The featured article in this issue is an overview of the implications of health care reform for the profession of social work. A growing focus on preventive care and cost effectiveness, as well as the integration of health, mental health, and substance abuse treatment services, is placing increasing pressure on the field. It is critical that social work scholars and practitioners establish new roles and take the lead in transitioning health care to a more sustainable model, instead of taking a backseat to other professions.

In a recent book, Connected, physician Nicholas Christakis and economist James Fowler highlight the power of social networks to shape our lives. Social connectedness is the life force of a better individual and group existence. The themes in this issue remind me of how social networks are embedded in our research, be it translation of research outcomes to policy through the Los Angeles County Policy Roundtable for Child Care (Jacquelyn McCroskey); intergenerational transfers of values, behaviors, and resources (Vern Bengtson); advocacy and client-centered health care (Bruce Jansson); or underrepresentation of ethnic minorities in research (Concepción Barrio). All these articles are good indicators of our school's connectedness in terms of scholarship and community service.

**Health care in** the United States is undergoing a dramatic transformation.

The reelection of President Barack Obama has solidified the likelihood that his landmark health care reform legislation known to many as Obamacare will endure, with lasting implications for those in the field of social work.

Although the new law, officially titled the Patient Protection and Affordable Care Act, is still being rolled out and its effects on the health care industry and related professions remain relatively murky, one thing is clear—more people than ever are going to have access to health care.

An estimated 19 million people will become newly eligible for Medicaid, including many low-income residents who face a multitude of physical and mental health challenges.

"In theory, there is a greatly expanded role for social workers given this large influx of patients into the health care system, both in roles that help patients coordinate and navigate multiple systems, and in direct service such as case management and counseling," said Marilyn Flynn, dean of the USC School of Social Work.

In addition to expanding access to federal health care programs, the act bans insurers from denying coverage to people with preexisting conditions, adding an estimated 19 million people to the rolls of newly eligible patients. USC School of Social Work

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**Health** | continued on page 10
Vern Bengtson had his sights set on a career in medicine when he got a little sidetracked. Having just completed his undergraduate studies in philosophy at Chicago’s North Park College, he planned to pursue a joint MD/PhD program but his affection for a woman prompted him to search for options that would allow him to stay in the area.

“I wanted to be a well-rounded physician,” he said. “I wanted a career in what was then called social psychiatry, but they didn’t have any fellowships in Chicago.”

Instead, he wound up securing a public health fellowship at the University of Chicago in a burgeoning discipline known as gerontology. So new was the topic of study that Bengtson pronounced it with a hard g until Bernice Neugarten, a pioneer in the field, set him straight.

As his interest in aging populations blossomed, it was an assignment during a class on research methods that truly shifted his focus away from medicine. His task was to observe a three-generation family and analyze their family dynamics.

“I was just so fascinated by the similarities and differences between each generation,” he said. “I saw continuities there that I had no idea would exist and I saw differences that were very different than I expected.”

His growing interest in human development and intergenerational research prompted Bengtson to drop out of the medical branch and focus solely on gerontology, a decision that shaped the subsequent decades of his scholarly work and ultimately led him to the USC School of Social Work, where he serves as an adjunct professor with the Edward R. Roybal Institute on Aging.

“The field just took off and became more and more fascinating to me,” he said. “Like a little boat in a rising tide, I rose with it and my career rose with it.”

After earning a doctorate in human development and social psychology in 1967, Bengtson joined the USC faculty and helped launch the university’s Andrus Gerontology Center, one of the first institutes dedicated to aging research in the country. He was also instrumental in the development of the Davis School of Gerontology.

The success of his career is reflected in both his funding record, having received research and training grants totaling $24 million, and his publication record, which includes 16 books and more than 240 research papers.

As a young scholar at USC, he expanded upon his initial foray into intergenerational research by launching a study with 350 families from a large health care system in Southern California. The project evolved into the groundbreaking 35-year Longitudinal Study of Generations, an in-depth exploration of mental health, psychological well-being, values, politics, and family dynamics across three generations.

“At that time, the generation gap was scaring the hell out of the American public,” Bengtson said. “It looked like young people were rebelling against the parents and all the structures of adult society.”

He initially believed that to be the case—that young adults involved in the peace and anti-Vietnam War movements were rebelling against their parents. What his research uncovered was quite to the contrary.

At least half of the protesters had parents who were active during the union movements of the 1930s, people who safely could be described as having socialist leanings.
“Rather than rebelling against their parents, these students were carrying out a family tradition,” he said.

Another major finding was a significant amount of heterogeneity within the youth population, whose members are often lumped together as a monolith. In fact, there were as many differences among young participants in the study as there were between the youth and their middle-aged parents, Bengtson said.

Although he is often bemused when commentators homogenize the values of certain age groups, Bengtson said that mind-set can have serious implications for public policy and society as a whole.

“We shouldn’t stereotype people just because of the age group they belong to,” he said. “We should instead recognize the diversity within age groups and especially the diversity within families. I think that message is very important to get across.”

It is a particularly critical issue for aging populations, he said, arguing that most social policy related to older adults in the United States doesn’t take into account their diversity. For example, Bengtson said, churches of many denominations often dedicate their resources to programs for youth and young parents; when programs do exist for older groups, they might consist of bus service to get them to church.

“In most social institutions, the elderly are treated as dependent, frail, increasingly deteriorating individuals, whereas there is so much talent, vivacity, and resilience in that population,” he said.

In his latest book, which addresses the transmission of religion across generations, Bengtson notes that many older adults experience a spiritual or religious renewal during retirement, perhaps due to an awareness of their mortality or simply the fact that they have more time to become involved in spiritual pursuits.

“They don’t need a bus trip to church,” he said. “They need programs that meet their spiritual and religious needs, their intellectual needs, and we just don’t have that.”

Bengtson himself had entered semiretirement in recent years, leaving the USC Davis School of Gerontology in 2006 but continuing to work on his book manuscript. However, he couldn’t stay away from academia and jumped at an invitation from Marilyn Flynn, dean of the USC School of Social Work, to join the Roybal Institute of Aging and to teach a doctoral course on...
Military manual

A new textbook coedited by USC School of Social Work clinical assistant professor Eugenia L. Weiss and several of her colleagues is among the first to outline how social workers can understand and address the unique challenges faced by military service members, veterans, and their families.

The Handbook of Military Social Work is designed to enhance the education and training of social workers and mental health practitioners who work with military and veteran clients and their families. Increasing the ranks of qualified professionals can provide competent assistance to this unique population is critical, Weiss said, particularly as service members and veterans return from conflicts in Iraq and Afghanistan.

“Something is not working right if we have these horrendous suicide rates and family problems like domestic violence,” she said. “Social workers are uniquely suited to address those issues. We’re involved in every realm of health—social, emotional, psychological, and environmental.”

The first section of the textbook highlights the history of social work in the military, various aspects of military culture, and how to address common ethical issues when working with service members and veterans. Understanding military culture is a key component of successfully building a relationship with military populations, Weiss said.

“Military culture has its own values, norms, conduct, and behavior,” she said. “If you don’t understand that culture, there’s no way you’ll be able

Professor secures funding to study patient advocacy

An innovative funding award linked to national health care reform efforts will enable Bruce Jansson, a professor with the USC School of Social Work, to explore how health professionals can advocate for the needs of vulnerable patients.

The two-year, $664,852 project is funded by the Patient-Centered Outcomes Research Institute (PCORI), an independent nonprofit organization established through recent federal health care legislation to promote research that helps patients and caregivers make better-informed health decisions. Jansson will focus on patient advocacy, an emerging strategy to address critical issues in the health care system.

“Professionals sometimes need to advocate on behalf of patients, those who are extremely sick or comatose, or those who are intimidated by the health care system,” he said. “In cases like that, professionals need to be advocates for them or partner with patients to empower them to get the services they need.”

The project will create new tools to measure various aspects of patient advocacy, including the extent to which medical residents, nurses, and social workers champion the needs of their clients. It will also examine the organizational atmosphere in which advocacy takes place—the level of support for advocacy among hospital officials and the responsiveness of health care providers as a whole to the specific needs of patients.

Specifically, the project will utilize a sample of 100 social workers, 100 nurses, and 100 medical residents from a variety of hospitals in the Los Angeles region—including nonprofit, for-profit, veterans, and public health providers—to develop, test, and validate a handful of scales measuring attitudes toward patient advocacy, perceived organizational receptivity toward advocacy, desire for advocacy-related training, and other key factors.

The project will supplement that data with focus groups and interviews with patients and health administrators to add their perspective on the prevalence of patient issues in health care and the necessity of advocacy.

During the past few decades, Jansson has largely focused his research on both patient advocacy and policy advocacy, two historically marginalized approaches to improving the health care industry that are now garnering increased attention due to President Obama’s Patient Protection and Affordable Care Act.

“It’s changing the medical system as we know it,” he said of the health care reform law, noting that a greater focus is being placed on low-income patients who experience health disparities. “They particularly need advocacy. They are impoverished, they often don’t have food on the table, maybe they’ve been evicted from their apartment. I suspect that the need for advocacy for those kinds of patients is going to be huge as we move forward. I don’t see how we can attack health disparities if advocacy isn’t a huge part of it.”

Jansson credits several relatively recent

ADVOCACY | continued on page 5
Professor Bruce Jansson has spent decades studying advocacy efforts in the U.S. health care system.

ADVOCACY | from page 4

events for inspiring the current study. A decade ago, he worked with former doctoral student Sarah-Jane Dodd, now an associate professor at Hunter College and a consultant on the PCORI project, to analyze the extent to which 350 nurses and social workers in four local hospitals practiced advocacy. The data revealed that health professionals were powerfully influenced by whether they viewed their organizations as receptive to patient advocacy.

Jansson also recently published a book titled Improving Healthcare through Advocacy, in which he developed a framework for conducting patient advocacy. In the book, Jansson outlined seven major problems plaguing the American health care system that impede patient-centered care.

In addition to the rising costs of health care, perhaps the most visible issue is the industry, he noted that many patients experience violations of their ethical rights, can’t access to preventive services, and receive care that is substandard, not culturally competent, doesn’t adequately address mental health or substance abuse problems, and doesn’t connect with the communities in which patients live.

Advocating on behalf of health consumers, also known as case advocacy, is one approach to solving those issues, Jansson said, yet it has received less attention than top-down strategies such as economic incentives and regulation. There are barriers to patient advocacy, including a lack of training, negative repercussions from superiors, and poor communication between physicians and other health care workers on ethical issues.

“Also, professionals don’t have much time,” Jansson said. “They feel they don’t have time to divert themselves to advocate for their patients.”

However, the attitude toward case advocacy is slowly changing, he said, noting that a growing number of clinics and hospitals are embracing the approach. The PCORI award is further evidence of the shifting landscape; Jansson’s proposal was one of only 50 projects funded by the institute out of approximately 850 applications.

Charles Kaplan, associate dean of research with the USC School of Social Work, said

“We still have a long way to go in social work to make advocacy a part of our curriculum and practice. I feel it’s an ethical role we need to play when we see people in distress.”

Bruce Jansson

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to effectively assist or have the client willing to engage with you.”

The book then delves into behavioral health problems often experienced by service members and veterans, as well as existing evidence-based interventions for those issues, which include posttraumatic stress disorder, traumatic brain injury, suicidality, and substance use.

The third section provides an overview of the challenges faced by veterans as they transition to civilian life and includes strategies to prevent homelessness, help service members navigate government systems of care and receive benefits, and increase community involvement.

The fourth and final part of the textbook addresses issues faced by family members affected by military life, including problems related to stress, the deployment cycle, domestic violence and child maltreatment, and caring for a service member or veteran with a disability, not to mention the challenges faced by children from military families.

Weiss also noted there are unique aspects of serving in certain branches of the armed forces related to the all-volunteer nature of the military and its reliance on the National Guard and Army Reserve to bolster overseas efforts.

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[research]

**Linking logs**

**A new research** project led by Emily Putnam-Hornstein, an assistant professor with the USC School of Social Work, will link child welfare reports and birth records from throughout California to explore issues surrounding teen pregnancy among transition-age foster youth.

Funded by a $125,000 grant from the Conrad N. Hilton Foundation, the project will involve matching the records of all youth reported for maltreatment or placed in foster care between 1999 and 2010 to statewide birth records from the same time period.

The overarching goal is to examine the prevalence of teen and early births among foster youth, explore maltreatment and foster care placement as risk factors for teen pregnancy, and study child maltreatment across generations.

“Hopefully these data will help us better understand what practices or policies are needed to best support these young women, and improve outcomes for their children,” Putnam-Hornstein said.

By linking birth records and child welfare records for current and former foster youth, she will be able to establish a concrete figure for teen and early birth rates. Although prior research indicates that the birth rate is higher for youth in foster care compared to their peers in the general population, these data will provide population-based estimates of the rate of maltreatment and prior foster care placements among teen mothers.

Although this linkage project focuses on youth in Los Angeles County—a

[news]

**McCroskey raises profile of early childhood education**

*By Charli Engelhorn*

**As a young** scholar beginning her doctoral studies, Jacqueline McCroskey became interested in child development after the birth of her daughter, despite being told by her advisors at the time that the topic did not require research.

She followed her instincts and it paid off, as evidenced by a rewarding research career on childhood education and development and her position as the John Milner Professor of Child Welfare at the USC School of Social Work. In recent months, McCroskey was reappointed as the chair of the Los Angeles County Policy Roundtable for Child Care, her third time being selected for the job since 2001.

As part of its current policy framework, the roundtable has focused its efforts on developing quality ratings for providers of early childhood education to better educate providers on areas for improvement and consumers on which programs will best serve their needs and those of their children. The roundtable is also concerned with addressing the ever-decreasing funding streams for ECE and creating research-driven evidence to exemplify the importance of continued funding for these programs.

“Right now, the policy roundtable has a particular opportunity to be in the middle of swirling currents,” McCroskey said. “We have this evidence on how important early child care can be for children, and we have evidence of how shrinking investments are affecting these programs. It is a time for us to look at the landscape and say, how do these pieces come together and how do we put together the infrastructure for that? What should we be doing?”

Part of the driving force behind these efforts is research on brain development in children between infancy and age 5. Researchers have pinpointed the necessary components involved in developing a positive emotional and psychological framework that will determine a child’s success through adolescence and into adulthood.

Babies are born with more brain cells than they need, McCroskey said. During the early stages of development, certain cells will continue to grow while others drop away.

“Trauma as a child and caregiving that is not fully attentive has impacts,” she said. “We know these neural pathways are being laid down and setting the scene for life, but with no one to interact with them, children’s brain cells will begin to prune themselves.”

Support from an ECE provider can supplement the care a child receives at home or substitute for care they are not receiving, she said. With another caregiver to help build the architecture of their brains, a positive trajectory is established, leading to better outcomes for these children as they move through the rest of their lives.

“There is no time period for when this development ends, but it gets harder and harder to form positive pathways with age,” said McCroskey. “If you want to talk about a good return on an investment, then funding ECE programs has the ability to provide a 17 percent return for investors because of the future benefits to society this education facilitates.”

John Kim, codirector for the Advancement Project, an organization that promotes large-scale policy changes to ensure equality in health care and opportunities for all citizens, has worked with McCroskey for many years, developing research on early childhood education, analyzing related data, and advocating for better ECE programs in low-income and minority communities.

He said the savings generated by early childhood education in terms of social services and correctional costs are hard for legislators and policy makers to recognize because they are not able to conceptualize the range of effects in the long-term.

“Many talk about crime and violence in the communities, unemployment, and issues relating to K-12 education and behaviors. But these issues are downstream of whether kids have access to ECE,” Kim said. “We’ve proven that the more access these kids have to ECE, the less likely it is

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**ROUNDTABLE** | continued on page 7
they will have experiences with these types of problems in the future.”

The roundtable has benefited from the Advancement Project’s research and technology wing, which is adept at developing data reports for specific regions in the county and connecting those reports with the effects of budget cuts on programs, parents, and children to paint a larger picture of the problem.

“Early child care has been very quiet about the cuts they’ve experienced, but those cuts have been devastating. This seems like an OK place for legislators to look to save money, but there is no more fat to cut,” said Kim. “We want to show how those future cuts will affect these programs and where the need and capacity for improvement exists.”

Results from a survey of county ECE providers revealed that if the trend of budget cuts continues, the availability of early childhood education will decrease by 57 percent, on top of the 10 percent reduction that resulted from budget cutbacks in recent years. The larger injustice, Kim said, is that most of the cuts will reduce ECE’s subsidies for the working poor in communities already struggling with employment and negative social behaviors and outcomes.

Securing funding is difficult. Although support for early childhood education is provided by the Department of Social Services and the Department of Child and Family Services, those are discretionary funds, as are federal funds distributed by the state.

Kathy Malaske-Samu, director of the Los Angeles County Office of Child Care, said her department has worked to inform other county departments, such as mental health, probation, and public welfare, about how ECE can have a positive influence on their systems with the hope of developing a shared interest for funding. But many of those departments are also facing budget constraints, and early childhood education is not a priority.

“Child development services are perceived by other entities as babysitting and a way to keep adults working. What the service looks like is less important. But what if they saw ECE as the first step for a child in the ability to function well in the world?” Malaske-Samu said. “We know a lot more about the quality of services required to get the outcomes we want and have long-term benefits for society as a whole. But in order to get those outcomes, we have to have models in place and the funding to implement them.”

The work of the policy roundtable is critical to publicizing the ECE agenda and campaigning for more support at the local and federal levels. In 2011, the County of Los Angeles Board of Supervisors passed a unanimous motion to draft a letter to the governor’s office advocating against efforts to cut more education funding.

This letter was in direct response to information and research provided by the roundtable. Kim said McCroskey’s skills and talent in the ECE field are a big reason why similar advocacy continues to occur.

“She has the unique balance of understanding theoretically what is happening for kids and families and what is happening at the policy level regarding bureaucracy,” Kim said. “She can help navigate the dynamics of bureaucracy and has the ability to turn research into action and reform.”

McCroskey said she and other roundtable members hope to develop more effective tracking systems to find holes in services and advocate for the required resources to fill them. She said getting parents involved in choosing the right programs and helping them understand how to foster successful cognitive growth in their children is also a goal.

“There is a huge range between poor- and high-quality services,” she said. “You only get the benefits of high-quality programs if you are able to use one, and we need to make sure parents know the difference and have the proper access.”

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particular area of interest for the Conrad N. Hilton Foundation and other stakeholders—statewide data will allow for comparisons with other regions.

Another facet of the project will center on the epidemiology of intergenerational maltreatment, Putnam-Hornstein said, including the rates at which children of current and former foster youth are reported for maltreatment compared to children whose young mothers have no history of child welfare involvement.

“This is another example of how cost-effective it is to utilize administrative data and the richness of the information that can be generated,” she said.

In addition to shedding light on complicated issues such as risk and protective factors related to teen births among maltreated youth and laying the groundwork for future research, Putnam-Hornstein is hopeful that the study will have a more immediate impact on the health and well-being of young parents in the foster care system.

“It will be interesting to see what the patterns of engagement in prenatal care look like,” she said. “If we find that large numbers of pregnant youth in foster care start prenatal care after the first trimester, that is something as a system we might be able to do more in terms of identifying and supporting those women in accessing health care earlier.”

Putnam-Hornstein has unique access to statewide child welfare and birth records due to her research affiliation with the California Child Welfare Performance Indicators Project at the University of California, Berkeley, which has longstanding data-sharing agreements and collaborates closely with the California Department of Social Services.

She is working alongside coinvestigators Julie Cederbaum, an assistant professor with the USC School of Social Work, and Barbara Needell, who heads the Performance Indicators Project at UC Berkeley. Two social work master’s students at USC, Jaclyn Joyner and Kaycee Gilbert, who are interested in the topic of teen pregnancy and vulnerable youth are also assisting with the project.

Once the data are linked, the research team plans to work with stakeholders to disseminate findings to the broader community.
Study focuses on research literacy among Latinos

Despite their status as the largest ethnic minority group in the United States, Latinos are often poorly represented in federally funded research and clinical trials.

For example, Latinos comprise 16 percent of the general population but represent only 7 percent of participants in research projects funded by the National Institutes of Health and just 2 percent of those in clinical trials overseen by the Food and Drug Administration.

Concepción Barrio, an associate professor with the USC School of Social Work, believes language and cultural issues may be partly to blame, particularly when researchers attempt to obtain consent from potential participants. She is partnering with colleagues at UC San Diego on a $1.4-million project to study the issue and develop an educational tool to improve overall research literacy among Latinos with schizophrenia.

“Underrepresentation of Latinos in research is both unethical and a major public health problem,” Barrio said. “In a general sense, Latinos don’t participate in research similar to other groups. Spanish-speaking Latinos are especially not well represented, particularly in drug trials.”

Led by Barrio and Barton Palmer, a professor of psychiatry with UC San Diego, the three-year project will involve exploring the degree to which language, acculturation, education, and health literacy affect how well Latinos with schizophrenia or schizoaffective disorder understand and are satisfied with research procedures, particularly the informed consent process.

The study will include 60 Latinos who prefer speaking Spanish, 60 Latinos who prefer speaking English, and 60 non-Latino whites. Half of the participants will be randomly assigned to receive an educational presentation on key research-related topics, including a discussion of randomized trials and the difference between a medical doctor and a researcher.

“We will educate them on the research process so they are fully informed about what it entails,” Barrio said. “It really spells it out in an elegant and straightforward way.”

Latinos with schizophrenia often have cognitive limitations, she said, and issues such as translation of research instructions from English to Spanish can have unexpected consequences. For example, the Spanish word for research is investigación, which may trigger paranoia for some potential study participants.

In addition to measuring the effectiveness of the educational intervention—by testing variables such as comprehension of and satisfaction with the consent process and retention of information compared to a control group—Barrio said the project will also include interviews with 30 participants to gain insight about their perceptions of the research process and informed consent.

Examining the obstacles that impede the participation of Latinos in research is critical, particularly those with schizophrenia, a population Barrio has worked with throughout her career.

Latinos in general are more likely than other populations to experience weight gain and metabolic syndrome, an array of disorders that often leads to increased risk of diabetes and cardiovascular problems, she said. The use of some medications used to treat schizophrenia, often referred to as atypical or second-generation antipsychotics, has been known to induce metabolic syndrome.

Because so few Latinos participate in clinical trials, Barrio said it is difficult to develop guidelines for which medications to use when treating schizophrenia and other mental health disorders.

“Most major drug trials for schizophrenia include black and white populations,” she said. “The findings from those big studies are being generalized to all populations, but they cannot really be generalized to Latinos.”

Further complicating the matter is the fact that the Latino population is significantly heterogeneous in terms of culture, acculturation, level of education, and overall health literacy, Barrio noted. To address that issue, the study will delve into subgroup differences and explore the varying effects of language and other cultural factors on the informed consent process.

The project, which is funded by the National Institute of Mental Health, will run through April 2015. Participants are already being enrolled in the San Diego area.

Once the study is complete, Barrio and the research team plan to present their findings in professional publications and during meetings attended by psychiatric researchers and human subject protection officials.

The study team also plans to provide the Spanish and English versions of the educational intervention online, along with detailed instructions for their use, should other researchers find them useful for future studies.

Although the project will focus on people with schizophrenia, Barrio expects its findings to have implications for a broad range of clinical research topics.楙
**[grants]**

The Substance Abuse and Mental Health Services Administration has awarded a $2.4-million grant to Marleen Wong, a clinical professor and associate dean of field education with the USC School of Social Work, to investigate evidence-based trauma prevention and recovery systems in schools and determine how those systems can help build resiliency in students. The grant provides ongoing support for the Trauma Services Adaptation (TSA) Center for Resiliency, Hope and Wellness in Schools, the primary national source of strategies and materials to combat issues such as school violence and bullying. The study will focus on prevention and intervention systems for varying types of trauma experienced by students and work to identify, develop, and disseminate evidence-based trauma services and materials to schools.

Professor Lawrence Palinkas will study the effect of communication delays on the behavioral health and performance of space exploration crew members with a $724,525 grant from NASA. The study will examine how astronauts on the International Space Station react and interact during communication delays while completing independent tasks. Results of the study will inform the development of training programs designed to improve performance and limit complications during future space missions, including a potential manned mission to Mars.

Assistant professor Dorian Traube received a $700,002 grant from the National Institute on Drug Abuse to analyze data from the National Survey of Child and Adolescent Well-Being to determine the rates of substance use and abuse among children in the child welfare system, as well as the risk factors that might prompt them to use drugs or alcohol. The study will also explore how substance use issues develop during adolescence to determine whether there are specific points in time when intervention and prevention efforts might be most effective.

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social work theory.

He hopes to further develop the school’s theory curriculum, particularly in the doctoral program. Currently, some courses focus on macro issues, such as social work in organizations, whereas others address micro-level topics such as social work practice with clients.

Bengtson plans to create closer connections between the various courses, showing students how issues at the client level have parallels at the larger organizational and policy level.

“Social workers have not been able to mobilize themselves as well at the level of social policy,” he said. “Even worse, almost all public policy is blissfully atheoretical. The bases on which decisions are made to spend billions of dollars are purely political and not theoretical or based on evidence.”

At the Roybal Institute, he is focusing on research projects that address health disparities among older populations as well as the negative effects of issues such as race, ethnicity, socioeconomic status, gender, and age on health and well-being.

“Even more exciting are the exceptions—those people who, despite these cumulative disadvantages, have somehow managed to buffer them and survive and thrive,” Bengtson said. “We focus so much on the negative disadvantages and problems. From my perspective, you can’t fix it if you don’t know how it works in the first place.”

**ADVOCACY | from page 5**

the PCORI award places the school in a promising position, especially as traditional sources of federal funding such as the National Institutes of Health hit a plateau.

“It’s significant because it ties us very closely to the future developments of the Affordable Care Act, especially if advancements in health care continue in that direction,” he said. “We’re one of the 50 institutions that are in on the ground floor.”

The project has also bolstered a growing focus on organization and management research at the USC School of Social Work, he said, and inspired other faculty researchers to develop proposals for the next round of PCORI funding.

Additionally, the study is a pilot project that, if successful, may spawn a larger study and continue to spur innovation and interest in patient advocacy.

“It’s not the total answer to problems in health care,” Kaplan said of patient advocacy. “There are 49 other projects out there doing other kinds of things. But this is one very important cornerstone.”

Once the project is complete, Jansson and his research team will seek to disseminate their findings in high-impact journals and at national conferences. He also plans to work with local leaders to ensure the results have an impact in the community. The ultimate goal is to produce materials that can be applied in other health care settings.

“At some point, I would love to move it to a national level,” he said. “There is a lot of interest growing in the use of advocacy in the health system, there’s just not a lot of research and that’s where I hope this project can contribute.”

Jansson is also hopeful that his work will continue an emerging trend in social work education. The Council on Social Work Education now requires schools to address policy advocacy in their curricula, but he said there is still more to be done.

For example, during the past few years, he has asked second-year master’s students entering his health policy class if they had discussed patient advocacy during their prior classwork.

“Uniformly, they would say no,” Jansson said. “We still have a long way to go in social work, and I’m certain that’s also true of nursing and medical fields, to make advocacy part of our curriculum and practice. I feel it’s an ethical role we need to play when we see people in distress.”

**Charles Kaplan**

“It’s significant because it ties us very closely to the future developments of the Affordable Care Act, especially if advancements in health care continue in that direction. We’re one of the 50 institutions that are in on the ground floor.”
conditions, lets children remain on their parents’ insurance plans until age 26, and mandates that companies with more than 50 employees offer health insurance to their workers. It also creates state-based marketplaces that offer health insurance and provide assistance with insurance premiums to low-income populations.

Flynn noted that a hallmark of the Affordable Care Act is its emphasis on cost savings, efficiency and effectiveness, and preventive care. Although social work practitioners and researchers have been strongly engaged in those issues for decades, she said social work leaders will need to highlight their expertise if they want to guide the health care industry into a new model of sustainability.

“How quickly we get to the table, how quickly we establish the roles we can play, and how quickly we actually demonstrate cost savings in these new systems will probably determine the extent to which this has a revolutionary impact on us or whether we simply fall back and fade back and are overtaken by other professions,” she said.

Regardless of national politics and whether the new health care legislation survives in its current form, it is clear that the nation’s health care system is not structured in a sustainable way, said Marv Southard, director of the Los Angeles County Department of Mental Health.

“In the next decade, there will be a massive and systemic change,” he said. “We don’t know the details of how that will come about, but for social work it represents an enormous opportunity.”

Southard, who holds a doctorate in social work, believes the profession’s increasingly holistic focus on clients in the context of their families and communities, rather than simply in terms of their specific physical or mental ailments, is a major advantage for social work.

In fact, a more integrated approach to care is a key component of the path forward, he said, particularly for those with co-occurring health, mental health, and substance abuse problems. Systems of care for those issues currently operate on relatively separate tracks, Southard said, and will need to begin shifting to an integrated model if health care providers hope to achieve successful outcomes and contain costs.

“It’s been my hope that social work is the profession that provides the intellectual and historic resources to complete that integration,” he said. “I’m just worried that we aren’t going to move fast enough.”

In outlining several main strategies he views as critical for the profession to take a leading role in health care reform, Southard said social work scholars need to be more assertive in conducting research and publishing results on the social determinants of health outcomes—how an individual’s social environment and interaction affects their treatment and recovery.

In the mental health field, new approaches such as the use of peer navigators, or those who have experienced mental illness themselves, to help their fellow clients access care and adhere to treatment is an example of how social work can capitalize on its focus on the recovery model, he said.

“USC is moving very much in the right direction,” Southard said. “Dr. [John] Brekke’s work on the use of people with lived experience as care coordinators is an absolute perfect step for our profession.”

Another area of emphasis for the profession should be what Southard termed “unsponsored” illnesses that don’t seem to fit into any specific field of health, such as dementia and traumatic brain injury.

“There’s no person who fails to see this as fundamentally important for the profession of social work, but people are still struggling to understand how we will be impacted and how we can best respond and organize ourselves.”

Marilyn Flynn

“There are a gigantic literature out there on health policy that says we’re going to destroy Medicare and Medicaid if we don’t do something,” she said. “From a medical perspective, there are too many expensive tests. There’s so much duplication right now if you have comorbid illnesses.”

Improving coordination across providers is a big focus of her current research agenda. For example, although a primary care physician may be viewed by many as the point person for someone fighting cancer, it’s likely that patient will also visit an oncologist, a surgeon, a chemotherapy specialist, and a radiologist.

With recent breakthroughs that have increased cancer survival rates, Ell said there is a lack of follow-up care to ensure
patients who receive successful cancer treatment return to their primary care physician for regular checkups and to address other medical problems. And when patients begin experiencing depression or other mental health issues as a result of their health situation, it is unclear who is responsible for coordinating that care.

“Doctors are so busy, so how is information going to be transferred back and forth?” she said. “There is no commander of the ship.”

Ell sees social workers as strong candidates for the role of care coordinator, but said they must develop knowledge of new health technologies and information systems if they want to compete for that position. She is pursuing several research projects focused on technology that is designed to improve quality of care while reducing costs.

One project involves automated phone calls to discharged patients to track their symptoms, monitor their progress, and ensure they are taking the correct medication. If a patient describes worsening symptoms or indicate they might be experiencing depression, for example, an alert is issued to health professionals involved in that patient’s care, including nurses, physicians, and social workers.

“In the not-too-distant past, social workers were all over the place in hospitals and clinics, and used to write notes in medical charts or talk directly with the doctor or nurse,” Ell said. “Now that’s gone. We can’t afford that kind of practice anymore, so we need to have all these new technological applications, including for patients.”

Although she understands many people prefer in-person interaction with their health care providers, telehealth is becoming increasingly prevalent and cost effective, particularly in rural areas. A key to its successful expansion is revised training for bachelor and master’s degree students in social work, Ell said, to acquaint them with the process of providing virtual care.

In terms of research, she said more social work scholars will need to partner with scholars in different disciplines, such as engineering and economics, to gain an edge as advances are made in health care technology. She recently began working with a specialist in industrial and systems engineering, as well as a health economist who focuses on the expense side of her research initiatives.

“Things that aren’t cost effective are just going to go away,” Ell said. “That’s the reality.”

USC School of Social Work leaders have encouraged interdisciplinary collaboration, particularly with those in the medical field. The school’s behavioral health research cluster has emphasized collaborative research as well as a focus on person-centered health care that integrates health, mental health, and substance abuse services.

“It gives us a starting point for innovation that other places don’t have,” Flynn said. “We also have a very strong connection with our medical school. This is a big advantage for us, and hopefully we’ll be able to build new roles for our internships and for our researchers, simply here in our own institution.”

Julie Cederbaum, an assistant professor who specializes in health and social welfare, noted that the school’s health concentration and its joint degree program in social work and public health also give it an edge over other universities.

“That is absolutely a sign that we recognize the importance of having this kind of multidisciplinary approach,” she said. “We are specifically training people in health and integrated health care, and that gives our graduates more specialized training that their peers in other schools might not get.”

However, Cederbaum stressed the need to view health care beyond the hospital setting, particularly given the Affordable Care Act’s focus on preventive care. Under the legislation, hospitals can be sanctioned if their patients return too quickly after being released, she said.

That places additional pressure on social workers and other health practitioners to develop community-based preventive care programs. Cederbaum also sees a role for social work practitioners as community care coordinators, checking up on clients when they leave the hospital to make sure they adjust to life at home and manage their medication appropriately.

“We need to move out of the hospitals and into the community,” she said. “We need to emphasize community-based work and utilize our skills of empowerment and advocacy to make this a community-driven initiative rather than a top-down initiative.”

Julie Cederbaum
[awards]

Kathleen Ell, the Ernest P. Larson Professor of Health, Ethnicity, and Poverty in the USC School of Social Work, has been awarded the prestigious Knee/Wittman Lifetime Achievement Award by the National Association of Social Work for 2012. The honor recognizes exemplary contributions in health and mental health practice, including clinical social work, social work education, social work research, and administration related to health and mental health problems. Ell has conducted extensive research on health-and mental health-related topics, with a particular focus on low-income and ethnically diverse populations.

Erick Guerrero, an assistant professor with the USC School of Social Work, has been selected as the Association for Community Organization & Social Administration’s 2012 Emerging Scholar of the Year. The award recognizes outstanding scholarly potential among early career PhD faculty or doctoral students. According to the award citation, Guerrero received the honor for his “outstanding scholarship in the area of community-based treatment organizations” and “exemplary early [career] trajectory.”

The Journal of Social Work Practice in Addictions has awarded assistant professor Jeremy Goldbach an honorable mention as part of its annual recognition of outstanding doctoral dissertations in social work. His dissertation, “Toward the Prevention of Substance Use in Lesbian, Gay and Bisexual Youth,” explored the relationship between minority stress and marijuana use among lesbian, gay, and bisexual adolescents, was heralded for its strong theoretical framework and clear discussion of methods.

Rong Xiao, a doctoral student at the USC School of Social Work, was selected to participate in the highly selective USC Diploma in Innovation program, which seeks current PhD students who have the potential to push the boundaries of existing scholarship by translating novel ideas into tangible benefits to society. Xiao and a computer science student, Harshvardhan Vathsangam, received $5,000 to build a computer game that reduces stress as an alternative to traditional therapy. They also hope to translate the program into a smartphone application to expand its reach.

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