PHSW's "wide lens" approach.

Required Readings:

▪ Abramovitz, M., & Sherraden, M. S. (2016). Case to Cause: Back to the Future. Journal of Social Work Education, 52(sup1), S89-S98. Available here (accessed 8/23/18).

▪ Braveman PA, Kumanyika S, Fielding J, LaVeist T, Borrell LN, Manderscheid R, & Troutman A. (2011). Health disparities and health equity: the issue is justice. American journal of public health, 101(S1), S149-S155. Available at: http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2010.300062

▪ Galea, S, et al. Estimated Deaths Attributable to Social Factors in the United States. AJPH 101:8, Aug., 2011, available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3134519/

▪ World Health Organization (2006). Preamble to the Constitution, available at: http://www.who.int/governance/eb/who_constitution_en.pdf.

▪ Thornton RL, Glover CM, Cene CW, Glik DC, Henderson JA, Williams DR. Evaluating strategies for reducing health disparities by addressing the social determinants of health. Health Aff (Millwood). 2016; 35(8):1416–1423. Available at: http://content.healthaffairs.org.ezproxy.bu.edu/content/35/8/1416.full.pdf+html

Assignment Due: Capstone project proposal

Session 3: Health in all Social Work?

Session Objectives:
1. Explore SW practice areas using a broad definition of health.
2. Describe SW roles in health care, public health, and behavioral health.
3. Assess practice implications of the Social Work Health Impact Model.

Required Readings:
- 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. Available at: **https://academic-oup-com.ezproxy.bu.edu/hsw/article/40/3/e59/800698** (accessed 12/6/17)

- Frieden TR. A framework for public health action: the health impact pyramid. Am J Public Health. 2010;100(4):590–595. (Posted to Blackboard)

- 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. Available **here**.

- 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. Available **here**.

- Ruth, BJ, Wachman, M, Marshall, JM, 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.

Assignment Due: Reading Reflection #1

Session 4: PHSW in a Changing Health System Environment

Session Objectives:
1. Discuss an overview of health care and public health policy and financing.
2. Identify potential impacts of value-based care and other elements of health care reform.
3. Describe SW roles and opportunities in interdisciplinary care teams.
4. Discuss PHSW with a guest speaker.

Required Readings:
- Darnell, J. S., & Lawlor, E. F. (2011). Health policy and social work. Chapter 5 in Gehlert, S and Browne, T, Handbook of health social work, 2nd edition (New York: Wiley). Available **here**.

- Stanhope, V., Videka, L., Thorning, H., & McKay, M. (2015). Moving toward integrated health: An opportunity for social work. Social work in health care, 54(5), 383-407. Available at: **http://www-tandfonline-com.ezproxy.bu.edu/doi/full/10.1080/00981389.2015.1025122?scroll=top&needAccess=true**

- Wilkinson, G., Sager, A., et al (2107). No Equity, No Triple Aim: Strategic Proposals to Advance Health Equity in a Volatile Policy Environment. American Journal of Public Health 2017; 107:S3, S223 – S228.

Assignment Due: Guest Speaker questions due in advance of Session 4

Session 5: Promoting Health Equity and Culturally Responsive Practice

Session Objectives:
1. Assess the Liberation Health Model in the context of PHSW.
2. Discuss the relationship of Social Workers and Community Health Workers in promoting community-based health.
3. Examine Culturally and Linguistically Appropriate Services (CLAS).

Required Readings and Video:
- 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. (Entire book available here; accessed 8/21/18).

- Pittman, M., Sunderland, A., Broderick, A., & Barnett, K. (2015). Bringing community health workers into the mainstream of U.S. healthcare. Discussion Paper. Washington, DC: Institute of Medicine of the National Academies. Available here.

- US Department of Health and Human Services. National CLAS Standards. Overview available at: https://www.thinkculturalhealth.hhs.gov/clas. Definition available at: https://www.thinkculturalhealth.hhs.gov/clas/what-is-clas. Standards available at: https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf

Assignment Due: Reading Reflection #2

Session 6: Core Functions and Essential Services

Session Objectives:
5. Relate the PH practice model to SW, including implications for assessment, intervention, and communication.
6. Examine PHSWer roles in research and practice innovation
7. Relate student practice reflections to PHSW theory.

Required Readings:
- Browne T, Keefe RH, Ruth BJ, Cox H, Maramaldi P, Rishel C, Rountree M, Zlotnik J, Marshall J. Advancing Social Work Education for Health Impact. American Journal of Public Health. 2017 Dec;107(S3):S229-35.

- Gehlert, S., Mininger, C., Sohmer, D., & Berg, K. (2008). (Not so) gently down the stream: Choosing targets to ameliorate health disparities. Health & Social Work, 33(3), 163. Available here (accessed 8/23/18).

- Ten Essential Services of Public Health defined by CDC, at http://www.cdc.gov/od/ocphp/nphpsp/Documents/Essential%20Services%20Presentation.ppt.

Assignment Due: Practice Reflection

Session 7: Ethical PHSW Practice

Session Objectives:

1. Apply the NASW Code of Ethics and Principles of the Ethical Practice of Public Health to ethical issues students encounter in field education, practicum, and work settings.
2. Discuss the adage, "Our work is more than our job," in terms of PHSWer engagement in social justice organizing and advocacy, including discussion with a guest speaker.

Required Readings:

- 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. (Entire book available **here**; accessed 8/21/18).

- National Association of Social Workers (2017). **Code of Ethics**. Washington, D.C: NASW Press.

- Thomas, J. C., Sage, M., Dillenberg, J., & Guillory, V. J. (2002). A Code of Ethics for Public Health. American Journal of Public Health, 92(7), 1057–1059.

Assignment due: Guest speaker questions due in advance of Session 7

Session 8: Capstone Projects & Seminar Evaluation

Session Objectives:

1. Present capstone projects.

2. Evaluate the seminar.

Required Readings: none

Assignment Due: Capstone Project

Integration Tools:

Exercises to Promote Public Health Social Work Integration

MSW/MPH students benefit from exercises designed to promote integration of both public health and social work content. These exercises are flexible and can be integrated into courses, adapted for use in program get-togethers, or serve as prompts for culminating reflections.

Exercise: Read and Respond

Please read three or four articles describing aspects of PHSW. Once you've read these articles, please respond. What are your overall reactions? What was new to you? What surprised you? What questions emerged after you'd read the articles? How is this knowledge useful to you? Can you begin to define public health social work for you?

Exercise: Identifying as a public health social worker

Do you find yourself "identifying" more with one program than with the other? Do you feel "public health than social work" or "more social work than public health?" Why? Describe how, when, where you notice this, as well as any time when you experience yourself integrating social work and public health simultaneously.

Exercise: Integrating public health and social work

What efforts have you made to integrate the two graduate degree programs? What does "integration" mean to you? Have you noticed differences between the two schools, or, more importantly, the two fields? What do you make of those?

Exercise: Use the Social Work Health Impact Model to help you identify and expand health social work practice roles and behaviors

Review the Social Work Health Impact Model (SWHIM). Drawing on your own practice experience, 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.

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

Social work and public health both rely upon codes of ethics to provide information to the public and ethical 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).

Exercise: Discuss ways that agencies might engage in prevention.

Review the definitions of primary, secondary and tertiary prevention. Then, identify a community health issue that may or may not be currently addressed in your agency (ie: 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?

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

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 PHSW 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?

Exercise: Learning from Our PHSW Ancestors

Read, reflect, and respond to Ruth Cowin's biography. As one of the "grandmothers of PHSW," what in her story inspires or guides you?

Exercise: Attend a Conference/Speaking Engagement/In-service Training

Reflect on what you hear and write a few paragraphs on how you might use PHSW to add to the discussion or improve the project. If the engagement included PHSW, comment on what you learned and how you might apply it in other areas.

Exercise: Apply public health social work in the global context

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 PHSW play in addressing this issue? What specific skills or competencies does PHSW bring to the global health issue you have identified? How might the PHSW roles differ in a global context? What skills and competencies would a public health social worker interested in addressing this global health problem need?

Exercise: Become familiar with various public health resources online

Spend an hour 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 one or more, and sign up for regular updates and newsletters.

Exercise: Write a Career Mission statement that reflects PHSW integration

A career mission statement is a brief description of what you want to focus on, what you want to accomplish, and who you want to become in the career aspect of your life over the next one to three years. It serves as a way to mentally focus your energy, actions, behaviors, and decisions toward the career outcomes that are most important to you. Your mission statement should touch upon what you want to focus on and who you want to become as a professional. It is okay for this part of your plan to be aspiration and "large" in terms of vision. While there is no one format or formula for creating your personal mission statement, the following guidelines may be helpful. Keep it simple, clear and brief. The best career mission statements tend to be 3 to 6 sentences long. Review the definitions and features of PHSW. Feel free to include an "explanatory" sentence about public health and social work that will help answer the question of "How do these two fields come together for you?" Imagine how you might use your Career Mission Statement to "tell a story" of your work in your MSW/MPH program and address, in a preliminary way, how you intend to integrate both social work and public health skills and knowledge in service of a larger goal.

Profiling MSW/MPH Alumni

In the course of developing this handbook, we solicited profiles of many of our alumni to better understand their career experiences using the following questionnaire that we're sharing in this section.

Advancing Leadership in Public Health Social Work Education (ALPS) Profile Questionnaire

Thank you for taking the time to share your professional experiences and insights with us. The responses you provide will be incorporated into materials developed through the HRSA-funded *Advancing Leadership in Public Health Social Work Education* project being administered through the Center for Innovation in Social Work and Health at Boston University School of Social Work. These questions are intentionally open-ended to garner as much information as possible that can be shared with educators and other professionals who are working to train and expand the use of public health approaches by social workers across diverse work settings and domains. Please use them as stimuli to get you thinking and writing! Do not worry about answering every prompt. Write directly on this document.

Prior to answering the questions, it may help to review the attached three-page handout on the definition and features of public health social work that we are using, particularly if you do not identify at this time as a social worker or public health social worker. Your stories may be incorporated into written or visual mediums for dissemination; we will contact you for final edits. If you have any additional thoughts or ideas beyond the questions, please feel free to share this at the conclusion of this document. Thank you for your time!

Name: _____

Graduation years: MSW_____ ; MPH _____

Major in MSW_____

Major/concentration in MPH_____

Additional graduate degrees_____

MSW/MPH Program(s): _____

Current Job Title:_____   Agency/Institution:_____

1. Please tell us about your training and educational preparation within public health and social work. (e.g., What were your areas of study? What were some of the most helpful aspects of your public health and social work education? What was missing that you wish you would have had? Do you have a favorite memory from when you were studying that illustrates some of the joys and struggles of MSW/MPH education?)

2. How did you become aware of an integrated program of public health and social work as a field of study? Why did you choose an MSW/MPH program? (How did this particular education fit with your career goals?)

3. Please tell us about your current (or most recent) position and work experience. (Please provide a brief description of roles and responsibilities for your position. Do you view your current employment as "public health social work?" Why or why not? What do you love most about your work? How did your education prepare you for this position? Do you have a sense of yourself being on a career path and if so, please share it with us.)

4. To what extent have you been able to integrate both public health and social work into your work to date? (e.g, Do your workplace and colleagues understand public health social work and/or dual MSW/MPH professionalism? How much professional or employer support do you have for integrating both skillsets? What barriers or challenges are you encountering in using your public health and social work skills? To the extent that you've moved away from either or both fields, please comment on why and on how or if you continue to use your education.)

5. We are interested in learning about the outcomes and impact you've had. What are you most proud of? What have been some of the outcomes of your involvement in various programs or positions? Please be specific (If you have any materials that highlight these successes, we would love to see them!)

6. From your perspective, how does (or could) the integration of public health into social work impact and improve the social work profession? (Please address this even if you aren't currently working in both or either. What "problems" in social work does/can public health solve?)

7. Similarly, how does (or could) public health-informed social work impact the field of public health? (e.g., What are examples within your area of work? Which issues within public health does/can social work solve? To help with this, try to remember times when you've said: "This is where we need a public health social worker!")

8. In your professional opinion, to what extent is public health social work valued, understood, visible, and/or integrated as a field of practice in the contemporary workforce? What recommendations do you have to increase awareness of and appreciation for public health social work and graduates of MSW/MPH programs?

9. Many students enter graduate school with the goal of becoming a transdisciplinary professional in both public health and social work. They are often mission-driven and want to help solve "big" societal problems such as health equity. They look forward to opportunities where they can use an integrated skillset in one job. Based on your experience, what observations and recommendations would you make to such students? (How can students identify varied paths for practicing in the current workforce? How can you best "market" yourself a dual professional? What are some of the fault lines that students need to be aware of?)

10. What recommendations would you make to educators who are training dual public health and social work students or directing MSW/MPH programs? (e.g., How can curricula, field education, and workforce preparation be improved? What ongoing supports do public health social work or MSW/MPH alumni need? How can MSW/MPH graduates use the training to break into new areas? What trends, obstacles, or challenges must we address?)

11. Do you have any other recommendations, suggestions, or comments related to your experience with dual professionalism in public health and social work? (Have we asked the right questions and if not, what do you want us to be thinking about? What else about your story is important for us to know?)

Bonnie Wennerstrom
Healthier Washington Connector, Seattle (WA), MSW, MPH

Bonnie Wennerstrom is a 2011/2012 graduate of the MSW/MPH Program at Boston University, where she majored in Clinical Practice at the School of Social Work and Maternal and Child Health at the School of Public Health. Bonnie chose an MSW/MPH program as a result of a workplace encounter with a social worker. "While working at Planned Parenthood, I had the opportunity to participate in an agency-sponsored program called Planned Parenthood University. At one point, I asked the instructor, an MSW, about her graduate education and she told me that if she had it to do over again she would have done an MSW/MPH program. I started looking and saw that MSW/MPH education would encompass both person-focused interventions and population-level systems change. At the time, I wanted to focus on reproductive health and saw that the marriage of social work and public health would allow for the study of both healthcare and human behavior, which is important for understanding reproductive and sexual health, and for influencing outcomes in this area. I was unsure of my exact career goals at the time, but the professional options for someone with MSW/MPH training seemed to be broad enough to allow me to keep my plans open-ended."

Bonnie further observes, "Within public health social work, my area of study and emphasis has always been healthcare, broadly defined, but scoped within the United States system and landscape." Following graduation, Bonnie worked as a Health Center Manager for two busy Planned Parenthood offices in the Pacific Northwest. In 2016, she joined the Washington State Health Care Authority, where her job title is "Connector." To better understand what she does, it's important to understand the agency. The Washington State Health Care Authority (HCA) is a cabinet-level state agency primarily responsible for administering Medicaid and public employee/school employee health benefits. Statewide and multi-sectoral, HCA supports health system transformation by focusing on value in health care, systems integration and addressing unmet social needs. The work addresses many areas: population health, rural health, behavioral health, public health, social determinants, health equity, regional collaboration, data strategies, and more. The agency budget is braided between state funds, federal funds, and federal, state, and local grants. Because these projects require collaboration across government agencies, tribes, health plans, traditional and nontraditional providers, business, and others, Bonnie's "connector" position was created. She acts as an intermediary between all internal aspects of the agency's work, bringing people and projects together to help move all systems, more efficiently and cohesively, to achieve the agency's goals. Bonnie's everyday work involves a complex array of activities: managing contracts between agencies, translating policy recommendations for operations and finance, providing thought partnership to multiple groups, writing reports for grant compliance, convening partners and stakeholders, and making recommendations to interagency leadership.

Bonnie notes that she proudly displays both degrees in her signature, even though "the concept of public health social work or a public health social worker does not exist within this agency." She is also proud of the successes she has had on the job and observes that she is able to influence the direction of the agency's work, successfully convene groups, and facilitate collaboration across stakeholder differences.

In reflecting on the respective roles of social work and public health, she notes "From my perspective, public health has the ability to understand and influence the levers at the highest levels of the health and wellness systems in our

society, something that social work has traditionally not been able to do. Social work supports individuals and programs; it engages in community development and advocacy. Public health picks it up at that point, and moves it to the federal, and even global, levels." She notes that traditional public health is sometimes challenged by understanding how vulnerable individuals and groups experience public health programs and policies. She appreciates that she has a social work skillset that enables understanding of such issues as intergenerational trauma and the links between social services and social determinants of health. This has helped by providing a needed context in making determinations about which services and initiatives will have positive impact on vulnerable people who need it the most.

Bonnie's clinical skills are never far away. "Often, my clinical skills are used with my colleagues! With any cross-disciplinary initiative that involves several groups of passionate people with different values, moving forward can be a challenge, and being able to set up safe spaces for discussion and negotiation has been powerful."

"I truly believe in the transformative power of public health social work. It is not just the marriage of two skillsets, but instead represents a whole that is greater than the sum of its parts. Despite this, being a public health social worker requires the ability to navigate uncharted waters. You need to be a pioneer and a champion of a professional role and skillset that is not universally recognized." Her recommendation to current and future MSW/MPH students? "It's fine for students to be unsure about what they want to do, and to let some career questions remain unanswered. Because we are innovators, it does not necessarily make sense to have it all figured out ahead of time. The process of bringing these two degrees and fields together will help you evolve into your own definition of an innovative public health social work practitioner."

Dan Do
Integration Care Manager Project Director, Lynn (MA) Community Health Center LICSW, MSW, MPH

Dan Do is a 2013/2014 graduate of the MSW/MPH Program at Boston University. He majored in Clinical Practice at Boston University School of Social Work and Social and Behavioral Sciences at Boston University School of Public Health. Dan says that "Originally, I'd wanted to go to medical school. But then I was introduced to public health as an undergraduate and realized I was interested in health as a whole, including epidemiology and social sciences. During my gap year working with City Year, I found social work and that's when I knew I would only apply to MSW/MPH programs."

Like many MSW/MPH students, Dan was drawn to both clinical and macro social work courses, and multiple areas within public health such as health communications, health policy, and maternal and child health. He was inspired, when, during one of his courses, the students acted as consultants to the Boston Public Health Commission's work in the Charter School system. He used all his social work and public health skills to help craft a set of recommendations for wellness programing into a "truly great deliverable. The BPHC thought so too, as they created a position to implement the wellness recommendations and hired one of the students to fill the role. That was my 'ah-ha' moment when I realized what it could be like to be a public health social worker."

"My current title is Integration Care Manager Project Director; I direct an Integrated Primary Care team within a behavioral health team that is located in a larger Federally Qualified Health Center. My team is comprised of a family physician, family nurse practitioner, two registered nurses, a medical assistant, a peer support coach, a community health worker, a substance abuse specialist and a referrals specialist. We collaborate with 40 therapists and psychopharmacology providers to increase access to primary care services for people with serious mental illness and to help keep them engaged in care. I also manage the 4 year 1.6 million-dollar SAMHSA grant that provides funding for this team and am the Site Principal Investigator for Harvard's Center for Primary Care Advancing Teams Accelerator Program. This is a great project which enables the team to implement hypertension treatment in an integrated behavioral health setting. My education plays a big role in the work I do now…having the advanced degree in public health allowed me to do more systems thinking and analysis."

He notes that public health social work is increasingly visible in the arena of primary care and behavioral health integration. "This position is certainly public health social work. I utilize my skills as a clinically trained social worker with a public health background in an interprofessional setting. Every day, I get to train a diverse team of providers to better understand mental illness, to apply a social work lens to engage people in treatment, to utilize public health programming and design to create new health promotion activities, and to evaluate them for their efficacy and efficiency."

Dan's advice for students and the field: Be flexible in how you conceptualize public health social work. "It is not public health AND social work that you are doing. It is public health social work. I think people try to define which parts of them are public health and which are social work and that impedes a full integration at the conceptual level. You want to be able to dance between both realms seamlessly without worrying about which field is carrying the weight. Social work as a whole is a toolkit and a lens to view, define and address issues from a social justice and strengths perspective. Public health is the science and methodology at a population level which helps you act on those issues. It is possible and important to integrate both of these, regardless of your area of practice."

ALLEN JACKSON

Senior Researcher, 1199SEIU United Health Care Workers East (MA), MSW, MPH

Allen is a 1997/1998 alumnus of the Boston University MSW/MPH Program, where he majored in Macro Practice in social work and concentrated in Social and Behavioral Sciences in public health. Allen was initially drawn to the MSW/MPH program due to interest in HIV/AIDS prevention and his first job after graduation was with the Boston Public Health Commission as a contract manager for the Ryan White CARE Act funding (HIV/AIDS services).

For the past ten years, Allen has been Senior Researcher for a healthcare workers' union that represents many different kinds of workers such as technologists and care attendants. As a labor union researcher, Allen relies on the "hard skills" such as statistics and data analysis, as well as on his macro social work skills. "All the writing and research skills I gained in the MSW/MPH Program definitely helped prepare me for this job. I crunch a lot of data, so all those SAS and SPSS courses were helpful in making sure I was competent and prepared to play that role here. The macro practice orientation has been supremely helpful as my organization pursues our policy agenda to make sure, for instance, that nursing homes and community hospitals are properly funded and reflect the health care needs of the future. On a day to day level, Allen says "My job involves the analysis and synthesis of healthcare-related financial and operations data related to the union's organizing goals." He prepares memos, reports, studies and other documents for internal and external audiences on various topics." Work issues can range from efforts to find sustainable funding solutions for nursing homes, providing input on upcoming health care mergers, running agency workgroups or helping to draft new regulations. Allen also serves on the Chelsea Board of Health, which "maintains the city's public health standards and protects its environmental resources through community education, and by promulgating reasonable rules and regulations pertaining to those matters." Here he's found his training in health policy and working with community groups useful in helping guide the council's work.

Allen points out that his agency is engaged in advocacy for improvement in the healthcare system, often advocating for the communities where the unions' members live to promote health equity and work for social justice. "I love that my job and my organization are involved in the community. We host annual health fairs, back-to-school drives, and candidate forums. We participate in various parades and cultural celebration and violence prevention initiatives. We're not just a union of healthcare workers, we're a community advocacy organization too. Our work is bigger than organizing workers and bargaining contracts. And it feels good to work somewhere that shares and acts on your shared social justice values."

Allen's advice for MSW/MPH students? "I suggest that students identify the types of employers they might want to work for to ensure that the skills they're developing and learning 'fit' the type of organization they're aiming for; having both degrees is great, and locating a place where you can use them both early on will be helpful to them."

Dan Hogan
Substance User Health Program Manager, Codman Square Health Center, Boston (MA), MSW, MPH

Dan is the Substance User Health Program Manager for Codman Square Health Center in Boston. He graduated from the Boston University MSW/MPH program in 2012/2014 and majored in Clinical Practice at the School of Social Work and Health Policy/Management at the School of Public Health. Even before graduate school, Dan knew he wanted the skills that an MSW/MPH program could provide: "I knew I wanted the 'boots on the ground' skills that clinical social work provided, while also obtaining a broader public health lens. Through integrating public health and social work, I hoped to inform my practice and to explore systems-oriented solutions that could respond to the needs that clinical social workers who provide substance user services."

Dan sees his current role as a "true blend" of clinical social work and public health. He endeavors to "use the two disciplines to advocate for humane and sensible polices around substance user health, as well as to engage in harm reduction, community engagement, education, prevention and ultimately to help reform current substance use methodologies." Dan points out that "both lenses are crucial in developing the skillsets need to approach these challenges. Substance user health does not improve based on a clinical visit alone" because while individuals do need treatment, they also need opportunities and systems level services that that can impact substance use. "I believe that all public health and social work professionals are best equipped to deal with the suffering in our society when they're able to view social ills through both individual and systems lenses.   By treating the individual, we can help one person in a profound and meaningful way. But integrating that help into a broader, public health and public facing approach, we can support the revitalization of communities that have been devastated by addiction and other health inequities."

Dan notes that MSW/MPH trained social workers have the ability to step outside a narrow professional viewpoint and see this greater mission. He also feels well-equipped "to wear multiple hats" while working in health care, and yet he admits to occasional challenges: "There are moments when members of one profession are unable to see things the same way you do as a public health social work professional. For example, a clinical social worker may feel that their priority is to the individual client and that everything else is secondary. The public health practitioner may view that intervention as one of many, and may fail to understand the power of many individual interventions at the population health level. The MSW/MPH professional must make difficult decisions at times, choosing between values that may not always be aligned such as population versus individual orientation. A truly enlightened public health social work professional must balance these difficult choices and attempt to address both. At times, this burden may tax or vex the MSW/MPH professional, but it's our obligation to stay the course and see initiatives through."

Dan's advice to MSW/MPH students: Start with a small focus and build yourself up from there. Often, we don't know the true nature of the work we think we want to do until we actually experience it ourselves. My original career goals share many elements of my current one, however, the details have changed. Time, place, and my own experiences have resulted in an ever-evolving view of health systems, and the realization that change occurs through gentle, yet sustained advocacy."

Social Work and Public Health Organizations

Social Work and Public Health Organizations

Public Health Professional Organizations	Social Work Professional Organizations
1. American Public Health Association (APHA)	1. Association for Community Organization and Social Administration (ACOSA)
2. American Public Health Association, Public Health Social Work Section (APHA/PHSW)	2. Association of Oncology Social Work (AOSW)
3. Association of State and Territorial Health Officials (ASTHO)	3. Association for Social Work Boards (ASWB)
4. Association of Schools & Programs of Public Health (ASPPH)	4. Center for Innovation in Social Work and Health at Boston University School of Social Work
5. The Carter Center	5. Clinical Social Work Association (CSWA)
6. Council on Education for Public Health (CEPH)	6. Council of Nephrology Social Workers (CNSW)
7. Center for Prevention Research in Social Welfare (CPRSW)	7. Council on Social Work Education (CSWE)
8. National Association of County and City Health Officials (NACCHO)	8. International Federation of Social Workers (IFSW)
9. National Association of Local Boards of Health (NALBOH)	9. Latino Social Workers Organization (LSWO)
10. National Institutes of Health (NIH)	10. National Association of Black Social Workers (NABSW)
11. Prevention Institute in Oakland (PIO)	11. National Association of Deans and Directors Schools of Social Work (NADD)
12. Public Health Foundation (PHF)	12. National Association of Puerto Rican Hispanic Social Workers (NAPRHSW)
13. Society for Public Health Education (SOPHE)	13. National Association of Social Workers (NASW)
14. US Public Health Service Commissioned Corps	14. National Hospice and Palliative Care Organization (NHPCO)
15. World Health Organization (WHO)	15. National Rural Social Work Caucus
	16. Professional Association of Social Work in HIV/AIDS (PASWHA)
	17. Society for Social Work Leadership in Health Care (SSWLHC)
	18. Society for Social Work and Research (SSWR)

Contact Information for U.S. MSW/MPH Programs

Contact Information for U.S. MSW/MPH Programs

The following list includes the contact information for MSW/MPH program directors, affiliated faculty or key program informants. We derived this list from information listed on schools' websites during mid-2018. For a variety of reasons, it may not be comprehensive. Not all schools include contact information and sometimes, the only available contact information is the Admissions office; in addition, contact persons change roles with frequency. We apologize for any omissions and we hope that this list can serve as a beginning tool for cross-school communications.

Boston University		
School of Social Work	Betty J. Ruth	bjruth@bu.edu
	Luz Lopez	luzlopez@bu.edu
School of Public Health	Lois McCloskey	loism@bu.edu
Bryn Mawr College		
Graduate School of Social Work and Social Research	Antoinette Harrison	aharriso01@brynmawr.edu
Thomas Jefferson University: College of Population Health		
Columbia University		
School of Social Work		cssw-admit@columbia.edu
School of Public Health		
Colorado State University		
College of Health and Human Sciences: School of Social Work	Timothy Frank	timothy.frank@colostate.edu
Colorado School of Public Health	Kendra Bigsby	kendra.bigsby@colostate.edu
Florida International University		
Robert Stemple College of Public Health and Social Work	Jennifer Abeloff	abeloffj@fiu.edu
Departments of Health Policy & Management (HPM)	Benjamin Amick	bamickii@fiu.edu
Health Promotion & Disease Prevention (HPDP)	Rashida Biggs	rbiggs@fiu.edu
	Melissa Howard	mehoward@fiu.edu
Fordham University		
Graduate School of Social Services	Elaine Congress	congress@fordham.edu
Icahn School of Medicine at Mount Sinai	Elizabeth Brodbeck	elisabeth.brodbeck@mssm.edu
Howard University		
School of Public Health	Pamela Carter-Nolan	pcarter-nolan@howard.edu
Michigan State University		
School of Social Work		
Flint Campus, Division of Public Health, College of Human Medicine	Elizabeth Hamilton	elizabeth.hamilton@hc.msu.edu

New Mexico State University		
School of Social Work	Emma Orta	eorta@nmsu.edu
	Wanda Whittlesey-Jerome	wkjerome@nmsu.edu
Department of Public Health Sciences	Susan Forster-Cox	sforster@nmsu.edu
New York University		
Master of Public Health Program	Zachary Maggio	zachary.maggio@nyu.edu
School of Social Work	Sheryl Goldfarb	sheryl.goldfarb@nyu.edu
Ohio State University		
College of Social Work	Brenda L. Davidson	davidson.8@osu.edu
College of Public Health	Kynthia Droesch	droesch.4@osu.edu
Oregon Health & Health Science University – Portland State University		
School of Public Health		
School of Social Work	Lynn Messer	lymesser@pdx.edu
San Diego State University		
School of Social Work	Elizabeth Marucheau	emaruche@mail.sdsu.edu
School of Public Health	Brenda Fass-Holmes	bholmes@mail.sdsu.edu
St. Louis University		
College of Public Health		
College of Social Work	Kristi Richter	kristi.richter@slu.edu
University at Albany (SUNY)		
School of Social Welfare	Julia Hastings	jhastings2@albany.edu
School of Public Health		
University at Buffalo (SUNY)		
School of Public Health - Dpt of Community Health and Behavior	Gregory Homish	ghomish@buffalo.edu
School of Social Work	Rob Keefe	rhkeefe@buffalo.edu
	Lauren McGowan	lm77@buffalo.edu
Temple University		
College of Public Health	Theresa White	theresawhite@temple.edu
School of Social Work	Amy Costik	amy.costik@temple.edu
Tulane University		
School of Public Health and Tropical Medicine	Sue Barrosse	barrosse@tulane.edu
	Cathy Taylor	ctayrlor@tulane.edu
School of Social Work	Cindy Sykes	csykes@tulane.edu

University of Alabama, Birmingham		
UAB School of Public Health	Hannah VanSlambrouck	hannahv@uab.edu
UA School of Social Work	Laurel Hitchcock	lihitch@uab.edu
	Omar T. Sims	osims@uab.edu
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Brown School of Public Health		

* This list was last updated in fall, 2018.

Example of MSW/MPH Program Guidelines

Dear Interested Student:

Welcome to the **Boston University MSW/MPH Program** and thank you for your interest in our very special dual-degree program in public health and social work. Public health social work is our passion at Boston University, and for more than 35 years, we have offered interested students the opportunity to obtain training in this important and powerful field of trans-disciplinary practice. We are proud to be one of the nation's oldest and largest MSW/MPH programs and we believe there are many reasons why you should consider joining us.

Why should you spend additional time to obtain both an MSW and an MPH? At Boston University, we believe that our MSW/MPH Program provides leadership training for the 21st century. We will educate you to engage in the integrated practice of public health social work, one of the oldest sub-disciplines within social work. Our program provides you with the opportunity to master competence in both fields so that you can work collaboratively to promote health equity and help to solve major health problems in our world. Our highly-ranked programs in public health and social work will enable you to efficiently and flexibly combine majors and certificates tailored to your educational needs.

Beyond our excellent program, Boston University provides national leadership on public health social work. The *Advancing Leadership in Public Health Social Work Education* project is one of three HRSA-funded initiatives aimed at strengthening this important area of practice. This yearlong initiative builds on decades of commitment to public health social work at our university, providing a speaker's series through our partners at the Center for Innovation in Social Work and Health and many other educational enrichment activities. Our faculty directors are excited about advising you and we look forward to having you join the thirty-five students already enrolled in the 2018-2019 academic year. Please read on for more information on how you can get involved.

Sincerely,
Betty J Ruth, MSW/MPH Program Director
Clinical Associate Professor at BUSSW
Luz M. Lopez, Associate MSW/MPH Program Director
Clinical Associate Professor at BUSSW
Trish Elliott DrPH, MSW/MPH Program Liaison
Clinical Assistant Professor at BUSPH

MSW/MPH Program Calendar of Admissions and Program Events

2018-2019 Academic Year

A Note to Interested Students about Info Sessions:

- Info Sessions are for <u>Boston University MSW or MPH students ONLY</u>. If you are NOT a student at Boston University, please contact the admissions departments for more information on the MSW/MPH programs: **busswad@bu.edu** (SSW) or **asksph@bu.edu** (SPH)

- Please attend one of the following Information Sessions before scheduling an individual appointment with the Program Director to discuss your particular interest in the program.

- You only need to attend ONE information session.

AT BUSSW: MSW/MPH Program Info Session: Monday 9/25 at 5:00-6:15 PM Conant Lounge BUSSW

AT BUSSW: MSW/MPH Program Info Session: Wednesday 10/18 at 12:30-1:30 PM Lowy Lounge BUSSW

AT BUSSW: MSW/MPH Program Info Session: Tuesday 11/28 at 12:30-1:30 PM Lowy Lounge BUSSW

*****Please Note:** Unless otherwise indicated, sessions are held in Lowy Lounge on the 2nd floor of the School of Social Work, 264 Bay State Road on the Charles River Campus. Additional sessions will be added throughout the year and posted on the program website. All BUSSW and BUSPH students are welcome. Contact **asksph@bu.edu** for more info on specific location for BUSPH Info Session.

Other meetings:

AT BUSSW: MSW/MPH Program "Back to School" Night with Betty and Luz: Friday September 21, 2018, Conant Lounge at BUSSW, 5:30-7:00 pm

AT BUSPH: MSW/MPH student information meeting on November 7th, from 4:30-6pm; BUSPH Talbot Building, Founders Room (T-307C)

AT BUSPH: Practicum Equivalency Seminar Dates will be announced

Dual-Degree Program in Social Work and Public Health

Program Description

The Boston University dual-degree program in Social Work and Public Health is an interdisciplinary course of study leading to the award of the Master of Social Work (MSW) and Master of Public Health (MPH) degrees.

Established at Boston University in 1979, the MSW/MPH program provides public health social work professionals for roles as trans-disciplinary practitioners in health and health care. These opportunities include a broad range of public health social work activities such as prevention and health promotion; health program planning, development and evaluation; health policy analysis; management at local, state, national and international levels; public health advocacy and the advancement of health equity. The two fields meld together with ease, sharing similar missions of promoting social justice and protecting and enhancing community well-being. Public health social workers draw from both fields' knowledge base, skills and research to help solve social health problems such

as HIV/AIDS, substance abuse, and violence and to make an impact working with local, national and global health collaborators.

Students in the program can complete both degrees in approximately three years full-time, with part time options available. The graduate emerges with a rich educational background, extensive field experience, and the competencies to work in many areas of health. The careers of our alumni are diverse and exciting and graduates can expect to find myriad opportunities.

Application & Admissions

There are three pathways into the MSW/MPH program. All three require students to gain admission into both schools, either sequentially or simultaneously. Regardless of pathway, applicants are encouraged to apply as early as possible. Please see specific information below and be sure to check with the Admissions Departments:

- ▪ ***For current School of Social Work Students who wish to apply to the MSW/MPH Program:*** www.bu.edu/sph/admissions/applying/programs/master-of-public-health/ Current MSW students may apply for January 2019 admissions by completing the application by October 15, 2018. Students may also apply for September 2019 admission by completing applications in early 2019. The priority deadline is January 5, 2019. For more information, contact BUSPH admissions directly at asksph@bu.edu

- ▪ ***For current School of Public Health students who wish to apply to the MSW/MPH Program:*** Current SPH students should apply early in the spring semester of their first year at SPH to SSW. The deadline for application to the School of Social Work is January 11, 2019 for international and advanced standing full-time applicants. The priority deadline for full time and part time "traditional track" applicants is February 15, 2019. www.bu.edu/ssw/admissions/msw/applying/

- ▪ ***For applicants not currently enrolled in either school***: Applicants may apply simultaneously to both schools and if admitted, choose one as their primary school at which to begin; generally, participants begin taking courses in the second school after the foundation semester. All applicants are strongly advised to begin their coursework at the SSW.

School of Social Work Students Applying to the School of Public Health

1. For SSW students, attend an MSW/MPH Information Session, then make an appointment with the director, Betty J. Ruth, bjruth@bu.edu or the associate director of the program, Dr. Luz Lopez luzlopez@bu.edu

2. Formally apply to SPH using the online Schools of Public Health Application Service (SOPHAS) system. Please go to www.bu.edu/sph/admissions/applying/

3. All students must submit copies of the GRE scores to BUSPH via SOPHAS. Students who have not yet taken the GREs should plan to do so immediately and indicate the anticipated test date on the admissions application. The GMAT is also acceptable.

4. SSW students may apply for January 2019 admission (October 15, 2018 deadline) or September 2019 admission (January 5, 2019, priority deadline).

5. Once admitted, SSW students commence taking courses as soon as their schedules allow.

School of Public Health Students Applying to the School of Social Work

1. SPH students apply to BUSSW using the BUSSW online application, ideally in the fall semester of their first year. Please check the deadline for the program to which you are applying, either Off Campus programs or Charles River Campus (February 15, 2019) program: **www.bu.edu/ssw/admissions/msw/applying/**

2. As soon as students are admitted, planning for the field internship and classes begins. Early applications are strongly encouraged as the best field internships and financial aid go quickly.

Simultaneous Application to Both BUSSW and BUSPH

1. Applicants should inform the admissions departments of both schools of their intention to apply simultaneously and note this on their applications.

2. Applicants must submit separate applications to each school.

3. Upon acceptance, applicants work with the programs' administrators to determine initial school of entry. Students are strongly encouraged to begin at SSW.

4. Admission to the dual-degree program is contingent upon gaining admission to both schools. If admitted to one and not the other, an applicant may have to option to pursue that degree alone and/or begin that degree and re-apply to the other in a subsequent semester.

Degree Requirements

A total of 100 credits are required to complete the MSW/MPH program. In the course of the total program, *roughly* 60 credits are taken at SSW and a minimum of 40 at SPH. This generally takes six semesters of full-time coursework, although some students may want or need to take summer courses. Some students may find that they earn slightly more than 100 credits. One degree may be granted in advance of the other, provided the student has completed all residency, course, and credit requirements at the school of origin. A student wishing to obtain the MSW in the regular full-time program must complete the 65 credits normally required for the MSW degree. The majority of these credits will be required MSW courses; however, the student will substitute three or four SPH courses to fulfill some of the 65 credits for the social work degree. (See course equivalences below).

At SSW, students may major in either Clinical or Macro Methods. For those occasional students who wish to specialize or minor, it may require more than the 100 credits and students are advised to consider the impact on their program prior to any decisions.

At the School of Public Health, students complete an integrated core curriculum, and then choose one of nine functional "certificates" (similarly to majors). In addition, students choose to pursue a context area certificate if have sufficient room in their schedules **www.bu.edu/sph/education/degrees-and-programs/master-of-public-health-programs/certificates/**.

Current Course Equivalencies or Exemptions

Students in the MSW/MPH program enjoy a number of course exchanges and exemptions.

- **SPH PH717** Quantitative Methods **replaces** Research 2 at BUSSW.

- **SPH PH719** Health Systems, Law and Policy **replaces** the SSW Advanced Policy elective

- **SPH PH720** Individual, Community, and Population Health **optionally replaces** SSW Human Behavior elective

MSW/MPH Research Requirements

All students at BUSSW and BUSPH are required to take a number of research courses. Because MSW/MPH students have frequently studied or participated in research prior to arrival at Boston University, they do not need to take the waiver exam to be waived from SR743 Research 1. Instead, students meet with one of the program directors, Ruth or Lopez, to discuss whether to take SR743 during Fall Semester of the first year. If, through review, it is determined that the student does not have a sufficient research background, Research 1 (SSW 743), will be required. In most cases, this course will be waived and students will proceed directly to take PH717 Quantitative Methods which replaces the Research 2 requirement.

Tuition and Financial Aid

Tuition and financial aid are handled individually by each school. Students pay tuition at the school in which they are primarily enrolled. Regardless of residency, students may cross-register for courses at the other school. Part time students pay the rates at the respective schools. It is essential for students to plan carefully and to be wise in borrowing to fund the program. Many students will enroll part time in the final years, working full time at Boston University, to receive tuition remission benefits. Each step of the way, students should work carefully with the Program Director and the Financial Aid Offices at each school, to control costs and to be aware of the options.

Required Attendance at Program Advising Meetings

MSW/MPH students are required to attend program advising meetings each semester that consist of troubleshooting, brief advising, and more substantive topics that relate to the history and practice of public health social work, including content on professional integration, dual professionalism, and career development. Students will be informed of the dates well in advance so that they can plan with field internships and employers. Attendance is mandatory.

Sample MSW/MPH Macro and Clinical Program Plans

These are sample programs only! Programs will differ due to courses selected, major or certificate. If there are discrepancies in advising, please bring them to the attention of the Dr Lopez or Director Ruth.

Sample Macro Program

Year One: In residence at SSW						
Fall				**Spring**		
CP759	Intro to Clinical Practice	3		HB	Elective	3
MP759	Communities & Organ.	3		WP701	Social Welfare Policy II	3
HB720	Human Behavior	3		FE802	Field Ed II	3
WP700	Social Welfare Policy I	3		SPH717	Quant Methods (Research Rqt.)	4
FE801	Field Ed 1	3		FE800	Field Ed Seminar	0
FE800	Field Ed Seminar	0		MP781	Comm. Organizing	3
Choose one (optional)				**Total Credits: 19**		
CP770	Clin. Prac. w/Indiv	2				
CP771	Clin. Prac. w/Grps	2		**Summer (after Year 1, optional)**		
CP772	Clin. Prac. w/Fam	2		HB735	Racial Justice or Elect.	3
Total Credits: 17/17						

Year Two: In residence at SSW						
Fall				**Spring**		
MP773	Hum. Serv. Mgt	3		ET753	Macro Ethics	3
SPH719	HS, Law & Policy (Pol Rqt)	4		SPH	Elective OR SPH Core	2/4
SSW	Elective	3		SPH718	Leadership/Mgt PH	4
SPH720	Ind, Comm, &Pop Health (HB elective)	4		SSW	Elective	3
FE803	Field Ed III	4		FE804	Field Ed IV	4
Total Credits: 18				**Total Credits: 16/18**		

*MSW awarded at the end of year two (65+ credits)

Year Three: In residence at SPH						
Fall				**Spring**		
XXXX	Functional	4		XXXX	Functional	4
XXXX	Functional	4		XXXX	Functional	4
XXXX	Elective	4		XXXX	Elective	4
XXXX	Elective	4		PH976	Practicum (work product)	0
Total Credits: 16				PH985	ILE	0
				XXXX	Other Credits as needed	
				Total Credits: 12+		

*MPH awarded at this point (100 credits)

Sample Clinical Program

Year One: In residence at SSW						
Fall				**Spring**		
CP759	Intro to Clinical Practice	3		HB	Elective or Rac.Justice	3
MP759	Communities & Organ.	3		WP701	Social Welfare Policy II	3
HB720	Human Behavior	3		FE802	Field Ed II	3
WP700	Social Welfare Policy I	3		SPH717	Quant Methods (Research Rqt.)	4
FE801	Field Ed 1	3		FE800	Field Ed Seminar	0
FE800	Field Ed Seminar	0		Choose Two		
Choose One				CP770	Clin. Prac. w/Indiv	2
CP770	Clin. Prac. w/Indiv	CP771		CP771	Clin. Prac. w/Grps	2
CP771	Clin. Prac. w/Grps	CP772		CP772	Clin. Prac. w/Fam	2
CP772	Clin. Prac. w/Fam	2		Total Credits: 17		
Total Credits: 17						
				Summer After Year One		
				HB735	Racial Justice of Elect.	3

Year Two: In residence at SSW						
Fall				**Spring**		
CPXXX	Clinical Elective	3		ET753	Ethics	3
SPH719	HS, Law & Policy (Pol Rqt)	4		SPH718	Leadership/Mgt PH	4
SSW	Elective	3		XXXX	Elective at SSW or SPH	3/4
SPH720	Ind, Comm, & Pop Health (HB elective)	4		SSW	Elective	3
FE803	Field Ed III	4		FE804	Field Ed IV	4
Total Credits: 18				Total Credits: 17/18		

*MSW awarded at the end of year two (65+ credits)

Year Three: In residence at SPH						
Fall				**Spring**		
XXXX	Functional	4		XXXX	Functional	4
XXXX	Functional	4		XXXX	Functional	4
XXXX	Elective	4		XXXX	Elective	4
XXXX	Elective	4		PH976	Practicum (work product)	0
Total Credits: 16				PH985	ILE	0
				XXXX	Other Credits as needed	
				Total Credits: 12+		

*MPH awarded at this point (100 credits)

MSW/MPH Program FAQs

Q. **Can a student attend part time?**

A. Yes, both schools have part time options. You can also combine part time and full time.

Q. **Can I major or focus on anything I want to?**

A. Yes. At the School of Social Work, students choose from Macro or Clinical Methods. At the School of Public Health, there are nine functional area certificates from which to choose. Students with room in their schedules or willing to take additional credits may also add a Context Certificate.

Q. **Can I select more than one certificate at SPH?**

A. It's possible, but you will need to plan carefully in order to complete an additional certificate beyond the required Functional Area.

Q. **Can I start my studies in either school?**

A. Yes. The program works best if started at the School of Social Work. However, with careful planning, the program can be adapted and students may begin at SPH. Interested SPH students contact the program directors immediately to ensure they take the appropriate coursework. The contact person at SPH is Professor Trish Elliott, **pelliott@bu.edu** . The Program Director is Betty J Ruth: **bjruth@bu.edu**. Professor Luz Lopez is Associate Program Director: **luzlopez@bu.edu**.

Q. **Will I finish one degree first, or do I have to "wait" for both until the end?**

A. You may finish one degree before the other. As soon as you have completed the requirements for a degree from one of the schools, you may apply to graduate. Most students who start at SSW will finish the MSW after their second year. By studying full time, most students will finish the MPH degree at the end of the third year. Being able to obtain the MSW degree prior to completing the MPH requirements is especially important to clinical social workers who may wish to work clinically earn the clinical supervision hours that are required for advanced licensure. Most students who begin at SPH will receive both degrees at the same time at the end of the program.

Q. **What are the internship and practicum requirements?**

A. Students in the MSW/MPH program must complete two field internships for the MSW program, totaling 1200 hours over two years' time. In addition, there is a practicum requirement at BUSPH. However, in recognition of the many hours MSW/MPH students spend in their MSW field internships, students may use a field internship with relevant public health practice content, to fulfill the Practicum requirement, without having to do a third internship. MSW/MPH students who choose this method of meeting the practicum requirement are asked to register for PH976 B during the final year of the program (typically the final semester) and complete two written deliverables indicating how their field internship met SPH Public Health competencies. Alternatively, students are encouraged to consider completing an SPH practicum (and would register for PH976 A). There are many wonderful practicum opportunities, some of them paid, which strengthen readiness for public health practice. For questions regarding the SPH Practicum, please email Trish Elliott **pelliott@bu.edu** or **sphpract@bu.edu**.

Q. **What kinds of jobs do graduates of this program find?**

A. It depends on what you major in, and where you choose to work initially. MSW/MPH graduates are found in all aspects of both social work and public health: program planning; development and evaluation; clinical practice in public health social work; policy analysis and advocacy; health promotion; academia and research settings. For more information, please see the Program Directors who can help you connect with some of the more than 350 alumni from the program.

Q. **If I have an MPH or an MSW from another school, can I still apply to the MSW/MPH program in order to save time and money?**

A. No. This program is only for people who do not have either degree. If you do have another master's degree, there may be ways to test out of or waive certain courses. Explore these options when you meet with the Admissions Department of the school to which you are applying.

Q. **What if I start the program, find that I do not like it, or that I cannot continue? Are there penalties?**

A. No. We have deliberately created a program to meet the needs of adult learners and we recognize that there are times when personal circumstances or professional direction may require change. If you apply and decide not to complete the program, there is no penalty to you. If you apply, begin the program, but find you cannot continue, there is no penalty. You receive the first degree as long as you complete the requirements for it. Even as late as the third year, a student may withdraw from the program. This is rare however, because support, advising and planning help ensure maximum participation and success.

Q. **What about financial aid? Are there special scholarships?**

A. There are a few special public health social work scholarships available at BUSSW, but you do not need to complete a separate application for them. However, occasionally Ina Frye, Director of Financial Aid, sends out additional information on scholarships which do have special applications. Please watch for those, and be sure to apply! Students should be sure that all financial aid forms are completed in a timely manner. Financial aid is handled by each school individually, and awards depend on where you are in residence. Typically, students spend four full-time semesters in residence with SSW and two full-time semesters with SPH. Students frequently work as employees on research grants, in work-study positions, or full time for the university, which helps with tuition reimbursement or remission, depending on the job. Many jobs, particularly post-MSW, include a continuing education benefit that can be used to fund a part of the program. In addition, there are some paid internships. At SPH, dual-degree students are eligible to receive all forms of financial aid. A special application for merit aid is available on the SPH website.

Q. **Will courses taken at other schools be accepted for transfer credit?**

A. Generally, no. You must complete 100 credits at Boston University. We have reduced the number of credits normally required to complete these two degrees. The only exceptions are Advanced Standing MSW students. Advanced Standing applicants are granted 24 credits for their BSW. This means an AS student would complete 76 credits for the MSW/MPH program. Please see the Program Director early to map out an efficient program plan.

Q. **Can I opt into this program if I am almost finished at one of these schools?**

A. It depends on how far into your program you are; students generally cannot apply when they are in their final semester because they must be admitted to the other school prior to graduation. Therefore, the latest date at which an SSW student can apply is the fall SPH deadline of the second year (generally October). SPH students should plan to apply during their first three semesters of the program. Program "savings" occur when you enter the MSW/MPH as described above. Entering the program late results in loss of course savings and options. However, please contact the directors to discuss your individual situation.

Q. **Can I participate in this program if I am SSW Advanced Standing or if I am in the Off-Campus MSW program?**

A. Generally, SSW AS students are awarded 24 credits upon acceptance; these are deducted from the 100 credit requirement for the MSW/MPH program for a total of 76 required credits, 40 of which are SPH credits, and 36 at SSW. Interested Advanced Standing students are encouraged to contact the program directors to discuss

options. Similarly, students in the Off-Campus Programs should plan to attend an Information Session and discuss their interest early on in the program. Both AS and OCP students have successfully participated in the MSW/MPH program.

Q. **My undergraduate GPA is under 3.0 or my tests scores are not very good; am I automatically disqualified from this program?**

A. The MSW/MPH program is designed for capable students with a proven track record of academic success. While we recognize that sometimes students have undergraduate difficulties and/or low test scores, applicants will need to address these issues and prove their capacity for graduate level work to the admissions committees at both schools. Prior to application, concerned applicants should meet with the admissions department to review their transcripts and general readiness. When applying, be sure to address the reasons for previous difficulties or lower than hoped for test scores, and provide evidence that these will not impair future participation. If you are having difficulty in one master's program, you can be certain that you will not gain admittance to the MSW/MPH program. If you have had academic difficulty in the past, you should seriously consider whether a dual-degree program is appropriate for you, or whether you would benefit from focusing on the successful completion of one degree.

Q. **Do I need to have health care experience in order to apply?**

A. No. But applicants should be able to articulate why they want to combine public health and social work, and have some ideas about how to do that. In addition, as students, you can choose health-related field placements so that you can gain important exposure to the health care field.

Q. **What kind of career advising and program support is there for someone in the program?**

A. You will have an advisor assigned to you at both schools: at SSW for the duration of the program; at SPH one will be assigned when you select a certificate. In addition, the program directors serve as ongoing career and program advisers. Another valuable source of support is your fellow students. Normally, 15-20 people are admitted each year, and approximately 40-50 students are enrolled in the MSW/MPH program at any time. We meet as a group twice a semester, and students carpool, create study groups, and choose courses together. Please check the MSW/MPH bulletin board outside room 232 at SSW for additional information, updates, and job postings. Please "Like" us on Facebook, too: **Follow the MSW/MPH Program on Facebook.**

Q. **Can I take summer classes at either school?**

A. Yes. In fact, it is highly recommended that students take SSW HB735 Racial Justice or another course between the first and second year of the SSW program. You may take other courses that fit with your program needs, and students often find this is a good way to free up time in an upcoming semester. Be advised that due to residency requirements, you cannot shorten the program to less than three years by taking full time summer coursework.

Q. **Are there particularly relevant SSW electives I should take?**

A. Yes, there are many courses which will be helpful to you. Clinical students report that courses in Trauma, Cognitive and Behavioral Therapy, Brief Treatment, and Adult Psychopathology are useful. Macro students often recommend Financial Management as particularly useful. Many courses are offered; don't be afraid to go outside your comfort area to study. That's what graduate school is all about!

Q. **I'm a student at SPH and would like to enroll in the MSW/MPH program.**
Can I do it, and how do I get started?

A. Yes, SPH students are welcome to apply to the MSW/MPH program. Please contact the admissions departments at both schools. See information below. Plan to attend general Information Sessions at both

schools to get an overview of the program. Once you have a sense of how the program works, feel free to contact the Program Directors with more specific questions.

Q. **Is there an online option for the MSW/MPH Program?**

A. At this time, there is no online option for the MSW/MPH program, although some of the SPH Core Curriculum can be taken online by MSW/MPH students

Q. **How can I find out more about public health social work?**

A. Boston University is proud to host the Advancing Leadership in Public Health Social Work project that promotes the strengthening of this sub-discipline within the field. Please check our website and watch for announcements of activities associated with this grant and its deliverables: **www.bu.edu/ciswh/2017/10/16/bu-alps/**

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General SSW admissions contact **busswad@bu.edu** or call (617) 353-3750. The BUSSW web site is **www.bu.edu/ssw**
General MPH admissions, visit **www.bu.edu/sph**. Questions may be directed to Angela Coletta-Acevedo at **asksph@bu.edu**

BOSTON UNIVERSITY

APPENDICES

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GLOSSARY

Council on Education for Public Health (CEPH): The Council on Education for Public Health (CEPH) is an independent agency recognized by the U.S. Department of Education to accredit schools of public health and public health programs offered in settings other than schools of public health. These schools and programs prepare students for entry into careers in public health. The primary professional degree is the Master of Public Health (MPH) but other master's and doctoral degrees are offered as well. The Council is a private, nonprofit corporation with APHA and ASPPH (formerly ASPH) as its two corporate members. As an independent body, the board is solely responsible for adopting criteria by which schools and programs are evaluated, for establishing policies and procedures, for making accreditation decisions, and for managing the business of the corporation.

Council on Social Work Education (CSWE): Founded in 1952, the Council on Social Work Education (CSWE) is the national association representing social work education in the United States. Its members include over 800 accredited baccalaureate and master's degree social work programs, as well as individual social workers and educators. Through its many initiatives, activities, and centers, CSWE supports quality social work education and provides opportunities for leadership and professional development, with the goal of enabling social workers to play a central role in achieving the profession's goals of social and economic justice. CSWE's Commission on Accreditation is recognized by the Council for Higher Education Accreditation as the sole accrediting agency for social work education in the United States and its territories.

Course Exchanges: One of the key features of dual-degree programs is to reduce the number of credits needed for acquisition of both degrees. In some MSW/MPH programs, students "save" a semester or even a full year's worth of credits, completing two degrees in three years, instead of four. Because programs must be careful to assure degree integrity, the "savings" are often achieved by reducing the number of electives and creating course exchanges for required courses. For instance, a Social Work Policy elective may be replaced by required Health Policy course at a School of Public Health. Human Behavior courses may "count" for social science content in a public health program. Research courses are another area required by both degrees and where requirements can be flexed without compromising the degrees.

Dual-degree programs or joint-degree programs in public health and social work: This term refers to the type of formal mechanism schools use to enable students within their programs to efficiently acquire both degrees in a shortened period of time. The distinction between "dual-degree" and "joint-degree" remains generally unclear in higher education. Historically, one way of understanding the difference was that a joint degree program withheld the granting of degrees until requirements were completed for both degrees. This was in contrast to dual-degree programs, which allowed the completion of one degree before the other. This distinction has not held up. Today, most programs use the term "dual-degree."

Field internships/Practicum: While both fields require practice as a part of the MSW and MPH curricula, there are significant differences in the type and amount required. Within social work, various terms are used to describe field work requirements such as *field internships, field placements* and *field practice.* Within MSW programs, field work is considered a course, and usually carries credit. Field requirements are substantive, (940 hours minimum for the MSW) and are considered a "signature pedagogy," a term meant to emphasize its centrality to MSW education. Within public health, field work is now also required in accredited programs (Burke & Biberman, 2017). Generally referred to as practicum placements, they range in hours, do not carry credit, and focus on specific deliverables.

MSW/MPH Programs: Master of Social Work and Master of Public Health dual-degree programs go by various names and occur in multiple formats. The terms used here is an umbrella term for programs that join the study of public health and social work at the master's level. Notably, some MSW programs do not grant the MSW; instead, they grant a Master's in Social Services (MSS). Similarly, some MPH programs grant a Master's of Science in Public Health. As long as a program is accredited by Council on Social Work Education and Council of Education in Public Health, they fit the profile of a dual program in public health and social work and are included under the larger umbrella of MSW/MPH programs.

Prevention: Prevention refers to the actions taken to prevent disease and to promote health through population-based interventions. Prevention occurs at differing levels. For instance, primary prevention refers to preventing the onset of illness or injury before the disease process or ill health begins. An example of effective primary prevention is vaccination. Secondary prevention refers to efforts made to diagnose or treat disease early, to prevent more severe symptoms or problems from developing. An example of this is depression screening. Finally, tertiary intervention refers to the efforts to help individuals with illness to recover or rehabilitate. Relapse prevention is an example of tertiary intervention.

Public Health Social Work (PHSW): PHSW is the sub-discipline within social work that uses multifaceted, wide-lens public health approaches to address major health issues, promote health equity and mitigate health problems (Ruth, Sisco, & Marshall, 2016). One of the earliest forms of social work, PHSW is comprised of three primary elements: 1) the use of clinical and community social work approaches such home visiting, crisis intervention, community health advocacy and organizing, health education and promotion; 2) the use and reliance upon epidemiology, particularly social epidemiology to inform practice; and 3) advocacy and policy efforts to promote environmental, systems, and structural change.

Public health social work shares public health's overarching goal of promoting health, preventing illness, and assuring the conditions in which people can be healthy. PHSW recognizes and embraces its role as a component of the public health infrastructure and can describe where its work fits in the Ten Essential Public Health Services. (https://www.cdc.gov/stltpublichealth/publichealthservices/essentialhealthservices.html)

PHSW is deeply informed by its long-term appreciation for the relationship between individual and population health; while public health social workers care deeply about the well-being of individuals, they are always conscious that individuals are members of populations who represent the larger community's health needs. In PHSW practice, the focus is not exclusive on persons-in-environments, but persons-and-environments, individuals and populations. PHSW recognizes that the profession's commitment to social justice requires conscious use of structural approaches to health equity; like their forbearers, public health social workers "think, strategize, and practice

beyond the individual level in order to advocate for vulnerable populations and engage in political action" (Kerson & Lee, 2016).

Social Epidemiology: Social epidemiology is the branch of epidemiology that studies the way that social structures, institutions, and relationships influence health. Social epidemiology is profoundly relevant to social work and aligns with social work's key interests by focusing on the social determinants of health and well-being across populations. These include race, gender, sexual orientation, housing, unemployment, disasters, adverse childhood experiences, and social class (Krieger, 2001). The science of social epidemiology has illuminated the specifics of health injustice and health inequities; it has convincingly demonstrated that social determinants predict health outcomes, particularly with historically marginalized and disadvantaged groups, who experience the injustices of reduced health status, greater morbidity, and earlier mortality (Braveman et al., 2011). Born of structural causes and unmet social needs, health inequities have proven resistant to change, and social epidemiology has provided the scientific ballast needed to makes the case for structural interventions across professions and sectors (Giles & Liburd, 2007; Galea, Tracy, Hoggatt, DiMaggio, & Karpati; 2011).

Social Determinants of Health: Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks (**https://www.cdc.gov/socialdeterminants/**). Social determinants of health include socioeconomic status; race; gender; sexual orientation; insurance status; housing; social isolation; and access to healthcare, all of which contribute to poorer health outcomes among vulnerable populations and appear resistant to change within the current social climate (Ruth, Velasquez, Marshall & Ziperstein, 2015).

Terminal Degrees: The concept of a terminal degree in a field is relevant to MSW/MPH education. Historically, a terminal degree is the highest degree awarded in a given field. In most fields, the terminal-level degree would be the doctor of philosophy, or PhD, but in professional fields, such as social work, the terminal degree is the one legally required for a person to practice in the profession. When MSW/MPH programs were first established, both the MSW and MPH were considered terminal degrees. Since that time, both fields have established practice-oriented doctoral level education, including the Doctorate of Social Work (DSW) and the Doctorate in Public Health (DrPH). In addition, the bachelor of social work (BSW) has become a professional entry-level degree with a regulated scope of practice and licensure in most states.

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