You Don't Need a Public Health Degree to "Do" Public Health

Why Social Workers Are Primed to Address the Social Determinants

Sarah Coughlin, LICSW, LADC-I

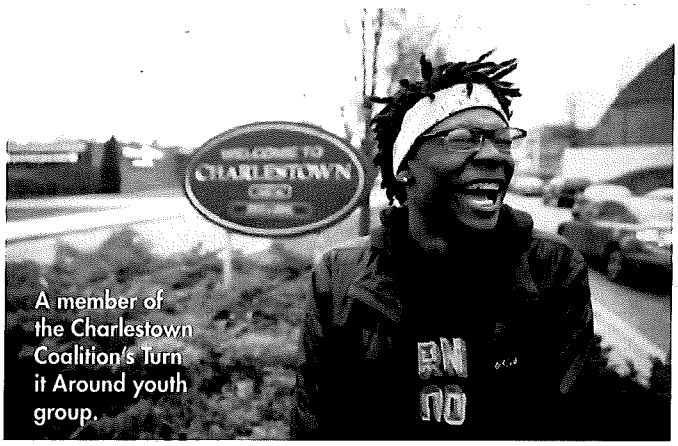
When I was heading off to undergraduate school, I remember struggling with the decision to study social work or psychology. I was intrigued by the idea of psychology to better understand human behaviors through psychological testing and diagnostic criteria. But, what ultimately led me to pursue a social work degree was the fundamental guiding principle of the person-in-environment perspective that seeks to understand an individual's behavior in light of the environmental contexts in which that person lives. This philosophy aligned more fully with my core belief system.


Sarah Coughlin, LCSW, LADC-1

I started out my post graduate career in a somewhat typical clinical social worker role, treating traumatized adolescent females in an acute residential setting. Then, I worked as the clinical social worker out of a Boston Police Station where I was responsible for treating juveniles and their families who had become involved with the criminal justice system. **There is not a more profound wake up call to the injustices and inequities of the world than working within the criminal "justice" system.** My privilege and personal life experience had sheltered me from many of the harsh inequities that I began to bear witness to daily. And, the scary reality is that I could have easily lived my entire life without acknowledging them. But, once my eyes were opened, it was impossible to close them.

I received referrals for hundreds of teenagers involved in gangs, drugs, and criminal activity. These were often youth who had committed violent and horrific criminal acts. While psych testing and an accurate diagnostic assessment were often helpful in my treatment of these teens, I soon recognized that I was being asked to treat the symptoms of much larger systemic issues.

I was responsible for covering Bay Village, Beacon Hill, Chinatown, Downtown Boston, the Financial District, Leather District, North End, West End, the Waterfront, and Charlestown. Strikingly, 90 percent of my juvenile referrals came from one section of the one square mile Charlestown community - the Boston Housing Development which is home to 1,100 units. Here, the average household income of a family of four is less than $14,000 and 87 percent of the children are living below 200 percent of the Federal Poverty Level.



A member of the Charlestown Coalition's Turn it Around youth group.

As I got to know each child and family, sitting in their homes witnessing the egregious disparities in which they lived, common themes arose. **Structural oppression, lack of economic mobility, poverty, racism, addiction, lack of stable housing, limited access to healthy foods, and limited access to effective mental health services were emerging as root causes of the adversity that was being pathologized in each individual and that I was being asked to treat clinically.**

If I was going to make a real impact, I knew I needed to move upstream and work on addressing these root causes. That is when I became involved in the Criminal Justice Committee at NASW-MA and where I learned policies and systems for combatting these issues at a more macro and legislative level. I immersed myself in readings by people like James Gilligan whose work relates to structural violence as the true cause of behavioral violence. I learned more about factors that affect the health of individuals and communities and learned about social determinants of health and their relation to quality-of-life outcomes and risks.

Then, a job opportunity presented itself that would allow me to utilize my clinical social work knowledge and direct care experiences to finally address the conditions that the people I was so committed to serving were living under.

I became the Director of the Charlestown Coalition, a program supported by the Center for Community Health Improvement at Massachusetts General Hospital (MGH CCHI), formerly known as the MGH Community Benefit Program. MGH believes that working with underserved communities where social and economic factors have such a large impact on health status requires more than just providing good medical care. They recognize that the environmental conditions in which people live have more of an effect on health than medical treatment and genetics combined.

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outreach worker, health educator, care coordinator, recovery coach, case manager, peer specialist, amongst others. CHWs are hired primarily for their special understanding of and ability to relate to the people they serve. This quality allows CHWs to establish peer relationships with people that encourage trust and openness.

In Massachusetts, CHWs are trained primarily through the CHW core competency training centers and through their employers' onboarding and on-the-job in-service trainings. CHWs can work as generalists trained to help teams reduce health disparities and related costs and in roles designed to support and coach people managing various health conditions. There are condition-specific roles such as an asthma CHW who works with children and parents in their home identifying environmental triggers and working to mitigate these triggers. CHWs may also be members of complex care teams connecting with the highest risk clients and patients who have frequent and expensive contact with our health or mental health care systems. In all of these possible roles, CHWs will interact with social workers and in some cases even be supervised by social workers. Social workers can learn from CHWs' unique skills and qualities to improve their practice.

Many CHWs are able to meet their clients in their homes or neighborhoods, creating a unique understanding of their patient's skills, strengths, and challenges. The CHW can observe the community environment and help the care team become more responsive to their client's needs and assets. A CHW can walk with their client and get to know other aspects of their lives rather than solely be responsive to a problem or health challenge the client is experiencing. Because social workers are often not able to leave their organizations to see their clients in the community, they can rely on CHWs to be their eyes and ears.

Social workers are a natural fit for providing clinical supervision to CHWs and supporting their growth and professional skills as CHWs manage their peer-like relationships with clients. **Social workers and CHWs are natural allies working with a social justice lens**; it is not surprising to see that their ethical codes of conduct are synergistic. Social workers can become allies and advocate for the integration of CHWs into their teams.

About Jessica

Jessica Aguilera-Steinert is a licensed clinical social worker and Director of Community Wellness, a large Community Health Worker project that is part of Boston Medical Center's Accountable Care Organization. You can get in touch with Jessica through email or by phone: Jessica@aguilex.com or 617-875-4511.

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MGH CCHI is the "backbone organization" for four multi-sector coalitions using a "collective impact" framework (Stanford Social Innovation Review, winter 2011). What this means is that hospital staff are hired to sit in the community and convene stakeholders, residents, and community partners to assess health needs and build the community's capacity to address its most pressing health concerns. We use SAMHSA's Strategic Prevention Framework (SPF) to continually and effectively assess and address the issues that are most important to our communities. SPF requires continued needs assessments to move coalition work forward, so having coalitions conduct community health needs assessments and carry out associated implementation plans (CHNA and CHIP), now required by the Affordable Care Act, makes sense for the hospital. Coalitions help the hospital fulfill this requirement and serve as representative community bodies to help administer Determination of Need (DoN) money in an effective and equitable way.

The coalition facilitates collaboration across organizations and systems that may not have a health-related mission but are critical to influencing health outcomes and building community resilience. Examples of this are housing managers, school systems, faith based community members, law enforcement, parents, youth, local businesses, and youth serving organizations. Through coalition work, we develop a shared understanding of the adversities and opportunities in Charlestown. **We value the wisdom of the residents and guide positive community change through work with the community, not upon the community.** This model provides physicians and other health care workers the forum to learn about and address the socio-economic factors that contribute significantly to the health of their patients and reduce the cost of care. Hospitals working with coalitions can enhance the hospital's continuum of care, facilitate partnerships between clinical departments and the community, enhance medical education, more easily conduct community based participatory research, and gain insight into how the institution's policies and practices impact the community. There is a misperception that community hospital public health work requires a public health degree. I could not disagree more! Coalition work aimed at addressing social determinants aligns perfectly with the epitome of the social work profession.

The conditions in which people are born, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life, have a direct impact on health outcomes from one's likelihood of developing chronic diseases to life expectancy. Now, more than ever, we understand that the systems that impact health outcomes also include economic policies, social policies, and political systems. As social workers, we have the tools and expertise to turn the tide on the devastating impact of these social determinants in our communities.

About Sarah

Sarah Coughlin is a licensed clinical social worker and the Director of the Charlestown Coalition at Massachusetts General Hospital. Sarah is also on NASW-MA's board of directors and is a member of the Chapter's Criminal Justice Committee and Addictions Shared Interest Group. Contact Sarah with questions or to learn more about her work: scoughlin1@partners.org or 617-726-0059.