# Public Health and Social Work: Training Dual Professionals for the Contemporary Workplace

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## **SYNOPSIS**

**Objectives.** The emergence of new, complex social health concerns demands that the public health field strengthen its capacity to respond. Academic institutions are vital to improving the public health infrastructure. Collaborative and transdisciplinary practice competencies are increasingly viewed as key components of public health training. The social work profession, with its long-standing involvement in public health and emphasis on ecological approaches, has been a partner in many transdisciplinary community-based efforts. The more than 20 dual-degree programs in public health and social work currently offered reflect this collaborative history. This study represents an exploratory effort to evaluate the impact of these programs on the fields of public health and social work.

**Methods.** This study explored motivations, perspectives, and experiences of 41 graduates from four master of social work/master of public health (MSW/MPH) programs. Four focus groups were conducted using traditional qualitative methods during 2004.

**Results.** Findings suggest that MSW/MPH alumni self-selected into dual programs because of their interest in the missions, ethics, and practices of both professions. Participants highlighted the challenges and opportunities of dual professionalism, including the struggle to better define public health social work in the workplace.

**Conclusions.** Implications for academic public health focus on how schools can improve MSW/MPH programs to promote transdisciplinary collaboration. Increased recognition, better coordination, and greater emphasis on marketing to prospective employers were suggested. A national evaluation of MSW/MPH graduates could strengthen the roles and contributions of public health social work to the public health infrastructure. A conceptual framework, potentially based on developmental theory, could guide this evaluation of the MSW/MPH training experience.

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Existing and emerging health issues such as globalization, health disparities, and disasters are challenging 21st-century public health in complex ways. Growing demands have brought forth questions regarding the adequacy of the public health infrastructure. Recent workforce studies estimate the total number of public health workers (doctors, nurses, and other health professionals) in the U.S. at 500,000, a number considered lower than necessary to assure the public's health. Recent attention to the role of academic public health in strengthening the public health workforce has focused on training professionals for transdisciplinary practice. <sup>2</sup>

Over the past decade, a working definition, standards, and competencies for public health social work (PHSW) have been developed.<sup>3–5</sup> PHSW is defined as social work practice that uses an epidemiologic approach to preventing, addressing, and solving social health problems.<sup>6</sup> By emphasizing prevention and health promotion, PHSW is multimethod and transdisciplinary, making it especially relevant to contemporary practice.<sup>7</sup> PHSW can focus on numerous functions of public health, resulting in a unique blending of roles: researcher, policy analyst, program planner, provider of direct services, evaluator, or administrator.<sup>4,8,9</sup>

Social work's involvement in public health dates to the early 20th century, when social workers labored in communicable-disease control, settlement houses, and maternal and child health. Social work and public health share a social justice mission to improve, defend, and enhance well-being, working together to ameliorate social health problems. Social work researchers use epidemiology to frame interventions in arenas such as human immunodeficiency virus/acquired immunodeficiency syndrome, substance abuse, violence, and maternal and child health. Delath and disparities has applied time-tested social work methods, including community organizing, empowerment, and ecological approaches. Social social work methods.

## **BACKGROUND**

## Public health social work: practice, literature, and professional organization

The United States has approximately 500,000 professional social workers, most employed in health settings.<sup>28</sup> While PHSW represents a minority practice within the profession, there are signs of increased interest.<sup>28</sup> Innovative partnerships between public health and social work have expanded into public housing, tobacco control, and environmental justice.<sup>23,29–31</sup> A growing body of PHSW research is shaping social

work's understanding of risk, protection, resilience, and prevention. 10,32,33 Evidence of increased interest in PHSW can also be found in the professional literature; a content analysis of social work journals revealed a doubling of articles on prevention, health promotion, or health education since 1982.<sup>7,34</sup> Organizations such as the American Public Health Association (APHA) Social Work Section, the Association of State and Territorial Public Health Social Workers, and the Group for Public Health Social Work Initiatives continue to develop social work's role in public health.35 Professional practice standards in health-care settings now include prevention, health promotion, and health education; social work leaders continue to recognize that prevention and social epidemiology are critical to social work success. 19,28,36-39 Finally, the recent National Institutes of Health call for "Research on Social Work Practice and Concepts in Health" reflects increased federal commitment to social work research that employs a public health approach.<sup>40</sup>

## Growth in master of social work/master of public health (MSW/MPH) programs

In the academic arena, combined master's programs in public health and social work support the natural overlap between these professions.<sup>6</sup> Best estimates suggest that 20 MSW/MPH programs exist with more under development.<sup>41,42</sup> Mutually beneficial to schools of public health and social work, these dual programs attract students interested in research and professional leadership.<sup>17,43–46</sup>

Little is known about these programs. A small, descriptive study of one MSW/MPH program suggests graduates encounter challenges in social work and public health workplaces, including lack of familiarity and consensus about definitions, content, capabilities, and roles of PHSW in the 21st century. Another study compared MSW and MSW/MPH graduates and suggested that from training to employment, dual professionals strive to respond to challenges of integrated and transdisciplinary practice.

Social work literature on graduate training has examined the student-professional experience. For example, developmental stage theory, applied to social work education, suggests that learning challenges may emerge in identifiable patterns that, when recognized and understood, can facilitate professional development.<sup>48</sup> No studies to date have applied stage theories, or other conceptual models, to MSW/MPH participants. Similarly, the nascent literature on practice preferences attempts to elucidate the specialization selection process; however, studies have not examined MSW/MPH students or PHSW.<sup>49</sup>

## Purpose of the study

With the need to strengthen the public health workforce for transdisciplinary collaboration, consideration of PHSW becomes essential. The proliferation of MSW/ MPH programs suggests potential value to schools, students, and society. To understand this issue, the authors undertook an exploratory study of MSW/MPH program graduates. Topics reflected findings from a previous mixed-method study of MSW/MPH alumni, and included the following: (1) motivation for and experiences studying both fields; (2) workplace experiences, from job acquisition to role definition(s); (3)benefits and challenges of dual professionalism; and (4) integration necessary to become public health social workers.

#### **METHODS**

Due to the exploratory nature of this study, a qualitative approach was utilized. Four focus groups, with a total of 41 participants, were conducted between June and November 2004; two took place in Boston, one in New York, and one at the APHA Annual Meeting in Washington, D.C. Recruitment occurred via convenience sampling. During spring 2004, all 182 MSW/ MPH alumni from Boston University in Boston, Massachusetts, were invited to participate via three e-mail "blasts," electronic mailings sent all at once to a large mailing list. Alumni and administrators from Columbia University in New York City recruited alumni through similar methods. All identifiable directors of remaining MSW/MPH programs were asked to announce the APHA focus group, which was scheduled after participants indicated interest. The authors also used an informal national PHSW listserv to send recruitment notices during fall 2004. Finally, authors personally contacted recommended MSW/MPH alumni or those who learned of it via the PHSW listserv. Of the 41 participants, 22 were Boston University alumni, eight were Columbia University alumni, and 11 were graduates of two other programs.

Structured, topical discussion questions were developed, and two-hour sessions facilitated by trained public health social workers were tape-recorded and professionally transcribed. Five PHSW researchers analyzed the transcripts using traditional qualitative methods.50

#### **RESULTS**

As they journeyed toward dual professionalism, participants identified common themes and experiences via five thematic stages of professional growth: (1) the

unique process of choosing PHSW, (2) the experience of MSW/MPH training, (3) the transition from training to workplace, (4) experiences in the workplace, and (5) participants' thoughts on future innovations to improve PHSW.

#### The decision to train in PHSW

The first stage centered on students' decisions to train in PHSW. The frustration of limiting oneself to one professional perspective was a common theme, as demonstrated by the following comment: "When I was in one [field] I was interested in what was going on in the other. I tried to find something to combine the two." Participants seemed to possess a natural affinity for transdisciplinary methods, including competencies that they termed "soft" (qualitative characteristics typically associated with social work) and "hard" (such as epidemiology and biostatistics). Especially notable was the interest in both prevention and intervention: "... we went into both ... [because] we have all these interests in the prevention side, and the clinical side, and the macro side, community organizing, policy . . . we would all love to have our fingers in a lot of different things." Participants commented on the alignment of social work and public health, as well as the rigor of MSW/MPH programs: "[I wanted to be] surrounded by smart, creative, socially justice-minded people and projects."

## The experience of graduate training in MSW/MPH programs

Participants noted that once they had enrolled, training posed unexpected challenges. Graduates expressed frustration at being unable to participate fully in each school due to time pressures, poor administration, or lack of integration. "Logistically speaking, it's insane. [One] can't really feel part of either class so much," commented one participant. They also noted a continued experience of being "torn" and wondering, as one person said, "Why am I [in social work if] I don't [only] want to do therapy? I want to do clinical work, but I also want the skills to do macro . . . and policy work, and more [prevention]."

While some graduates were able to integrate their experiences and visualize their application in real-world settings, they noted that this real-world experience was inconsistently reflected in the classroom: "In . . . MSW/MPH programs, I think professors have an obligation to really talk about how we can apply our [dual] skills in the real world . . . from a job perspective. [Not] enough schools are doing that." Graduates commented on the anticipated value of the degrees in the workplace:

If [we] go in thinking [we're] not going to make that much money because [we] have an MSW, and the MPH is going to rescue [us], then . . . we're short selling ourselves. And this really has been bothering me for years because it is coming from the classroom. And then we're really limiting ourselves in the job market.

Participants consistently noted the lack of connection between social work and public health methods in classes and internships. As explained by one graduate about her social work internship:

I had a clinical placement. And I can remember at one point saying . . . "After I've done this group, I'm going to evaluate it . . ." and my advisers [in the agency] were like, "What are you, crazy?" . . . They really thought I was just from another planet, and I remember thinking, "Does (wanting to do program evaluation) mean . . . that I'm not a clinician?"

The lack of PHSW role models was another aspect of a general theme that emerged regarding PHSW's invisibility in academic public health. As one student noted, "They don't know who we are; I don't feel like we have a presence there." Lack of contact with PHSW appeared to make professional integration more difficult.

#### The transition from training to workplace

The transition from graduate training to the workplace emerged as a key theme. Some participants described making the distressing choice between public health or social work settings due to workplace constraints: "Either I was going to wear my social worker hat, or I was going to wear my public health hat." Graduates noted that employers lacked knowledge of PHSW:

...it's a very unique market ...it's kind of difficult ... a lot of jobs are straight social work or straight public health, and [prospective employers are] kind of confused, like, "What is this weird combination of degrees coming at me?" But then there are [several] jobs where [the MSW/MPH] is exactly what they want ... even though they didn't know it. [We] have the perfect set of skills for them. . . .

Participants attempted to explain the lack of integration in workplaces: "I think it's really hard.... Interviewer[s] look at somebody and say, okay, either you're a numbers man, or you're a touchy-feely, let's all sing *Kumbaya*.... They don't grasp... that one individual could encompass both of those things." Another graduate described using two different resumes—without listing her second degree: "If I'm applying to a social work job, I put all my social work... experiences on that resume. If I'm just doing public health, [I use] the public health resume." Many agreed that they

had to educate prospective employers on the value of PHSW: "There are very few jobs where they [specify that] you need an MPH and an MSW, both. It's usually one or the other . . . the second degree is a bonus. And they may or may not recognize what those extra skills are." They struggled against workplace perceptions of being overqualified and regretted being inadequately prepared to market themselves.

## Experiences in the workplace

Participants described workplace experiences in public health, social work, or rare combined settings. Definition and demonstration of PHSW was a central theme; one participant explained, "I consider us architects of psychosocial systems (in social work and public health) . . . to really change structure, and policy, and behavior, [we] need to understand groups, and [we] need to understand communities. So ... both degrees . . . go hand in hand." Another graduate mentioned that "even colleagues who work at the U.N.... don't quite 'get' the MPH/MSW thing, [so] I find myself oftentimes talking in case scenarios . . . what the social work [perspective] brings and what the public health aspect brings to a particular situation." Graduates identified the PHSW perspective as an important component of the training:

... that ability to question ... is a skill that the dualdegree people really have.... Whether you're the social worker who questions, "What about the population?" or the public health practitioner questioning, "What about the individual?".... Our worth is in doing that.

Graduates also conveyed a need to "sell" the competencies:

... having the two [degrees involves applying] a little bit of both [skills] ... having the "gentle touch" [of clinical skills] or being able to reach out to people, but then being able to say, "Okay, let's track [our progress] and find out ... what's actually happened here, make a case for it, design something [empirical] to address it."

Participants described the ways they differentiated the use of their skills, including strategic consideration of how and where to best apply PHSW skills in the work environment:

I think it's also being able to wear a lot of different hats and kind of know when you're wearing which hat in what you're doing. So if you're actually doing kind of one-on-one social work, you have that hat on. And then if you're doing some kind of program administration or promoting your program to the advocacy, you have your public health hat on. But at the same time, kind of switching back and forth all the time. . . .

## Thoughts on the future of PHSW

Focus group members discussed how to improve programs, with many suggestions related to marketing PHSW. One graduate stated that "[dual degree] programs need . . . [to] teach people how to define . . . and market themselves." Graduates also acknowledged the limited number of dual-degree professionals:

There are still a relatively small number of folks who have the dual degree, [so we] can't [recognize it] as easily as if [we] had an MBA, MPA, or [D. [People] know what those do. So our jobs aren't necessarily created yet because you could argue that the systems [don't] overlap as much . . . maybe our job is to [establish recognition] so that the next generation can take over.

Participants described efforts to correct misimpressions regarding both professions, and longed for recognition: "I want to see more from society recognizing [dual] professions like ours . . . we shouldn't have to explain . . . what public health is and social work is, never mind public health social work." Participants repeatedly noted the need for PHSW careerdevelopment mechanisms (e.g., professional organizations, listservs, websites, advanced training, and job banks): "We do need our own 'place' in terms of job searching. I have two career centers I can go to, [but] I want one place I can go to for public health social work." Networking and mentorship were repeatedly identified as crucial.

Despite challenges, there was a strong sense that PHSW was a promising, emerging practice for the 21st century: "We are the new breed [of social workers] . . . building up immense experience; we are the future...."

## **DISCUSSION**

#### Limitations

The purpose of this study was to assess the experiences of MSW/MPH professionals. As with all exploratory research, we experienced limitations. Despite efforts to broadly recruit participants, we faced sampling issues. There are no professional organizations for MSW/MPH alumni, and most programs lacked clearly identifiable dual-degree alumni contacts. Nearly all participants, however, graduated from established programs where personal contact by dual-degree directors had been maintained, suggesting participants were more connected. Participants were clustered from selected programs, raising important geographic and programspecific concerns. In addition, rapid changes are occurring in PHSW training and practice; if the study were conducted today, it is possible that the emerging themes might differ significantly. Finally, self-reporting

and perception biases are prevalent in any qualitative study. Despite limitations, this study provided initial insight into the supply-side issues of training MSW/ MPH professionals for transdisciplinary practice.

### **Implications**

This study offers many implications for academic public health. From a marketing perspective, a growing number of applicants recognize the appeal of PHSW and seek well-run MSW/MPH programs. Dual-degree students interested in moving beyond traditional professional boundaries are willing to invest in acquiring two degrees. Such programs clearly benefit schools of public health and social work, but findings suggest that more is needed to ensure that emerging graduates are prepared to enter the public health workforce.

Participants identified several areas for program improvement, particularly regarding leadership and integration. Many respondents noted the need for PHSW to become more visible. Participants urged schools to offer opportunities to practice both sets of skills during training and provide opportunities for learning from other PHSW professionals. Schools vary widely in how much they invest in their MSW/MPH programs; participants noted that advising, mentoring, role modeling, and career development are essential.

Academic public health can assist public health employers by conveying a broader understanding of how PHSW is applicable to emergent issues. Schools can systematically market MSW/MPH graduates to employers and provide leadership regarding the value of PHSW in contributing to the public health infrastructure. Organizations working to better define PHSW standards and competencies can prioritize their incorporation into MSW/MPH curricula.

Additional areas of study are needed. A national evaluation of MSW/MPH programs, conducted jointly by accrediting organizations such as the Council on Social Work Education or the Association of Schools of Public Health, could illuminate PHSW training issues. An assessment of current PHSW workplaces could identify enhancements and obstacles to transdisciplinary collaboration. Academic public health can partner with alumni to demonstrate and develop best practices in PHSW. Given that participants framed their experiences in the context of professional growth, perhaps developmental stage theory could be used to conceptualize future MSW/MPH studies.

#### CONCLUSION

To respond effectively to the multiple, dramatic transitions in society's health, an expanded public health infrastructure is critical—we must innovate beyond current professional boundaries to improve health for the "whole person." The powerful collaboration between public health and social work can support both professions in moving "beyond the confines of their specific disciplines, allowing them to see and understand the individual within the context of the health of the community . . . [yielding] a new set of lenses through which to view reality. . . . "2 In a society of rapid change and pressing new complexities, PHSW can be one of public health's best transdisciplinary responses to improving the health and well-being of the whole society.

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