SSWLHC Scores a Big Win at 39th Annual Conference in Las Vegas

From all perspectives, the Society's 39th Annual Conference held in Las Vegas in April 2004 was an overwhelming success! “Social Work in Health Care: A Sure Bet” attracted 350 attendees with registration and sponsor revenues significantly exceeding budget. Over 80 registrants were first time Conference Attendees and, consequently, became new Society members. The Conference Planning Committee (Mary Norris Brown, Paul Crombie, Marcia Holman, Karen Kavanaugh, Jerry Satterwhite, Coleen York, and Sona Euster) developed an educational program providing both diversity and depth. The Corporate Relations Committee (Bill Ratcliffe, Chair, Joyce Hildebrand, Karen Kavanaugh, Craig Skousen, Glen Steenblick, and Yvonne Wallace) outdid itself with sponsor support at an all time high. Sponsors were, indeed, generous with their time and interest and many attendees were recipients of gifts at the Sponsor Raffle held on Friday April 30. A huge thank-you is extended for everyone's time and efforts!

Pre-conference Intensives were conducted on Wednesday April 28 along with the annual Chapter President's Meeting (attended by 34 Chapter Presidents) and the Health Care Social Work Consortium. The Opening Session featured Keynote Speaker, Dr. Nancy Humphreys, recipient of the 2003 NASW Lifetime Achievement Award. Dr. Humphreys held the audience spellbound with her comments on “The Politics of Health Care”. With humor and insight, Dr. Humphreys outlined the pressing health care issues in this country and the major differences of presidential candidates on these issues. Of major importance is the need to save Medicare, obtain appropriate prescription coverage for seniors, reduce health care costs and address the issue of uninsured. At the conclusion of the keynote session, Sona Euster, Conference Chair, presented a plaque recognizing Dr. Humphreys as the fourth Kermit Nash Plenary Speaker. The Kermit B. Nash Memorial Fund honors the memory of Dr. Kermit Nash, former SSWLHC Board member, Hyman J. Weiner Award recipient, and President Elect of the Society in 1997.

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Another Conference highlight was the presentation of the 2004 Annual SSWLHC Awards. This year’s Awards Committee members are: Judith Trachtenberg, Chair, Margaret Domanski, Muki Fairchild, Kathy Lewellin, and Carol Maxwell. Judith presented the awards at the Opening Session. Linda Brandeis was the recipient of the Ida M. Cannon Award. This is the highest of all Society awards and is presented to an individual for outstanding contributions to the administration of a social work department in a health care setting and to the Society for Social Work Leadership in Health Care. Candidates are widely recognized leaders in the field of social work administration, influential within the hospital system as well as the external environment. Linda, a Supervisor at the University of Washington Harborview Medical Center, has performed outstanding work during her career. A social work director and manager in various settings as well as an active educator, she is a past President of the Washington State Society Chapter, previous member of the Society Board of Directors and Past National President.

The Hyman J. Weiner Award is bestowed on an individual typifying Hy Weiner’s outstanding qualities as a teacher, scholar, advocate, change agent and humorous and compassionate person. The 2004 recipient is Patricia Kolar, Director of Field Education and Lecturer at the University of Pittsburgh School of Social Work. Pat has served twice as President of the Southwestern Pennsylvania Chapter of the Society. She has made outstanding contributions to the local chapter of the SSWLHC, the School of Social Work and the community at large. She has been an advisor and member of multiple committees that seek to further knowledge about health care, offer health care options to underserved populations, advocate for health care issues in legislation, and educate the next generation of health care professionals.

This year’s Health Care Leader of the Year is Stephanie Lane Rakofsky, Director of Social Work, Care Coordination, and Counseling Services at South Miami Hospital in Florida. When Stephanie assumed the directorship of the Social Work Department in 1986, there were 9 full time employees; currently there are 90. She has been instrumental in the development of many innovative programs, including the creation of a Bereavement Team for pregnancy loss and newborn death, the South Miami Behavioral and Collaborative Medicine Program, and the placement of a licensed clinical social worker in South Miami High School.

Also recognized for their unique National contributions were Gail Gill and Bill Spitzer. Gail Gill was honored for her work as the President of the American Network of Home Health Care Social Workers. This year, the Network became part of our Society, bringing us over 100 additional members. Bill Spitzer was recognized for his skill and efforts in shepherding and editing the Society’s Newsletter and all its 2003 publications.
HEALTHCARE IN THE NEW MILLENNIUM:

New Roles for Social Work

Bruce V. Corsino, Psy.D. President, Bioethics, Inc. Adjunct Associate Professor of Psychology, Virginia Tech, Blacksburg, VA

INTRODUCTION

New medical technologies and procedures have profoundly changed how we understand the doctor-patient relationship and how we feel about the process of health care. As citizens we are now presented with troubling new questions.

Is it permissible to clone human organisms to be used for harvesting vital organs? Should alcoholics compete equally for liver transplants? If an otherwise healthy worker is found to have a gene associated with the experience of sudden heart failure, should that worker be denied health insurance or certain professional positions?

Cloning, organ transplantation and genetic prediction are but a few of the new medical technologies developed or refined in the last decade. But with further exploration and clinical practice, it seems these miracles of science and medicine also have the capacity to arouse in us mixed feelings of relief, doubt, joy and concern. Such life-saving techniques can simultaneously create emotional stress, and a whole new array of ethical quandaries and dilemmas.

If that is true, it can be argued that the future will bring increased opportunities for professional social workers to assist people and families coping with the wonders, as well as the difficulties, of modern medicine. Those opportunities are likely to occur in three primary arenas of developing medical technology, consisting of reproductive science, adult medical care and end-of-life issues.

Reproductive Technologies

Reproductive technologies generally include techniques such as human egg donation, frozen embryo storage, and cloning, as well as the related practice of umbilical cord blood harvesting.

Early surveys indicate females who donate eggs to childless couples tend to feel a psychological boost from helping those couples. But there is no way to know whether what feels like increased psychological satisfaction now, might later feel more like psychological trauma when the female donor realizes that a child exists in the world that is her genetic offspring. There is concern that this market will produce a generation of such genetic orphans. As with most new technologies, it is too early to know the long-term psychological implications of such practices, including those that deal with embryo storage and umbilical cord blood harvesting.

Some couples choose to freeze their fertilized embryo for later use. The courts already have a number of lawsuits from divorced or separated couples when one of the former partners, without consent of the other, chooses to make and parent a child from that embryo. Should the divorced partner be compelled and forced to consent to the creation of that child?

Umbilical cord blood harvesting is a technique that permits the umbilical cord blood of a newborn to be collected and frozen for later use. Within that blood are stem cells. A transfusion of stem cells is equivalent to receiving a whole new immune system transplant. Such a transfusion is the treatment of choice for certain cancers and other problems, and is a kind of biological life insurance policy for the child who donated the cord blood. However, umbilical cord blood harvesting costs money, and raises other questions.

Should cord blood storage be available to all, or only those who can afford it? If the blood is harvested, and later thought to be unneeded, can it then be sold? If cord blood can be sold, why is it not legal to sell kidneys? Who owns the blood anyway? Can an unborn child actually “consent” to give up its own blood? Will parents who are unwilling or unable to pay for harvesting the blood, later develop guilt or anxiety problems related to that decision?

Similar questions arise within the context of the new cloning technologies. Eventually, we will have the ability to clone human beings. There is no clear answer as to whether cloning is moral or immoral, and no sure understanding as to who is harmed and who is helped by the process. And there is the perennial question of whether cloning technology should be available to all, or just to those who can pay for it.

Embryo storage, egg donation, cord blood harvesting and cloning are some of the newer, miraculous medical technologies. While saving and enriching human lives, they nevertheless can also result in a variety of ethical, social and emotional concerns. These are some of the unintended results of medical progress, and with them come opportunities for social workers to apply their professional skills.

Adult Medical Issues

Genetic prediction, organ transplantation and other life-sustaining procedures are described here as some of the many adult medical issues and new technologies affecting society.

The Human Genome project seeks to identify and map human chromosomes in a way that allows for the prediction and perhaps cure of various human health and behavior problems. As with other new technologies, the full spectrum of outcomes and consequences are not yet known. Genetic prediction may create a whole set of people who must now cope with news that they carry some genetic time bomb, and the likelihood of developing a serious medical problem. There are concerns about the possible denial of insurance or employment opportunities to those people identified with such genetic risks.

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Allocation remains one of the more difficult steps in the organ transplant process. Should organs go to those in the region where they become available, or sent to the sickest people no matter where they might reside? American organ allocation policies continue to be revised in an effort to construct the most equitable way of distributing the available organs.

Closely related to allocation is the notion of rationing, or limiting access to care. One example of that is dialysis, a relatively new technology extending the lives of those with renal failure. Because of the limited number of dialysis machines available in certain countries, there are reports of access to the procedure being denied to anyone over the age of 55. What are the psychosocial implications of a society that communicates that older lives are less likely to be extended?

There is no question that organ transplants and dialysis offer some the opportunity for new life. But how does society prioritize and decide which lives are to be saved? Is there a point at which the saving or extending of a life becomes unwise, or financially and emotionally unreasonable or even cruel? These are some of the dilemmas that arise in the practice of end-of-life care.

**End-of-Life Issues:**

It has only been about ten years since a machine was advertised that would allow people to end their lives with new efficiency. The stated intent of the suicide machine, and of physician-assisted suicide, was to allow terminally ill patients greater control to end their lives in a humane and dignified manner. Opponents argue that such machinery diminishes the sanctity of human life. A further point was made that the machine symbolized society's failure to provide effective end-of-life care, such that dying patients saw death as better choice than a life filled with suffering.

Advance Directives also reveal America's increasing focus on end-of-life care. It is only since 1991 that public law required advance directives to become an ordinary and expected part of the health care experience. While not necessarily a new technology per se, advance directives were in fact a new method that allowed people to express in writing and better control their end-of-life treatment wishes.

Where does social work fit into this process? In most facilities where I have encountered, social workers have been the primary and sometimes only providers assisting patients with advance directives. Furthermore, it is the social workers who have guided improvements in advance directive policy and practice. Whether this constitutes a national trend is an empirical question.

**NEW ROLES FOR SOCIAL WORK**

Patients, families and even health providers need assistance to process and cope with the new technologies and health practices described here. Thus, a new set of clients, with a new set of problems are likely to find their way to social work providers for assistance. As clinicians, educators, researchers and policy makers, social workers are uniquely positioned to influence the entire process.

Most health institutions have created bioethics committees, and social workers nationwide are already involved with the work and leadership of such committees. Social work expertise is also needed in the development of policies related to Patient Privacy, Informed Consent, Do-Not-Resuscitate protocols, and others concerning the withholding and withdrawal of life-sustaining treatments. Even though these appear to be “medical,” social work input is needed because these policies actually deal with human decisionmaking, the emotional interaction around medical procedures, predicting how, and assisting people to better function within health care settings.

Finally, social work input is needed in research and education as it relates to new health technology and practice. Specifically, social work research is needed on how patients, families and health providers can better cope with and adjust to these changes, as well as education about those findings once they become available.

**CONCLUSION**

The vast array of miraculous new medical discoveries and technologies are evidence of human tenacity and genius, the results of which offer hope for longer, fuller lives. I have argued that along with this great positive impact, may also come unintended social, emotional and ethical stressors and dilemmas brought about by these new technologies.

Described here are some of the complexities associated new reproductive science, adult medical care, and end-of-life treatment technology, with a focus on the ethical, social and emotional consequences of such progress. In almost every case, these complexities have very little to do with actual medical procedures. Rather, they revolve around how people make decisions, and how they resolve conflict with others and within themselves. This process relates to human development, values, learning and communication issues, about which social workers already have considerable expertise.

It seems natural then that social workers are uniquely positioned to provide assistance to patients and families as they attempt to cope with these realities and changes in modern health care. Social work expertise in research, policy development, education and clinical practice would seem to nicely advance this process.

**SELECTED BIBLIOGRAPHY**


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ADDRESSING CULTURAL DIVERSITY IN HEALTH CARE DELIVERY:

The Example of the Harborview Medical Center House Calls Program

Linda Brandeis, Social Work Supervisor- Harborview Medical Center (Seattle, WA)

THE ISSUE OF DIVERSITY

Diversity, taken from the word diverse, means to differ from one another or be composed of distinct or unlike elements or qualities (Merriam/Webster, 2004). Diversity constitutes all of the things that make us different and unique. Beyond separating us, the challenge of diversity lies in being able to recognize the humanity underlying our perceived or actual differences. As a profession, social work is at the forefront of efforts to recognize and respect diversity. Recognition of cultural diversity as it relates to disparity in access and quality of care has been a significant ongoing issue for local health care facilities across the United States. Highlighting the significance of this issue, the US Department of Health and Human Services (1999) has established elimination of racial and ethnic disparities in health care as a national goal to be accomplished by the year 2010.

Diversity occurs not only by race or national origin, it can exist in association with “religious affiliation, language, physical size, gender, sexual orientation, age, disability (both physical and mental), political orientation, socio-economic status, occupational status and geographical location” (Campana-Bacote, 2003). These factors challenge health care delivery in literally all of the settings and communities in which we practice today.

You only need to look around in any clinic, hospital, emergency room, or community center where health services are provided to see the faces of our truly diverse society. In health care, dealing with diversity is a full time job. Cultural awareness and movement toward cultural competence has been a directive from the Department of Health and Human Services (OMH) standard since the year 2000. That standard requires that “culturally and linguistically appropriate services” be available to address and correct inequities that exist in health care (refer to: www.omhrc.gov/CLAS).

The importance of these expectations becomes increasingly obvious when you examine US Census Bureau projections. It is estimated that by the year 2010, non-Hispanic Caucasians will constitute only 65 percent of the total United States population (US Census Bureau, p.18). California provides one example of the shifting nature of the US population. The 2000 Census revealed that 47 percent of the State’s population was comprised of non-Hispanic Caucasians, making minorities in California the majority. This glimpse into what could likely be a trend elsewhere underscores the emphasis in health care to furthering education and information about cultural diversity and cultural competence.

Policy and standards only tell us what should be and how health care access needs to be equal. Beyond that, it is my belief that social work is, or should be, the primary advocate for assisting organizations, systems, and institutions actualize these standards. Social work practice is predicated on dealing with patients and clients “where they are at”. Our profession strives to first help health care providers understand the context of the environment in which clients and families exist and then social work contributes to the delivery of care in those contexts. Our profession reflects a rich history of dealing with people from diverse backgrounds in settlement house settings, community health clinics, hospitals and agencies. These represent opportunities to not just participate in, but lead, the change needed to successfully contend with health care delivery challenges in urban as well as rural areas.

ADDRESSING MINORITY HEALTH: A PROGRAM EXAMPLE

Harborview Medical Center in Seattle Washington embarked on a program in 1994 to deal with the “goal of decreasing sociocultural barriers to healthcare for non-English speaking ethnic populations receiving their care…” at the facility (Teklemariam, 1988, p.3). Known as the Community House Calls Program and funded by the Robert Wood Johnson and Henry J. Kaiser Foundations, it serves as a model incorporating interpreter services, cultural mediators, physicians, nurses, and social workers working together to insure “efficient utilization of resources by ‘high risk/high/need’ families” (Teklemariam, 1988, p.3) while decreasing barriers to care.

The House Calls Program has reached into the communities of different minority groups seeking care at Harborview and recruited interpreters who subsequently were accepted and reintegrated in these communities. The interpreter/cultural mediator is a trained case manager with support from a team including the House Calls Program supervisor, a nurse supervisor, community advisors, medical directors and other health/social service professionals. Bicultural and bilingual, the mediators additionally possess familiarity with the biomedical system and American culture that enables them to assist clients in meeting client health care needs. This program is evolved as a well-accepted part of the overall medical center care. The original program administrator was a social worker with a public health background who worked closely with the two physicians who wrote the original grants. The vision and integration of services is central to social work principles and part of the long history of service provision from our roots.

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SUMMARY

Diversity is what separates us from others even within our own racial or ethnic group, but it is also what makes us unique human beings and should be sought out and cherished in our colleagues and neighbors. Social work is about working with people, systems and institutions...it is about helping to make things work. Through community education and program development, social work can effectively impact minority health care. The House Calls Program represents only one such example, but can serve as a model for replication elsewhere.

REFERENCES:


SSWLHC SCORES A BIG WIN . . . At 39th Annual Conference in Las Vegas

Thirty-eight Concurrent Workshops were offered during the conference with topics such as Continuum of Care Management, Evidence-Based Practice, On-site Social Work Services in Primary Care, Geriatric Human Sexuality, and Professional Leadership. Responses to conference sessions were very positive, with recurring comments of “best conference I’ve attended” and “excellent presenters, wonderful conference”.

There was also opportunity for networking, socializing and fun. The President’s Reception, honoring Mary Norris Brown, was fabulous with food, drink and lots of dancing! The Welcome Reception and continental breakfasts were also chances to make new friends, renew old relationships and catch up with Society members. In addition, of course, was the Las Vegas Strip with its multitude of attractions. One attendee said it all in the Conference Evaluation—“I just loved this conference—I rank it high among the other SSWLHC conferences”.

New Professional Resource

NASW WebEd is a new, powerful online training site for social workers. Offered and developed by the NASW National Office, NASW WebEd courses are geared specifically for, and are FREE of charge to, social workers. The courses are convenient and flexible, available 24 hours a day - 7 days a week, and can be completed over several logins. Social workers can also earn 2.0 FREE social work CEUs.

The first course, “Understanding Cancer: The Social Worker’s Role” started April 15 and is funded by an unrestricted educational grant from Bristol-Myers Squibb Company. To date, 3,000 individuals have taken the course from all 50 states and 21 countries.

Take this online course for free and earn 2.0 FREE CEUs. Log in today at www.NASWWebEd.org.

Save the Date!

40th Annual SSWLHC Meeting and Conference: Celebrating 100 Years of Social Work in Health Care

April 13-16, 2005
Hyatt Regency
Houston, TX

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Leadership Exemplar – Linda Brandeis, MSW 2004 Ida M. Cannon Award Recipient

Linda Brandeis has been described as “creative, energetic and kind,” a “pioneering spirit,” and a “devoted, tireless advocate” working on behalf of patients, staff and the profession. She “supports excellence in every aspect of her practice and constantly “supports and encourages” others.

Linda has served as a social worker for 26 years, beginning as an oncology social worker at the University of Washington in the late 70’s and going onto become the Director of SW and Therapeutic Arts at the Fred Hutchinson Cancer Research Center in Seattle. There, she put the social work dept on an even footing with other cancer centers around the country. She successfully lobbied for funding to hire a researcher to study return to work after a bone marrow transplant. After bringing the department up to speed and gaining national recognition from the Association of Oncology Social Workers, Linda was elected Western Regional board member and to National American Cancer Society committees. She then went to a community hospital in the suburbs of Seattle as the Manager of the Social Work and Care Management. Linda currently works at Harborview Medical Center and the University of Washington, serving as a supervisor in the ambulatory care area.

Linda is most proud of her success in developing work teams. At Overlake Hospital, she was able to get buy-in and develop a cross-trained team of nurses, social workers and medical records personnel to do the utilization review and provide some case management and social work services to the inpatient population in the early 90’s. At Harborview, she has been developed a team of social workers and social work assistants covering 26 clinics - a large segment of the facility’s ambulatory care clinics. The team consists of six MSWs and two social work assistants, all with large clinic caseloads. Linda and her team have expanded their role in the specialty clinics to the point that social work is now viewed as a necessity.

Reflecting on her service to the Society, Linda says working on the transition team from AHA to our own free standing organization was both overwhelming and exciting. During her presidency, the Society was able to establish the groundwork for the new organization. June Simmons recently reminded Linda that, while the Society is 37 years old as an organization, the first year of her presidency was our first as an independent organization without AHA.

Linda believes social workers prove each day that they are an asset to health care, but often fail to inform others of what we do and frequently reinvent the wheel. She would like to see the sharing that goes on at National meetings transcend those events and become part of what is nationally available. She views a role of social work throughout the health care continuum and encourages professional sharing of successes so that others can continue to make a difference.

Linda is the mother of two children - Max, an accounting major at Western Oregon University, and Sara, a graduating high school senior. Linda has been married for 30 years to Randy, whom she describes as a partner, supporter and her best friend.

The Society extends its congratulations to Linda on her distinguished career!

Leadership Exemplar – Dr. Toni Cabat 2003

Toni Cabat, DSW was recognized with the Eleanor Clark Program of the Year Award for her pioneering efforts in the use of teleconferencing to offer support groups to parents of medically ill children, bereaved parents and women with cancer. Dr. Cabat has been a social worker for over thirty years, and has been affiliated with Chai Lifeline, a Jewish community-based health support organization since 1993. Chai Lifeline services medically ill children and their families, bereaved parents of children under 21 and medically ill adults with children at home in the U.S., Canada and Israel.

Over the course of her career, Dr. Cabat observed many barriers and obstacles to support group participation, including child care restrictions, cost, distance, lack of transportation, stigma and anxiety. She recognized, however, that many individuals would benefit from the emotional support and information available through support groups and psychoeducational programs. Dr. Cabat developed two strategies to deliver these services by first developing a support group delivered via teleconferencing and then creating a psychoeducational model for delivering topic-driven programs.

Through the short-term (12 session), closed-ended teleconference support group model, Dr. Cabat was able to offer assistance to individuals and families in their own homes. She determined the best time to offer such a group was later in the evening (9:00- 10:15 p.m.) when meals were finished, homework completed and young children were in bed. The topic-driven psychoeducation program utilizes the same model, but has also been offered on Sunday afternoons. Based on client and therapist input, the 12-session time limited model is now followed by a “check in” model, which meets every six weeks. As regular attendance is critical to the success of these groups, a reminder system was devised that features a calendar for the first six sessions with reminder letters sent out to participants a few days prior to the group meeting date. The facilitator additionally initiates a reminder call several days in advance of the meeting to identify any new issues and needs of parent participants.

Dr. Cabat initiated her first group with parents of children who were diagnosed with cancer. A child psychologist co-led the first group with her, but the program now includes co-facilitation by other professionals skilled in teleconference group work as well as psychoeducational programming. The creative use of teleconferencing technology allows connection of group facilitators and participants throughout the United States.

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While the project began in 1997 with agency funding, it is now partially supported by funds from the United Jewish Appeal. Quantitative and qualitative program evaluation data has determined that clients benefit from the program, with attendance positively correlated with participant satisfaction. A father’s group evolved after men perceived the benefit of the group initially developed for their wives. Currently, groups exist for fathers’ of children with cancer and for bereaved fathers. Chai Lifeline in Israel is replicating the project.

The National Society commends Dr. Cabat for her efforts in developing this innovative program. Her creative use of tele-conferencing technology has allowed many individuals to benefit by receiving needed support in an easily accessed, non-threatening manner. Our best wishes are extended for her continuing success.

Comments of the National President

Mary Norris Brown, MPH, LCSW

We were truly big time winners in Las Vegas! “Social Work in Health Care: A Sure Bet” will go down in the National Society’s history as a very successful event. The lights of Las Vegas couldn’t hold a candle compared to the positive energy of conference attendees. Participants were charged and energized at the 39th Annual Conference that included a faculty with thirteen past presidents who provided crucial leadership to the National through a major portion of its history. Their modeling of leadership skills has become a legacy to all Society members and a gift of immeasurable proportion. We also hit the revenue “jackpot” and, while some expenses have yet to be invoiced, we have undoubtedly surpassed our anticipated profit margin!

Our keynote speaker, Nancy Humphreys, DSW spoke to a standing room only opening session. She explained how health care is presented and debated in the national political arena. Attendees were urged to become actively involved in advocating for health care policies that represent social work values and positions. She further stressed the importance of health care social workers encouraging patients and families to register to vote.

Following Dr. Humphrey’s keynote address, Judith Trachtenberg, Chair of the Awards Committee, announced the recipients of the 2004 National Society awards: Linda Brandeis, Ida M. Cannon Award; Patricia Kolar, the Hyman J. Weiner Award; Virna Little, Eleanor Clark Award for Innovative Programs in Patient Care and Stephanie Rakofsky, Health Care Social Work Leader of the Year Award. The Society salutes these individuals as exemplars of health care social work practice.

This year we were pleased to have our newest members, The American Network of Home Health Care Social Workers, in attendance. Under the guidance of Gail Gill and Mary Lou Krieger, the Society formally welcomed 120 new members. ANHHCSW is the first external group to join the Society and their membership provides a great opportunity broaden our collective base for advocacy, leadership and networking.

The Publications and Products work group ran a very successful “On Site Store”. Two brand new publications were offered for sale: Selected Proceedings of the 38th Annual Educational Conference and Social Work Leadership in Health Care: Principles and Practice as well as a continuing favorite, Ethics In Health Care: A Social Work Perspective. These valuable practice products and others may be purchased on our website. Another new item, the SSWLHC bookmark, is excellent as a gift to patients, families, health care team members and social work staff.

Our new National Society logo and revised Mission and Vision Statements were unveiled at this year’s conference. All state chapters are now able to utilize this new logo, so please visit our website, www.sswlhc.org and check it out.

As our Society is a volunteer driven organization, our future depends on members being willing to participate in creating and developing our products and services. The energy and enthusiasm evident at this year’s conference should be harnessed to provide momentum to actualize the Society’s 2004 Strategy Plan. We currently have four groups diligently working on top SSWLHC issues. Please contact the chairpersons noted below, if you are interested in contributing your expertise to one of our workgroups:

- Advocacy Alice Scesny and Richard Siegel
- Chapter Relations Michelle Meer
- Membership Linda Jones
- Publication & Products Adrienne Farrar and Kay Davidson

A special heart filled thank you goes to the Planning Committee: Sona Euster (Chair), Paula Crombie, Marcia Holman, Karen Kavanagh, Jerry Satterwhite and Coleen York. They prepared an educational program that provided an agenda ranging from dynamic workshops to stimulating poster sessions. A special thank you is also extended to the Corporate Relations Committee: Bill Ratcliff (Chair), Joyce Hildenbrand, Karen Kavanagh, Craig Skousen, Glen Steenblik and Yvonne Wallace. Their successful fundraising surpassed our $25,000 goal by raising a total of $39,280!!

In closing, it is an honor and privilege to serve as the 2004 President of the SSWLHC. I am thrilled to serve an organization and membership I so appreciate. Don’t be a stranger to your Society - it is your continued participation, commitment and passion that will ensure SSWLHC’s successful journey. The Board listened and noted many suggestions and ideas which will considered in the future. Please e-mail or call the Board members with recommendations, issues or questions. Remember, this is THE premier Society for all social workers in health care!
SSWLHC Committee on Nominations Announces 2005 Slate

The Committee on Nominations is pleased to announce the 2005 slate of candidates for the offices of the National Society. Members are encouraged to look for their voting materials in the forthcoming mail and select the new leaders of our Society.

President Elect
Richard Woodrow, DSW
Executive Director,
Organizational Development
and Learning,
NYU Medical Center
Assistant Professor, Mount Sinai
School of Medicine
New York, NY

Ouida Woods-Moorhead,
LMSW-AP
Director of Programs
Bridge Breast Network
Dallas, TX

Board Members-at-Large
Carol Frazier Maxwell,
LCSW, ACSW
Director, Social Work
Arkansas Children’s Hospital
Little Rock, AR

Brian Giddens, LICSW, ACSW
Associate Director of Social Work
University of Washington
Medical Center
Seattle, WA

Ann Hunter, LCSW
Manager Patient and Family
Support Services
Eagleston Children’s Hospital
Atlanta, GA

Margaret Meyer, LCSW
Director, Social Work
M. D. Anderson Cancer Center
Houston, TX

Charles L. Robbins, DSW
Associate Dean/
School of Social Welfare
Director of Social Work
Services/Stony Brook
University Hospital
Stony Brook, New York

Pamela Thompson, MSW
Director Social Service
Kootenai Medical Center
Coeur D’Alene, ID

William Kirkpatrick, MSW
Director, Clinical Social Work
LifeSpan Academic Medical Center
Providence, RI

Bill Ratcliff, CSW
Social Worker/Case Coordinator
Catawba Valley Medical Center
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Stanley Remer, MHA, LCSW
Geriatrics and Extended Care
Line Manager
and Social Work Executive
Veterans Affair Medical Center
Syracuse, NY

Dawn Romano, LMSW, LCSW
Clinical Social Work Supervisor
The Children’s Mercy Hospital
Kansas City, MO

Patricia Tally, LCSW
Director, Social Work
Presbyterian Hospital of Dallas
Dallas, TX

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Social Work Leader
is published four times
a year by the Society
for Social Work Leadership
in Health Care

SSWLHC President
Mary Norris Brown,
MPH, LCSW
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Chapter News

Southern California Chapter of SSWLHC

Education Programs to Date
So far in 2004 we have offered our members the following educational programs:

- In January, a 6 hour intensive on the topic of Ethical and Legal Issues (required for licensure).
- In March, a 2 hour education program on Clinical Intervention with Domestic Violence (required for licensure).
- At our annual Vendor Fair in May, we heard a one hour presentation on End of Life Issues from a Social Work and Case Management perspective.

Successful Vendor Fair
The Vendor Fair drew 34 vendors this year, with a gross revenue of $23,000. Many of the vendors return each year. The Chapter uses these funds to provide scholarships of $1,500 each to seven second-year graduate social work interns who are in a health care field placement. We also provide scholarships for Chapter members to our educational programs (through subsiding lunch and speaker at no charge when we can) and to the National Meeting.

Plans for the Rest of 2004
The Annual Northern/Southern California Chapters Conference is being planned right now for August 12-14. We will meet in San Simeon as we have for the past three years. This will be a program worth 12 CEU’s. The planned topic is DSM-IV. In October, there will be an all day intensive on the topic of Entitlements and Benefits. Our final Chapter Meeting of the year will be on the topic of Perinatal Depression.

And we are already looking ahead to next year, with plans for another, 7 hour, conference on Domestic Violence to meet licensing Board requirements in January 2005.

New Jersey Society
The Chapter’s membership meeting was held June 3rd, 2004 at the New Jersey Hospital Association with a CEU presentation on “Sensitivity to Cultural Diversity in the Elderly” presented by Barbara London, MSW, LSW, LNHA. Ms. London’s presentation focused on the changing demographics of our aging population and provided attendees with an opportunity to learn about culturally sensitive assessments, care plans, and interventions. The Education Committee is examining additional sessions on bipolar conditions, psychiatric medication, ethics, substance abuse, community/hospice collaboration and adult protective services.

The Chapter is exploring development of a health care certificate program in conjunction with Rutgers University. Rutgers currently offers several certificate programs such as Gerontology; Child/Adolescent Mental Health; Case Management; Developmental Disabilities; and Group Work. The chapter is attempting to foster seminars on health topics which could be applied to the certificate program. Potential subjects could include pain, complementary and alternative medicine, end of life care, palliative care, bereavement, transplant, survivorship, sexuality, ethics, systems theory, brief models of therapy, spirituality and family dynamics in medical settings.

2004 Chapter Board Members are: President-Suzanne Coresely, Hunterdon Medical Center; President-Elect-Debra Good, Robert Wood Johnson University Hospital; Secretary-Marge Proudman, Muhlenberg Regional Medical Center; Treasurer-Pat Douglas, Compassionate Care Hospice; Member At Large-Victoria Brown, Railway Hospital; Nominations-Victoria Hauser, St. Barnbas Medical Center and; Past President-Linda Kwiatek, Seabrook Village. 2004 Committee Chairs include: Education-Ann Gumbinger, McCarrick Care Center, Membership-Suzanne Coresely, Hunterdon Medical Center; Geriatrics-Victoria Hauser, St. Barnbas Medical Center; NASW Liaison-Linda Kwiatek, Seabrook Village. 2004 Chapter meetings are scheduled for October 19th (the Annual Meeting) and December 1st at the NJ Hospital Association, while the Executive Board will meet on August 19th and November 11th.

The Chapter was pleased that Debra Good, Director of Case Management at RWJUH, was elected to the Case Management Administrator’s Certification Credentialing Advisory Board. As a Board member she assists in the shaping of the national certification exam for case managers. Honors were also extended to The Robert Wood Johnson University Hospital Department of Case Management as first runner up to the Franklin Award presented in April at the Clinical Case Management Conference in Orlando Florida.

Virginia Chapter News
In conjunction with the Virginia Organization of Health Care Social Workers, the Virginia Society celebrated another successful Statewide Conference on Social Work Practice in Health and Mental Health Care held May 13th on the University of Richmond Campus. This 9th year event’s keynote speaker was Rear Admiral Nathaniel Stinson, Deputy Secretary of the US Department of Health and Human Resources and Director of the Federal Office of Minority Health. His presentation focused on the current status of minority health in the US and our national priorities for health care intervention. Joining Dr. Stinson as faculty were Nancy Roberts, Deputy Secretary of the Virginia Department of Health and Human Resources, Maurice Jones, Commissioner of Virginia’s Department of Social Services and Cindi Jones, Chief Deputy Commissioner of Virginia’s Department of Medical Assistance Services.

Also presenting was Matthew Lusalco, Associate Dean of the Eastern Virginia Medical School and eight speakers on an array of both health and mental health topics. New members were recruited into the state chapter and the National publications were sold to attendees. Since its inception, conference exhibitor and sponsor space has sold out at this event and further contributed to the sense of collaboration among providers and professionals. Kimberly Woodring was honored with the Thomas Carlson Award for outstanding performance as an MSW candidate and Melissa Bellin was recognized for her exemplary work as a social work PhD candidate.

Washington State Society
The Chapter is pleased to announce Brian Giddens, LICSW, previous Chapter President, was selected as NASW’s Washington State Social Worker of the Year. Brian was also named a Department of Health and Human Services Fellow in Primary Care.
Innovative Practice in Social Work: Best Practice Series
Covers state-of-the-art and practice information in specific areas. Included in each monograph is the social work function, practice issues, role definition, ways to integrate skills from one area to another, practice settings, outcome measures, model programs and competencies related to specific areas.

Social Work Practice in Public Health
Matthew Henk, MSSW, CSW and Kristine Siefert, PhD, MPH, ACSW
Public Health Social Work is defined and given a historical backdrop and broken down into the key components: assessment, targeting populations, primary interventions, planning strategies and evaluations. Examples of how these components work in the practice setting are provided. The authors delineate the steps the social worker takes to address the public health from patient to community.

Social Work Practice in Domestic Violence
Cathy Mazzotti, CSW
A brief summary of the scope of Social Work practice in the arena of family/partner violence. The author guides the reader through the definition of domestic violence, how to screen, practice implementation, core competencies and barriers to practice.

Social Work Practice in Primary Care
Kristine Siefert, PhD, MPH, ACSW and Matthew Henk, MSSW, CSW
This monograph covers the scope and origins of the social work role and definition. Early identification and intervention are among the tools included in the 14 components of the primary care settings. This guide gives the reader a sense of the specific functions and tasks the social worker performs and how they can engage individuals, families, and communities in prevention.

End of Life Care Giving (Revised Edition)
Susan Taylor Brown, PhD, MPH
Social workers provide a broad range of services to the dying and their families. This monograph details the role, function, best practice standards and resources available. Social workers are often considered the hub of the multidisciplinary process, and the content of this monograph illustrates why the family and the multidisciplinary team rely heavily on the social worker to make the end of life a time for giving quality care.

Cultural Competency Tool
Olivia Hester, Rosalind Sims, MSW, ACSW; Tom Zachery, Susan Oliver, Delores Caritzles, Craig Jackson, Alice Kitchen, LCSW, MPA
This personnel evaluation tool is designed to help supervisors identify, educate and evaluate employees to become increasingly competent in working with coworkers and families. The tool describes the behaviors and the levels of achievement, and is designed to be used by both supervisor and supervisee. The format guides the supervisor identifying employee areas of growth, cultures to pursue increased knowledge and appreciation of, as well as how to document problems.

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SSWLHC Bookmarks

The bookmarks are a nice way to showcase the important scope of services that social workers provide to patients and families.

SSWLHC Bookmarks

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