



Behavioral and Psychosocial Aspects of Integrated Health

SW 619 Fall, 2017 Thursdays 9:00 a.m. to 12:00 p.m.
 Course Location: SSWB II 2609

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The syllabus serves as our guiding contract agreement for the term. You are responsible for thoroughly reading it by the second week of class. Please feel free to ask any questions to ensure your understanding of the plan for the course including assignments and due dates.

WELCOME AND THANK YOU FOR BEING IN THIS CLASS

It is an both a challenging and exciting time to be a part of the movement to develop and implement effective integrated care models with improved linkages between mental health, behavioral health and primary care settings.

It is particularly exciting for social workers who are ideally suited to meet the need for skilled integrated health care professionals. Social Workers are trained to work collaboratively with cross- disciplinary teams of providers, are prepared to work flexibly in a variety of roles and functions, and possess the necessary skills to engage with highly diverse populations. As healthcare requires an ever more collaborative inter professional team, social workers are in a strategic position to redefine their place in healthcare and address emerging workforce needs as integrated behavioral health care leaders and providers.

This course will consist of a variety of collaborative learning methods including interactive lectures with active student participation, guest speakers, readings, in-class application exercises, videos and written assignments. Understanding core class concepts and the ability to apply these concepts will be emphasized. My commitment is to provide organized, meaningful course material and opportunities for learning. Students are invited and expected to be actively engaged in the learning process by coming to class fully prepared, ready, willing and able to contribute to meaningful discussion and learning. **Please feel free to contact and meet with me throughout the semester as needed with questions, concerns and suggestions.** I look forward to what we will experience and learn together.

Guiding Principles and Commitments

Our commitment to learning is in services to our clients.

We will make a **safe atmosphere and space** for open discussion.

We seek **mutual** growth, learning and benefit from sharing with each other in this class.

We recognize and honor that each person is at a different point in their learning and life experience.

We **respect** even when we disagree or have conflict.

We **do not assume** or pre-judge the intent or motivation of others.

We seek to replace assumptions with **curious questions** and **invitations** to share and listen.

We seek to **diminish fear, shame and blame** that immobilize the learning process.

We **view mistakes** and not yet “knowing” as a part of life-long learning and as preferable to stagnation and ignorance. We can acknowledge and speak of our discomfort, not knowing and mistakes as we develop our professional identities and core values.

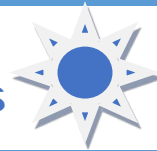
We will **not blame** people for the misinformation we have learned, and commit to actively challenging myths and stereotypes to foster our intercultural intelligence. As we have learn about our own “isms,” prejudices, assumptions and implicit bias, we will **hold each other responsible** for not repeating misinformation or harmful behavior.

We take responsibility for talking **with** people rather than about them.

We find ways to be **curious and humane** in our interactions.

MY TEACHING PHILOSOPHY

Learning is in Service to Our Clients



Partnerships

Many times we may approach a class learning experience with the expectation of what we will get from it. This model focuses on the professor **giving** information and the student **getting** information.

Relationship-based learning means to me that we will partners in “**giving, getting and growing**” **together** as we learn *with* and *from* each other.

My commitment is to be intentional and prepared in providing organized, meaningful course material and opportunities for learning. *I invite you to come to this class with the intention to engage and connect with the experience of learning. I look forward to what we will experience and learn together.*

Providing Feedback

Please provide feedback on your learning needs, how the class is going for you and suggestions for improvement throughout the class. We will do a mid-term and final evaluation, however the opportunity to respond to **feedback is much more beneficial for the both the professor and class members if it is ongoing and not just provided at the end of the term.** **You are encouraged to proactively address any concerns or needs as they arise.**

Incremental Skill Building and Learning

The class assignments are designed to be INCREMENTAL, building and demonstrating core competencies over time with a variety of **SMALLER** assignments rather than focusing on a few larger assignments.



Incremental learning can be helpful to allow time to process smaller sections of our learning objectives. So, please consider not simply the number/frequency of assignments in evaluating workload, but also the total deliverables.

EXPECTATIONS OF STUDENTS



Personal Accountability in Learning

Accountability shifts the focus from *not solely being about what **one is taught***, to self-determination about what **one consciously chooses to learn**.

Students are expected to take **personal responsibility** and be committed to their own learning experience by being active and responsible partners in the learning process by coming to each class session prepared, ready and willing to contribute to meaningful discussion and learning. An optimal individual learning experience is one that is **active, self-directed** and requires engagement. It is not solely about what **one is taught**, but also about what **one consciously chooses to learn**. As class partners, we will seek to contribute to a meaningful and successful experience for the class as a whole; however, each student is ultimately responsible for her/his own depth of engagement and experience of one's individual learning.

Professional Use of Self

Respect for Others

- ✓ Students are encouraged and expected to demonstrate openness to ideas and perspectives different from one's own interests, views, belief and preferences.
- ✓ Listening and learning require a safe place and we commit to provide this safe space in this class.
- ✓ Sharing differing ways of thinking and how one sees the world is not always focused on changing others' minds, but on cultivating **a way of being with others that fosters curiosity** and a desire to see and hear another's point of view.
- ✓ We will be mindful that in our desire to advocate for our beliefs and values, that **we do not commit the very acts of aggression, devaluation, marginalization, disenfranchisement and dismissal of others that we may have experienced and/or are trying to prevent.**

APPLICATION OF NASW CODE OF ETHICS AND PROFESSIONAL USE OF SELF IN THE CLASSROOM

The social work program is one of professional preparation. In addition to acquiring theoretical knowledge, students are expected to acquire professional values, to integrate knowledge from a range of courses, to develop professional skills and professional behaviors and identity.

The NASW Code of Ethics outlines a set of core values that form the basis of the Social Work profession's purpose and perspective. The Code encourages behaviors which promote professionalism and respect not only for clients, but for colleagues and employers as well.

- It is expected that all students conduct themselves in a manner consistent with the Code of Ethics and demonstrate professional use-of-self behaviors in class including civility, respect, courtesy and ACTIVE listening with fellow students, the instructor and guest presenters. See Use-of-Self documents on Canvas.
- *“Social workers should avoid unwarranted negative criticism of colleagues in communications with clients or with other professionals. Unwarranted negative criticism may include demeaning comments that refer to colleagues' level of competence or to individuals' attributes such as race,*

ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.” NASW Code of Ethics 2.01

- As professionals, you are expected to maintain confidentiality and respect differences. You are asked to honor confidentiality of relevant information shared by professor, colleagues and guest speakers and to de-identify client information shared in class in order to support a safe atmosphere for sharing and learning.

For further elaboration of the values and ethical standards inherent in social work, students are encouraged to access the Code of Ethics at: <http://www.socialworkers.org/pubs/code/code.asp> and the UM SSW Student Guide

ABOUT THE COURSE

Course Description

In the current healthcare system, it is all too common for consumers to face problems accessing care in artificially separate physical, mental, and behavioral health care systems, and to experience difficulty obtaining care that is collaborative, culturally appropriate, and responsive to their complex health care needs. A preponderance of scientific evidence demonstrates that separated, unresponsive, and fragmented health care is ineffective, costly, and unsustainable. For example, patients with severe mental illness have been shown to die an average of 25 years sooner than matched patients without severe mental illness, due to poor management of chronic disease and lack of routine primary care. Conversely, mounting evidence shows that costs are reduced, quality is improved, and fragmentation of care is minimized when behavioral health providers work as integrated members of health care teams. The rapid adoption of ‘health care home’ team-based models by primary care and specialty care systems is an indication that collaborative, team-based, integrated physical and behavioral care is rapidly emerging.

Course Content

This course will provide students with an overview of major causes of mortality and morbidity in the United States, including demographic, biological, behavioral, social, and community factors affecting health, disease, and quality of life. Selective international comparisons will be made. Special emphasis will be placed on risk factors and protective factors and implications for health promotion and disease prevention over the life span. A major focus of this course will be the impact of race, ethnicity, culture, gender, age, and sexual orientation on health and disease, as well as the effects of poverty, discrimination, and privilege on access, utilization, and quality of care. Comparative definitions and theories of health and disease, including their evolution, strengths, limitations, and implications for social work and social welfare, will be presented. Theories and research on health behavior will be examined, including cultural differences in health beliefs and practices, use of health services, and barriers to care. Research and theory on stress, coping, and adaptation to illness over the life span will be presented, including the role of social support and the impact of discrimination and privilege on health status and disease outcomes. Implications for social work practice and social policy will be addressed throughout this course.

Course Objectives

Upon completion of the course, students will be able to:

1. Describe the major causes of mortality and morbidity in the United States, and identify significant differences among various population groups.
 - 1.1. Discuss the impact of diversity dimensions such as ability, age, class, color, culture, ethnicity, family structure, gender (including gender identity and gender expression), marital status, national origin, race, religion or spirituality, sex, and sexual orientation across the life span.
 - 1.2. Discuss the influence of social, economic, geopolitical, and environmental factors on mortality and morbidity.
 - 1.3. Discuss the ethical and social justice implications of differences in mortality and morbidity across population subgroups.
2. Compare concepts and definitions of health and disease, including their evolution, strengths, and limitations, as well as the implications for social work and social welfare.
 - 2.1. Identify biological, socioeconomic, cultural, and behavioral risk and protective factors for health, disease, and quality of life across the life span.
 - 2.2. Explain the impact of poverty, discrimination, and privilege on health status and disease outcomes, including the ethical and social justice implications.
 - 2.3. Discuss the implications of concepts of health and disease for health promotion, disease prevention, treatment, and rehabilitation.
3. Describe current theories and models of health behavior and their implications for health promotion, disease prevention, treatment, and rehabilitation.
 - 3.1. Describe socioeconomic, cultural, and religious differences in health beliefs and practices, utilization of health services, and barriers to care.
 - 3.2. Describe stress, strain, coping, and adaptation as they relate to health and disease across the life span.

Educational Policy and Accreditation Standards (EPAS)

This course will also support student development in the following Council of Social Work Education competency based standards

Competency 1: Demonstrate Ethical and Professional Behavior

Competency 2: Engage Diversity and Difference in Practice

Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice

Competency 4: Engage In Research-informed Practice

Competency 5: Engage in Policy Practice

Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities

Relationship of the Course to Four Curricular Themes

Multiculturalism and Diversity will be addressed throughout this course and will be highlighted in content related to differences in health outcomes, beliefs, behaviors, and the role of protective factors and social support in health status and disease outcomes. The key diversity dimensions will be examined as they relate to health beliefs and health behavior.

Social Justice and Social Change will be addressed in content examining differences in mortality and morbidity in population subgroups, and access and barriers to care. This course emphasizes the identification of theories, practice and/or policies that promote social justice, illuminate injustices and are consistent with scientific and professional knowledge.

Promotion, Prevention, Treatment, and Rehabilitation will be addressed through content on concepts and definitions of health and disease, theories and models of health behavior, and stress, coping, and adaptation as they relate to health and disease across the life span.

Behavioral and Social Science Research will be presented throughout the course and will include findings from epidemiology, demography, medical sociology, health psychology, medical anthropology, social work, public health, medicine, nursing, and health services research.

Relationship of the Course to Social Work Ethics and Values

Social work ethics and values will be addressed in the context of the NASW Code of Ethics. This course will increase awareness of the intersectionality of medical ethics, social work ethics and bioethics. Students will evaluate ethical issues involved in medical-ethical issues and dilemmas and decision making in health social work and discuss the impact of the social worker's values and reactions to these issues.

Focus on Privilege, Oppression, Diversity and Social Justice (PODS)

This course integrates PODS content and skills with a special emphasis on the identification of theories, practice and/or policies that promote social justice, illuminate injustices and are consistent with scientific and professional knowledge. Students are invited and expected to actively contribute from their experiences, field placement practice and knowledge of readings, etc. to help support and develop a vision of social justice, learn to recognize and reduce mechanisms that support oppression and injustice, work toward social justice processes, apply intersectionality and intercultural frameworks and strengthen critical consciousness, self-knowledge and self-awareness to facilitate PODS learning.

INFORMATION, POLICIES and RESOURCES

Accommodations for Students with Disabilities

If you are in need of an accommodation for a disability, please notify me during **the first week of class** and provide the appropriate accommodation recommendation documents so we can make every effort to meet your needs in a timely and effective way. Students with disabilities may contact Services for Students with Disabilities at 734-763-3000 or in Room G664 Haven Hall to coordinate accommodations. To the extent permitted by law, information will be treated as private and confidential.

Student Mental Health and Wellbeing

The University of Michigan is committed to advancing the mental health and wellbeing of its students. If you or someone you know is feeling overwhelmed, depressed and/or in need of support, there are services available. For assistance, contact Counseling and Psychological Services (CAPS) at 734-764-8312 or <https://caps.umich.edu>; University Health Services at 734-764-8320 or <https://www.uhs.edu/mentalhealthsvsc>. For alcohol and drug concerns and/or assistance regarding sexual assault contact <https://www.uhs.umich.edu/aodresources#sexualassault>. For a listing of other mental health resources available on and off campus, see <http://www.umich.edu/~mhealth/students.htm> or <http://www.umcpd.org/>

Safety and Emergency Preparedness

In the event of an emergency, dial 9-1-1 from any cell phone or campus phone. All University of Michigan students, faculty and staff are required to familiarize themselves with emergency procedures and protocols for both inside and outside of the classroom. In the event of possible building closure (i.e. severe weather conditions, public health notices, etc.) you may contact (734)764-SSWB(7793) for up-to-date School closure information.

Be Prepared. Familiarize yourself with the emergency card posted next to the phone in every classroom/meeting room. Review the information on the emergency evacuation sign (located nearest the door) and locate at least (2) emergency exits nearest the classroom.

If you are concerned about your ability to exit the building in the case of an emergency, contact the Office of Student Services School of Social Work (Room 1748; phone: [734-936-0961](tel:734-936-0961)) and/or email ssw-ADAAcompliance@umich.edu

For more information view the annual Campus Safety Statement at <http://www.dpss.umich.edu/>. Register for UM Emergency Alerts at <http://www.dpss.umich.edu/emergency-management/alert/>.

Religious Observations and Military Service

Students who will be absent during the semester due to religious observance and/or military services should notify me **during the first week of class** to facilitate appropriate accommodations and arrangements to obtain class materials and coordinate Competency Make-up assignments.

Academic Conduct, Honesty & Integrity

All students are expected to know and comply with the academic integrity policies of the University of Michigan and School of Social Work. Students are held to the highest standards of academic and professional conduct. Cheating is the act of obtaining or attempting to obtain credit for academic work through use of any dishonest, deceptive or fraudulent means and is unacceptable and inconsistent with the Code of Academic and Professional Conduct and the NASW Code of Ethics which apply to all students enrolled in the School of Social Work. Any form of cheating (use of someone else's work, obtaining tests from previous semesters, using assignments from other classes), plagiarism (verbatim copy of another's material and not acknowledging the direct quotation or unacceptable paraphrasing which does not use one's own words and structure, and failure to acknowledge that the content is not original) and/or aiding and abetting dishonesty **will result in a failing grade for the relevant assignment and is grounds for expulsion**. All suspected violations will be referred to the Associate Dean for Educational Programs.

You are responsible for understanding the meaning of academic integrity and plagiarism. Please refer to the Student Guide to the Master's in Social Work Degree Program or see <http://www.lib.umich.edu/academic-integrity/resources-students> for further information.

Students who are found responsible for academic misconduct are subject to disciplinary action up to and including dismissal from the School of Social Work, revocation of degree, or any other sanction deemed appropriate to address the violation.

Distribution of Papers to Students

The federal informational privacy act prohibits anyone other than the student access to that student's papers. Papers should be returned by the instructor directly to or mailed to the student. During the semester, papers will be returned directly to students. **Papers submitted at the end of the term may be returned by mail to the student, if the student supplies a self-addressed, self-stamped envelope to the instructor no later than the last day of class for return by U.S. Mail. Uncollected papers will be destroyed at the end of the semester grading period through confidential methods provided by the SSW.**

Dependent Care Resources

For students with child or parenting/elder care responsibilities, feel free to consult the Students with Children website (<http://www.studentswithchildren.umich.edu>). This site is dedicated to the needs of students at UM who juggle parenting/elder care, study and work. Resources include childcare, financial assistance, social support, housing, and health care information. For additional information on work/life support please also visit the Work/Life Resource Center site: <http://hr.umich.edu/worklife/> and the UM Child Care gateway <https://hr.umich.edu/benefits-wellness/family/childrens-centers>

COURSE REQUIREMENTS

Class Preparation, Participation and Engagement

As a graduate student, class attendance, completion of assigned readings for each class, preparation for meaningful participation in class discussion and engagement are highly valued as these behaviors contribute to the quality of learning for the individual and the class as a whole. They are also critical to **our ultimate goal of service to our clients**. **Predictability, reliability and consistency (“being there”)** are core to any strong relationship as well as being incredibly important to our clients and our employers. Thus, **“being here” with predictability, reliability and consistency is an important core competency for this class.**

Beyond physical presence through attendance, **class participation is vital** to the learning experience of this course and focuses on being emotionally and intellectually present and engaged in class each week. Active engagement and sharing of your diverse ideas, interpretations, perspectives, observations and experiences are highly valued and expected. **In service to our clients, we must learn to use our voices on their behalf and our learning is a part of using our voices for our clients.** Thus, participating in class will be an opportunity to practice and develop this skill even when it is sometimes challenging and/or uncomfortable.

Students should be prepared each week to both be called on and to initiate knowledgeable sharing of their understanding, ideas, reactions and applications from readings in weekly class discussions and integration across progressive weeks. The quality and preparedness of responses illustrating completion of the readings will be used as a part of the assignment of grading for class participation and will differentiate grades of exceptional mastery (A) from grades of mastery (B).

ATTENDANCE and ABSENCE POLICY: Please Be Here and Be Present.

You and Your Learning are Important to the Class

Classroom interactions cannot be replicated nor the benefit received exclusively from reading class materials. Therefore, on-time attendance, participation and engagement are expectations and requirement and grades are negatively impacted by absences and/or lack of participation and engagement.

- School of Social Work Class Attendance Policy 5.03: It is expected that students attend classes and instructors are encouraged to monitor attendance.
- Promptness in attendance is also valued as it conveys professionalism, respect and courtesy and creates a safe environment for sharing among one another and our guest speakers. We will begin and resume class promptly after designated break(s).
- **Absences are not judged as “excused” or “unexcused.** Life happens and each individual student may have absences from personal choices made regarding prioritization of competing demands as well as due to uncontrollable events. Absences impact competence learning. Therefore, an opportunity is given to learn and demonstrate missed competencies when one is absent from class for any reason.
- **A Make-up option is offered for missed classes.** This work will be graded as Pass-Marginal-Fail. Students who **choose not to do make-up work** or **who do not initiate** and complete make-up work within the required timeframe will receive **a 3 point deduction per each class missed.**

- **More than THREE absences for any reason will result in non-credit, non-passing grade for the course due to the significance of the percentage of the course missed.**
- **Partial absences** also negatively impact learning and will be taken into account in evaluating class participation. **A partial absence includes any one of the following:** late arrival after class start time, late return from break after class has resumed and/or early departure before class ends and use of electronic devices for non-class related activities during class which equates to non-presence.
- Students are asked to notify me of any **planned** absence with as much advanced notice as possible and provide notice of an **unanticipated absence** as soon as they are reasonably able to make contact.
- Completion of Make-up Competency Assignments is to be **self-initiated** by students who choose to do make-up work after any absence and are to be **submitted no later than the second class period following the absence** unless otherwise agreed upon in advance.
- Make-up assignments will be graded as Pass-Marginal-Fail. Students who choose **NOT** to submit Make-Up Competency assignments for any absence within the required timeframe will receive **a 3 point competency deduction per each class missed.**

Standard Make-up Competency Assignment for All Absences

1. Complete all required readings for missed class and attest to completion of readings in your written assignment of completion.
2. Obtain any handouts distributed in class, class notes, announcements and any other information covered in the missed class from peers.
3. Review class Powerpoint posted on Canvas including watching any embedded video(s).
4. Complete a 3 page double spaced typed paper addressing:
 - Integrative summary of your take-away understanding and learning/competency **application** from the assigned readings and the powerpoint and any relevant handouts. No APA referencing is needed for this make-up assignment.

USE OF PHONES, COMPUTERS AND ELECTRONIC DEVICES

Our colleagues and guest speakers who are sharing ideas, feelings, and experiences have a right to anticipate and receive our presence and demonstration of professional use-of-self.

Being present is more than just "showing up." It involves presence. Presence is perhaps one of the most important interventions we offer to our clients and thus we will practice the art of presence throughout this semester in this class.

Research regarding portable technology (laptop computers, phones, PDAs, etc.) confirms that these devices can be a supportive classroom tool when used with a clear goal (i.e. note taking, interactive exercises) while also having negative consequences such as time spent on non-course tasks (i.e. emails, texting) and disruption to others (*CRLT Occasional Papers, No. 30 Use of Laptops in the Classroom: Research and Best Practices*).

To foster an environment of safety, openness and presence, the focus of class time will center on understanding and discussion of the content presented, asking questions, sharing integrative ideas, giving examples, writing notes, practicing active listening and presence, or otherwise deepening yours and other's knowledge of the material in some way.

- Using electronic devices to assist in note taking and specifically directed class activities is encouraged for those who find this beneficial.
- **If you feel you must monitor email and text messages, you are respectfully asked to do so during breaks and/or to leave the classroom to do so.**
- *Presence is a professional use-of-self skill.* Use of non-class related computer/phone/electronic devices/reading materials **will be considered as the equivalent of being absent from class** and will impact attendance and class participation grades.



Note Taking and Powerpoint Presentations

I share the following evidence-based abstract with you for your consideration regarding note taking. Given this research, I will not be posting powerpoints on Canvas prior to class.

"Taking notes on laptops rather than in longhand is increasingly common. Many researchers have suggested that laptop note taking is less effective than longhand note taking for learning. Prior studies have primarily focused on students' capacity for multitasking and distraction when using laptops. The present research suggests that even when laptops are used solely to take notes, they may still be impairing learning because their use results in shallower processing. In three studies, we found that students who took notes on laptops performed worse on conceptual questions than students who took notes longhand. We show that whereas taking more notes can be beneficial, laptop note takers' tendency to transcribe lectures verbatim rather than processing information and reframing it in their own words is detrimental to learning." Mueller, P. (2014). The pen is mightier than the keyboard: Advantages of longhand over laptop note taking. *Psychological Science*: doi:10.1177/0956797614524581

COURSE ASSIGNMENT INFORMATION

Assignments are designed to use a **variety of evaluation methods** including written papers, classroom activities and discussions and in-class quizzes to allow opportunities to address strengths and preferences of diverse individual students. The goal of the course assignments is to **promote integration and meaning** of the material and competency in services provided to clients. **You are empowered to self-direct your learning and assignments with some opportunities to choose areas of interest.**

Due to vision accommodation needs of the instructor, paper copies of written assignments are to be submitted at the beginning of the class on the due date with **all pages stapled together including relevant additional materials as assigned**. If you are unable to submit written assignments, please make other arrangements to get a paper copy of your assignment to class or to my office by the assignment due date and time. **Emailed assignments will not be accepted.**

Assignment Descriptions and Rubrics

Written assignment descriptions and grading rubrics have been provided to clearly explain assignment expectations and point values. **Please review these prior to completing and submitting your assignments to help you meet assignment criteria.** You are encouraged to initiate asking questions regarding assignments and grading prior to submission.

Students are responsible for reading both the syllabus and assignment instructions/grading rubrics posted on Canvas and for self-monitoring of assignment due dates.

Late Completion of Assignments

Meeting deadlines, planning ahead and timeliness in completing tasks are all important skills in our professional lives. Fairness goals guide my consistent application of expectations for all students.

Therefore, late assignments will result in deduction unless the circumstances are both rare and compelling.

Commonly occurring life experiences (i.e. multiple demands/busy schedule, traveling, computer problems) are NOT considered grounds for exceptions for late assignments deductions.

Writing Skills

Strong writing and communication skills are essential to effective social work practice. As professionals we will continually be assessed and judged on **our ability to express ideas clearly and professionally on behalf of our clients, our organizations, our profession and ourselves.** Graduate level writing skills will be expected in this course including appropriate grammar, in-text citations, references, organization of thought, clarity of expression and creativity in your writing. **The SSW Career Center offers writing assistance services** and study tips for MSW students including proofreading, spelling edits and addressing basic argument flow issues. To make an appointment, contact ssw-cso@umich.edu or call 734-763-6259. Writing labs are available through the Sweetland Writing Clinic in Angel Hall:

<http://www.lsa.umich.edu/sweetland/>

All papers must be typewritten and double-spaced using a 12-point font and one inch margins.

APA format is the definitive source for standardized writing in the behavioral and social sciences and is required for assignments requiring referencing. Please refer to the APA Style manual (6th edition) at MLibrary APA Citation Guide

<http://guides.lib.umich.edu/c.php?g=282964&p=1885441> or <http://owl.english.purdue.edu/owl/resource/560/01/>

Key components of APA format to be used in written papers include:

- Title page with running head
- Double spaced 12 font with 1 inch margins
- Number pages except for title page in upper right corner
- Indent 5 spaces for first line of every paragraph
- Sources must be cited in the text of the paper (i.e. Gehlert and Browne (2012) state...)
- Reference page with all sources at the conclusion of the paper
- All direct quotes must be referenced with source and page number
- Referencing internet sources: <http://www.apastyle.org/elecref.html>

Required Reading

Readings are considered a foundation of the course and you will be expected to know the content of the readings and to incorporate this knowledge into your assignments. The amount of assigned reading will vary from week to week, but overall, assigned readings per week over the semester are consistent with graduate level workload expectations.

It is expected that assigned **readings posted for each week will be completed prior to each class** to enhance discussion and interaction. SCANNING the readings does not meet the definition of completion of the readings. **Grades of A will require completion of assigned readings.**

Additional Readings

The amount of required text reading has been designed to provide you with a basic foundation while giving you freedom to individualize supplemental readings. **You are expected and encouraged to do literature searches and additional reading to meet some assignments and to pursue areas of interest.** You must use scholarly literature to support your presentation of material. You need to use multiple sources and synthesize them. Do not heavily rely on direct quotations from your sources; instead summarize them in your own words.

Additional relevant handouts will also be distributed in class for reading. Additional reference materials specific to class topics will be discussed throughout the term.

SOME RELEVANT JOURNALS

Social Work in Health Care	Ethnicity and Health
Health and Social Work	Social Science and Medicine
Social Work in Public Health	Journal of Health and Social Behavior
American Journal of Epidemiology	American Journal of Public Health
Ethnicity and Disease	Health Education and Behavior
Health Psychology	Journal of Adolescent Health
Journal of Aging and Health	Journal of Gerontology
Journal of Health for the Poor and Underserved	Journal of the American Medical Association
Journal of the National Medical Association	Journal of Psychosocial Oncology
New England Journal of Medicine	Pediatrics
Women and Health	Social Work in Public Health
Social Work in Mental Health	

REQUIRED COURSE TEXT

Gehlert S. & Browne, T. (2012). *Handbook of health social work* (Second Edition). Hoboken: John Wiley and Sons.

Additional required and optional readings resources are available on the course Canvas site.

Optional Text

Curtis, R. & Christian, E. (2012). *Integrated care: Applying theory to practice*. New York: Taylor & Francis.

Optional Supplemental Reading (On-line)

Woolf, S. & Aron, L. (Eds.) (2013). *U. S. Health in International Perspective: Shorter lives, poorer health*. New York: National Academies Press. <http://www.nap.edu/download/13497>

Useful Websites

National Center for Health Statistics. *Health, United States, 2010: With Special Feature on Death and Dying*. Hyattsville, Maryland. 2011. <http://www.cdc.gov/nchs/hus.htm>

2012 Statistical Abstracts. Available: <http://www.census.gov/compendia/statab/>

National Library of Medicine, Medline Plus Health Information
<http://medlineplus.gov/>

Women's Health USA, 2012
<http://www.mchb.hrsa.gov/whusa12/index.html>

Office of Women's Health, Quick Health Data Online, DHHS
<http://www.healthstatus2010.com/owh/index.html>

National Women's Health Information Center, DHHS
<http://www.4woman.gov/>

CDC Women's Health
<http://www.cdc.gov/Women/>

CDC Lesbian/ Bisexual Health
<http://www.cdc.gov/lgbthealth/women.htm>

CDC Men's Health
<http://www.cdc.gov/men/>

CDC Gay and Bisexual Men's Health
<http://www.cdc.gov/msmhealth/>

CDC LBGT Health
<http://www.cdc.gov/lgbthealth/about.htm>

FDA Women's Health Website
<http://www.fda.gov/womens/default.htm>

GRADING

Academic standards matter to our clients and the responsibilities with which we are entrusted in our work with and on behalf of them.

Grades are the outcome of student efforts and demonstration of competency. *They are "earned" not "given."* While this course has been designed to provide information and learning experiences, what you ultimately gain will largely depend on your use-of-self, your engagement in the class and your commitment to take responsibility for your individual learning.

All assignments will be graded with these criteria:

- Address **specific assignment criteria** defined in instructions and rubric
- **Professional and academically sound writing skills** (clarity of thought, relevance, depth and specificity of your points, organization and flow, APA referencing as appropriate)
- Ability to **think critically, evaluate and analyze beyond description and integrate concepts/content across the term, creativity, originality, thoroughness in addressing content**
- Inclusion of relevant **professional values and ethics** (PODS, strengths-based perspective)
- **Integration and demonstration of completion and understanding assigned readings** and additional literature when appropriate
- **On time completion** by assigned due date

Academic standards matter to our clients and the responsibilities with which we are entrusted in our work with and on behalf of them. Graduate school standards anticipate that **for every credit hour spent in the classroom, students will spend 2-3 hours outside of the classroom** to complete readings and assignments at a level of mastery. Time constraints are validated as a part of life. We will seek to acknowledge that not every assignment may be completed at the mastery level depending on one's individual situation, life events, goals and/or choices. A grades are not always possible AND meaningful learning can still occur.

Final Grades will be based on individual personal performance and demonstration of course competencies and expectations including the quality of the work, demonstration of reading and ability to apply concepts. Grades reflect competencies demonstrated in the context of one's normal life challenges which include both controllable and uncontrollable elements regarding time, obligations, multiple demands life events and choices each student makes.

Students who feel that after feedback, they would like to redo a written assignment for re-submission and consideration of additional earned points should **notify me promptly** and may submit a revision **within one week** after the paper was returned. The original paper and the revised paper with changes clearly highlighted should be submitted.

Final letter grades are defined by the School of Social Work as follows:

- A grades** Earned for **exceptional individual performance and superior mastery** of the material. The use of A+ (100), A (95-99), and A-(90-94) should distinguish the degree of superiority.
- B grades** Earned for students who demonstrate **mastery of the material**. B+ (87-89) indicates performance just above the mastery level but not in an exceptional manner. B (84-86) indicates mastery and B- (80-83) indicate just below the mastery level.
- C grades** **Mastery of the material is limited.** C- is the lowest grade which carries credit. C+ (77-79), C (74-76) and C- (70-73).
- D grades** Indicate deficiency and carry no credit. (Below 70)
- E grades** Indicate failure and carry no credit.
- I grades** Incomplete grades can be given in **rare situations** in which significant unforeseen, extraordinary and compelling reasons prevent completion of work AND there is a **definite plan and date for completion pre-approved by the instructor**.
- If more than one-third of the required course assignments are incomplete and/or more than 3 classes are missed, an incomplete grade will not be given & credit for the course is NOT possible.
 - In fairness to all students, incomplete grades will not be given based on requests for time extensions to complete assignments without a compelling reason and sufficient justification provided beyond common life experiences of having limited time or multiple class deadlines.
 - **Students are responsible for initiating advanced contact with the instructor to request an incomplete grade and to establish a specific plan for completion.** If no contact has been initiated by the student with the instructor regarding incomplete work and/or no specific plan has been established to complete work **by the last day of class**, a grade will be given based on the completed work submitted thus far. This may potentially result in a grade which carries no credit.

WRITTEN ASSIGNMENTS and CLASS PARTICIPATION

1. **In-Class Application Activities and Quizzes** **21 points total**

These activities focus on application of the course concepts in a practical way. They will involve in-class quizzes, discussion, analysis and demonstration of your understanding of course readings and concepts.

We will be doing in-class assignments and random time-limited quizzes throughout the semester that are worth points. Students who miss either part or all of the quiz or activity due to an absence or tardiness will not be allowed to make-up or complete the quiz/activity. **The lowest quiz score on one quiz and on one in-class assignment will be dropped from the final calculation of the grade.**

2. **“Anatomy” of a Chronic Illness Paper** **45 points total**

This paper will be done over the course of the semester in three distinct parts. This will provide you with an opportunity to apply course concepts in an incremental format leading to a holistic view of the “anatomy” of an illness.

3. **Self-Selected Articles of Interest and Written Summary and Class Discussion** **14 points total**

You will have the opportunity to choose 2 articles of your own interest related to relevant course topic areas.

4. **Social Work Role and Values Articulation Paper** **10 points**

This final assignment is designed to help prepare you for articulating your role and your values in your integrated practice.

5. **Class Participation, Class Attendance, Engagement & Professional Use Self** **10 points**

Class attendance, participation and professional use of self are core behaviors that are highly valued in this class and are a part of the learning experience which has relevant application to future professional practice. As professionals in helping professionals, it is important to be able to speak out to advocate for clients and to address issues as a silent worker can have limited impact.

Class participation involves sharing and discussing class concepts and their application to our work. Participation is not simply talking and sharing your opinions. **Each week come prepared to discuss** your understanding and application of what you have read, concepts from the class that apply to your field placement/clinical experiences, what you notice in the world regarding health care topics related to class. The quality of participation is important and effectively comes from reading the assigned texts, analyzing theories and concepts and then noticing how to apply them to working with clients and organizations.

Expectations are further defined in a separate Profession Use- of-Self document and a Class Participation Self-Evaluation Rubric posted document.

More detailed assignment descriptions, requirements and guidelines are available in Canvas.

<p>❖ The instructor reserves the right to make changes to the syllabus as appropriate and will communicate changes to students in as timely a manner as possible.</p>

Course Outline and Assigned Readings R= Required Readings

Sept. 7 **Course Overview**
#1 **Introduction to Integrated Health Care**
Social Work Roles in Health Care Settings

Required Readings:

- **Gehlert & Browne: Chapter 1 (R)**
- Craig, S., Frankford, R., Allan, K., Williams, C., Schwartz, C., Yaworski, A., Janz, G., Malek-Saniee, S. (2016). Self-reported patient psychosocial needs in integrated primary health care: A role for social work in interdisciplinary teams. *Social Work in Health Care*, 55(1). doi:10.1080/00981389.2015.1085483
- Summergrad, P. & Kathol, R. (2014). Integrated Care in Psychiatry: Redefining the role of mental health professionals in the medical setting. Chapter 1: A vision of integrated psychiatric and medical care for 2023. New York: Springer.
- Theodoridou, A., Hengartner, M. P., Gairing, S. K., Jäger, M., Ketteler, D., Kawohl, W., Lauber, C., & Rössler, W. (2015). Evaluation of a New Person-Centered Integrated Care Model in Psychiatry. *Psychiatric Quarterly*, 86(2), 153-168.

Sept. 14 **Social Epidemiology/Social Determinants of Health**
#2 **Social and Environmental Interaction; Communities and Health**
Health Indicators and Risk Factors; Distribution of Health and Illness

Required Readings:

- **Gehlert & Browne: Chapters 4 and 7 (R)**
- Woolf & Aron Chapters 3, 4, and 7
- Bowen, R. & Walton, Q. (2015). Disparities and the social determinants of mental health and addictions: Opportunities of a multifaceted social work response. *Health and Social Work*, 40(3), 59-64.
- Braverman, P., Egerter, S., & Williams, D. (2010). The social determinants of health: Coming of age. *Annual Review of Public Health*, 32, 381-398.
- Philip, D. & Reisch, M. (2015). Rethinking social work's interpretation of "environmental justice": From local to global. *Social Work Education*, 34(5). 471-483.
- Wolbring, G. (2011). People with disabilities and social determinants of health discourses. *Canadian Journal of Public Health*, 102(4), 317-19.
- Pamela Jackson, David R. Williams (2006). The intersection of race, gender, and SES. Chapter 5 in *Gender, Race, Class, and Health: Intersectional Approaches*. San Francisco: Jossey-Bass.
- Gass, E. & Bezold, M. P. (2013). Generation Y, shifting funding structures, and health care reform: Reconceiving the public health paradigm through social work. *Social Work in Public Health*, 28(7), 685-693. doi:10.1080/19371918.2011.619460

Sept. 21
#3

Article of Choice #1 Written Summary Due
Current Status of Health Care in U. S.
Disparities, Unequal Access
Policy Considerations

Required Readings:

- **Article of Choice #1 of interest relevant to this week's topic on health care disparities (See Canvas for assignment details)**
- **Gehlert & Browne: Chapter 5 (R)**
- Browne, T., Pitner, R. & Freedman, D. (2013). When identifying health disparities as a problem is a problem: Pedagogical strategies for examining racialized contexts. *Journal of Prevention and Intervention in the Community*, 41, 220-230.
- Woolf & Aron Chapters 4 and 8
- Corrigan, P., Pickett, S., Batia, K. & Michaels, P. (2014) Peer navigators and integrated care to address ethnic health disparities of people with serious mental illness. *Social Work in Public Health*, 29:6, 581-593.
- Feagin, J. & Bennefield, Z. (2014). Systemic racism and U. S. health care. *Social Science & Medicine*, 103, 7-14.
- Grant, J., Mottet, L., Tanis, J., Harrison, J., Herman, J., & Keisling, M. (2011). Injustice at Every Turn: A Report of the National Transgender Discrimination Survey. *National Transgender Discrimination Survey*. Washington.
- Krahn, G., Walker, D., Correa-De-Araujo, R. (2015). Persons with disabilities as an unrecognized health disparity population. *American Journal of Public Health*, 105(S52), S198-S206.
- Bhattacharya, G. (2013). Contextualizing disparity reduction in rural health care: A call to action. *Journal of Family Social Work*, 16, 86-100.
- Hartley, D. (2004). Rural health disparities, population health, and rural culture. *American Journal of Public Health*, 94(10), 1675-1678.
- Stroumsa, D. (2014). The state of transgender health care: Policy, law, and medical frameworks. *American Journal of Public Health*, 104(3), e31e37.
- Department of Health and Human Services Action Plan to Reduce Racial and Ethnic Health Disparities
http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf
- The New England Regional Health Equity Council (RHEC) (2016). Health Equity Profile and Call to Action.
https://drive.google.com/a/umich.edu/file/d/0BxNlb_OgMsZZDVEN3djNG1Jcnc/view
- Silverstein, J. (March 12, 2013). How racism is bad for our bodies. The Atlantic. <https://www.theatlantic.com/health/archive/2013/03/how-racism-is-bad-for-our-bodies/273911/>
- Policy Link(2014). Health Equity: Moving beyond “health disparities.”
<http://www.policylink.org/sites/default/files/Health%20Equity%20101%20Final%20May%202014%20AS%20pdf.pdf>

- LaVeist, T., Richardson, W. & Richardson, N. (2011). The state of racial inequities in health care. Robert Wood Johnson Foundation.
<http://www.rwjfleaders.org/sites/default/files/Scholars%20Forum%20research%20paper%20111314b.pdf>
- Illes, R., Grace, A., Nino, J. & Ring, J. (2015). Culturally responsive integrated health care: Key issues for medical education. *The International Journal of Psychiatry in Medicine*, 50(1), 92-103.
- Health, United States, 2015. (2016). Hyattsville, MD: National Center for Health Statistics. Report No.: 206-1232.
<https://www.ncbi.nlm.nih.gov/books/NBK367640/>

Sept 28
#4

Implicit Bias in Health Care

Required Readings:

- **Zestcott, C., Blair, I., & Stone, J. (2016). Examining, the presence, consequences and reduction of implicit bias in health care: A narrative review. *Group Process & Intergroup Relations*, 19(4), 528-542. (R)**
- **Go to <https://implicit.harvard.edu/implicit/takeatest.html> and click on and read “Information about the IAT” highlighted link to learn about IAT. Then, chose “I wish to proceed” and choose one test to take. Please print out your results page and bring it with you to class this week. Estimated test completion time: 10 minutes per website.**
- Hall, W., Chapman, M., Lee, K., Merino, Y., Thomas, T.,; et al (2015). Implicit racial/ethnic bias among health care professionals and its influence on health care outcomes: A systematic review. *American Journal of Public Health* 105(12), 60-76.
- Blair, I., Steiner, J., & Havranek, E. (2011). Unconscious (Implicit) bias and health disparities: Where do we go from here? *The Permanente Journal*, 15(2), 71-78.
- Chapman, E., Kaatz, A., & Carnes, M. (2013). Physicians and implicit bias: doctors may unwittingly perpetuate health care disparities. *Journal of General Internal Medicine*, 28(11). 1504-1510.
- Cooper, L., Roter, D., Carson, K., Beach, M., Sabin, J., Greenwald, A. & Invi, T. (2012). The association of clinicians’ implicit attitudes about race with medical visit communication and patient ratings of interpersonal care. *American Journal of Public Health*, 102(5), 979-987.
- Malat, J. & Hamilton, M. A. (2015). Preference for same-race health care providers and perceptions of interpersonal discrimination in health care. *Journal of Health and Social Behavior*, 47(2), 173-187.
- Henderson, C., Noblett, J., Parke, H., Clement, S., Coggrey, A., Gale-Grant, O., Schulze, B., Druss, B. & Thornicroft, G. (2014). Mental health related stigma in health care and mental health-care settings. *The Lancet Psychiatry*, 1(6), 467-482.
- Poteat, T., German, D. & Kerrigan, D. (2013). Managing uncertainty: A grounded theory of stigma in transgender health care encounters. *Social Science & Medicine*, 84, 22-29.
http://s3.amazonaws.com/academia.edu.documents/44741765/Managing_uncertainty_A_grounded_theory_o20160414-5603-1j50dfd.pdf?AWSAccessKeyId=AKIAJ56TQJRTWSMTNPEA&Expires=1472763862&Signature=W3whCBfONMZEQqyheWDAseJiiNo%3D&response-content-disposition=inline%3B%20filename%3DManaging_uncertainty_A_grounded_theory_o.pdf

Oct. 5
#5

Anatomy of an Illness Part 1 Due
Addressing Health, Mental Health and Behavioral Health Challenges
Substance Use Problems

Required Readings:

- **Gehlert & Browne: Chapters 8 and 17 (R)**
- Thornicroft, G., Rose, D., Kassam, A. (2007). Discrimination in health care against people with mental illness. *International Review of Psychiatry*, 19(2), 1130122.
- Marshal, M., et al., (2011). Suicidality and depression disparities between sexual minority and heterosexual youth: a meta-analytic review. *Journal of Adolescent Health*, 49, 115-123.
- Thoits, P. (2010). Stress and health: Major findings and policy implications. *Journal of Health and Social Behavior*. 51S, S41-S53.
- Kilbourne, A., et al (2008). Improving general medical and mental health services in community-based practices. *Administration and Policy in Mental Health and Mental Health Services*, 35, 337-345.
- Copeland, V. & Snyder, K. (2011). Barriers to mental health treatment services for low-income African American women whose children receive behavioral services: An Ethnographic investigation. *Social Work in Public Health*, 26, 78-95.
- Nakash, O., et al (2014). Ethnic disparities in mental health treatment gap in a community-based survey and in access to care in psychiatric clinics. *International Journal of Social Psychiatry*, 60(6), 575-583.
- Alegria, M., Valls, MI, & Pumariega, A. (2010). Racial and ethnic disparities in pediatric mental health. *Child and Adolescent Psychiatric Clinics of North America*, 19, 759-774.
- Xiong, G., et al (2015). Understanding preventative health screening services use in persons with serious mental illness: How does integrated behavioral health primary care compare? *International Journal of Psychiatry in Medicine*, 48(4), 279-298.

Oct. 12
#6

Theories, Perspectives and Practice Models in Integrated Health Care
Definitions of Health and Responsibility
Change and Health Care Behaviors

Required Readings:

- **Gehlert & Browne: Chapter 6 (R)**
- **Minkler, M. (1999). Personal responsibility for health? A review of the arguments and the evidence at century's end. *Health Education & Behavior* 26 (1), 121-140. (R)**
- Woolf & Aron Chapter 5
- Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist*, 47, 1102-1114.

- Zittel, K.M.; Lawrence, S. & Wodarski, J.S. (2002). Biopsychosocial model of health and healing: Implications for health social work practice. *Journal of Human Behavior in the Social Environment*, 5(1): 19-33.
<https://www.centerforebp.case.edu/client-files/pdf/iddtposter.pdf>
- U. S. Department of Health and Human Services Substance Abuse and Mental Health Service Administration: Enhancing motivational change in substance abuse treatment.
<https://store.samhsa.gov/shin/content/SMA13-4212/SMA13-4212.pdf>

Oct. 19
#7

Article of Choice #2 Written Summary Due

Health and Diversity

Culture, Race, Gender, Age, LGBTQ and Socioeconomic Position

Required Readings:

- **Article of Choice #2 Paper of interest relevant to this week's topic on health and diversity (See Canvas for assignment details)**
- **Gehlert & Browne: Chapter 14 or 15 or 16 (Your choice) (R)**
- Carlisle, S. (2015) Perceived discrimination and chronic health in adults from nine ethnic subgroups in the USA. *Ethnicity & Health*, 20(3), 309-326.
- Cadigan, J. & Skinner, D. (2015). Symptoms of depression and their management among low-income African-American and White mothers in the rural South. *Ethnicity & Health*, 20:3, 293-308.
- Bernstein, L, & Achenbach, J. (November 2, 2015). A group of middle-aged whites in the U. S. is dying at a startling rate. *Health and Science* Washington Post. https://www.washingtonpost.com/national/health-science/a-group-of-middle-aged-american-whites-is-dying-at-a-startling-rate/2015/11/02/47a63098-8172-11e5-8ba6-cec48b74b2a7_story.html?utm_term=.2826b20c44f9
- Achenback, J. & Keating, D. (April 10, 2016). A new divide in American death. Washington Post. <http://www.washingtonpost.com/sf/national/wp/2016/04/10/2016/04/10/a-new-divide-in-american-death/>
- Fathi, F. (2011). Why weight matters: Addressing body shaming in the social justice community. *Columbia Social Work Review*, 2, 23-26.
- Reczek, C., Umberson, D. (2012). Gender, health behavior, and intimate relationships: Lesbian, gay and straight context. *Social Science and Medicine*, 74, 1783-1790.
- Maleku, A. & Aguirre, R. (2014). Culturally competent health care from the immigrant lens: A qualitative interpretive meta-synthesis (QIMS). *Social Work in Public Health*, 29:6, 561-580.
- Hinze, S., Lin, J. & Andersson, T. (2012). Can we capture the intersections? Older black women, education and health. *Women's Health Issues*, 22(1), e91-98.
- Nemoto, T., Operario, D., Keatley, JA., Hongmai, B.S. & Sugano, E. (2005). Promoting health for transgender women: Transgender

Resources and Neighborhood Space (TRANS) program in San Francisco. *American Journal of Public Health* 95(3): 382-384.

- Carlisle, S. (2014) Disaggregating race and ethnicity in chronic health conditions: Implications for public health social work. *Social Work in Public Health*, 29:6, 616-628.
- Rieker, P. & Bird, C. (2005). Rethinking gender differences in health: Why we need to integrate social and biological perspectives. *Journal of Gerontology: Series, 60B* (Special Issue II), 40-47.
- Christ, G., & Diwan, S., (2009). Chronic Illness and Aging, Section I. The demographics of aging and chronic diseases. *Council on Social Work Education*. <http://www.cswe.org/file.aspx?id=25462>
- Rich, J.A. & Grey, C.M. (2005). Pathways to recurrent trauma among young Black men: Traumatic stress, substance use, and the “Code of the Street.” *American Journal of Public Health*, 95(5): 816-824.
- Krieger, N. (2003). Gender, sexes, and health: What are the connections- and why does it matter. *International Journal of Epidemiology*, 32, 652-657.
- Read, J. & Gorman, B. (2010). Gender and health inequality. *Annual Review of Sociology*, 36, 371-386.
- Connell, R. (2012). Gender, health, and theory: Conceptualizing the issue in local and world perspectives. *Social Science and Medicine*, 74, 1675-1683.
- Hankivsky, O. (2012). Women’s health, men’s health, and gender and health: Implications of intersectionality. *Social Science and Medicine*, 74, 1712-1720.
- Williams, D.R. & Collins, C. (2004). Reparations: A viable strategy to address the enigma of African American health. *American Behavioral Scientist*, 47(7): 977-1000.

Oct. 26
#8

**Common Chronic Diseases/Conditions:
Heart Disease, Cancer, Diabetes, HIV, Obesity
Morbidity and Mortality; Quality of Life Considerations
Pain Management and Palliative Care**

Required Readings:

- **Gehlert & Browne: Chapters 20 and 22 (R)**
- Woolf and Aron: Chapter 2
- Lawrence, S., Hazlett, R., and Hightower, P. (2010). Understanding and acting on the growing childhood and adolescent weight crisis: A role for social work. *Health & Social Work*, 35(2): 147-153.
- Pappas, C., Ai, A., & Dietrick, B. (2015). Addressing childhood obesity using a multidisciplinary approach with social workers. *Health & Social Work*, 40(2), 151-154. doi:10.1093/hsw/hlv011
- Geronimus, A. et al (2006). “Weathering” and age patterns of allostatic load scores among blacks and whites in the United States. *American Journal of Public Health*, 96(5), 826-833.

- Thoits, R. (2010). Stress and health: Major findings and policy implications. *Journal of Health and Social Behavior*, 51S, S41-S53.
- Gouin, J., Glaser, R., et al (2012). Chronic stress, daily stressors and circulating inflammatory markers. *Health Psychology*, 31, 264-268.

Nov. 2
#9

Anatomy of Illness Paper Part 2 Due
Meanings of Illness and Wellness: Social, Cultural, Spiritual
Family World View Narratives
Community Supports

Required Readings:

- **Gehlert & Browne: Chapters 11 and 13 (R)**
- Park, C. L. (2007). Religiousness/spirituality and health: A meaning systems perspective. *Journal of Behavioral Medicine*, 30(4), 319-328.
- Conrad, P. & Barker, K. (2010). The social construction of illness: Key insights and policy implications. *Journal of Health and Social Behavior*, 51(S), S67-S79.
- Verhagen, I., Steunenberg, B., de Wit., & Ros, W. (2014). Community health worker interventions to improve access to health care services for older adults from ethnic minorities: a systematic review. *BMC Health Services Research*, 14(1). doi:10.1186/s12913-014-0497-1
- Danso, K. (2016). Nativity and health disparities: Predictors of immigrant health. *Social Work in Public Health*, 31(3). doi:10.1080/19371918.2015.1099494
- Ingram, M. et al (2014). A community health worker intervention to address the social determinants of health through policy change. *Journal of Primary Prevention*, 35(2), 119-123.
- Chung, B., Corbette, C.E., Boulet, B., Cummings, J.R., et al. (2006). Talking Wellness: A description of a community-academic partnered project to engage an African-American community around depression through the use of poetry, film and photography. *Ethnicity and Disease* 16: 67-78.
- Charyton, C., Elliott, J., Bo, L. & Moore, J. L. (2009). The impact of social support on health related quality of life in persons with epilepsy. *Epilepsy Behavior*, 16(4), 64-645.
- Boyd, A.S. & Wilmoth, M.C. (2006). An innovative community-based intervention for African American women with breast cancer: The Witness Project. *Health & Social Work* 31(1): 77-80.
- Lunskey Y. (2008). The impact of stress and social support on the mental health of individuals with intellectual disabilities. *Salud Publica Mex*, 50(suppl 2), S151-S153.
- Reinschmidt, K.M. & Chong, J. (2007). SONRISA: A curriculum toolbox for promotores to address mental health and diabetes. *Preventing Chronic Disease* 4(4): 1-9.
- Walsh, F. (2007). Traumatic loss and major disasters: strengthening family and community resilience. *Family Process* 46(2): 207-227.

- Huhman, M., Berkowitz, J.M., Wong, F.I., Prosper, E., Gray, M., Prince, D. & Yuen, J. (2008). The VERB™ campaign's strategy for reaching African-American, Hispanic, Asian, and American Indian children and parents. *American Journal of Preventive Medicine* 34 (6S): S194-S209.
- Contento IR, Koch PA, Lee H, Calabrese-Barton A. (2010). Adolescents demonstrate improvement in obesity risk behaviors after completion of *Choice, Control & Change*, a curriculum addressing personal agency and autonomous motivation. *Journal of American Dietetic Association*, 110(12):1830-1839.
- Yi, J. & Zebrack, B. (2010). Self-Portraits of Families with Young Adult Cancer Survivors: Using Photovoice. *Journal of Psychosocial Oncology*, 28(3), 219-243.

Nov. 9
#10

Team Building and Interprofessional Practice
Intro to IPE
Ethical Considerations

Required Readings

- Gehlert and Browne: Chapter 3 (R)
- Nancarrow, S., Booth, A., Ariss, S., Smith, T., Enderby, P. & Roots, a. (2013). Ten principles of good interdisciplinary team work. *Human Resources for Health*, 11(19), 1-11. (R)
- Complete Intro to IPE on-line pre-class activity. Instructions in Canvas.
- Zwarenstein M, Goldman J, Reeves S.(2009). Interprofessional collaboration: Effects of practice-based interventions on professional practice and healthcare outcomes. *Cochrane Database of Systematic Reviews*, Issue 3. Art. No.: CD000072. DOI: 10.1002/14651858.CD000072.pub2.
- Orchard CA, Curran V, Kabene S. (2005). Creating a culture of interdisciplinary collaborative professional practice. *Medical Education Online* (serial online), 10-11.
- Taber, D. J., Pilch, N. A., McGillicuddy, J. W., Bratton, C. F., Chavin, K. D., Baliga, P. K. (2013). Improved patient safety and outcomes with a comprehensive interdisciplinary improvement initiative in kidney transplant recipients. *American Journal of Medical Quality*, 28(2), 103-112.
- Chesire, A. (February, 2014). Ethics in genetic testing: A social work perspective. *Social Work Today*, 14(1), 20.
<http://www.socialworktoday.com/archive/012014p20.shtml>

Nov. 16
#11

Health Care Communication Challenges and Skill Development
Health Literacy; Delivering Bad News; End of Life Discussions

Required Readings:

- **Gehlert & Browne: Chapters 10 and 23 (R)**
- Johnson, R., Roter, D. Powe, N., & Cooper, L. (2004). Patient race/ethnicity and quality of patient–physician communication during medical visits. *American Journal of Public Health*, 94 (12). 2084-2090.

- Baile, W., Buckman, R., Lenzi, R., Glober, G., Beale, E. & Kudelka, A. (2000). SPIKES--A six-step protocol for delivering bad news: Application to the patient with cancer. *The Oncologist*, 5(4), 302-311.
- Thompson, T., Mitchell, J., Johnson-Lawrence, V., Watkins, D. & Modlin, C. (2015). Self-rated health and health care access associated with African American men's health self-efficacy. *American Journal of Men's Health*.
- Liechty, J. (2011). Health literacy: Critical opportunities for social work leadership in health care and research. *Health and Social Work*, 36(2), 99-107.

Nov. 23 NO CLASS: THANKSGIVING BREAK Enjoy!

Nov. 30 Anatomy of Illness Part 3 Paper Due (putting it all together)
#12 Sharing your Anatomy of an Illness Projects

Dec. 7 Professional Statement Assignment Due
#13 Self-Assessment of Class Participation and Use of Self Form Due
Defining and Articulating Professional Identity, Roles and Outcomes
Social Work Leadership in Integrated Health

Required Readings:

- Gehlert and Browne, Chapter 2 (R)
- 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. (R)
- Horevitz, E., & Manoleas, P. (2013). Professional competencies and training needs of professional social workers in integrated behavioral health in primary care. *Social Work in Health Care*, 52(8), 752-787.
- McCabe, H. A., & Sullivan, W. P. (2015). Social work expertise: An overlooked opportunity for cutting-edge system design under the Patient Protection and Affordable Care Act. *Health & Social Work*, 40(2), 155-157. doi:10.1093/hsw/hlv005

Congratulations and Thank You for a Meaningful Semester!