USC | School of Social Work

Social Work 636
Policy in the Health Care Sector
3 Units

"Our deepest fear is not that we are inadequate. Our deepest fear is that we are powerful beyond measure. It is our light, not our darkness, that most frightens us. We ask ourselves, Who am I to be brilliant, gorgeous, talented, fabulous? Actually, who are you not to be?" – M. Williamson

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I. COURSE PREREQUISITES
SOWK 535

II. CATALOGUE DESCRIPTION
Analysis of behavioral, practice and research considerations in addressing a range of health problems and the policy-making process. Required for students in Health Settings concentration.

III. COURSE DESCRIPTION
Historical perspectives are drawn from SOWK 533 to understand the evolution of health care policy in the United States, including cultural, political, and economic factors. The course analyzes how specific vulnerable and stigmatized populations encounter barriers in securing effective health care services. It analyzes the marked growth in funding of health care by the federal government as well as budget crises and cuts associated with health care in recent decades.

SOWK 636 draws upon materials germane to policy analysis in SOWK 535, where such topics as policy options, policy criteria, trade-offs, and policy proposals were introduced. These topics are treated in greater depth in SOWK 636 than in SOWK 535, as well as key federal and state policies, methods of obtaining data and research needed to develop policy proposals.

SOWK 636 analyzes policy proposals that draw upon behavioral, practice, and research considerations to address health problems of large populations and subgroups within populations. SOWK 636 draws upon administrative and community concepts in its critical discussion of managed care plans and outreach strategies that make health care services more accessible to specific populations. Policy proposals in SOWK 636, as well as discussion of an array of substantive topics, draw heavily upon research findings and data.

SOWK 636 analyzes select crossover topics in conjunction with the SOWK 631 practice class, with emphasis on discussions of how clinical social workers in health care settings can both provide leadership in policy advocacy and participate in the policy-making process in organizational, community, and legislative settings.

IV. COURSE OBJECTIVES

The Policy in the Health Care Sector course (SOWK 636) will:

Objective #	Objectives
1	Teach students how to conduct social work practice in accordance with public law and values-ethics of the NASW code of ethics.
2	Promote students' ability to use and expand evidence-based social work knowledge to demonstrate evidence of leadership in professional practice to inform and evaluate policy, practice, and service-delivery systems.
3	Facilitate utilization of conceptual and analytic reasoning skills to serve vulnerable populations and advance social and economic justice.
4	Demonstrate the ability to understand diversity in complex urban environments and to practice effectively with a broad range of individuals, families, and groups.
5	Help enable students to work effectively within national and global contexts using Southern California, the Los Angeles region, and the Pacific Rim as a basis for study and action.

V. COURSE FORMAT / INSTRUCTIONAL METHODS

A seminar format will be used in this class that asks students to participate in classroom discussion and presentations at multiple points during the semester while still giving the instructor a central role in presenting information, leading discussion, and promoting critical analysis.

This seminar will use a student-centered learning approach. Students will select by the second week a general area of interest. For most of them, this area will be one of the topics listed as a bold-faced heading on the syllabus for each week of the class. (Some students can select a general area of interest not listed on the syllabus with permission of the instructor by the second week of class: An example could be a public health issue in another nation.)

In an effort for students to bridge practice with policy Crossover content (readings) will occur between the practice (SOWK 631) and policy (SOWK 636) course in select units. Students will work in small groups on both an analysis paper and a policy proposal that focuses on either a policy issue or problem in the health care system using the Six-step Policy Analysis framework presented by Jansson (2011). Students will prepare and present a policy brief on a health-related issue.

Students are encouraged to attend policy meetings at their field placements and to provide brief oral reports to the class summarizing the policy meeting they attend and how it informs policy advocacy and/or policy practice.

VI. STUDENT LEARNING OUTCOMES

The following table lists the nine Social Work core competencies as defined by the Council on Social Work Education's 2015 Educational Policy and Accreditation Standards:

Social Work Core Competencies	
1	Demonstrate Ethical and Professional Behavior*
2	Engage in Diversity and Difference in Practice
3	Advance Human Rights and Social, Economic, and Environmental Justice*
4	Engage in Practice-informed Research and Research-informed Practice
5	Engage in Policy Practice*
6	Engage with Individuals, Families, Groups, Organizations, and Communities*
7	Assess Individuals, Families, Groups, Organizations, and Communities
8	Intervene with Individuals, Families, Groups, Organizations, and Communities
9	Evaluate Practice with Individuals, Families, Groups, Organizations and Communities

* Highlighted in this course

The following table shows the competencies highlighted in this course, the related course objectives, student learning outcomes, and dimensions of each competency measured. The final column provides the location of course content related to the competency.

Competencies/ Knowledge, Values, Skills	Student Learning Outcomes	Method of Assessment/ Content
Competency 1: Demonstrate Ethical and Professional Behavior Social workers understand how the value base of the profession and its ethical standards, as well as relevant laws and regulations may impact the health and wellness of individuals and groups of all ages at the micro, mezzo, and macro levels. Social workers apply their understanding of ethical decision-making and principles of critical thinking to address disparities that reflect health and wellness as a social justice and human rights issue. Social workers use their understanding of the distinctions between personal and professional values and their knowledge of the influence of personal experiences and affective reactions as they make professional judgements and decisions in healthcare settings. Social workers practicing in health settings understand the profession's history, its mission, and the roles and responsibilities of the profession and readily identify as social workers. Social workers understand social work roles and the roles of other professionals involved in the lives of individuals of all ages, and use collaboration to positively impact the health and well-being of their clients in a variety of contexts. Social workers specializing in health practice recognize the importance of life-long learning and continual updating of knowledge and skills for effective and responsible practice. Social workers incorporate ethical approaches to the use of technology in meeting the health needs of their clients.	**1.** Teach students how to conduct social work practice in accordance with public law and values-ethics of the NASW code of ethics. **1b**. Use collaboration to positively impact the health and well-being of their clients in a variety of contexts.	**Unit 1:** Introduction to Social Policy in the Health Sector **Unit 2**: Policy Advocacy in Health Organizations and the Organization of Health Care Services **Unit 3:** Health Care Financing **Unit 4:** Policy Advocacy & Analysis to Improve Access to and Utilization of Public Programs **Unit 5:** Emergency & End-of-Life Care Policies: Improving Access, Quality, Safety & Autonomy **Unit 6:** Policy Advocacy & Analysis to Improve Privacy, Confidentiality, and Utilization of Technology **Unit 7:** Policy Advocacy to Improve Access, Equality, Prevention, & Safety of Vulnerable Populations **Assignment 2:** Policy Analysis **Assignment 3:** Group Presentation
Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice Social workers understand that every individual, regardless of position in society, has a fundamental right to quality healthcare. Social workers who practice in healthcare settings use their understanding of the global interconnections of oppression and human rights violations, and theories of human need and social justice and strategies to promote social and economic justice	**1.** Teach students how to conduct social work practice in accordance with public law and values-ethics of the NASW code of ethics. **3.** Facilitate utilization of conceptual and analytic reasoning skills to serve	**Unit 1:** Introduction to Social Policy in the Health Sector **Unit 2:** Policy Advocacy in Health Organizations and the Organization of Health Care Services **Unit 3:** Health Care Financing **Unit 4:** Policy Advocacy & Analysis to Improve Access to and Utilization of Public Programs **Unit 5:** Emergency & End-of-Life Care Policies: Improving Access, Quality, Safety & Autonomy **Unit 6:** Policy Advocacy & Analysis to Improve Privacy, Confidentiality, and Utilization of Technology **Unit 7**: Policy Advocacy to Improve Access, Equality, Prevention, & Safety of Vulnerable Populations **Unit 8:** Policy Advocacy to Improve Access to and Utilization of Mental Health Services Through Integrated

and human rights in the lives of individuals who are impacted by health problems. Social workers understand the stigma and shame associated with disorders, diagnoses, and help-seeking behaviors across diverse populations and strive to ameliorate the stigma and shame on an individual, community and society-wide basis. Social workers use knowledge of the effects of oppression, discrimination, and historical trauma on client and client systems to guide treatment planning and intervention; and advocate at multiple levels for healthcare parity and reduction of health disparities for diverse populations	vulnerable populations and advance social and economic justice **3a.** Understand health disparities affecting vulnerable, oppressed and stigmatized populations nationally and internationally.	Health Care/Behavioral Health **Unit 9:** Policy Advocacy & Analysis to Improve Access, Equality, Prevention and Safety in Programs for Older and Disabled Adults **Unit 10**: Policy Advocacy & Analysis of the Veteran Affairs **Unit 11:** Policy Advocacy: Improve Child Safety; Access, Quality, Safety, and Utilization of Health Care & Programs for Women, Families, and Children **Unit 12:** Policy Advocacy & Analysis: Health Care Reform & Prevention **Unit 13:** Policy Advocacy & Analysis: Health Care Reform & Prevention II **Unit 14:** Policy Advocacy & Analysis of Policies & Standards to Reduce Health Disparities **Assignment 1:** Policy Issue Brief **Assignment 2:** Policy Analysis **Assignment 3:** Group Presentation
Competency 5: Engage in Policy Practice Social workers understand that human rights of individuals, social justice, and healthcare services are mediated by policy and its implementation at the federal, state, and local levels. Social workers understand how the history and current structures of social policies and services affect healthcare service delivery, and that social workers can play an important role in policy development, implementation and evaluation within healthcare settings at the micro, mezzo, and macro levels. Social workers understand the policy process and how to intervene to change and develop new policies related to healthcare inequities. Social workers practicing in healthcare settings recognize the connection between clients, practice, and both public and	**3.** Facilitate utilization of conceptual and analytic reasoning skills to serve vulnerable populations and advance social and economic justice **4.** Demonstrate the ability to understand diversity in complex urban environments and to practice effectively with a broad range of individuals, families, and groups. **5.** Help enable students to work effectively within national and global contexts using Southern California, the Los Angeles region, and the Pacific Rim as a basis for study and action. **5a.** Understand and apply policy advocacy strategies and actions to engage in policy analysis, policy proposal writing and implementation healthcare planning in a variety of healthcare contexts.	**Unit 1:** Introduction to Social Policy in the Health Sector **Unit 2:** Policy Advocacy in Health Organizations and the Organization of Health Care Services **Unit 3:** Health Care Financing **Unit 4:** Policy Advocacy & Analysis to Improve Access to and Utilization of Public Programs **Unit 5:** Emergency & End-of-Life Care Policies: Improving Access, Quality, Safety & Autonomy **Unit 6:** Policy Advocacy & Analysis to Improve Privacy, Confidentiality, and Utilization of Technology **Unit 7:** Policy Advocacy to Improve Access, Equality, Prevention, & Safety of Vulnerable Populations **Unit 8:** Policy Advocacy to Improve Access to and Utilization of Mental Health Services Through Integrated Health Care/Behavioral Health **Unit 9:** Policy Advocacy & Analysis to Improve Access, Equality, Prevention and Safety in Programs for Older and Disabled Adults **Unit 10**: Policy Advocacy & Analysis of the Veteran Affairs **Unit 11:** Policy Advocacy: Improve Child Safety; Access, Quality, Safety, and Utilization of Health Care & Programs for Women,

organizational policy. Social workers have knowledge of advocacy methods that contribute to effective policies that promote health and well-being and they actively engage in policy practice to effect change within healthcare settings.	**5b**. Critically evaluate potential solutions, identify stakeholders, and identify opponents and proponents of policy solutions to address issues affecting vulnerable, stigmatized, and oppressed populations in healthcare settings.	Families, and Children **Unit 12:** Policy Advocacy & Analysis: Health Care Reform & Prevention **Unit 13:** Policy Advocacy & Analysis: Health Care Reform & Prevention II **Unit 14:** Policy Advocacy & Analysis of Policies & Standards to Reduce Health Disparities **Assignment 1:** Policy Issue Brief **Assignment 3:** Group Presentation
Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities Social workers understand that engagement is an ongoing component of the dynamic and interactive process of practice in healthcare settings with, and on behalf of, diverse individuals and groups of all ages. They understand the importance of significant relationships in the lives of all individuals. Social workers who specialize in health practice use theories of human behavior and the social environment to facilitate engagement with their clients and the groups, organizations, institutions, and communities that impact them. Social workers have expertise in engaging community members and organizational partners to address healthcare inequities. Social workers use their understanding of the impact of their personal experiences and affective reactions to enhance their ability to effectively engage with diverse individuals and groups in healthcare settings. Social workers understand the role of relationship-building and inter-professional collaboration in facilitating engagement with their clients, and with other professionals as appropriate. Social workers in healthcare settings value and understand the primacy of relationships in the engagement process. Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge along with knowledge of practice theories (models, strategies,	**2.** Promote students' ability to use and expand evidence-based social work knowledge to demonstrate evidence of leadership in professional practice to inform and evaluate policy, practice, and service-delivery systems. **4**. Demonstrate the ability to understand diversity in complex urban environments and to practice effectively with a broad range of individuals, families, and groups. **6b.** Engage in collaboration with community members and organizational partners to address healthcare inequities.	**Unit 2:** Policy Advocacy in Health Organizations and the Organization of Health Care Services **Unit 3:** Health Care Financing **Unit 4:** Policy Advocacy & Analysis to Improve Access to and Utilization of Public Programs **Unit 5:** Emergency & End-of-Life Care Policies: Improving Access, Quality, Safety & Autonomy **Unit 6:** Policy Advocacy & Analysis to Improve Privacy, Confidentiality, and Utilization of Technology **Unit 7:** Policy Advocacy to Improve Access, Equality, Prevention, & Safety of Vulnerable Populations **Unit 8:** Policy Advocacy to Improve Access to and Utilization of Mental Health Services Through Integrated Health Care/Behavioral Health **Unit 9:** Policy Advocacy & Analysis to Improve Access, Equality, Prevention and Safety in Programs for Older and Disabled Adults **Unit 10:** Policy Advocacy & Analysis of the Veteran Affairs **Unit 11:** Policy Advocacy: Improve Child Safety; Access, Quality, Safety, and Utilization of Health Care & Programs for Women, Families, and Children **Unit 12:** Policy Advocacy & Analysis: Health Care Reform & Prevention **Unit 13:** Policy Advocacy & Analysis: Health Care Reform & Prevention II **Unit 14:** Policy Advocacy & Analysis of Policies & Standards to Reduce Health Disparities

techniques, and approaches) to facilitate engagement with individuals, families and groups.		**Assignment 1:** Policy Issue Brief **Assignment 2:** Policy Analysis **Assignment 3:** Group Presentation

VII.   COURSE ASSIGNMENTS, DUE DATES & GRADING

Assignment	Due Date	% of Final Grade
Assignment 1: Policy Issue Brief	Unit 6	30%
Assignment 2: Policy Analysis	Unit 10	30%
Assignment 3: Group Presentation	Unit 15	5%
Assignment 4: Policy Proposal Development & Defense	TBD	25%
Class Participation	Ongoing	10%

Each of the major assignments is described below.

Role of recommended readings and websites: Students are expected to draw from relevant required and recommended resources in completing assignments.

Assignment 1: Policy Issue Brief (30% of grade)
Instructions: Select a controversial health-related issue affecting a vulnerable or stigmatized population
1) Identify and describe either a health disparity, issue related to health care access, prevention, or quality; or a controversial health-related issue affecting a vulnerable or stigmatized population,
2) Describe how widespread the issue is (prevalence, incidence)
3) State explicitly where policy advocacy should occur to address the issue: at the *organizational and community or legislative levels (county, state, federal) AND* provide a rationale for why policy advocacy should occur at the levels you select,
4) Identify different *stakeholder* perspectives on the issue,
5) Make a case for a specific policy advocacy strategy or action(s) to address the issue/advocate for policy change at the community or legislative level (refer to Jansson, B. (2011), *Becoming an Effective Policy Advocate,* SOWK 535 text: Part 5 Advocating for Change pp. 337-483),
6) Suggest a policy advocacy strategy to address the issue at the organizational level (refer to Jansson,B.(2011), *Improving Healthcare through Advocacy, Chapter 13: Using policy advocacy to embed advocacy in healthcare Organizations),*
7) Suggest *evidence-based interventions social workers can use in healthcare organizations* to address the issue, and
8) Identify *appropriate technological resources* that can inform social work strategies/interventions.

This assignment includes both a paper and presentation. This is an individual student assignment.
The paper will be 7-8 pages in length and include a minimum of 7 references.
Paper Due: Unit 6   Individual Presentations: Units 4-14

Assignment 2: Policy Analysis (30% of Course Grade)
This is a 9-11 page group policy analysis paper that focuses on either a policy issue or problem in the health care system. The first 3 steps of the six-step policy analysis framework presented by Jansson (2011) will be used for this policy analysis: 1-Familiarize oneself with a specific social problem or issue, 2-Identify an array of relevant options, 3-Comparing the relative merits of competing options. This is a group assignment of 2-3 students.
Due: Unit 10

Assignment 3: Group Presentation (5% of Course Grade)
The Group Presentation will be based on the policy analysis from assignment 2 and the policy proposal and defense from assignment 4. Students will give a full presentation that includes: a brief description of the health policy issue or problem, options to date for addressing the problem, their analysis of the merits of the competing options, their proposal to address the problem, and key supporters or funders for their proposal. Students will also summarize their experience in presenting their policy to a key

stakeholder/group/audience and the responses/feedback of the stakeholder/group/audience. Presentations will be 13-15 minutes in length.   **Due: Unit 15**

Assignment 4: Policy Proposal Development & Defense (25% of Course Grade)
This assignment builds on the policy analysis in assignment #2. This is a 7-9 page paper focusing on the same policy issue or problem in the health care system used in assignment #2 for the policy analysis. Your group will develop and defend a policy proposal using the last 3 steps of the six-step policy analysis framework presented by Jansson (2011): 4-Drafting proposals, 5-Seeking supporters or funders of specific proposals, and 6-Making key presentations. This is a group assignment of 2-3 students.
Due: Unit 15

Class Participation (10% of Course Grade)
Class participation will include students' participation in class and small group discussions weekly, brief in class presentation, critical analysis of specific policy problems or issues that affect varying populations in health care settings and suggestions for the role of social workers as advocates.

Grading
Class grades will be based on the following:

Class Grades		Final Grade	
3.85 – 4	A	93 – 100	A
3.60 – 3.84	A-	90 – 92	A-
3.25 – 3.59	B+	87 – 89	B+
2.90 – 3.24	B	83 – 86	B
2.60 – 2.87	B-	80 – 82	B-
2.25 – 2.50	C+	77 – 79	C+
1.90 – 2.24	C	73 – 76	C
		70 – 72	C-

Grades of A or A- are reserved for student work which not only demonstrates very good mastery of content but which also shows that the student has undertaken a complex task, has applied critical thinking skills to the assignment, and/or has demonstrated creativity in her or his approach to the assignment. The difference between these two grades would be determined by the degree to which these skills have been demonstrated by the student.

A grade of B+ will be given to work which is judged to be very good. This grade denotes that a student has demonstrated a more-than-competent understanding of the material being evaluated in the assignment.

A grade of B will be given to student work which meets the basic requirements of the assignment. It denotes that the student has done adequate work on the assignment and meets basic course expectations.

A grade of B- will denote that a student's performance was less than adequate on an assignment, reflecting only moderate grasp of content and/or expectations.

A grade of C would reflect a minimal grasp of the assignment, poor organization of ideas and/or several significant areas requiring improvement.

Grades between C- and F will be applied to denote a failure to meet minimum standards, reflecting serious deficiencies in all aspects of a student's performance on the assignment.

VIII.   REQUIRED AND SUPPLEMENTARY INSTRUCTIONAL MATERIALS & RESOURCES
Required Textbook
Jansson, B. (2011). *Improving healthcare through advocacy: A guide for health and helping professionals.*
        Hoboken, NJ: Wiley. (pp. 253-296).

Required Chapters from Textbooks
Jansson, B. S. (2011). Analyzing problems in the first step of policy analysis. In B.S. Jansson (Ed.),
        Becoming an effective policy advocate: From policy practice to social justice (6th ed.). Australia:
        Brooks-Cole. (pp. 214-254).
Jansson, B. S. (2011). Developing policy proposals in the second, third, and fourth steps of policy
        analysis. In B.S. Jansson (Ed.), *Becoming an effective policy advocate: From policy practice to*
        social justice (6th ed.). Australia: Brooks-Cole. (pp. 256-289).

Jansson, B. S. (2011). Presenting and defending policy proposals in the fifth and sixth steps of policy
        analysis. In B.S. Jansson (Ed.), *Becoming an effective policy advocate: From policy practice to*
        social justice (6th ed.)Australia: Brooks-Cole. (pp. 290-336).

> *Note:* Readings on contemporary issues in American health care will be assigned for each class session
>   drawn from journals and other sources. They will be available on *ARES under the name of Dr.*
>   *Karra Bikson.* Additional readings may be assigned.

Recommended Guidebook for APA Style Formatting
American Psychological Association. (2009). *Publication manual of the American Psychological*
        Association (6th ed.). Washington, DC: APA.

Recommended Websites
Purdue Owl Online Writing Lab. (n.d.). *APA changes* (6th ed.). Retrieved from
        http://owl.english.purdue.edu/owl/resource/560/24/

Course Overview

Unit	Topics	Assignments
1	🟫 Introduction to Social Policy in the Health Sector	
	▽ Introductions	
	▽ Syllabus	
	▽ Assignments	
	▽ Historical Evolution of the Health Care System	
	▽ NASW Code of Ethics: Guiding Principles for Policy Advocacy & Social Justice in the U.S. Health System	
	▽ Social Justice Theory	
	▽ Seven Problems Encountered by Consumers	
	▽ Jansson Policy Analysis six-step Framework	
2	🟫 Overview of the Health Care System	
	❯ Public/Private Structure	
	❯ Health Care System Safety Net	
	❯ Provider Composition, Federal Support and Threats to the Health Care Safety Net	
	🟫 Policy Advocacy in Health Care Organizations; Community, Electoral, and Government Settings	
	🟫 Integrated Health Care/Behavioral Health	
3	🟫 Employment-based Insurance	
	🟫 Funding Integrated Health Care/Behavioral Health	
	🟫 Public Financing of Health Care	
	▽ Medicare: Social Security Amendment of 1965, title XVIII	
	▽ Dual-Eligible (Medicare & Medicaid)	
	▽ Medicaid: Social Security Amendment of 1965, title XIX	

Unit	Topics	Assignments
4	■ Policy Advocacy & Analysis to Improve Access to and Utilization of Public Programs ▽ Social Security Act of 1935 (SS;OASDI;SSDI) ▽ Supplemental Security Income (SSI) ▽ General Relief (GR) ▽ Food Stamps ▽ State Disability/EDD ▽ Issues: application burden, building awareness, underutilization, stigma	
5	■ Emergency & End-of-Life Care Policies: Improving Access, Quality, Safety & Autonomy ▽ Uniform Determination of Death Act ▽ CA Natural Death Act ▽ Patient Self Determination Act (Advance Directives) ▽ Emergency Medical Treatment (EMTALA) ▽ Medical Ethics ▽ JCAHO Accreditation Standards	
6	■ Policy Advocacy & Analysis to Improve Privacy, Confidentiality and Utilization of Technology ▽ Health Insurance Portability and Accountability Act of 1996 ▽ State Privacy Laws ▽ Telehealth ▽ Electronic Medical Records	**Assignment #1 Due**
7	■ Policy Advocacy to Improve Access, Equality, Prevention & Safety of Vulnerable Populations ▽ Ryan White Care Act of 1990 ▽ Policy Spotlight & Updates ▽ 1987 McKinney Homeless Assistance Act ▽ Inmate Health ▽ Infant Safe Haven Legislation	
8	■ Substance Abuse and Mental Health Services Administration (SAMSHA) Mental Health 2010 report Policy ■ Mental Health Parity Laws ■ Commitment and Treatment Laws ■ Advocacy for Integrated Health Care/Behavioral Health ■ Developing a Policy Change Strategy ▽ Coffman Composite Logic Model	
9	■ Policy Advocacy & Analysis To Improve Access, Equality, Prevention and Safety in Programs for Older and Disabled Adults ▽ Older Americans Act of 1965 ▽ Prevention of Elder Abuse, Neglect & Exploitation ▽ Long-Term Medicaid & Medicaid Waiver Programs ▽ Americans with Disabilities Act of 1990 ▽ Supreme Court Olmstead Decision 1999	

Unit	Topics	Assignments
10	Policy Advocacy & Analysis of the Veterans Affairs Health Care System	**Assignment #2 Due**
	▽ Overview of Veterans Health Care System	
	▽ Improving Access to Preventive & Primary Care	
	▽ Improving Utilization of Care	
	▽ Ensuring Quality & Safety	
11	Policy Advocacy: Improving Child Safety; Access, Prevention, Quality and Utilization of Programs for Women, Families and Children	
	▽ Child Protective Services	
	▽ Temporary Assistance for Needy Families (TANF)	
	▽ Children's Health Insurance Program (CHIP)	
	▽ Women, Infant and Children Program (WIC)	
	▽ Family and Medical Leave Act of 1993	
12	Policy Advocacy & Analysis: Health Care Reform & Prevention I	
	Why the American Health Care System Needs Reform	
	Health Prevention	
	Affordable Care Act (ACA) of 2010	
	ACA and Access to Affordable Care	
	ACA and Consumer Protections & Rights	
	AAC and Holding Insurance Companies Accountable	
	ACA and Medicare	
13	Policy Advocacy & Analysis: Health Care Reform & Prevention II	
	▽ ACA: Improving Quality and Lowering Costs	
	▽ ACA and Health Disparities	
	▽ ACA: the Individual Mandate and Medicaid Expansion	
	▽ Social Justice Critique of Health Care Reform	
	▽ The Role of Social Workers	
14	Policy Advocacy & Analysis of Policies and Standards to Reduce Health Disparities	
	▽ National Standards on Culturally & Linguistically Appropriate Services (CLAS)	
	▽ Agency for Health Research Quality (AHRQ)	
	▽ Immigrant Health Policy	
	▽ Global Health (WHO)	
	▽ Health Care Reform	
15	Group Presentations of Policy Analysis & Activity	**Assignment #3 Due** **Assignment #4 Due TBD**

Course Schedule—Detailed Description

Unit 1: Introduction to Social Policy in the Health Sector

Topics

- Introductions
- Syllabus
- Assignments
- Historical Evolution of the Health Care System
- NASW Code of Ethics: Guiding Principles for Policy Advocacy & Social Justice in the U.S. Health System
- Social Justice Theory
- Seven Problems Encountered by Consumers (Jansson)
- Jansson Policy Analysis six-step Framework

This Unit relates to course objectives 1,3,4,5.

Required Readings

Jansson, B. S. (2011). Analyzing problems in the first step of policy analysis. In B.S. Jansson (Ed.), *Becoming an effective policy advocate: From policy practice to social justice* (6th ed.). Australia: Brooks-Cole. (pp. 214-254).

Jansson, B. S. (2011). Developing policy proposals in the second, third, and fourth steps of policy analysis. In B.S. Jansson (Ed.), *Becoming an effective policy advocate: From policy practice to social justice* (6th ed.). Australia: Brooks-Cole. (pp. 256-289).

Jansson, B. S. (2011). Presenting and defending policy proposals in the fifth and sixth steps of policy analysis. In B.S. Jansson (Ed.), *Becoming an effective policy advocate: From policy practice to social justice* (6th ed.)Australia: Brooks-Cole. (pp. 290-336).

Internet Resources

NASW Code of Ethics. (n.d.). Retrived from http://www.socialworkers.org/pubs/code/code.asp

Recommended Readings

Dodd, S. (2004). Expanding the boundaries of ethics education: Preparing social workers for ethical advocacy in an organizational setting. *Journal of Social Work Education*, *40*(3), 455-466.

Dodd, S., Jansson, B., Brown-Saltzman, K., Shirk, M., & Wunch, K. (2004). Expanding nurses' participation in ethics: An empirical examination of ethical activism and ethical assertiveness. *Nursing Ethics*, *11*(1),15-27.

Jansson, B. S. (2011). How the U.S. health system contributes to consumers' seven problems. *In Improving healthcare through advocacy: A guide for health and helping professionals.* Hoboken, NJ: Wiley. (pp. 15-22).

Unit 2: Policy Advocacy in Health Organizations and the Organization of Health Care Services

Topics

- Overview of the Health Care System
  - Public/Private Structure
  - Health Care System Safety Net
  - Provider Composition, Federal Support and Threats to the Health Care Safety Net
- Policy Advocacy in Health Care Organizations; Community, Electoral, and Government Settings
- Integrated Health Care/Behavioral Health

This Unit relates to course objective 1,3,4,5.

Required Readings

Jansson, B. (2011). Using policy advocacy to embed advocacy in healthcare organizations. In B.S. Jansson (Ed.), *Improving healthcare through advocacy: A guide for health and helping professionals*. Hoboken, NJ: Wiley. (pp. 391-420).

Jansson, B. (2011). Policy advocacy in community, electoral, and government settings. In B.S. Jansson (Ed.), *Improving healthcare through advocacy: A guide for health and helping professionals*. Hoboken, NJ: Wiley. (pp. 421-431).

Landon, B., Gill, J., Antonelli, R., & Rich, E. (2010). Prospects for rebuilding primary care using the patient-centered medical home. *Health Affairs, 5,* 827-834.

Williams, J.W. (2012). Integrative care: What the research shows. *North Carolina Medical Journal,* 73(*3*), 205-206.

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Unit 3: Health Care Financing

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Topics

- Employment-based Insurance
- Funding Integrated Health Care/Behavioral Health
- Public Financing of Health Care
  - ▽ Medicare: Social Security Amendment of 1965, title XVIII
  - ▽ Dual Eligible: Medicare & Medicaid
  - ▽ Medicaid: Social Security Amendment of 1965, title XIX

This Unit relates to course objectives 1,3,4,5.

Required Readings

Brown, R. (2009). *The promise of care coordination: Models that decrease hospitalizations and improve outcomes for Medicare beneficiaries with chronic illnesses.* The National Coalition on Care Coordination.

Croft, B., & Parish, S. (2011). Care Integration in the Patient Protection and Affordable Care Act: Implications for Behavioral Health. *Administration and Policy in Mental Health and Mental Health Services Research*, 1-6.

Hamblin, A., Verdier, J., & Au, M. (2011). State options for Integrating Physical and Behavioral Healthcare. *Integrated Care Resource Center. Technical Assistance Brief*, 1-12.

Jansson, B. (2011). Using advocacy to help consumers finance their healthcare. In B.S. Jansson (Ed.), *Improving healthcare through advocacy: A guide for health and helping professionals*. Hoboken, NJ: Wiley. (pp. 253-280).

Landon, B. E., Schneider, E. C., Normand, S. T., Hudson Scholle, S., Pawlson, L. G., & Epstein, A. M. (2007, October 10). Quality of care in Medicaid managed care and commercial health plans. *Journal of the American Medical Association, 298*(14),1674-1681.

Internet Resources

An Overview of Medicare. (Oct. 2016). Retrieved from
http://kff.org/medicare/issue-brief/an-overview-of-medicare/

Dual-Eligible Beneficiaries under the Medicare and Medicaid programs. (2016) Retrieved from
https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Medicare_Beneficiaries_Dual_Eligibles_At_a_Glance.pdf

Medicare and You Handbook 2016 (Sept. 2015) Retrieved from
https://www.medicare.gov/pubs/pdf/10050.pdf

Medicaid Moving Forward. (2015). Retrieved from
http://files.kff.org/attachment/issue-brief-medicaid-moving-forward

What is Medicare ? (Jun. 2015). Retrieved from
http://www.medicare.gov/pubs/pdf/11306.pdf

Recommended Readings

Almgren, G. (2006). The contemporary organization of health care: Health care finance. In G. Almgren (Ed.), *Health Care Politics, Policy and Services: A Social Justice Analysis.* New York, NY: Springer Publishing Company. (pp. 89-140).

Gilmer, T., Schneiderman, L. J., Teetzel, H., Blustein, J., Briggs, K., Cohn, F., … Young, E. (2005). The costs of nonbeneficial treatment in the intensive care setting. *Health Affairs, 24*(4), 961-971.

Holloway, R., & Quill, T. (2007, August 15). Mortality as a measure of quality. *Journal of the American Medical Association, 298*(7), 802-804.

Orth-Gomer, K. (2007, October 10). Job Strain and the risk of recurrent coronary events. *Journal of the American Medical Association, 298*(14), 1693-1694.

<h2 style="background:#c00;color:#fff">Unit 4: Policy Advocacy & Analysis to Improve Access to and Utilization of Public Programs</h2>

Topics
- ▽ Social Security Act of 1935 (SS;OASDI;SSDI)
- ▽ Supplemental Security Income (SSI)
- ▽ General Relief (GR)
- ▽ Food Stamps
- ▽ State Disability/EDD
- ▽ Issues: application burden, building awareness, underutilization, stigma

This Unit relates to course objectives 1,3,4,5.

Required Readings

Gakidou, E., Oza, S., Vidal Fuertes, C., Li, A. Y., Lee, D. K., Sousa, A., … Ezzati, M. (2007). Improving child survival through environmental and nutritional intervention: The Importance of targeting interventions toward the poor. *Journal of the American Medical Association, 298*(16), 1876-1887.

Hampton, Y. (2007). Food insecurity harms health, well-being of millions in the United States. *Journal of the American Medical Association, 24*(31), 1851-53.

Jansson, B. (2011). Using advocacy to help consumers finance their healthcare. In B.S. Jansson (Ed.), *Improving healthcare through advocacy: A guide for health and helping professionals.* Hoboken, NJ: Wiley. (pp. 280-296).

LA HealthAction Org. (n.d.). The 1115 waiver: An opportunity to reduce the general relief caseload and chronic homelessness. Retrieved from http://lahealthaction.org/library/LIHP_Fact_Sheet2--LA_County_2_BKS.pdf

Pérez, L. & Martinez, J. (2008). Community health workers: Social justice and policy advocates for community health and well-being. *American Journal of Public Health, 98*(1), 11-14.

Internet Resources

CalFresh Program. (2007). Retrieved from http://www.dss.cahwnet.gov/foodstamps/
(Instructor Note: Check your state Department of Social Services Website for criteria/information)

Historical Background and Development of Social Security. (Dec. 2011). Retrieved from http://www.ssa.gov/history/briefhistory3.html

Fact Sheet on the Old-Age, Survivors, and Disability Insurance Program. (Dec. 2011). Retrieved from http://www.ssa.gov/OACT/FACTS/fs2011_12.pdf

Fact Sheet Social Security Changes. (2012). Retrieved from http://www.socialsecurity.gov/pressoffice/factsheets/colafacts2012.pdf

Fact Sheet Social Security. (n.d.). Retrieved from
http://www.ssa.gov/pressoffice/factsheets/basicfact-alt.pdf

General Assistance or General Relief. (2007). Retrieved from
http://www.cdss.ca.gov/cdssweb/PG132.htm
(Instructor Note: Check your state Department of Social Services Website for criteria/information)

The Food Stamp Program. Available online at http://www.govbenefitsonline.org/
(Instructor Note: Check your state Department of Social Services Website for criteria/information)

Social Security. (April 2012). Retrieved from http://www.socialsecurity.gov/

Supplemental Security Income. (Mar. 2012). Retrieved from http://www.socialsecurity.gov/ssi/

State Disability Insurance Eligibility. (2016). Retrieved from
http://www.edd.ca.gov/disability/
(Instructor Note: Check your state Employment Development Department website)

Unit 5: Emergency & End-of-Life Care Policies: Improving Access, Quality, Safety & Autonomy

Topics
- ▽ Uniform Determination of Death Act
- ▽ Patient Self Determination Act (Advance Directives)
- ▽ Emergency Medical Treatment (EMTALA)
- ▽ JCAHO Accreditation Standards

This Unit relates to course objectives 1,3,4,5.

Required Readings
Currier, J. M., Holland, J. M., & Neimeyer, R. A. (2006). Sense-making, grief, and the experience of violent loss: Toward a meditational model. *Death Studies, 30*, 403-428.
(Instructor Note: 631/636 Crossover.)

Himchak, M. (2011). A social justice value approach regarding physician-assisted suicide and euthanasia among the elderly. *Journal of Social Work Values and Ethics*, 8(1).

Musgrove, P. (2006). Life and death and who's going to pay? *Health Affairs, 25*(6), 1664-1667.

Preston, T., & Kelly, M. (2006). A medical ethics assessment of the case of Terri Schiavo. *Death Studies, 30*(2), 121-133.

Uniform Law Commission. (2012). *Determination of Death Act summary.* Retrieved from
http://uniformlaws.org/ActSummary.aspx?title=Determination%20of%20Death%20Act

Internet Resources
EMTALA Fact Sheet. (2009). Retrieved from
http://www.cms.gov/SurveyCertificationGenInfo/downloads/SCLetter09_52.pdf

The Joint Commission. (2011). *Facts about ambulatory care accreditation*. Retrieved from
http://www.jointcommission.org/assets/1/18/Ambulatorycare_1_112.PDF

Recommended Readings
Casarett, D., Karlawish, J., Morales, K., Crowley, R., Mirsch, T., & Asch, D. A. (2005). Improving the use of hospice services in nursing homes. *Journal of the American Medical Association, Vol. 294*(2), 211-217.
Delbanco, T., & Bell, S. (2007, October 25). Guilty, afraid, and alive—Struggling with medical error. *New England Journal of Medicine*, *357,* 1682-1683.

Greenhouse, L. (2005, October 6). Justices explore U.S. authority over states on assisted suicide. *The New York Times*, pp. A32.

Kuehn, B. (2007, September 19). Hospitals embrace palliative care. *Journal of the American Medical Association, 298*(11), 1263-1265.

Lo, B., & Rubenfeld, G. (2005). Palliative sedation in dying patients. *Journal of the American Medical Association, 294*(14), 1810-1816.

Marantz Henig, R. (2005, August 7). Will we ever arrive at the good death? *The New York Times*, p. 1.

Veysman, B. (2005). Full code. *Health Affairs, 24*(5), 1317-1322.

Unit 6: Policy Advocacy & Analysis to Improve Privacy, Confidentiality, and Use of Technology

Topics
- ▽ Health Insurance Portability and Accountability Act of 1996
- ▽ State Privacy Laws
- ▽ Telehealth
- ▽ Electronic Medical Records

This Unit relates to course objectives 1,3,4,5.

Required Readings
Barker, K. K. (2008). Electronic support groups, patient-consumers, and medicalization: The case of contested illness. *Journal of Health and Social Behavior, 49,* 2-36.
Buntin, M., Jain, S., & Blumenthal, D. (2010). Health information technology: Laying the infrastructure for national health reform. *Health Affairs, 29*(6), 1214-1220.

Jordan-Marsh, M. (2011). Telehealth as a fulcrum of health technology. In *Health technology literacy: A transdisciplinary framework for consumer-oriented practice* (pp. 1-42). Sudbury, MA: Jones & Bartlett Learning.

Kahn, J. M. (2011). The use and misuse of telemedicine. *Journal of the American Medical Association,305*(21), 2227 – 2228.

Internet Resources
AHRQ. (2008). *Decision Maker Brief: Telehealth.* Retrieved from https://healthit.ahrq.gov/ahrq-funded-projects/emerging-lessons/telehealth/decisionmaker-brief-telehealth

Alliance for Health Reform (2008). *A reporters toolkit: Health information technology. An Alliance for Health Reform Toolkit.* Retrieved from http://www.allhealth.org/publications/health_information_technology/health_information_technology_bb.asp

California Healthline (n.d.). *Daily digest of news, policy, and opinion.* Retrieved from http://www.californiahealthline.org/
(Instructor Note: Consider subscribing, note links to full articles.)

Department of Health and Human Service. (n.d.) *Health information privacy.* Retrieved from http://www.hhs.gov/ocr/privacy/

HealthIT (2015). *Benefits of Electronic Health Records* Retrieved from https://www.healthit.gov/providers-professionals/benefits-electronic-health-records-ehrs

The National Telehealth Policy Resource Center. Retrieved at http://cchpca.org/state-laws-and-reimbursement-policies

Recommended Readings

Barak, A., Boniel-Nissim, Suler, J. (2008). Fostering empowerment in online support groups. *Computers in Human Behavior, 24,* 1867-1883.

GP losing faith in electronic record. (2007, September 14). *GP Magazine*, 12.

Kramer, L., Schwartz, P., Cheadle, A., Borton, J. E., Wright, M., Chase, C., & Lindley, C. (2010). Promoting policy and environmental change using Photovoice in the Kaiser Permanente Health Initiative. *Health Promotion Practice, 11*(3)*,* 332-339.

Rampell, C. (2007, October 5). Your health data: Plugged into the web, Microsoft promises privacy in new portal. *Washington Post*, *Financial Section*, p. D1.

Wielawski, I. (2006, July-August). HIPAA, TB, and me. *Health Affairs, 25*(4), 1121-1126.

<table>
<tr><td>🔲</td><td>**Unit 7: Policy Advocacy Policy Advocacy to Improve Access, Equality, Prevention & Safety of Vulnerable Populations**</td></tr>
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Topics

🔲 Policy Advocacy to Improve Access, Equality, Prevention & Safety of Vulnerable Populations
  ▽ Ryan White Care Act of 1990
  ▽ Policy Spotlight & Updates
  ▽ LGBT Health
  ▽ 1987 McKinney Homeless Assistance Act
  ▽ Inmate Health
  ▽ Infant Safe Haven Legislation

This Unit relates to course objectives 1-5.

Required Readings

DiPietro, B. (2011). *Frequently asked questions: Implications of the federal legislation on justice involved populations.* New York: Council of State Governments Justice Center.

Hoffman, N. D., Freeman, K., & Swann, S. (in press). Healthcare preferences of lesbian, gay, bisexual, transgender and questioning youth. *Journal of Adolescent Health*.
(Instructor Note: 631/636 Crossover article.)

Hutchinson, M., Thompson, A., & Cederbaum, J. (2006). Multisystem factors contributing to disparities in preventive health care among lesbian women. *Journal of Obstetric, Gynecologic, & Neonatal Nursing, 25*(3)*, 393-402.*
(Instructor Note: 631/636 Crossover article.)

National Alliance to End Homelessness. (2011). *Federal policy brief: Helping chronically homeless people avoid high-cost health care.* Retrieved from http://www.endhomelessness.org/content/article/detail/4148/

Justice Center. (n.d.). *The Criminal Justice/Mental Health Consensus Project. Appendix C: An explanation federal Medicaid and Disability program rules.* Retrieved from http://consensusproject.org/downloads/AppendixC.pdf

Internet Resources

Aids Alliance for Children, Youth & Families. (n.d.). Retrieved from http://www.aids-alliance.org/policy/ryanwhite/
(Instructor Note: Ryan White Care Act.)

Child Welfare Information Gateway. (2010). *Infant Safe Haven laws: Summary of State laws.* Available online at http://www.childwelfare.gov/systemwide/laws_policies/statutes/safehaven.pdf

ONE Archives. (n.d.). Retrieved from http://www.onearchives.org/about
(Instructor Note: LGBT resources.)

ONE Archives: National Gay and Lesbian Archives. (n.d.). Retrieved from
http://www.onearchives.org/about

Recommended Readings

Bartlett, J. G., Branson, B. M., Fenton, K., Hauschild, B. C., Miller, V., & Mayer, K. H. (2008, August 27). Opt-out testing for human immunodeficiency virus in the U.S. *Journal of the American Medical Association, 300*(8), pp. 945-951.

Cohen, D., Wu, S., & Farley, T. (2005). Cost-effective allocation of government funds to prevent HIV infection. *Health Affairs, 24*(4), 915-926.

DiMassa C. M., & Winton, R. (2007, February 13). Patient 'dumping' probe widens. *Los Angeles Times*, pp. B1, B9.

McNeil, D. (2007, November 25). A time to rethink AIDS's grip. *New York Times*, pp. 1, 4.

Osborn, J. (n.d.). The past, present, and future of AIDS. *Journal of the American Medical Association, 300*(5), 581-583.

Smith, S. (2007, September 1). AIDS test consent at issue in Massachusetts: Federal push to ease rules could cost state. *Boston Globe*, p. A1.

Unit 8: Policy Advocacy to Improve Access to and Utilization of Mental Health Services through Integrated Health Care/Behavioral Health

Topics

- Substance Abuse and Mental Health Services Administration (SAMSHA) Mental Health 2010 report Policy
- Mental Health Parity Laws
- Commitment and Treatment Laws
- Advocacy for Integrated Health Care/Behavioral Health
- Developing a Policy Change Strategy
  - Coffman Composite Logic Model

This Unit relates to course objectives 1-5.

Required Readings

Aarons, M., Sommerfeld, D., & Willging, C. (2011). The soft underbelly of system change: The role of leadership and organization climate in turnover during statewide behavioral health reform. *Psychological Services*, *8*(4), 269-281.

CalMEND (2011). Integration of mental health, substance use, and primary care services: Embracing our values from a client and family member perspective.

Druss, B.G. & Bornemann, T.H. (2010). Improving health and health care for persons with serious mental illness, the window for U.S. federal policy change. *Journal of the American Medical Association*, *303*(19):1972-1973. doi:10.1001/Journal of the American Medical Association.2010.615

Mechanic, D. (2012). Seizing opportunities under the Affordable Care Act for transforming the mental health and behavioral health system. *Health Affairs*, 31(*2*), 376-382.

Pomerantz, A., Cole, B.H., Watts, B.V., and Weeks, W.B. (2008). Improving efficiency and access to mental health care: combining integrated care and advanced access. *General Hospital Psychiatry, 30*(6), 546–551.

Solway, E. S. (2011). The lived experiences of tobacco use, dependence, and cessation: Insights and perspectives of people with severe mental illness. *Health & Social Work, 36*(1), 19-32. (Instructor Note: 631/636 Crossover.)

Internet Resources

California Association of Health Plans. (n.d.). Retrieved from
http://www.calhealthplans.org/documents/MentalHealthParityFactSheetUpdate122008.pdf
(Instructor Note: CA Mental Health Parity Law fact sheet.)

Coffman, J. (2009). *A user's guide to policy evaluation.* Harvard Family Research Project. Available from
http://www.hfrp.org/evaluation/publications-resources/a-user-s-guide-to-advocacy-evaluation-planning

Innovation Network Community. (2011). *Coffman Composite Logic Model.* Available from
http://www.innonet.org/index.php?section_id=6&content_id=637

National Alliance on Mental Illness. (n.d.). Retrieved from http://www.nami.org/Find-Support/Living-with-a-Mental-Health-Condition/Understanding-Health-Insurance/What-is-Mental-Health-Parity

Parity Implementation Coalition.(2015). *Parity Resource Guide for Addiction & Mental Health Consumers, Providers and Advocates.* Available online at
https://parityispersonal.org/media/documents/KennedyForum-ResourceGuide_FINAL_1.pdf

SAMHSA. (2009). *SAMHSA guide. Getting through tough economic times.* Department of Health and Human Services. Retrieved from http://www.samhsa.gov/newsroom/press-announcements/200903310430
(Instructor Note: See suicide prevention.)

Substance Abuse and Mental Health Services Administration. (2012). *Mental health, United States, 2010.* HHS Publication No. (SMA) 12-4681. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from
http://www.samhsa.gov/data/2k12/MHUS2010/MHUS-2010.pdf

Recommended Readings

Freedman, R. (2005). The choice of antipsychotic drugs for schizophrenia. *New England Journal of Medicine, 353*(12), 1286-1288.

Marshall, G. N., Schell, T. L., Elliott, M. N., Berthold, S. M., & Chun, C.-A. (2005). Mental health of Cambodian refugees 2 decades after resettlement in the United States. *Journal of the American Medical Society, 294*(5), 571-579.

Newcomer, J., & Hennekens, C. (2007, October 17). Severe mental illness and risk of cardiovascular disease. *Journal of the American Medical Association, 298*(15), 1794-1796.

Surkan, P. J., Peterson, K. E., Hughes, M. D., & Gottlieb, B. R. (2006, July). The role of social networks and support in postpartum women's depression: A multiethnic urban sample. *Maternal and Child Health Journal, 10*(4), 375-383.

Unit 9: Policy Advocacy & Analysis To Improve Access, Equality, Prevention and Safety in Programs for Older and Disabled Adults

Topics

- Older Americans Act of 1965
- Prevention of Elder Abuse, Neglect & Exploitation
- Long-Term Medicaid & Medicaid Waiver Programs
- Americans with Disabilities Act of 1990
- Supreme Court Olmstead Decision 1999

This Unit relates to course objectives 1-5.

Required Readings

Applebaum, P. (2007). Assessment of patients' competence to consent to treatment. *New England Journal of Medicine, 357*(18), 1834-1840.
(Instructor Note: 631/636 Crossover.)

American Aging Association. (2014). The Future of Long-Term Care and the Aging Network
Retrieved from http://www.asaging.org/blog/future-long-term-care-and-aging-network

Dyer, B., Pickens, S., & Burnett, J. (2007). Vulnerable elders: When it is no longer safe to live alone. *Journal of the American Medical Association, 298*(12), 1448-1450.

Joosten, D. (2007). Preferences for accessing community-based, in-home, and psychosocial services by older adults. *Home Health Services Quarterly, 26*(1)*,* 1-18.

Reckrey, J.M., Gettenberg, G., Ross, H., Kopke, V., MD, Soriano, T., & Ornstein, K. (2014) The Critical Role of Social Workers in Home-Based Primary Care, *Social Work in Health Care*, 53 (4), 330-343.

Padilla-Frausto DI and Wallace SP. *The high cost of caring: Grandparents raising grandchildren.* Los Angeles, CA: UCLA Center for Health Policy Research, 2013.

Internet Resources

California HealthCare Foundation. (2008). *Living with chronic illness: California's perspectives on cost and coordination of care.* Chronic Care Survey. Retrieved from http://www.chcf.org/publications/2008/04/snapshot-living-with-chronic-illness-californians-perspectives-on-cost-and-coordination-of-care

CANHR. (2011). *Long term Medi-cal fact sheet.* Retrieved from http://www.canhr.org/factsheets/medi-cal_fs/html/fs_medcal_overview.htm

Department of Justice. (n.d.). Retrieved from http://www.ada.gov/pubs/ada.htm
(Instructor Note: Americans with Disabilities Act of 1990 and ADA Amendments Act of 2008.)

Elder Workforce Alliance (n.d.) Care Coordination & Older Adults Issue Brief by Eldercare Workforce Alliance (EWA) & National Coalition on Care Coordination (N3C) Retrieved from http://www.eldercareworkforce.org/research/issue-briefs/research:care-coordination-brief/

John Hartford Foundation. (2015). Geriatric Social Work Initiative. Retrieved from http://www.gswi.org/.

Kaiser Family Foundation. (2004). *Olmstead v. L.C.:* The interaction of the Americans with Disabilities Act and Medicaid. Retrieved from https://kaiserfamilyfoundation.files.wordpress.com/2013/01/olmstead-v-l-c-the-interaction-of-the-americans-with-disabilities-act-and-medicaid.pdf

Kaiser Family Foundation. (2015). Medicaid: Long-Term Care in the United States: A Timeline. Available at http://kff.org/medicaid/timeline/long-term-care-in-the-united-states-a-timeline/

Robert Wood Johnson Foundation (2014). Long-Term Care: What Are The issues? Available at http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2014/rwjf410654

Center for Disease Control (CDC). (2016). Fact sheet on Understanding Elder Abuse. Available at https://www.cdc.gov/violenceprevention/pdf/em-factsheet-a.pdf

Administration for Community Living. (2014). What if I Suspect Abuse, Neglect and Exploitation? Retrieved from   http://www.aoa.gov/aoa_programs/elder_rights/ea_prevention/WhatToDo.aspx

Recommended Readings

Boyd, C. M., Darer, J., Boult, C., Fried, L. P., Boult, L., & Wu, A. W. (2005). Clinical practice guidelines and quality of care for older patients with multiple comorbid diseases. *Journal of the American Medical Association, 294*(6), 716-724.

Serafini, M. (2005, May 7). Long-term trouble. *National Journal, 19*, 1378-1382.

Taylor, D. H., Jr., Osterman, J., Acuff, S. W., & Østbye, T. (2005). Do seniors understand their risk of moving to a nursing home? *Health Services Research, 40*(3), 811-828.

Wartman, S. (2006). My mother, a professional patient. *Health Affairs, 25*(5), 1407-1411.

Winaker, J. (2005). What are we going to do with dad? *Health Affairs, 24*(4), 1064-1066.

Unit 10: Policy Advocacy & Analysis of the Veterans Affairs Health Care System

Topics
- Overview of Veterans Health Care System
- Improving Access to Preventive & Primary Care
- Improving Utilization of Care
- Ensuring Quality & Safety

This Unit relates to course objectives 1-5.

Required Readings
Lynch, C.P., Strom, J.L., & Egede, L.E. (2011). Disparities in diabetes self-management and quality of care in rural versus urban veterans. *Journal of Diabetes and Its Complication,* 25, 387–392.

National Journal Group. (2012). VA manipulated mental health care data, lawmaker says. National Journal Group, Inc. Washington, D.C. Atlantic Media Publication.

Shiner, B., Watts, B., Pomerantz, A., Groft, A., Scott, D., Street, B., & Young-Xu, Y. (2009). Access to what? An evaluation of the key ingredients to effective advanced mental health access at a VA medical center and its affiliated community-based outreach clinics. *Military Medicine, 174*(10), 1024-1032.

Washington DL, Bean-Mayberry B, Riopelle D, & Yano, E.M. (2011). Access to care for women veterans: delayed healthcare and unmet need. *Journal of General Internal Medicine*, 26(2), 655-661.

Wojcik ,B.E., Akhtar , F.Z., & Hassell , L.H. (2009). Hospital admissions related to mental disorders in U.S. army soldiers in Iraq and Afghanistan. *Military Medicine, 174*(10), 1010-1018.

Woolhandler,S. (2007). Uninsured veterans: A stain on America's flag. Testimony presented to the House Committee on Veterans Affairs.

Internet Resources
Centers for Medicare and Medicaid Services (n.d.). *Health Care Coverage Options for Military Families.* Retrieved from
> https://www.healthcare.gov/veterans/

U.S. Department of Veterans Affairs. (2014). *Facts about the Department of Veterans Affairs.* Retrieved from http://www.va.gov/vetdata/quick_facts.asp

U.S. Department of Veterans Affairs. (2011). *Federal benefits for veterans, dependents and survivors.* Chapter 1 VA Health care benefits. Available at
http://www.va.gov/opa/publications/benefits_book/benefits_chap01.asp

U.S. Department of Veterans Affairs. (2011). *Federal benefits for veterans, dependents and survivors.* Chapter 11 Dependent and survivors health care. Available at
http://www.va.gov/opa/publications/benefits_book/benefits_chap11.asp

Recommended Readings
Agarwal, M. (November 2005). *Meeting the challenges of veterans with chronic illnesses.* VA Health Services Research and Development Service. Available online at
http://www.hsrd.research.va.gov/publications/internal/forum11_05.pdf

Unit 11: Policy Advocacy: Improving Child Safety; Access, Quality, Safety and Utilization of Health Care & Programs for Women, Families and Children

Topics
- Child Protective Services
- Temporary Assistance for Needy Families (TANF)
- Children's Health Insurance Program (CHIP)
- Women, Infant and Children Program (WIC)
- Family and Medical Leave Act of 1993

This Unit relates to course objectives 1-5.

Required Readings

Child Welfare Information Gateway. (2011). *About CAPTA: A legislative history.* Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

Korenbrot, C. C., Wong, S. T., & Stewart, A. L. (2005, June). Health promotion and psychosocial services and women's assessments of interpersonal prenatal care in Medicaid managed care. *Maternal and Child Health Journal, 9*(2), 135-149.

Madrid Willingham, S., & Kilpatrick, E. (2005). Evidence of gender bias when applying the new diagnostic criteria for myocardial infarction. *Heart, 91*, 237-238.

Mangione-Smith, R., DeCristofaro, A. H., Setodji, C. M., Keesey, J., Klein, D. J., Adams, J. L., … McGlynn, E. A. (2007, October 11), The quality of ambulatory care delivered to children in the U.S. *New England Journal of Medicine, 357*(15), 1515-1523.

Neff, J. (2008). Paid family leave for parents of chronically ill children. *Journal of the American Medical Association, 300*(9), 1080-1081.

Raghavan, R., Inoue, M., Ettner, S.L., Hamilton, B.H., and Landsverk, J. (2010). Preliminary analysis of the receipt of mental health services consistent with national standards among children in the Child Welfare System. *American Journal of Public Health,* 100(4), 742-749. doi: 10.2105/AJPH.2008.151472

Internet Resources

Administration for Children and Families. (2015). *Mandatory Reporters of Child Abuse and Neglect* Retrieved from https://www.childwelfare.gov/pubPDFs/manda.pdf

California Department of Public Health. (n.d.). Retrieved from http://www.cdph.ca.gov/programs/wicworks/Pages/default.aspx (Instructor Note: WIC.)

Department of Justice. (2002). *Suspected child abuse report.* Retrieved from http://ag.ca.gov/childabuse/pdf/ss_8572.pdf

Kaiser Family Foundation. (2010). *Kaiser releases resources on women and health reform.* Retrieved from http://healthreform.kff.org/scan/2010/december/kaiser-releases-new-resources-on-women-and-health-reform.aspx

National Partnership for Women and Families. (2015) *Paid Family and Medical Leave: Good for Business.* Retrieved from http://www.nationalpartnership.org/research-library/work-family/paid-leave/paid-leave-good-for-business.pdf (Instructor Note: VAC students look up the PFL program in your state).

U.S. Department of Agriculture. *Nutrition program facts food and nutrition service.* WIC. Retrieved from http://www.fns.usda.gov/wic/women-infants-and-children-wic

U.S. Department of Labor. (2010). *Fact Sheet #28. The Family and Medical Leave Act of 1993.* Retrieved from http://www.dol.gov/whd/regs/compliance/whdfs28.pdf)

U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2014). *Child Abuse and Neglect Fatalities 2014: Statistics and Intervention.* Retrieved from https://www.childwelfare.gov/pubPDFs/fatality.pdf

Recommended Readings

Grady, D. (2007, March 28). Much wider use of MRIs urged for breast cancer. *New York Times*, pp. A1, A17.

Jenny, C. (2008, December 17). Battered children. *Journal of the American Medical Association, 300*(23), 2796-2797.

Korenbrot, C. C., Wong, S. T., & Stewart, A. L. (2005, June). Health promotion and psychosocial services and women's assessments of interpersonal prenatal care in Medicaid managed care. *Maternal and Child Health Journal, 9*(2), 135-149.

Kuehn, B. (2007, October 17). Scientists examine benefits, risks of treating preschoolers with ADHD drugs. *Journal of the American Medical Association, 298*(15), 1947-1949.

Markel, H., & Golden, J. (2004). Children's public health policy in the United States: How the past can inform the future. *Health Affairs, 23*(5), 147-152.

Sommers, B. (2005). From Medicaid to uninsured: Drop-out among children in public insurance programs. *Health Services Research, 40*(1), 59-78.

Unit 12: Policy Advocacy & Analysis: Health Care Reform & Prevention I

Topics
- Why the American Health Care System Needs Reform
- Health Prevention
- Affordable Care Act (ACA) of 2010
- ACA and Access to Affordable Care
- ACA and Consumer Protections & Rights
- AAC and Holding Insurance Companies Accountable
- ACA and Medicare

This Unit relates to course objectives 1-5.

Required Readings

Clemmitt, M. (2010). Health-care reform: Is the landmark new policy a good idea? *Congressional Quarterly Researcher, 22*, 505-528.

Hayes, K., et al. (2013). ACA policy implementation: A snapshot of key developments and what lies ahead. *HealthReformGPS.* www.healthreformgps.org

Kocher, R., Emanuel, E.J., and DeParle, N.M. (2010). The Affordable Care Act and the future of clinical medicine: The opportunities and challenges. *Annals of Internal Medicine, 153*(8), 536-539.

Ku, L. (2010). Ready, set, plan, implement: Executing the expansion of Medicaid. *Health Affairs, 29*(6), 1173-1178.

Reinhard, S.C., Kassner, E. and Houser, A. (2011). How the Affordable Care Act can help move states toward a high-performing system of long-term services and supports. *Health Affairs, 30*(3), 447-453.

Internet Resources

California Healthcare Foundation. (2011). *Briefing—Health Reform 101: The basics of the Affordable Care Act.* Retrieved from http://www.chcf.org/events/2011/briefing-health-reform-101
(Instructor Note: Provides Sacramento briefing slides for California Centers for Disease Control. Retrieved from http://cdc.gov/.)

How the Health Care Law Benefits You. Retrieved from http://www.hhs.gov/healthcare/facts-and-features/state-by-state/how-the-health-care-law-benefits-you/index.html

President Obama Issues Patients' Bill of Rights. (n.d.). Retrieved from www.HealthCare.gov

The Henry J. Kaiser Family Foundation Health Reform Source. (n.d.). Retrieved from http://healthreform.kff.org/the-basics.aspx
(Instructor Note: Please see Glossary, Issue Modules—your paper must cite relevant materials—and Health Policy Picks.)

Healthcare Reform Tools

Health Reform GPS: Navigating Implementation **(http://www.healthreformgps.org/)**

Integrated Behavioral Health Project – Partners in Health: Primary Care/County Mental Health Collaboration Toolkit (2013) **(http://www.ibhp.org/)**

Kaiser Commission on Medicaid and the Uninsured **(http://www.kff.org/about/kcmu.cfm)**

Kaiser Family Foundation - Health Reform **(http://kff.org/health-reform/)**
SAMSHA/HRSA Center for Integrated Health Solutions eSolutions Newsletter **(http://www.nccbh.net/profiles/enteremail_sub.htm)**

Recommended Readings

Anderson, G. F., Hussey, P. S., Frogner, B. K., & Waters, H. R. (2005). Health spending in the United States and the rest of the industrialized world. *Health Affairs, 24*(4), 903-914.

Guttman, N., Zimmerman, D. , & Nelson, M. (2003). The many faces of access: Reasons for nonurgent emergency department visits. *Journal of Health Politics, Policy, and Law, 28*,(6), 1089-1120.

Kimball, R. (2007, October 18). The chronic cost of chronic diseases. *Boston Globe*, Op-Ed, p. A13.

Pear, R. (2010, July 1). Among some, high marks for health care overhaul's beginning. *New York Times,* p. 1.

Thorpe, K. (2005). The rise in health care spending and what to do about it. *Health Affairs, 24*(6), 1436-1445.

Weil, A., & Scheppach, R. (2010, June). New roles for states in health reform implementation. *Health Affairs, 29*(6), 1178-1183.

Unit 13: Policy Advocacy & Analysis: Health Care Reform & Prevention II

Topics

🔲 Policy Advocacy & Analysis: Health Care Reform & Prevention II
  ▽ ACA: Improving Quality and Lowering Costs
  ▽ ACA and Health Disparities
  ▽ ACA: the Individual Mandate and Medicaid Expansion
  ▽ Social Justice Critique of Health Care Reform
  ▽ The Role of Social Workers

This Unit relates to course objectives 1-5.

Required Readings

Almgren, G. (2013). Prospects for Just Health Care System Reform: A political and Principled Analysis. In *Health Care Politics, Policy and Services: A Social Justice Analysis.* New York, NY: Springer Publishing Company. (pp. 327-380).

Clark, S., & Foster, G. (2011). Social work's role in health care reform. [white paper]. California Social Work Education Center.

Fisher, E., et al. (2011). Behavior matters. *American Journal of Preventive Medicine, 40*(5), e-15-e30. (Instructor Note: 631/636 Crossover.)

Freudenberg, N., & Olden, K. (2011). Getting serious about the prevention of chronic diseases. *Preventing Chronic Disease: Public Health Research, Practice, & Policy, 8*(4)*,* 1-3.

Kaiser Family Foundation. (2010). *Issue brief: Health reform and communities of color: Implications for racial and ethnic health disparities.* Retrieved from http://www.kff.org/healthreform/upload/8016-02.pdf

Kaiser Family Foundation. (2016). *Kaiser Health Tracking Poll*: July
Retrieved from http://kff.org/health-costs/poll-finding/kaiser-health-tracking-poll-july-2016/

The National Association of Social Workers. (Fall 2011). Accountable care organizations (ACOs): Opportunities for the social work profession. *Practice Perspectives.* Retrieved September 25, 2012 from http://www.socialworkers.org/assets/secured/documents/practice/health/ACOs%20Opportunities%20for%20SWers.pdf

Internet Resources

Center for Medicare and Medicaid Services (n.d.) *Building An Organizational response to Health Disparities. Retrieved from* https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Health-Disparities-Guide.pdf

CDC Identifies 10 Public Health Achievements of First Decade of 21st Century. (n.d.). Retrieved from http://www.cdc.gov/media/releases/2011/p0519_publichealthachievements.html

How the Health Care Law Benefits You
http://www.hhs.gov/healthcare/facts-and-features/state-by-state/how-the-health-care-law-benefits-you/index.html

Kominski, G.F., Roby, D.H., Jacobs, K., Watson, G., Graham-Squire, D., Kinane, C.M. Gans, D., & Needleman, J. (2012). *Newly insured Californians would fall by more than 1 million under the Affordable Care Act without the requirement to purchase insurance.* Policy Note. UCLA Center for Health Policy Research. Retrieved from http://www.healthpolicy.ucla.edu/pubs/files/calsim_mandate.pdf

Recommended Readings

Editors. (2011, June 28). Physician, heal the system. *Scientific American.* Retrieved from http://www.scientificamerican.com/article.cfm?id=physician-heal-the-system

Barabasi, A-L. (2007, July 26). Network medicine—from obesity to the diseasome. *New England Journal of Medicine, 374*(4), 404-407.

Blumenthal, P., & Gaffikin, L. (2005). Cervical cancer prevention: Making programs more appropriate and pragmatic. *Journal of the American Medical Association, 294*(17), 2225-2228.

Boulton, A. J., Vileikyte, L., Ragnarson-Tennvall, G., & Apelqvist, J. (2005). The global burden of diabetic foot disease. *Lancet, 366*(9498), 1719-1724.

Cannon, C. (2005). The ideal cholesterol: Lower is better. Journal of the American Medical Association, *294*(19), 2492-2494.

Galea, S., Tracy, M., Hoggatt, K. J., DiMaggio, C., & Karpati, A. (2011). Estimated deaths attributable to social factors in the United States. *American Journal of Public Health, 101,* 1456-1465.

Godtfredsen, N., Prescott, E., & Osler, M. (2005). Effect of smoking reduction on lung cancer risk. *Journal of the American Medical Society, 294(*12), 1505-1510.

Gorman, C. (2011). 4 common health care myths: Test yourself. *Scientific American.* Retrieved from http://www.scientificamerican.com/article.cfm?id=health-care-4-common-myths-test-yourself

Havas, S. (2007). Urgent need to reduce sodium consumption. *Journal of the American Medical Association, 298*(12), 1439-41.

Jansson, B. (2011). Advocacy to Improve Consumers' Quality of Care. In *Improving healthcare through advocacy: A guide for health and helping professionals* (pp. 143-176). Hoboken, NJ: Wiley.

Jemal, A., Ward, E., Hao, Y., & Thun, M. (2005). Trends in the leading causes of death in the United States, 1970-2002. *Journal of the American Medical Association, 294*(10), 1255-1259.

Kaplan, K., & Gellene, D. (2007, November 29). Waistlines in U.S. are expanding no more. *Los Angeles Times*, pp. A1, A21.

Miller, P. (2010, June). Health reform: Only a cease-fire in a political hundred years' war. *Health Affairs*, *29*(6), 1101-1105.

Pear, R. (2010, April 5). New health initiatives put spotlight on prevention. *New York Times*, p. A10.

Williams, D. (2005). Social sources of racial disparities in health. *Health Affairs, 24*(2), 325-334.

Unit 14: Policy Advocacy & Analysis of Policies & Standards to Reduce Health Disparities

Topics

- Policy Advocacy & Analysis of Policies and Standards to Reduce Health Disparities
  - ▽ National Standards on Culturally & Linguistically Appropriate Services (CLAS)
  - ▽ Agency for Health Research Quality (AHRQ)
  - ▽ Immigrant Health Policy
  - ▽ Global Health (WHO)
  - ▽ Health Care Reform

This Unit relates to course objective 1-5.

Required Readings

Au, M., Taylor, E., & Gold, M. (2009). Policy brief: Improving access to language services in health care: A look at national and state efforts. Princeton, NJ: Mathematica Policy Research.

Bywaters, P., & Napier, L. (2009). Revising social work's international policy statement on health. *International Social Work, 52*(4)*,* 447-457.

Congress, E. P. (2004). Cultural and ethical issues in working with culturally diverse patients and their families: The use of the culturagram to promote cultural competent practice in health settings. *Social Work in Health Care, 39,* 231-247.
(Instructor Note: 631/636 Crossover.)

Eiss, R., & Glass, R. (2007). Bridging the coverage gap in global health. *Journal of the American Medical Association, 298*(16), 1940-1942.

Immigration Policy Center. (2009). Sharing the costs, sharing the benefits: Inclusion is the best medicine. Retrieved from

http://www.immigrationpolicy.org/sites/default/files/docs/Sharing%20the%20Costs%20Sharing%20the%20Benefits%202009.pdf

Kawachi, I., Daniels, N., & Robinson, D. (2005). Health disparities by race and class: Why both matter. *Health Affairs, 24*(2), 343-352.

Mohanty, S. (2006). Unequal access: Immigrants and U.S. health care. *Immigration Policy in Focus, 595*, 1-8. Retrieved from http://www.immigrationpolicy.org/sites/default/files/docs/Unequal%20Access.pdf

Shim, J. (2010). Cultural health capital: A theoretical approach to understanding health care interactions and the dynamics of unequal treatment. *Journal of Health and Social Behavior, 51*(1), 1-15.

Smith, D. (2005). Racial and ethnic health disparities and the unfinished civil rights agenda. *Health Affairs, 24*(2), 317-324.

Internet Resources
Agency for Healthcare Research and Quality. (2011). National healthcare disparities report. Retrieved from http://www.ahrq.gov/qual/nhdr11/nhdr11.pdf

California Immigrant Policy Center. (2007). *Immigrants and the U.S. health system*. Retrieved from http://www.immigrationpolicy.org/sites/default/files/docs/healthcare01-07.pdf

Immigration Policy Center (2007). *Facts about immigrants low use of health services and public benefits*. Retrieved from http://www.immigrationpolicy.org/sites/default/files/docs/healthcare01-07.pdf

New American Media: Expanding the News through Ethnic Media. (n.d.). Retrieved from http://newamericamedia.org/news/ethnic-media-network/

Office of Minority Health. (n.d.). *Think cultural health*. Retrieved from https://www.thinkculturalhealth.hhs.gov/

Section 1011 Fact Sheet. (n.d.). Retrieved from http://www.cms.gov/MLNProducts/downloads/Sect1011_Web05-19-06.pdf

World Health Organization. (2010). *Executive summary: The World Health Report. Health systems financing, the path to universal coverage*. Retrieved from http://www.who.int/whr/2010/10_summary_en.pdf

World Health Organization. (2007). *An introduction to the World Health Organization*. Retrieved from http://www.who.int/about/brochure_en.pdf

Recommended Readings
Beach, M. C., Price, E. G., Gary, T. L., Robinson, K. A., Gozu, A., Palacio, A., … Cooper, L. A. (2005, April). Cultural competence: A systematic review of health care provider educational interventions. *Medical Care, 43*(4), 356-373.

Flores, G. (2005). She walked from El Salvador. *Health Affairs, 24*(2), 506-510.

Meehan, T.P., (2014). Transforming Patient to Partner: The E-Patient Movement is a Call to Action. *Connecticut Medicine.* Retrieved from http://www.ctpartnersforhealth.org/wp-content/uploads/2013/06/CTMedicine2014PDF.pdf

Mohanty, S. (2006). Unequal access: Immigrants and U.S. health care. *Immigration Policy n Focus,* 595), pp. 1-8. Retrieved from http://www.immigrationpolicy.org/sites/default/files/docs/Unequal%20Access.pdf

Okie, S. (2007, August 9). Immigrants and health care—At the intersection of two broken systems. *New England Journal of Medicine, 357*(6), 525-529.

Pagan, J. A., & Pauly, M. V. (2005). Access to conventional medical care and the use of complementary and alternative medicine. *Health Affairs, 24*(1), 255-262.

Pandey, P., Sehgal, A. R., Riboud, M., Levine, D., & Goyal, M. (2007). Informing resource-poor populations in the delivery of entitled health and social services in rural India. *Journal of the American Medical Association, 298*(16), 1867-1875.

Preston, J. (2007, November 29). US immigrant population is highest since the 1920s. *New York Times*, p. A15.

Public Policy Institute of California. (2008). *California's digital divide*. Retrieved from http://www.ppic.org/content/pubs/jtf/JTF_DigitalDivideJTF.pdf

Steinbrook, R. (2007). Closing the Affordability Gap for Drugs in Low-Income Countries. *New England Journal of Medicine, 357*(20), 1996-1999.

Steinbrook, R. (2007). HIV in India—The challenges ahead. *New England Journal of Medicine, 356*(12), 1197-1200.

Steinbrook, R. (2007, March 15). HIV in India—A complex epidemic. *New England Journal of Medicine, 356*(11), 1089-1093.

Stuckler, D., King, L., Robinson., H., & McKee, M. (2008). WHO's budgetary allocations and burden of disease: A comparative analysis. *Lancet, 272*, 1563-1569.

Waldman, H. (2006, February 6). End-of-life care, viewed in stark black and white. *Los Angeles Times*, p. F5.

Wang, H., Xu, T., & Xu, J. (2007). Factors contributing to high costs and inequality in China's health care system. *Journal of the American Medical Association, 298*(16), 1928-1930.

Unit 15:   Presentations

Topics

- In Class Presentations

This Unit relates to course objectives 2 and 4.

STUDY DAYS / NO CLASSES

Study Days/No Classes

FINAL EXAMINATIONS

Assignment 4 Due By date to be announced

University Policies and Guidelines

IX. ATTENDANCE POLICY

Students are expected to attend every class and to remain in class for the duration of the unit. Failure to attend class or arriving late may impact your ability to achieve course objectives which could affect your course grade. Students are expected to notify the instructor by email (joosten@usc.edu) of any anticipated absence or reason for tardiness.

University of Southern California policy permits students to be excused from class for the observance of religious holy days. This policy also covers scheduled final examinations which conflict with students' observance of a holy day. Students must make arrangements *in advance* to complete class work which will be missed, or to reschedule an examination, due to holy days observance. Please refer to Scampus and to the USC School of Social Work Student Handbook for additional information on attendance policies.

X. STATEMENT ON ACADEMIC INTEGRITY

USC seeks to maintain an optimal learning environment. General principles of academic honesty include the concept of respect for the intellectual property of others, the expectation that individual work will be submitted unless otherwise allowed by an instructor, and the obligations both to protect one's own academic work from misuse by others as well as to avoid using another's work as one's own. All students are expected to understand and abide by these principles. *SCampus,* the Student Guidebook, contains the Student Conduct Code in Section 11.00, while the recommended sanctions are located in Appendix A: http://www.usc.edu/dept/publications/SCAMPUS/gov/. Students will be referred to the Office of Student Judicial Affairs and Community Standards for further review, should there be any suspicion of academic dishonesty. The Review process can be found at: http://www.usc.edu/student-affairs/SJACS/. Additionally, it should be noted that violations of academic integrity are not only violations of USC principles and policies, but also violations of the values of the social work profession.

XI. STATEMENT FOR STUDENTS WITH DISABILITIES

Any student requesting academic accommodations based on a disability is required to register with Disability Services and Programs (DSP) each semester. A letter of verification for approved accommodations can be obtained from DSP. *Please be sure the letter is delivered to the instructor as early in the semester as possible.* DSP is located in STU 301 and is open from 8:30 a.m. to 5:00 p.m., Monday through Friday. Students from all academic centers (including the Virtual Academic Center) may contact Ed Roth, Director of the DSP office at 213-740-0776 or ability@usc.edu.

XII. EMERGENCY RESPONSE INFORMATION

Note: The following Emergency Response Information pertains to students on campus, but please note its importance should you be on campus for a temporary or extended period. When not on campus: Call the 911 listing in your local community for any emergency.

To receive information, call the main number (213) 740-2711, press #2. "For recorded announcements, events, emergency communications or critical incident information."

> To leave a message, call (213) 740-8311
> For additional university information, please call (213) 740-9233
> Or visit university website: http://emergency.usc.edu

If it becomes necessary to evacuate the building, please go to the following locations carefully and using stairwells only. Never use elevators in an emergency evacuation.

Students may also sign up for a USC Trojans Alert account to receive alerts and emergency notifications on their cell phone, pager, PDA, or e-mail account. Register at https://trojansalert.usc.edu.

UNIVERSITY PARK CAMPUS		ACADEMIC CENTERS	
City Center	Front of Building	**Orange County**	Faculty Parking Lot
MRF	Lot B	**SWC**	Lot B

Do not re-enter the building until given the "all clear" by emergency personnel.

XIII. STATEMENT ABOUT INCOMPLETES

The Grade of Incomplete (IN) can be assigned only if there is work not completed because of a documented illness or some other emergency occurring after the 12th week of the semester. Students must NOT assume that the instructor will agree to the grade of IN. Removal of the grade of IN must be instituted by the student and agreed to be the instructor and reported on the official "Incomplete Completion Form."

XIV. POLICY ON LATE OR MAKE-UP WORK

Papers are due on the day and time specified. Extensions will be granted only for extenuating circumstances. If the paper is late without permission, the grade will be affected.

XV.   POLICY ON CHANGES TO THE SYLLABUS AND/OR COURSE REQUIREMENTS

It may be necessary to make some adjustments in the syllabus during the semester in order to respond to unforeseen or extenuating circumstances. Adjustments that are made will be communicated to students both verbally and in writing.

XVI.   CODE OF ETHICS OF THE NATIONAL ASSOCIATION OF SOCIAL WORKERS

Approved by the 1996 NASW Delegate Assembly and revised by the 2008 NASW Delegate Assembly [http://www.socialworkers.org/pubs/Code/code.asp]

Preamble

The primary mission of the social work profession is to enhance human wellbeing and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's focus on individual wellbeing in a social context and the wellbeing of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living.

Social workers promote social justice and social change with and on behalf of clients. "Clients" is used inclusively to refer to individuals, families, groups, organizations, and communities. Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. These activities may be in the form of direct practice, community organizing, supervision, consultation administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation. Social workers seek to enhance the capacity of people to address their own needs. Social workers also seek to promote the responsiveness of organizations, communities, and other social institutions to individuals' needs and social problems.

The mission of the social work profession is rooted in a set of core values. These core values, embraced by social workers throughout the profession's history, are the foundation of social work's unique purpose and perspective:

- Service
- Social justice
- Dignity and worth of the person
- Importance of human relationships
- Integrity
- Competence

This constellation of core values reflects what is unique to the social work profession. Core values, and the principles that flow from them, must be balanced within the context of the human experience.

XVII.   COMPLAINTS

If you have a complaint or concern about the course or the instructor, please discuss it first with the instructor. If you feel you cannot discuss it with the instructor, contact the chair of the concentration Karra Bikson, PhD. If you do not receive a satisfactory response or solution, contact your advisor or Dr. Paul Maiden, Vice Dean and Professor of Academic and Student Affairs, at rmaiden@usc.edu. Or, if you are a student of the VAC, contact June Wiley, Director of the Virtual Academic Center, at (213) 821-0901 or june.wiley@usc.edu for further guidance.

XVIII.   TIPS FOR MAXIMIZING YOUR LEARNING EXPERIENCE IN THIS COURSE

- ✓ Be mindful of getting proper nutrition, exercise, rest and sleep!
- ✓ Come to class.
- ✓ Complete required readings and assignments before coming to class.
- ✓ Before coming to class, review the materials from the previous Unit and the current Unit, and scan the topics to be covered in the next Unit.
- ✓ Come to class prepared to ask any questions you might have.
- ✓ Participate in class discussions.
- ✓ After you leave class, review the materials assigned for that Unit again, along with your notes from that Unit.
- ✓ If you don't understand something, ask questions! Ask questions in class, during office hours, and/or through email!
- ✓ Keep up with the assigned readings.

Don't procrastinate or postpone working on assignments.