

New initiative helps environmental justice emerge from the shadows



22

6

Researchers call for a public health approach to child welfare

# GEORGE WARREN BROWN SCHOOL

of Social Work

# SOCIAL IMPACT™



New book celebrates near a century of social work at Washington University

37

42

Study shows autism symptoms can improve into adulthood



## Connecting Individual Health with Public Health

Bringing Together the Science and Practice of Social Work, Public Health, and Medicine to Tackle Pressing Health Problems



Washington University in St. Louis



## MENTORS IN SOCIAL WORK

Jeffrey Dreyer, MSW '83, visits with a student in the newly renovated Commons area in Goldfarb Hall. Dreyer participates in the Mentors in Social Work program, a new initiative that matches international Brown School students with alumni who provide a range of social and academic assistance.





**In This Issue:**

- 2 FROM THE DEAN
- 4 PERSPECTIVES
- 12 INTERVIEW
- 36 NOTEBOOK
- 42 CELEBRATE OUR HISTORY

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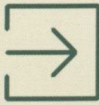
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**FEATURES**

14

**Connecting Individual Health with Public Health**

New interdisciplinary approaches are needed to solve today's health care challenges. The solution lies at the nexus of social work, public health, and medicine.

22 

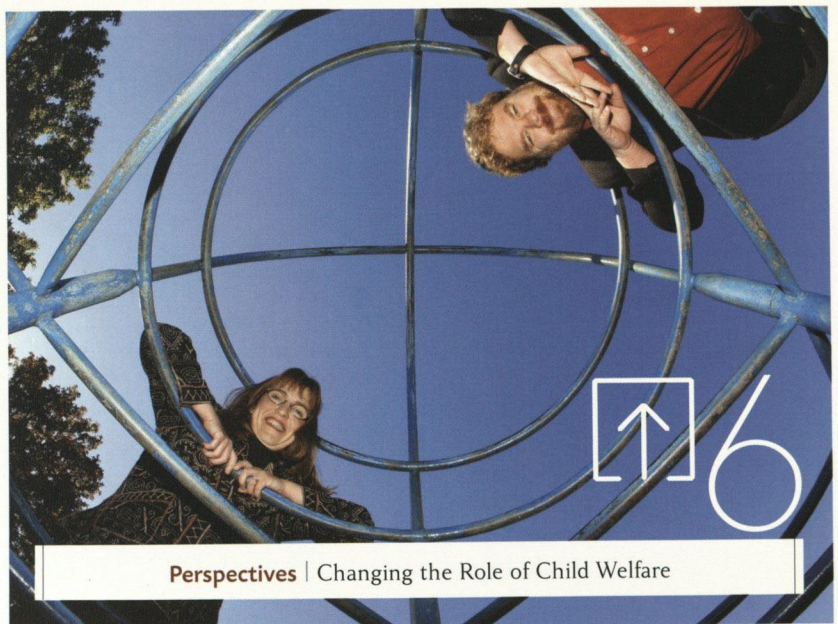
**Green Dream**

The social work profession has been slow to engage the issue of environmental justice, but a student-led initiative may spark new interest.

30

**Serving Soldiers**

The needs of returning veterans have changed, which has opened opportunities for new collaborations between schools of social work and the Department of Veterans Affairs.



**Perspectives** | Changing the Role of Child Welfare



FROM THE DEAN Edward F. Lawlor

Photos by Gerald Henry



Collaboration and interdisciplinary work are strong undercurrents of our plan. For example, in our cover story, you will read about the connections between public health and social work, two professions that emerged from the social reform movement of the early 20th century.

This story is particularly timely. This summer we welcomed several new public health faculty that will help us advance our School's research in this area and prepare for the development of our new Master of Public Health degree. You can read more about our new faculty and their areas of interest and expertise in this issue and on our web site.

REMEMBER THE PAST. IMAGINE THE FUTURE.

# Celebrate Today.



We welcome your reactions and suggestions.

Please e-mail [socialimpact@wustl.edu](mailto:socialimpact@wustl.edu) with your news, comments, or ideas.

**T**HESE THREE PHRASES express a recurring theme at the Brown School. First, we spent the past two years chronicling our history, a project that culminated in April with the publication of a book titled *What We Believe—A History of the George Warren Brown School of Social Work: 1909-2007*. The book weaves together the rich and sometimes turbulent history of our School, while capturing the history of the profession. In this issue of *Social Impact*, you will see excerpts and images from this new book.

History is also in the making. We have started implementation of the School's next 10-year strategic plan. Our plan not only outlines a bold set of initiatives with evidence-based social work at its core, but also encompasses a set of new educational programs and research initiatives at the nexus of public health, human service leadership, and international social and economic development.

Public health is also top of mind across the University, having recently launched a new Institute for Public Health, which brings together the wide range of public health-oriented research already occurring at Washington University. I am honored

to serve as the Institute's founding director, working closely with deputy director Graham Colditz, MD, DrPH, a professor at Washington University's School of Medicine and associate director of prevention and control at Siteman Cancer Center. Together we look forward to advancing the University's collective public health work and bringing together a wide range of professions and disciplines to address health disparities in St. Louis and around the globe.

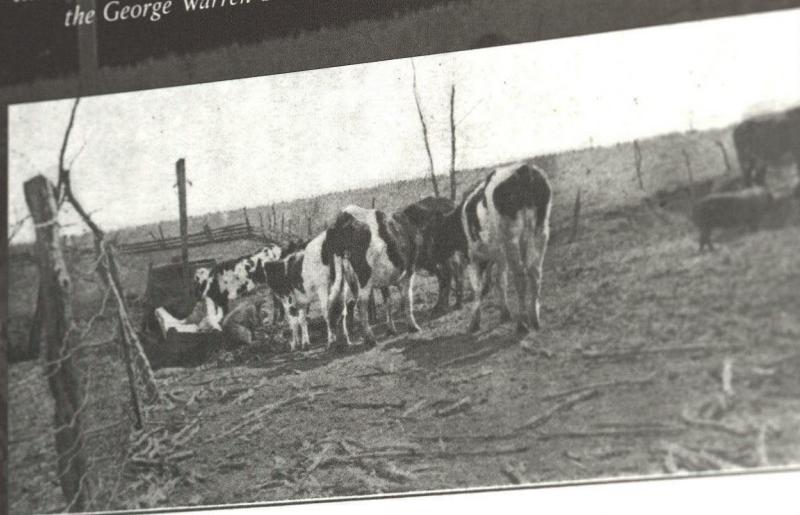
I am excited by what the future holds for our School and for our University. I will share more with you about our new initiatives and directions in *Social Impact* and in other communications. As always, I welcome your ideas and suggestions.

EDWARD F. LAWLOR  
Dean and the William E. Gordon  
Distinguished Professor



## 1911: THE MILK PROBLEM IN ST. LOUIS

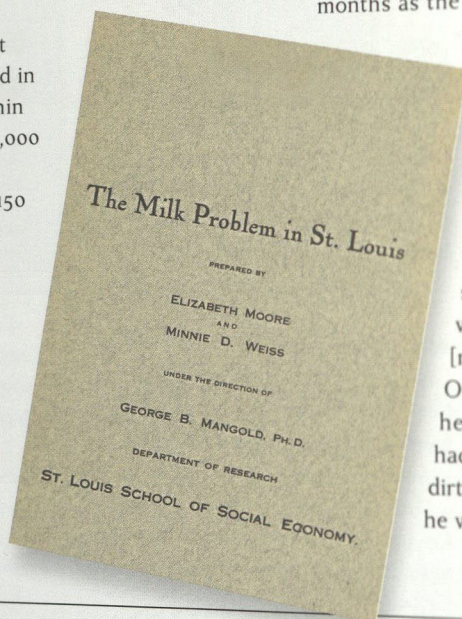
Early research from the St. Louis School of Social Economy, a forerunner to the Brown School, focused on public health issues. Read more about the early work of the Brown School in *What We Believe—A History of the George Warren Brown School of Social Work: 1909-2007*.



CAN GOOD MILK COME FROM THIS DAIRY?

“The St. Louis School of Social Economy has made an extensive study [that] shows poor milk to be a cause of sickness and mortality...”

“It is estimated that about one-fourth of the milk sold in St. Louis is produced within the city. Approximately 5,000 cows are kept here, in 175 dairies having from 4 to 150 cows each. Most of these cows stand in the stable month in and month out....In addition, many of these dairies feed ‘brewer’s slop’; and...the milk and even the cream from such a dairy is a ghastly, chalky white that differentiates it instantly from country milk...”



“In the east end of the city...bottle-fed babies are the ones most subject to disease....The breast fed baby of the alley with its many disadvantages has as good a chance for life during the first nine months as the bottle-fed baby of the avenue using cows’ milk...”

“The milk supply of St. Louis needs to be produced under clean conditions by clean milk men, be carried to St. Louis under proper refrigeration and when retailed meet the required standards of coolness. When a woman once remarked to Dr [noted physician Sir William] Osler that Providence had taken her baby he replied, Providence had nothing to do with it, it was dirty milk; and the facts show that he was right.” ✕



# Temperature Rising:

## Health Care Reform Is Back

**B**Y THE TIME YOU READ THIS ISSUE of *Social Impact*, the Democratic and Republican National Conventions will be winding down, and we will be headed into to the home stretch of our presidential campaign. And our nominees will be out in full force stumping their ideas and approaches to addressing some of our country's most challenging problems. Health-care reform, alongside the economy and the Iraq war, is on the forefront of voters' minds. Yet despite the interest, voters are having difficulty determining which of the proposals best resonate with them.

"During this campaign season, polls have shown that few people can actually identify aspects of the various plans that reflect their own values with respect to health care reform," says Brown School Dean Edward F. Lawlor, a national health policy expert. "As we get closer to the actual election, perhaps this will change."

During a recent presentation on health reform, Lawlor advised voters to get a better understanding of health reform proposals they need to probe on four key areas: cost, access, quality, and choice.

**1 COST:**  
"Cost is often at the heart of many health-reform proposals, yet there are many different notions of what the cost issue is. For some it is the out-of-pocket costs one must pay for care; for employers, it is the

cost paid for coverage; and for others it is to reduce the total cost or cost growth of the system overall."

**2 ACCESS:**  
"Many plans emphasize different elements of access to care. Expanding insurance coverage to the uninsured is the obvious one, but it could also mean addressing availability of services in rural and urban areas or addressing health disparities among different populations."

**3 QUALITY:**  
"Health reform proposals should address ways to improve the quality of care. Research shows that slightly more than half of the care provided in this country is not delivered in the right way, at the right time, and in the right setting."

**4 CHOICE:**  
"Although choice wasn't in the mix a decade ago, it is now in the DNA of almost any health reform proposal. But the definition of choice can vary—choice of health plans, choice of providers, or choice of pharmaceutical coverage."

### What's Missing?

Lawlor comments that although health reform proposals vary in the level of detail they provide, almost all skirt issues of how to pay for their recommendations or offer solutions for how to address health care safety nets that are slowly unraveling.

"Public hospitals and other safety net providers are in critical condition,"

## Health Care Fast Facts

**\$2.2 trillion**

Amount that U.S. was projected to spend on health care in 2007; more than the combined economies of France and Spain

**\$7,500**

Average spending per U.S. resident

**47 million**

Number of people who do not have health insurance

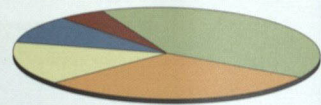
**45** Where the U.S. ranks in life expectancy out of all industrialized nations

**47** Where the U.S. ranks in infant mortality out of all industrialized nations

**10%** Percentage of people who account for more than 60 percent of health care spending

Source for above: Kaiser Family Health Foundation. "Trends in health care costs and spending." September 2007.

### What determines our health?



- 40% influenced by our behaviors
- 30% influenced by genetics
- 15% influenced by social circumstances
- 10% influenced by health care
- 5% influenced by environmental exposures

Source: Schroeder, Steven. "We can do better—improving the health of the American people." *The New England Journal of Medicine*. Volume 357:1221–1228, No. 12. September 20, 2007.

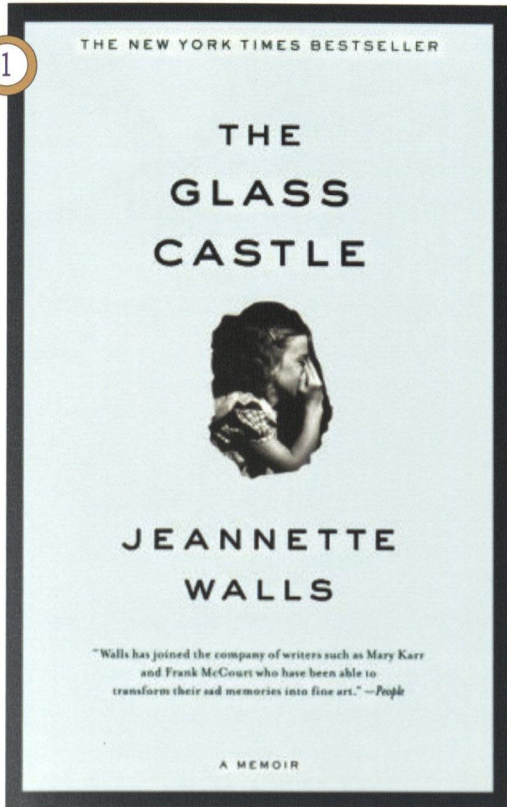
says Lawlor, "leaving some of our most vulnerable populations without a place to turn for health care."

Lawlor, however, is optimistic that pent up concerns by business, providers, consumers, and government will lead to real change in the system. Change, he adds, that will begin at the voting booth. ☒





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# Bookshelf

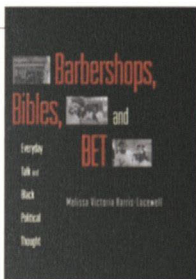
## From Incentives to Intuition: What Faculty and Staff Are Reading

**T**HE BROWN SCHOOL book club continues with a number of new selections.

**THE GLASS CASTLE**  
*By Jeannette Walls*

This memoir provides a unique look at the turbulent life of a child of eccentric and nomadic parents. This story of resiliency explores issues of homelessness, substance abuse, child neglect, love, and loyalty.

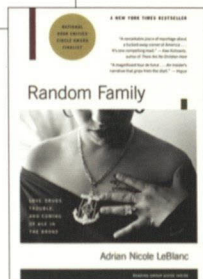
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**BARBERSHOPS, BIBLES, AND BET: EVERYDAY TALK AND BLACK POLITICAL THOUGHT**  
*By Melissa Harris-Lacewell*

Using a variety of research methods, Harris-Lacewell investigates the different aspects of African American political ideology and opinions.

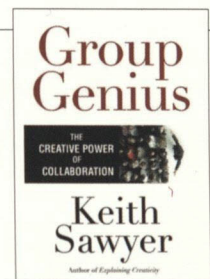
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**RANDOM FAMILY: LOVE, DRUGS, TROUBLE, AND COMING OF AGE IN THE BRONX**  
*By Adrian Nicole LeBlanc*

Pulling from a decade of research and interviewing, journalist LeBlanc examines the real-life struggles of people living in poverty.

4



**GROUP GENIUS: THE CREATIVE POWER OF COLLABORATION**  
*By Keith Sawyer*

Is creativity an individual gift or a group effort? Sawyer, an associate professor of education at Washington University, says it is the latter. This book highlights his research and illustrates ways we can tap into our collective creative energy.



connect

DO YOU HAVE A BOOK TO SUGGEST?  
E-mail [socialimpact@wustl.edu](mailto:socialimpact@wustl.edu)



Changing the Role of

# Child Welfare

By Betsy Rogers | Photo by Geoff Story

**C**HILDREN HAVE A POWERFUL PAIR OF FRIENDS in Melissa Jonson-Reid and Brett Drake. This husband-and-wife team of associate professors bring disparate skills but a shared passion for children's welfare to their research and teaching at the Brown School.

"Are we as a society," Drake wonders, "legitimately going to take responsibility for providing the level of help some people need to successfully raise their children?"

His question reflects what both see as tension in the child welfare realm: Should child welfare be approached from a criminal justice perspective that treats abuse and neglect as discrete incidents or should it be approached from a public health perspective that takes a more comprehensive view?



"A report to child protection is triggered by an event," he explains. "It starts out like a police report that is investigated to find evidence. This approach—set by the organization of the system—can contrast sharply with the goal of the child welfare worker who is trying to assess the need for services. Nationally, child welfare agencies are struggling to understand whether they are expected to operate like police responding to specific events or more like a support agency providing services as needed to help people live their lives better and to help children develop in a healthy way."

"Child welfare wants to be and strives to be the latter," Jonson-Reid says, "but they get stuck sometimes in the former for a variety of reasons." A public health approach would help move child welfare from assessing and preventing an action to thinking about how to support healthy families, she said.

One important reason that child welfare is often limited is the urgency of child protection in severe cases. Right now, more intensive intervention is largely driven by substantiation, which many mistakenly confuse with whether or not maltreatment exists. Children whose mistreatment is substantiated by investigators' reports, logically enough, require attention and services, including, for some, foster care. Depending on the state and the situation, children whose reports cannot be substantiated may or may not receive services. This is unfortunate because many unsubstantiated cases need services and without them pose serious risks in terms of child outcomes. "You can have a severe injury and be unsubstantiated because there's not enough evidence," Drake explains. "Or you may not have enough obvious harm to substantiate a neglect case, yet have conditions that have tremendous impact on child development. A family without a substantiated incident of maltreatment may still truly need services."

In fact, the pair's research shows that negative outcomes occur almost as frequently for children in the unsubstantiated category as for those whose reports are substantiated. A child who has been reported for abuse or neglect faces tough odds, whether or not the report is able to be substantiated. "Without successful intervention, the majority of cases are at similarly high risk for many things," Jonson-Reid says. "They're more likely to die accidentally. They're more likely to be in the special education system. They're more likely to contact the juvenile court system."

"So," Drake concludes, "it looks like child welfare reporting is an accurate identification system for finding a special population of high-need families. The problem is how to

better meet those needs once contact is made. We feel very strongly that as a society we must do our best to meet the needs of longer term well-being and not simply restrict response to a specific reported maltreatment event. The question is: How can we (researchers, government and community agencies, policy makers) work together to help these families?"

A public health model offers the promise of addressing these needs, whereas the criminal justice model is not designed to do this. Child neglect, for instance, often occurs below the "investigative radar" for substantiation, though recent research has illuminated its serious, long-term effects. "For a long time people thought neglect was the lesser trauma," Drake observes. "Now everybody is finding pretty uniformly that neglect is at least as serious as abuse, sometimes more."

Jonson-Reid and Drake themselves have conducted an eight-year study funded in stages by select agencies such as the National Institute of Mental Health, National Institute of Justice, the Department of Education, and currently solely by the National Institute of Mental Health. The study looked at outcomes for abused, neglected, and low-income children—death rates, accidents, delinquencies, and so on. Findings are shared with partner agencies and used to help identify better timing for collaboration and needed policy change. For example, the findings raise the profile for the need to address neglect.

"Neglect," Jonson-Reid observes, "is the absence of all those things that you as a child depend on to develop. You need cognitive stimulation, basic nutrition, and health care to offset developmental delays, and a certain level of protection, particularly if you don't live in a nonviolent neighborhood. You have to have someone who's competent in advocating for you. You have to have a parent who will enroll you in school and support you. It's not surprising, when you think about it that way, that neglect could have a powerful impact on your development."

Closely related to maltreatment is poverty and the stresses it places on families. The notion that child abuse and neglect are democratically distributed across all income levels is a myth, Drake argues. "It's just harder to parent if you're poor," he asserts.

"Imagine being in a little apartment with two or three children and no livable income," Jonson-Reid suggests. "You don't have resources or easy access to services. You don't have day care. You don't have a supermarket nearby. You have to pay more for groceries. You don't have transportation."



Drake picks up the thread. "Your income tells the story, but your income isn't just how many dollars you have in your pocket. In low-income areas, you may have fewer people and organizations in the community who can help, you may have more people who can hurt (crime, etc.), and you have greater potential for bad role models as children grow up in high poverty communities. If you tell me the income of a geographic area, I can give you a pretty good estimate of how high the maltreatment reports will be compared to other areas," he says. Services must therefore address not just discrete incidences of parenting problems but ongoing family well-being.

The pair's research continues with a new three-year grant from the Centers for Disease Control and Prevention (CDC). Building on their previous work, they are turning now to young adult issues. "Do these children and adolescents continue to struggle throughout their lives?" Jonson-Reid wonders. Do they continue to be victimized? Do they become perpetrators themselves? Answering such questions helps target intervention but also can help society understand the benefit of investing in earlier effective approaches to helping families that come into contact with child welfare. The new funding, the first direct CDC grant to the Brown School, runs through 2010.

"Many people hear the term  
'evidence-based practice'  
and falsely believe that it's  
simply about using practices  
that seem to have been proven.  
That's not it at all."

With research at the core of their shared vocation, it is not surprising that Drake and Jonson-Reid are leaders in the School's advancement in evidence-based practice. "Many people hear the term 'evidence-based practice' and falsely believe that it's simply about using practices that seem to have been proven," Drake notes. "That's not it at all. It's about evaluating that evidence" as one of three critical components, along with the client's values and the social worker's professional judgment.



The shift to EBP started in medicine in 1992, made possible by searching technologies and the access they gave individual doctors to the latest primary data. These changes meant that front-line physicians no longer needed to depend on hearsay or "the way things are done" but could instead quickly find and evaluate the best available evidence. Doctors in the trenches could now access the latest research and combine it with their professional judgment and the clients' conditions to craft the best medical advice.

The Brown School is leading a discipline-wide effort to move this model into social work. As part of a novel accreditation initiative, the school is integrating EBP throughout its curriculum, and Drake and Jonson-Reid are deeply involved. "The Brown School is updating the curriculum to reflect the EBP model," Drake says.

In a field as vast as social work, changing the fundamental model is a tall order. "It's the right thing to do, but it's a huge thing to do," Jonson-Reid acknowledges. "It demands more of the practitioner. You really have to take responsibility for finding information and figuring out what will work."

Teaching research methods and the EBP paradigm brought the pair to a new venture, just completed. In their new book, *Social Work Research Methods: From Conception to Dissemination* (Pearson Education, Inc.; 2008), EBP constructs inform every chapter. "If EBP is going to work it has to be demystified," Jonson-Reid says.

The book evolved from their teaching. "He was teaching methods and I was teaching statistics," Jonson-Reid explains. But it's important to integrate the two. "You want to understand how they flow together," she says. "We couldn't find any single book we liked that would cover everything."



There is a unique book that guides the reader through not just the research but an entire project. "It's meant to be like a book you buy at Home Depot about how to install paneling in your house," Drake explains with a grin. Along with discussions of values and ethics, literature searches, methods, project design, computer applications, and myriad other topics, it describes five fictional researchers tackling diverse projects and follows them through the process from start to finish. "We think people learn best from examples," Drake observes.

Because social science research is rarely tidy or linear, Jonson-Reid adds, "we talk about the messiness."

Many research methods textbooks appear to assume that a project proceeds neatly from step to step, but, Drake says, "this almost never happens. You start, you go forward, you go back. You get all the way to here and a reviewer asks, 'Have you considered this factor?' And we'll say, 'whoops,' and we'll go all the way back, include that, change the design slightly, and reanalyze the data."

Including the word "dissemination" in the title speaks to the importance—and the challenge—of moving new findings and knowledge into the hands of practitioners and policy-makers. "We're (social work researchers) getting better," Jonson-Reid asserts. Grantors are expecting researchers to share their findings more widely; agencies

are getting better about asking for data to assess their services. Both she and Drake serve on various boards and work with local and state agencies, giving them additional avenues for disseminating key research discoveries. They adapt scholarly journal articles for publications serving practitioners.

Technology also is helping, and indeed a comprehensive online search function is being explored as a key component of the Brown School's EBP initiative, Drake says.

Jonson-Reid and Drake are both California transplants. Both earned their PhDs at the University of California—she at Berkeley, he at Los Angeles. But they met and forged their personal and professional partnership in St. Louis, on the Brown School faculty, where he started to work in 1991 and she in 1997. It's a partnership that they prize.

"I can't imagine working any other way," Drake says.

"We collaborate really well," his wife notes. "We have overlapping but not identical interests."

"It's very helpful to me," Drake resumes, "because, for example, we have unique programming skills. I do things she can't do and vice versa. She's very good at understanding and establishing patterns and seeing how things fit together and doing mathematical models that look at complex systems. I'm very good at making small specific things happen incrementally and being absolutely certain that something is what it is."

"I've never met anyone who could specify something as clearly as Brett," says Jonson-Reid. "He has a very ordered mind. He also has a really strong ethic about making things better and doing the best thing for people."

Daunting as child welfare issues seem, Jonson-Reid is hopeful. "These are large problems," she readily acknowledges. "I would prefer that no child be in such databases at all. But social work and social science researchers and agencies are working together more now, and this type of research helps us think about more effective approaches. For example, our state child welfare agency strives to fund and support prevention as well as intervention. Agency, researchers, and policy makers are working together to figure out ways to develop communities so there are more opportunities and less violence. We have to remind ourselves that these problems are fixable." ☞





PERSPECTIVES SEED for Oklahoma Kids

Center for Social Development and  
the State of Oklahoma Announce

# SEED for Oklahoma Kids

BY ELLEN ROSTAND

The Brown School's Center for Social Development generated a wave of news this summer with the announcement of SEED for Oklahoma Kids or SEED OK, a seven-year study designed to determine the economic and educational impact of "seeding" a college savings account for children at birth. As part of the study, which is a collaboration between the Oklahoma State Treasurer and CSD, more than 1,000 Oklahoma babies receive a \$1,000 jumpstart on saving for college.





Although the announcement came in June, the work began in 2005 when CSD, through a competitive bid process, selected Oklahoma as its study partner. Beginning last year 2,708 randomly selected Oklahoma families with newborns agreed to participate. Half of the newborns in these families received \$1,000 in a special SEED OK account in the Oklahoma 529 College Savings Plan. Families also can make additional deposits in their own accounts. As part of the study, these deposits may be matched with up to \$250 per year for four years, depending on income eligibility. The other half of the children received no money, but their parents will participate in the study by completing periodic interviews about their saving behaviors.

"The theory behind SEED OK is to determine how saving and accumulating assets within a household affects the family and educational achievement of children," said CSD founder Michael Sherraden at the June 3 press conference. "For instance, we anticipate that having an account for college education will lead parents to think positively about college opportunities for their children. Maybe they will be more likely to turn off the TV and read to their young children. We will be asking these questions. Research

"We are excited by the prospect that the SEED OK study will help craft national policy for asset-building among children, youth, and families. Seeding of college savings accounts has the potential to go a long way toward ensuring that children become true stakeholders in America's economic future."

-Oklahoma Governor Brad Henry

results will inform future policy for child development accounts, not only in Oklahoma, but in many other states as well. If results are positive, the policy goal will be to have an account for every newborn in the nation."

Sherraden added that Oklahoma was chosen due to the diversity of its population, the strong working relationships between the Oklahoma State Treasurer and other state agencies such as the State Health Department, excellent features of the Oklahoma 529 College Savings Plan,

and commitment to the SEED OK policy innovation and research.

The Ford Foundation provided early support for the launch of SEED for Oklahoma Kids and is now the major funder. Additional support is provided by the Charles Stewart Mott Foundation and Lumina Foundation for Education. RTI International is the study's survey research firm.

SEED OK is part of a larger initiative called Saving for Education, Entrepreneurship, and Downpayment (SEED), which is designed to inform a policy that would create accounts beginning at birth for all children in the United States. Other projects in SEED include community-based studies and state and federal policy projects. Partners in SEED include the Corporation for Enterprise Development (CFED), the University of Kansas School of Social Welfare, the New America Foundation, and the Initiative on Financial Security of the Aspen Institute. ☒





INTERVIEW with Julian Le Grand

Q&A with

BY ELLEN ROSTAND

# Julian Le Grand



**H**EALTH STATUS IS LARGELY DETERMINED BY HEALTH BEHAVIORS such as smoking, diet, and exercise. Yet changing these behaviors can be challenging. Julian Le Grand, the Richard Titmuss Professor of Social Policy at the London School of Economics and Political Science, argues that one solution is to simply change our default choices. Le Grand, author and advisor, is one of the principal architects of the United Kingdom's current public sector reforms introducing choice and competition into health care and education. This spring he visited with students, faculty, and staff to talk about the problems of excess, preserving choices, and behavioral economics.

**Ellen Rostand:** How would you characterize some of the health care challenges we face today?

**JULIAN LE GRAND:** I would characterize them as problems of excess. Prior to World War II we had all sorts of social problems, but on the whole these were problems of having too little: too little education, too few jobs, and not enough health care. Since WWII, we've seen a reversal. We've seen an enormous growth in health care spending, growth in education, and growth in the incomes of the poor,

"...the problems of too much are the results of choices and decisions that people have made for themselves.... the biggest barrier is philosophical and relates to role of government."

although not as much as we would like. In a way, our problems are not the problems of too little, but the problems of too much. For example, we tend to eat too much, drink too much, and engage in too many sedentary activities.

**ER:** We all struggle to make changes in our health behaviors. How do we remove some of the barriers and begin to adopt better habits?

**JLG:** It isn't easy because the problems of too much are the results of choices and decisions that people have made for themselves. So the biggest barrier is philosophical and relates to the role of government. That is, should the government attempt to save people from themselves? In some ways the government does have that right, particularly if the behavior is harming other people.

**ER:** Your smoking permit concept is an example of how the government can intervene in a way that both improves health and preserves individual choice.

**JLG:** The smoking permit idea comes from a new area of economics called behavioral economics. In behavioral economics we've learned that the default matters. For example, if you offer a retirement plan that you have to opt into, then only about 20 percent of people will choose to participate. However, if you automatically enroll people and require those who don't want to participate to opt out, then only about 20 percent opt out. The choice is exactly the same, but the outcome is dramatically different.

With the smoking permit, each year a person would have to decide whether to opt in to smoking. In order to buy tobacco, a smoker would have to get the permit. The decision to smoke still rests with the individual, but the default is that they have to make a decision to smoke each year.

**ER:** Who has opposed this idea?

**JLG:** I like the idea of competition and markets, so I'm used to being attacked from the left. On the smoking permit issue, I was attacked from the right, which I find ironic because what I am proposing is more libertarian than just banning smoking in public places. This idea doesn't ban anyone from doing anything, it just changes the default.

**ER:** This is an election year in the United States. What should our country do to address some of the health care challenges we face?

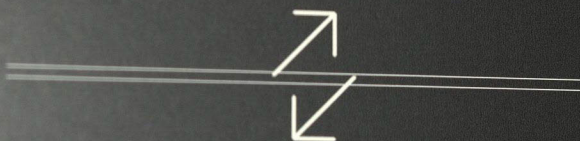
**JLG:** Although many of the criticisms of the U.S. health care system are fair, other countries look to the U.S. for new ideas in clinical medicine and in health care service delivery. The absence of a unified health system actually results in many different systems from which we can learn. I believe, however, that having a universal, single payer health care system can address many of the cost and access issues faced by the U.S. No health care system is perfect, so what we are really doing is looking for the least worst. ☒



# Connecting INDIVIDUAL HEALTH WITH PUBLIC HEALTH

Bringing Together the Science and Practice of  
Social Work, Public Health, and Medicine to  
Tackle Pressing Health Problems

By Judy H. Watts



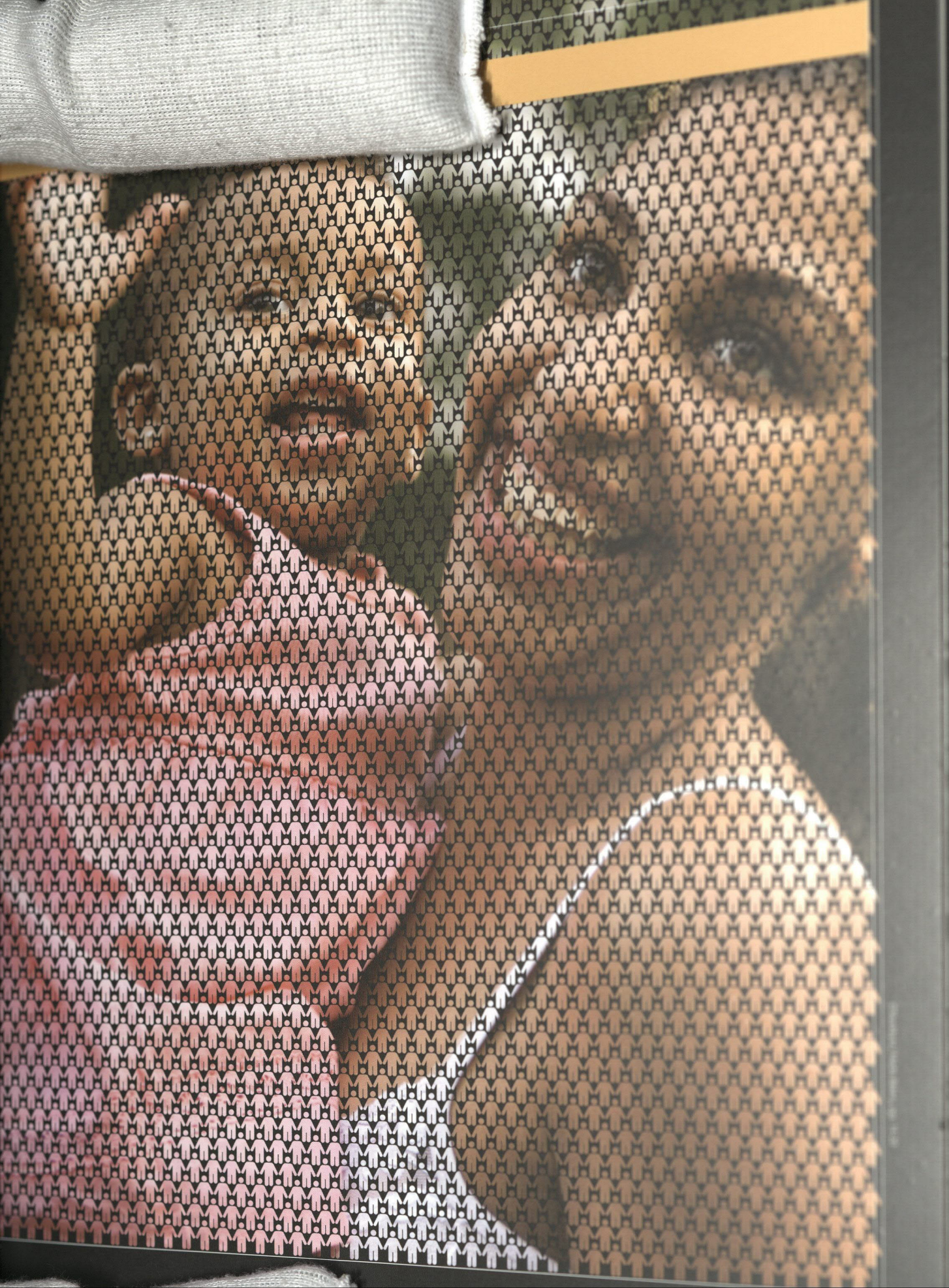
**C**ascades of biomedical discoveries in recent years promise to transform the way we think about our individual and collective health needs. Yet despite this progress, the national health care landscape is clouded. In addition to universally feared afflictions such as cancer and neurodegenerative disease, obesity is epidemic. Twenty-one million people in the United States suffer from diabetes and its complications such as heart disease and stroke. Other concerns range from the high incidence of cigarette smoking among teens to widespread anxiety and depression among adults and youth.

The fruits of research and new knowledge "haven't necessarily been translated to the community level," says Robert Freund, chief executive officer of the St. Louis Regional Health

Commission. "Today, many of the top killers—diabetes, heart disease, lung cancer—and the high health care costs that accompany them are driven by behavior choices. Increasingly, we have to understand how people behave and how to alter that behavior."

David Abrams, director of the Office of Behavioral and Social Sciences Research at the National Institutes of Health, frames it this way: "a huge chasm exists between biology and molecular and genetic mechanisms and any impact on public health—on all of society. I believe social work is somewhere in the middle of that, as a bridge." With its emphasis on evidence-based research, "social work is ideally positioned knowledge to potentially bridge individual behavior to population behavior and norms and culture."







Noting that Washington University is part of a major national initiative designed to speed translational research (taking the fruits of research from bench to bedside to community), Edward Lawlor, dean of the Brown School, sees in the moment an imperative. The times require “bringing together both in science and in practice the worlds of medicine, public health, and social work,” says Lawlor.

“As the benefits of science and prevention are increasingly brought to communities, public health and social work will have increasingly greater roles in that enterprise.”

### Comparing Cousins: Social Work and Public Health

**S**ocial work and public health have more commonalities than differences.

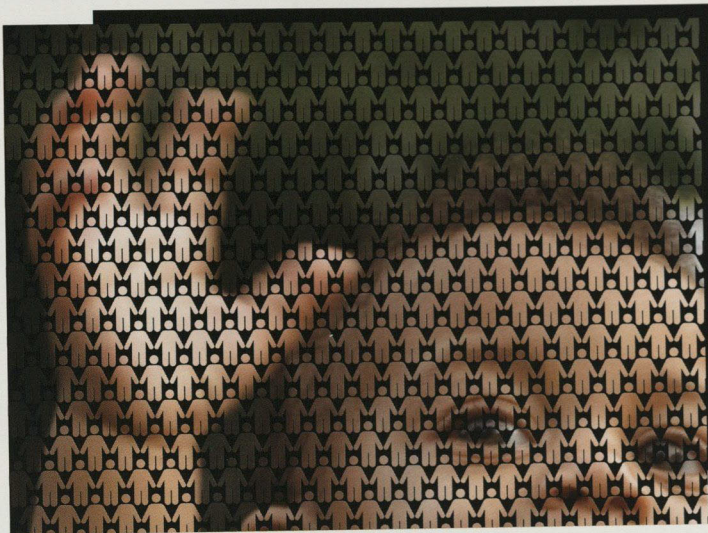
Both professions emerged from the social reform movement of the late 19th and early 20th centuries, the era of the settlement house movement. In fact, membership of the American Public Health Association, which was founded in 1872, included large numbers of social workers in the first several decades.

The two disciplines also share a strong commitment to social justice, advocacy, and political action, and a holistic approach to health outcomes—which encompass assessing individuals’ physical health and the behavioral and social factors that affect it. And many of the federal and state social policy programs over the past century have had significant impact on the two fields.

Both professions are committed to involving consumers and community members in policy development, and in planning, delivering, and evaluating interventions. Each discipline places a premium on wide-ranging course work, evidence-based interventions, and field-based practical experience under the guidance of seasoned practitioners.

Career paths are converging as well. Graduates of the Brown School, like graduates from social work schools across the country, are entering public health settings in greater numbers than ever. They are involved in the health delivery system, including administration, and are interested in a population-based assessment of its effects. New roles in the health sector include participating in health policy from local to international levels. Similarly, public-health graduates are moving into policy and social work settings, according to Lawlor.

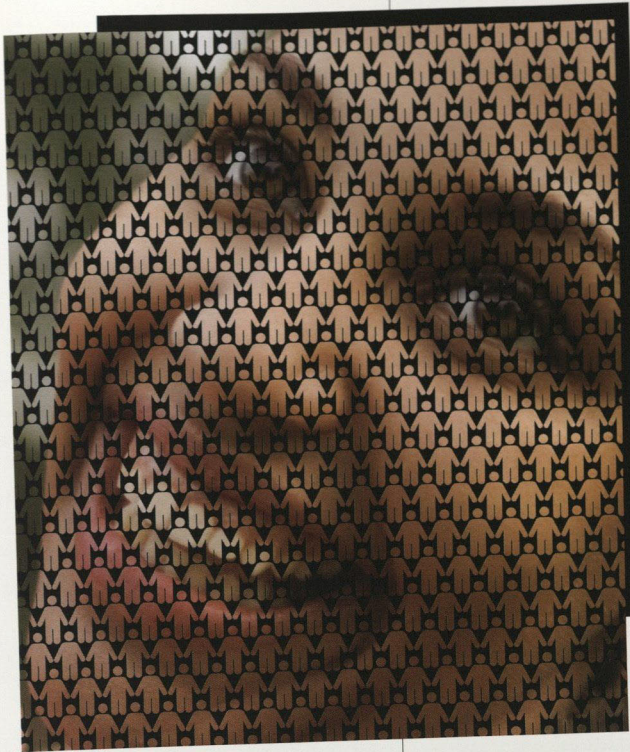
Vincent Mor, professor and chair of the Department of Community Health at the Brown University School of Medicine, sees an opportunity for the two professions to forge stronger ties. “The need for interdisciplinary con-



“Today, many of the top killers—diabetes, heart disease, lung cancer—and the high health care costs that accompany them are driven by behavior choices. Increasingly, we have to understand how people behave and how to alter that behavior.”

Robert Freund, chief executive officer, St. Louis Regional Health Commission





↗  
↙ With its emphasis on evidence-based research, "social work is ideally positioned knowledge to potentially bridge individual behavior to population behavior and norms and culture."

David Abrams, director of the Office of Behavioral and Social Sciences Research, National Institutes of Health

nectivity between social work and public health is clearly an area of overlapping potential. It is something that should happen, for example, in a community-intervention program."

### The Emerging Bio-psycho-social Approach

The public health and social work disciplines are not only connected on a professional level, but on a scientific one as well. NIH division chief David Abrams is emphatic that social scientists such as social workers and public health professionals, along with psychologists, sociologists, and more, must collaborate with one another and with medical and biological scientists in order to drive change at all levels. "Findings suggest so clearly that in utero- and early-childhood adversity

such as poverty, violence, unpredictability in the household—areas in which social workers are exquisitely interested and have done groundbreaking research—are stressors that actually change protein and gene expression in the brain," Abrams says. "Permanent structural changes result, so that people are hypersensitive to stress and prone to depression, poor impulse control, addictions, and poor adjustment to adult living. Basic science in the future will have to include integrative research within social work, population science, sociology, and psychology."

This type of integrative science is what will drive change at all levels, Abrams says. "It's not enough to only treat patients one by one in a

clinic," he continues. "That's important but doesn't allow the critical mass of absolute numbers of change to shift population curves. That requires moving from the clinic to the community, to policy that cuts across and enhances everybody's life—not just a few high-risk individuals who happen to go to a medical clinic. After all, if people are in a good environ-

MEMBERSHIP OF THE AMERICAN PUBLIC HEALTH ASSOCIATION, WHICH WAS FOUNDED IN

1892

WAS INITIALLY MADE UP OF SOCIAL WORKERS





ment, their vulnerable genes never need to be expressed and never need to cause disease.”

In other words, social and behavioral scientists working in concert must take their places with biomedical researchers as equal contributors to improving population health, Abrams says. “And just as the genetics revolution has transformed biology, the informatics revolution means exciting possibilities for social work and the social and behavioral sciences.”

### Challenges for Universities

Preparing students for interdisciplinary careers that will increasingly encompass social work and public health will represent a major change in orientation, curriculum, and the knowledge base, according to Larry Shapiro, executive vice chancellor

for medical affairs, dean of Washington University School of Medicine, and the Spencer T. and Ann W. Olin Distinguished Professor of Pediatrics. “I would submit that one can’t have any sort of deep or meaningful understanding about public health without a whole biological perspective to understand the impact of genetic variation, the determinants of health.”

All of which argues in the Brown School’s case, he says, for partnership with the School of Medicine for curriculum development.

Lawlor agrees, citing his own recent Institute of Medicine report on the intersection of social work, public health, nursing, and allied health fields. “Public health traditionally places greater emphasis on epidemiology and biostatistics, whereas social work has been more involved in understanding

the determinants of human behavior in a social environment.”

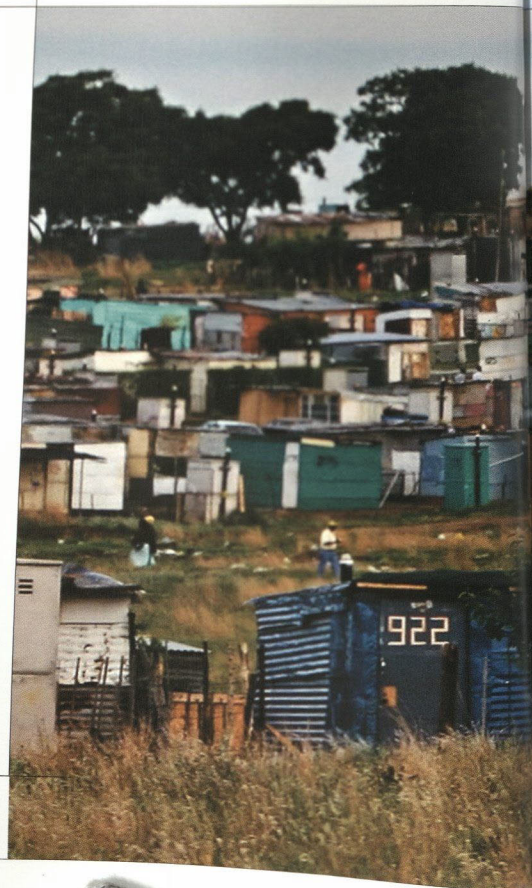
Working with the University’s new Institute for Public Health (see sidebar), which launched in July, this partnership is already under way. Lawlor says he and his University colleagues will be putting together the elements for an accredited Master of Public Health degree, components of which could be offered to social work graduate students as early as fall 2009.

“From our school’s perspective, we’re going to emphasize four particular areas within public health: community, health behavior, policy, and international health,” Lawlor says. “These are all areas of great strength within our School, and there will be a great deal of compatibility between these and where we’re heading on the public health side.”

“We have two great opportunities as a School and as a university right in front of

“From our school’s perspective, we’re going to emphasize three particular areas within public health: community, policy, and international health.”

Edward Lawlor, dean of the Brown School






## WASHINGTON UNIVERSITY PLANS INSTITUTE FOR PUBLIC HEALTH

IN MARCH, CHANCELLOR MARK S. WRIGHTON announced plans for a University-wide Institute for Public Health. The Institute, which holds its inaugural event in September, capitalizes on and integrates the University's extensive existing public health work in biostatistics, community health, environmental health, epidemiology, genomics, health policy, and international health. Led by founding director and Brown School Dean Edward F. Lawlor, the Institute also will be a catalyst for producing new forms of public health teaching and research, and translating medical, social, and physical science discoveries into interventions that improve health. Graham Colditz, MD, DrPH, the Niess-Gain Professor and associate director of prevention and control at the School of Medicine's and Barnes-Jewish Hospital's Siteman Cancer Center, will serve as the Institute's deputy director.

"In the initial planning for public health at Washington University, we estimate that approximately 70 faculty across the University have significant public health training, teaching, and/or funded research projects," explains Lawlor. "And many schools and programs have programs or aspirations in areas of public health research and training as well. Momentum for these efforts is growing, and through the Institute we look forward to tackling issues of public health in innovative ways and responding in new ways to the dramatic need for improving health status in the St. Louis region."

To request information about the Institute, e-mail [publichealthinstitute@wustl.edu](mailto:publichealthinstitute@wustl.edu). To receive information about the Brown School's new MPH program, e-mail [mph@wustl.edu](mailto:mph@wustl.edu).

 **Washington University in St. Louis**  
INSTITUTE FOR PUBLIC HEALTH



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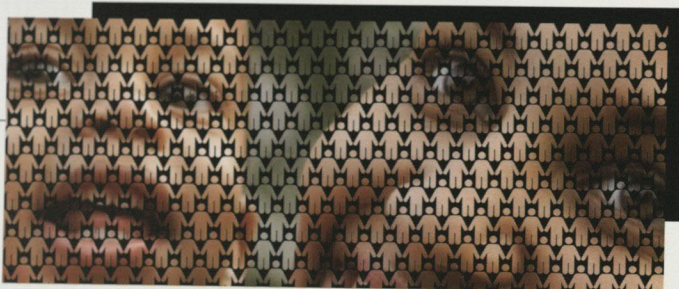
us," Lawlor continues. "One is to systematically address the health status here in the St. Louis region, where many of the health indicators are appalling; the other is to tackle the very big problems of social development and health internationally."

Robert Freund agrees that the University can make a significant impact in this area.

"Washington University should match its many strengths to the nature of the health care sector itself. That sector is a combination of a heavily regulatory and legal environment; some of the most complex business arrangements known to man; medical research and medical care delivery; plus an existing health

infrastructure. The University's strengths match up very well."

But he provides an important caveat: "If academic firepower is applied to the issue of improving health outcomes without the community sitting at the table as an equal partner, changes won't stick. Such extreme distrust exists in areas of communities where health outcomes are very bad that people like Dean Lawlor, who straddle both worlds, can have key roles in shaping improvement. Social work, after all, has a tradition of weaving community voices into policy making." ☒



Public health and social work share a strong commitment to social justice, advocacy, and political action, and a holistic approach to health outcomes—which encompass assessing individuals' physical health and the behavioral and social factors that affect it. And many of the federal and state social policy programs over the past century have had significant impact on the two fields.

## BROWN SCHOOL WELCOMES NEW PUBLIC HEALTH FACULTY

Public health has emerged as an area of focus for the Brown School's long-range strategic plan. To support this effort, Brown welcomed seven new public health faculty this summer. All joined the School from Saint Louis University School of Public Health. Read the briefings below to learn about their areas of expertise. Visit [gwbweb.wustl.edu](http://gwbweb.wustl.edu) to read full bios and to download copies of their CVs.

Ross C. Brownson, PhD, Professor. A leading expert in chronic disease prevention and an expert in the area of applied epidemiology, Brownson has helped define and champion the field of evidence-based public health. His research focuses on chronic disease epidemiology, promotion of physical activity, tobacco use prevention, and evaluation of community-level interventions. Brownson, who holds a joint appointment with Washington University's School of Medicine, is the co-director of the Prevention Research Center—a major, CDC-funded institution that develops approaches to chronic disease prevention in high-risk communities.

Debra Haire-Joshu, PhD, Professor. Haire-Joshu, a health behavior and health policy expert, develops interventions to reduce obesity and prevent diabetes, particularly among underserved youth. She holds a secondary appointment with Washington University's School of



Medicine and serves as associate director of the Medical School's Diabetes Research and Prevention Center. Her current research is supported by a number of National Institutes of Health agencies. Haire-Joshu also has recently served as a health policy fellow in the Office of Senator Barack Obama, and a Robert Wood Johnson Health Policy Fellow for the Health, Education, Labor and Pensions Committee of Senator Edward Kennedy.

**Matthew W. Kreuter, PhD, Professor.** Kreuter, author of *Tailoring Health Messages*, is a national health communication expert. He is the founder and director of an innovative health communication research laboratory that develops targeted communications strategies to culturally diverse groups with the goal of increasing cancer screenings and other positive health behaviors. Kreuter, who also holds a joint appointment with the School of Medicine, holds a National Cancer Institute Center of Excellence in Cancer Communication research grant. Other funders have included the National Institute for Child Health and Human Development, National Institute of Nursing Research, U.S. Centers for Disease Control and Prevention, the office of Disease Prevention and Health Promotion, and the Susan G. Komen Breast Cancer Foundation.

**Douglas A. Luke, PhD, Professor.** A top biostatistician and social science methodologist, Luke has made significant contributions to the evaluation of public health programs, tobacco control and prevention policies, and the application of new methods to community

health interventions. He has expanded the repertoire of statistical methods, particularly the use of social network analysis, in the field of public health. He directs the Center for Tobacco Policy Research and has served on the key community health behavior study at National Institutes of Health. He is active in the American Statistical Association, the International Network of Social Network Analysts, and the Society for Community Research and Action.

**Timothy McBride, PhD, Professor.** An influential health policy analyst and leading health economist, McBride is shaping the national agenda in rural health care, Medicare policy, health insurance, and access to health care. He has been active in testifying before Congress and consulting with important policy constituents in Medicare and rural health policy. He is a member of the Rural Policy Research Institute Rural Health Panel that provides expert advice on rural health issues to the U.S. Congress and other policymakers.

**Vetta L. Sanders Thompson, PhD, Associate Professor.** Sanders Thompson researches issues of racial identity, psychosocial implications of race and ethnicity in health communications and access to health services, and determinants of health and mental health disparities. She has built a unique record of research that blends a sophisticated social science understanding of racial identity with rigorous measurement and community-based participatory research. She is also a licensed clinical psychologist with 15 years of licensed practice. Active

in numerous professional associations including the American Psychological Association, Missouri Psychological Association, and the Midwest Sociological Society, Sanders Thompson serves as an associate editor for the journal, *Contemporary Psychology*.

**William True, PhD, Research Professor.** True's work focuses on the psychiatric genetics of drug and alcohol abuse, traumatic stress, and various affective disorders. He has looked at twins to research his main areas of interest, as well as familial transmission of mental health issues through environmental and genetic pathways. The Veterans Administration, National Institute on Drug Abuse, and National Institute on Alcohol Abuse and Alcoholism have funded his work. True also has a growing interest in global health practice, having been engaged in projects in Peru, Costa Rica, Dominican Republic, and Chile. He is a member of American Anthropological Association, American College of Epidemiology, American Public Health Association, and Society for Epidemiologic Research. In addition to his role at the Brown School, True will serve as the director of health services research and development at the Saint Louis Veterans Administration.



More faculty appointments to be announced in upcoming issues and on [gwweb.wustl.edu](http://gwweb.wustl.edu).









# Green Dream

Environmental justice is emerging  
from the shadows.

By Rick Skwiot

**A**S A SOCIAL WORK DOCTORAL STUDENT IN 1989, Mary Rogge showed her professor a concept paper she had written on the connection between the natural environment and the plight of the disenfranchised and people of color.

"I saw this gray fog come over her," recalls Rogge. "The natural environment and social work—she didn't quite get it, but she did ask, 'Show me how it works.'"

Now 20 years later, Rogge, associate professor at the University of Tennessee College of Social Work, has authored the first entry on environmen-

tal justice ever to appear in the *Encyclopedia of Social Work*, for its 20th edition released this year.

"We have been slow to engage as a profession," Rogge says of social work's inclusion of the natural environment in research, teaching, and practice—a criticism shared by others interviewed here. She knows of no existing specialization or concentration in the United States or Canada for environmental social work—or social work in natural environment, as she prefers to call it. But indicators suggest that may soon change.





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## The Student Vanguard

When Rogge was in graduate school, environmental activism and social work were “compartmentalized,” she says. “I had colleagues who worked for the Sierra Club and other environmental groups but kept it separate from social work.”

Now, however, environmentally savvy and committed students are demanding social work curricula that include the natural environment as a key component in research and practice. One such student is Leah Nguyen, who spearheads the Environmental Social Work Initiative (ESWI) at the Brown School. When she first began study at the School, she was struck by the dearth of environmental focus in her course work.

“It’s incomplete to think about helping people without addressing the environmental crisis. People who have the least resources will always be hardest hit,” says Nguyen. “There’s too much of a divide between environmental and social issues. Environmentalism has historically focused on conservation of pristine areas and social work has focused on accepted social problems. However, the field of environmental justice shows us that there are strong correlations between environmental conditions, economic class, and race. Ultimately, we all have to live in the environment.”

Nguyen and other ESWI members are performing a literature audit at the School with an eye toward working with faculty to provide curriculum recommendations. Additionally, the group is organizing a speakers and skills seminar series to expand practice knowledge of environmental social work; is assessing the Brown School’s energy and resources usage; and is working to develop partnerships in the community for ongoing collaboration in environmental social work practice. ESWI was formed after Nguyen received

resounding support from fellow students for a petition that calls for increased institutional support of “curriculum, programming, school policies, and community actions that respond to the mounting environmental crises.”

One ESWI member, Devin Peipert, concurs that insufficient attention has been paid to the environmental dimension of social work. But Peipert, whose primary area of interest is in environment and international development, remains reluctant to place blame.

“I wouldn’t accuse social work only as being slow to respond to environmental issues. In general, the link between social issues and the natural environment has been underappreciated in the U.S., but there is great potential for this relationship to gain more attention as environmental issues move closer to the forefront of the political landscape,” says Peipert. “A lot of good research has been done, but there’s room for lots more.”

Peipert comments that “the link between social and environmental issues rests in the very real impact aspects of the natural environment have on human well-being” and sees a number of “large, important venues where social workers can think, practice, and affect” communities where these issues exist. He cites public health and the environmental justice movement, noting that “lead poisoning and environmental wastes affect marginalized groups more—those low economically and ethnic minorities.” Practice, policy analysis, and research, says Peipert, “can help communities overcome vulnerabilities to health problems, both nationally and internationally—industrialized nations have used developing nations as the dumping ground for wastes we would not tolerate to be dumped here.”

He sees opportunity for social work researchers and practitioners to impact environmental factors in international development as well. “Often developing nations are more directly dependent on natural resources, and marginalized groups



don't have much political power in determining how forests and other resources are managed."

Peipert predicts such involvement by social work professionals to mushroom: "The perceived relevance of environmental issues is increasing," he says. "I expect it to grow significantly."

## Redefining and Refocusing Social Work

**N**guyen's petition posits that the defining social work perspective of "person-in-environment" demands professional focus on the natural environment, a concept that Rogge supports.

"As a profession, we need to intentionally redefine 'person-in-environment' to incorporate natural environment," says Rogge. "Then it will become more apparent to us what we need to do locally, nationally, and internationally."

She believes that the environment needs to be infused into every aspect of everything social work professionals do, across the micro-macro practice spectrum.

"What does it mean to those among us who have the least? I view it as a justice issue. Justice, according to our national and international codes of ethics, focuses on social justice and economic justice. Environmental justice fits in as a core value," she says.

Rogge sees social work as well positioned to address environmental issues in both physical and mental health, in global economics, and in community development and organization.

"We need to ask as a standard question in social work research and practice, 'What's the connection to the natural environment?' " says Rogge.

Dorothy (Dee) Gamble, clinical associate professor emerita at the University of North Carolina at Chapel Hill School of Social Work, says that adding an under-

standing of the natural environment at all levels—personal, family, community, regional, national, and global—can improve outcomes for all peoples.

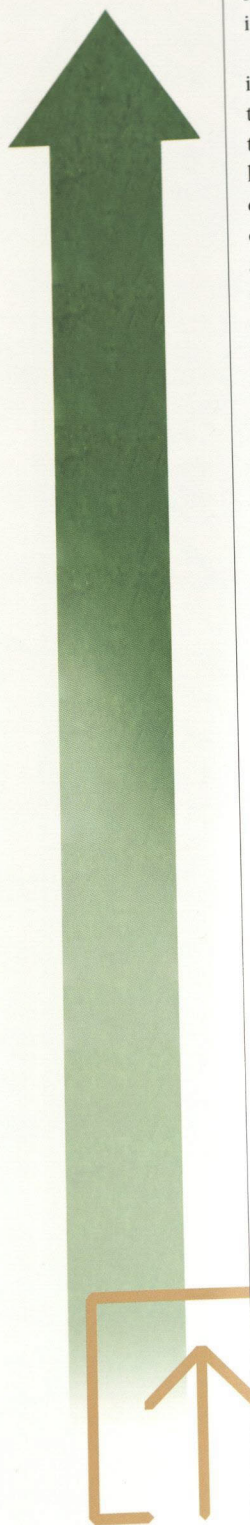
"From toxic environments for children in schools to powerless, isolated communities where we know, from research, that toxic wastes are dumped," social work can have an impact, says Gamble, who taught classes on sustainable community development. "On a regional level, bio regions and watersheds need to be cleaned up to provide safe water to the region. On the national level, where we've seen that the federal government is way behind communities and municipalities in setting standards for air pollution and clean water," social work organizations can also strive to effect policy, she contends.

## Greening Social Work Education and Research

**H**owever, this sort of overarching incorporation of the natural environment into social work here has lagged behind social work in other parts of the world, according to Gautam Yadama, associate professor and director of International Programs at the Brown School.

"There are many community development specialists and social workers focused on addressing environmental issues around the world. Here in the United States we do not see a strong move toward teaching environmental social work," says Yadama, whose research includes forestation and community development issues in India.

"Interest in environmental social work stems from a concern to mobilize and act on behalf of communities that are at a greater risk of losing their livelihoods due to degradation of natural resources or water pollution, adverse health due





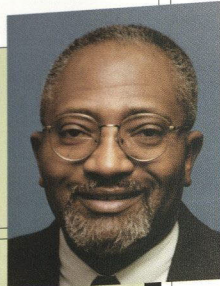
"Given Brown School's mandate on international social work, it makes sense for us to take the lead in preparing social work professionals to work with communities that are at a greater environmental risk."

Gautam Yadama,  
director of international programs, the Brown School

to toxic waste dumping in communities or declining quality of water resources, and environmental hazards such as lead paint," says Yadama. "So the question is how do you prepare graduate students to understand these concerns and think of ways to work with communities in addressing problems that stem specifically from environmental degradation or environmental hazards."

Rogge estimates that only "10 social work faculty in the United States and Canada are engaged in substantial work in social work and the natural environment." This suggests that substantial teaching about the interrelatedness of environmental issues and social well-being likely lags behind student awareness and interest. Efforts to embed an envi-

## AN OUTSIDE VIEW FROM AN ENVIRONMENTAL JUSTICE INSIDER



Described by others as "the father of environmental justice," Robert Bullard describes himself as a "scholar activist." He's written 14 books on sustainable development, environmental racism, urban land use, industrial facility siting, community reinvestment, housing, transportation, climate justice, emergency response, smart growth, and regional equity, including *The Quest for Environmental Justice: Human Rights and the Politics of Pollution* (Sierra Club Books, 2005).

Recently *Social Impact* talked with the Ware Distinguished Professor of Sociology and director of the Environmental Justice Resource Center at Clark Atlanta University about the role and education of social workers in fomenting environmental justice.

SI: What do you see as an effective role for social work and social workers in advancing the cause of environmental justice?

**BULLARD:** It's important that social work really take a lead in this area. Social workers are in the home, have contact with the family and the individuals who in reality are dealing with the environment. For example, lead poisoning is a leading cause of health problems for inner-city children of color, and often learning disabilities can be attributed to the environment in the home, school, and community. If social workers are aware of where and how these problems come from, they can be better able to face school principals, nurses, and teachers, not just the victims... These are families that don't have a lot of money, but they want the same good education for their children.

SI: Few, if any, social work graduate programs in the United States or Canada have a focus or concentration on environmental social work. What sort of education or research about environmental issues and action do you see as particularly valuable for schools of social work to be engaged in?

**BULLARD:** We frame environmental justice in a way that is very multidisciplinary, including the work of social workers, political scientists, hydrologists, epidemiologists, sociologists, lawyers, and more. No matter what the discipline, environmental issues should be a module or a specialty area dealing with environmental justice or health equity issues, with readings and case studies—and not just the research of sociologists but social work research as well. It's important for us to understand and define environmental justice so schools, communities, and homes are included, so everything is germane. People really need to dig deeper to see where the patterns are. With a multidisciplinary approach, the environmental justice movement is richer and more diverse, bringing in all these different approaches. Our goal is to be comprehensive and inclusive.



## COMPLEX DYNAMICS

As environmental social work grows, it faces the challenge of understanding the complex interrelations between environmental and social issues and gauging the impact of any environmental action on the vulnerable populations it purports to help.

"We need to better understand the dynamics between the social and environmental systems," says Gautam Yadama. "Understanding how the poor suffer from environmental degradation and might even contribute to environmental decline is essential."

In developing countries, particularly, poverty presents people with few alternatives, says Yadama.

"Livelihood strategies of the poor in many ways reflect limited choices. All one has to do is note the primary source of energy for the poor—biomass. Burning plant and agricultural material as fuel is not clean and has harmful effects on poor households that daily inhale smoke and other toxins."

However, available technology that might reduce harmful emissions is not always accessible to the poor due to economic and cultural constraints, he says. To gain a better grasp of how those social and environmental issues connect, Yadama is embarking on an interdisciplinary study.

"Professor Pratim Biswas, chair of the Department of Energy, Environmental and Chemical Engineering, and I are starting a new project to examine the social and technical aspects of implementing emission-reducing technology in rural India. We will work closely with the Foundation for Ecological Security and Indian Institute of Technology, Bombay," says Yadama, "to examine the range of social, economic, cultural, and technical considerations in the uptake of emission-reducing technologies in the villages of two Indian states—Orissa and Andhra Pradesh. In this project, we will create opportunities for students to understand issues of environment and society."



ronmental focus in social work education have come piecemeal at many institutions, including the Brown School.

"In some courses we are giving the students an idea of what these issues are," says Yadama. "We have not, at the present, organized this content in a systematic way into the curriculum. There is no focus as such. But given Brown School's mandate on international social work, it makes sense for us to take the lead in preparing social work professionals to work with communities that are at a greater environmental risk."

However, some professors—like Yadama, Rogge, and Gamble—do focus on raising student awareness of how environmental issues impact their clients and their work, adding another dimension to their training.

"By combining economic, environmental, and social issues, students look at things more broadly," says Gamble. "Development should not be simply about growth but thought about in terms of quality, making progress through making things better and sustainable."

But tackling behemoth issues such as international development, deforestation, and corporate environmental problems that redound to threaten the well-being of marginalized communities might seem at first beyond the scope and grasp of social work education, research, and practice. Not so, says Yadama.

"There is much going on in the field under corporate social responsibility initiatives. One important area concerns corporations and the environment. In India, for instance, nongovernmental organizations are bringing increasing pressure on corporations to incorporate practices that minimize the impact on environment, health, and water quality—all likely to have a disproportionate adverse impact on the poor more than the wealthy," he says.



"Students often think that when the people with the most power don't support us, they are bad people. But it's more complex than that."

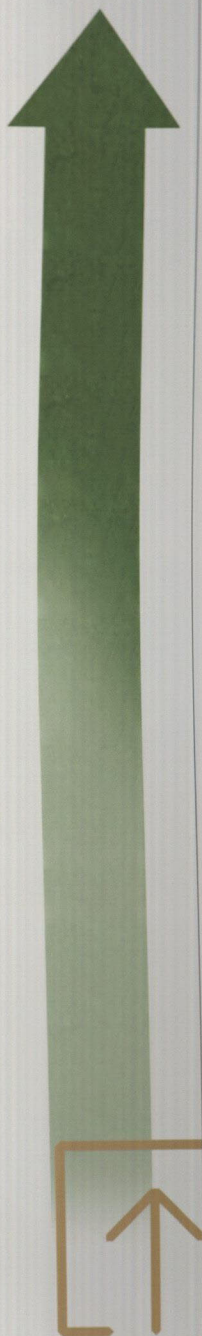
Mary Rogge, associate professor, College of Social Work, University of Tennessee

## Teaching Business and Political Savvy

Rogge agrees that in dealing with environmental issues, social workers need to be able to understand and work with corporations as a fact of globalization and attendant environmental issues.

"It's a very necessary part of social work education," says Rogge. "In so many social work issues where we deal with power we think dichotomously: If the government doesn't support our program, they are the enemy. Students often think that when the people with the most power don't support us, they are bad people. But it's more complex than that.

"We need to ask, 'What are the pieces that are supportive of social work's historic mission?' It gives us a more balanced approach, critical thinking, and complexity. It gives us space to develop common language," she says. "Some corporations are working to maximize conservation and minimize damage."



Maxine Lipeles, director of Interdisciplinary Environmental Clinic at the Washington University School of Law, agrees that savvy social workers need to have an understanding of how corporations, the law, and politics intersect.

"Regulators and companies are open to hearing from communities but don't know how to approach them; communities often don't know how to communicate with regulators and companies. Social workers," says Lipeles, "can help make communities more effective in communicating with decision makers."

To deal with often complex environmental issues, she says that some background in the law "would be helpful" to social workers—at least to the extent that one knows at what point to get a lawyer. But often more important are grassroots organizing abilities and political know-how.

"Social workers can help people get training in asking for meetings, accessing public records, and rescheduling daytime public meetings to when and where community people can attend," says Lipeles. "They can help them create and design an effective ongoing organization and network with other organizations. And if the politics are stacked against you, you need to be able to figure out how to work around that."

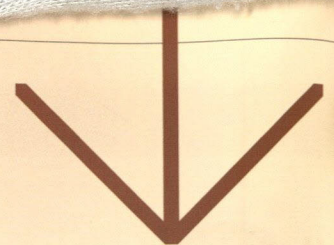
What shape environmental social work research, education, and practice might ultimately take may have many answers. But given increasing public awareness of and social work student interest in environmental issues, it will likely grow quickly.

"We have a tremendous amount of work to do," says Nguyen. "As interrelated environmental and social conditions worsen and consensus grows about these problems, people will be ready to make changes that social workers can facilitate. Our practical understanding of social justice and our mandate to work with the most vulnerable peoples give us important reasons to be involved." ❧





FEATURE STORY Serving Soldiers

# Serving Soldiers







# Social work reaches out to returning veterans, researches ways to help.

By Susan Thompson

**I**T HAS BECOME A TRUISM that this new global war on terror is a different kind of war, opened in time and place. But all wars are different, and as this snapshot of today's returnees from Afghanistan and Iraq shows, so are the men and women who come home from them:

- Like all inductees since the military draft ended in 1973, all are volunteers.
- More are female, among them single mothers with young children.
- They include, besides active-duty military, significant numbers from the Reserves and National Guard.
- Many have cycled through several deployments.
- Their lives saved by medical advances, more are surviving with physical disabilities that will require lifelong care.
- More suffer traumatic brain injury.

For all that sets them apart, these newest veterans have many of the same needs veterans have always had, including, for starters, places to live and work.

Shelter can be especially elusive for veterans, evidence their substantial overrepresentation among the nation's homeless. As coordinator of outreach to homeless veterans for the V.A. Medical Center in Hampton, Va., Martha Chick-Ebey, MSW '00, knows this group well. She predicts it will increase, the result of the current scarcity of affordable housing, the mismatch between military and civilian jobs, and the large number of Reserve and National Guard troops who may no longer have jobs awaiting them when they return home because of lengthy deployments.

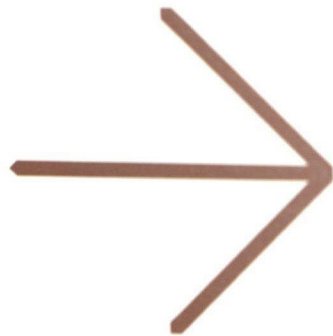
Joblessness is rampant among the youngest veterans, who are unemployed at more than twice the rate of civilians their age. Jeremy Amick, "transition adviser"

for soldiers leaving the Missouri National Guard, also sees underemployment as a problem, with many veterans now returning to work that is "well below their education level" and their military pay.

## Mental Health Problems

**T**oday veterans also are showing up with the same mental-health issues clinicians and researchers have long observed in combat survivors—*anxiety, depression, and, in particular, the psychically debilitating affliction once called "war neurosis" or "shell shock" and now known as post-traumatic stress disorder or PTSD.*

There are no hard numbers for PTSD among Iraq and Afghanistan veterans, and there may never be. The disorder is a moving target, defiant of instant diagnosis. A study published in the November







...symptoms usually develop within three months of a triggering experience but also may take years to appear...



2007 *Journal of the American Medical Association* found more soldiers are symptomatic after a few months home than when they first returned.

According to the National Institute of Mental Health, symptoms usually develop within three months of a triggering experience but also may take years to appear.

Further thwarting a precise tally of military PTSD cases is the difficulty diagnosing a condition experts say may first appear as something else like drug or alcohol abuse and the reluctance of some veterans to volunteer for any kind of mental health treatment. "You wouldn't believe how many young veterans are

brought in by a mother, a wife," says Gary Collins, a veteran of Korea, a licensed clinical social worker, and team leader of the St. Louis Vet Center.

This is one of 209 such centers around the country, operated by the V.A. and staffed by trained clinicians, many of them social workers and most of them veterans. The centers offer clients a raft of confidential services, including individual, family, and group counseling and referrals for help with jobs, military benefits, and drug and alcohol treatment.

Even so, not all veterans with PTSD or other service-related mental health issues find their ways to the Vet Centers. They

are also likely to turn up in the practices of other clinicians in other settings, cautions Monica Matthieu, research assistant professor at the Brown School. So she recommends that, wherever they work, all social workers routinely ask all new clients if they are veterans and familiarize themselves with the special needs and resources for this population.

For Reserve and Guard members, often returning to small towns far from V.A. and other professional mental health services, distance can be another deterrent to treatment, Amick says. Major General King Sidwell, adjutant general of the Missouri National Guard, worries about medically



and emotionally needy veterans "falling through the cracks" altogether because they don't know help is available, don't know where to go for it, or wait until it is too late.

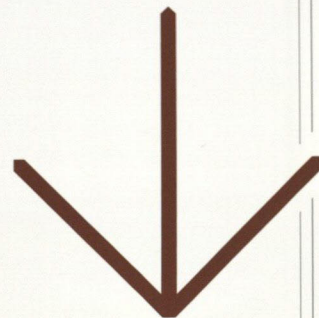
For some service members, it's too late even before they get home. Suicides by combat troops have long been of concern to the military and interest

### Support at Home

Those who make it home are finding an America drastically different from the Vietnam years, capable now of supporting the troops even while questioning a war. Jean Bromley, MSW '71, and social work executive at the V.A. Medical Center in Milwaukee, terms that "a tremendous change for the good."

at-risk clients and refer them for appropriate treatment.

Researchers are now analyzing follow-up data to see how well those staffs retain that know-how and communicate it to others. A planned further study will examine what veterans and their families want from the V.A. in the way of suicide intervention and care.



Experimental tools...include Virtual Iraq, high-tech, multimedia software for virtual exposure therapy, the technique currently being tested to desensitize subjects...

to academic researchers, but the frequent difficulty of distinguishing suicides from accidents frustrates exact counts. Against a rash of anecdotal reports of rising soldier suicide rates in Iraq, the Army has stepped up its prevention efforts. Also grabbing headlines are suicides by those who have made it back. According to a report aired by CBS News in November and based on data collected by the network and analyzed by the Epidemiology and Biostatistics Department at the University of Georgia, veterans in 2004 and 2005 took their own lives at twice the rate of U.S. civilians, with veterans in their early 20s the most vulnerable.

The change is evident in a flood of news stories sympathetic not just to the most recent returnees but to veterans in general. It was also apparent in a recent summit on veterans held at the Brown School and organized by Matthieu, who was also among the day's speakers, along with Collins and Sidwell.

Matthieu came away from five earlier years as a V.A. social worker with a "passion" for veterans' issues and a special interest in preventing veteran suicide. In a study to be published soon, she and four co-authors, two of them leading V.A. social workers, found that training in suicide prevention significantly increases the ability of Vet Center staffs to identify

Meanwhile, Washington University School of Medicine is building on decades of research on veterans. Rumi Kato Price, another summit presenter and a research associate professor of psychiatry, is the most recent leader of a longitudinal study of Vietnam veterans' mental health that the Medical School began in the 1970s. She's gearing up now to test a current theory that some people are naturally predisposed to PTSD. She likens the disorder to the flu: After exposure, some people come down with the disorder while others don't. Her question is why. To find out, she and a team of investigators are beginning to collect and compare





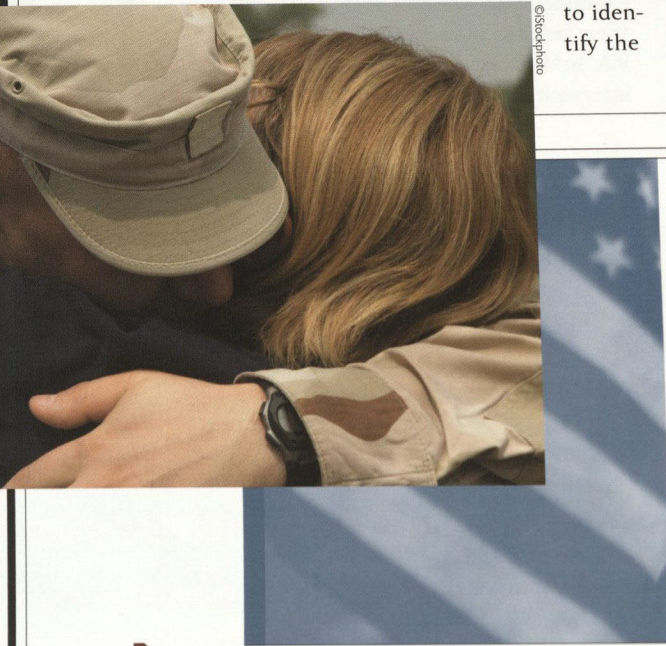
mental health and neurobiological information from one group of Missouri National Guard before they deploy to Afghanistan or Iraq with data from another group of veterans who are diagnosed with PTSD after they return. The goal, Price

says, is to identify the

ed to desensitize subjects by getting them to gradually confront their fears or relive their traumatizing experiences.

Albert "Skip" Rizzo and colleagues at the Institute for Creative Technologies at the University of Southern California are developing Virtual Iraq specifically for therapeutic use with PTSD-

The therapist can intensify the veteran's experience by introducing sounds—explosions, gunfire, the whirr of helicopters overhead, a baby's distant cry. The effect of the ground shaking and the smells of gunpowder, garbage, diesel fuel, human bodies, and Iraqi spices are among the technology's other add-ons.



The technology also can be adapted for use with veterans' families to help them understand "what their loved ones have gone through and what they're coming home with."

biological and psychosocial markers for PTSD so that eventually clinicians can use a computer-based screening tool to assist in preventing PTSD.

Like her Vietnam research, her new study is assisted by social workers. Their clinical and research skills are vital for recruiting and retaining subjects, administering tests, and compiling data, she says.

Experimental tools for her new study include Virtual Iraq, high-tech, multimedia software for virtual exposure therapy, the technique currently being test-

stricken Iraq veterans. Wearing special goggles, a veteran being treated gets the impression of being surrounded by war scenes that a professional therapist calls up on a computer screen. The exposure begins non-threateningly, perhaps with a calm drive down a palm-lined road. Gradually, the therapist leads the veteran into more stressful scenarios—a bloody body slumping over inside a Humvee, a roadside bomb exploding, a shadowy and twisting passageway leading to dangers unknown.

Rizzo told the veterans' summit that because the images resemble those of computer games, Virtual Iraq will likely "appeal to a generation of soldiers who have grown up digitally." The technology also can be adapted for use with veterans' families to help them understand "what their loved ones have gone through and what they're coming home with." The program is being tested at multiple sites; early results are promising.

In "virtual exposure" of the sort used in Virtual Iraq, Matthieu sees a useful new



tool social workers can use with veterans and others suffering from PTSD. "We are not advocating enough the use of technology in clinical practice," she says. And in everything researchers continue to learn about veterans' recovery and readjustment, she reads lessons that social work schools can teach students and that practicing social workers can learn to use in therapy with other vulnerable groups—immigrants, refugees, and all survivors of "potentially traumatic events."

### New Research

What's more, veterans' advocates are pressing for new research specific to the new and different veterans of this new and different war. Amick suggests traumatic brain injury as a high-priority subject for new investigation. Chick-Ebey agrees, adding that its effect on its victims' families also bears study, along with possible new strategies to break the cycle of homelessness among veterans.

Bromley calls for expanding on the "very little research" done to date on women veterans. Also on her research to-do list is the related topic of "military sexual trauma," a new and overarching rubric for sexual assault and harassment, identified by the V.A. as a stressor of coed military service, experienced now not only by women but to a lesser extent by men as well.

The V.A. is making a start with a current study of 500 active-duty women and female veterans aimed at identifying factors that may put military women at risk for physical and sexual violence, Bromley says.

Matthieu looks to the V.A., a research powerhouse and a leader in evidence-based social work practice, to do a big share of the needed new work. Schools of social work can get involved, she says, by developing or tightening ties similar to the Brown School's with the St. Louis V.A. Medical Center; by encouraging more students to take advantage of V.A. internships; and by more actively promoting careers with the V.A., always a big employer and leading trainer of social workers.

With many of those currently working at the V.A. reportedly on the verge of retirement, the agency's door is open wide. Bromley—the V.A.'s national Social Worker of the Year for 2007, honored for exemplifying "quality social work leadership through her willingness and desire to take on new challenges and foster the best possible outcomes"—walked through that door 22 years ago.

And never left. Why? "It's the mission—being able to serve those who have made so many sacrifices for us as a country—that keeps me coming in the door every day," she says. "I am humbled on a daily basis... It's inspiring." ☞

## U.S. VETERANS AT A GLANCE

|   |                           |
|---|---------------------------|
| Total number of all living U.S. veterans                        | 23.5 million <sup>1</sup> |
| Veterans/U.S. population  | 7.6% <sup>1</sup>         |
| Veterans aged 65 or older /U.S. veterans                        | 9.3 million <sup>1</sup>  |
| Women/active-duty military                                      | 14.3% <sup>2</sup>        |
| Women/U.S. Army Reserve.  | 23% <sup>3</sup>          |
| Women/U.S. veterans (estimated to be 10 percent by 2010)        | 7% <sup>1</sup>           |
| Unemployment rate, all veterans                                 | 3.9% <sup>4</sup>         |
| Unemployment rate, veterans ages 20-24                          | 18.7% <sup>4</sup>        |
| Military personnel deployed to Iraq and Afghanistan             | 1.6 million <sup>5</sup>  |
| Iraq and Afghanistan veterans seeking mental health services    | 35% <sup>1</sup>          |
| Iraq veterans at risk for post-traumatic stress disorder        | 18% <sup>6</sup>          |
| Afghanistan veterans at risk for post-traumatic stress disorder | 11% <sup>6</sup>          |

- 1 U.S. Department of Veterans Affairs, as of 2005
- 2 Report of the Joint Economic Committee of the U.S. House and Senate, May 13, 2007
- 3 U.S. Army Reserve, 2007
- 4 Bureau of Labor Statistics, U.S. Department of Labor, as of August 2005
- 5 Various Press Reports, 2007
- 6 Estimated, *New England Journal of Medicine*, 2004

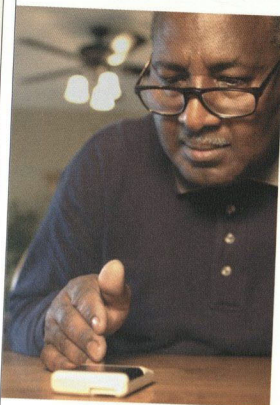


# Research

## Examining and identifying barriers to type 2 diabetes management among adolescents key to reducing risk of complications

**R**EPORTS IN PEDIATRIC CLINICS across the country indicate dramatic increases in type 2 diabetes in children and adolescents, particularly among minority populations. According to the CDC, youths with type 2 diabetes have poorer glycemic control, and may therefore be at higher risk for disease-related complications.

"We know very little about the psychosocial and family problems and barriers to diabetes management among adolescents with type 2 diabetes," says Wendy Auslander, the Barbara A. Bailey Professor of Social Work. She is conducting a first-of-its-kind study to identify these issues.



"This will be a first step to developing behavioral strategies that would delay or reduce the risk of disease-related complications among adolescents with type 2 diabetes, and to prepare them for emerging adulthood."

The purpose of the study is to identify resources and barriers to diabetes self-management and glycemic control among African-American adolescents with type 2 diabetes. "Using qualitative interviews, we hope to learn more about the mother and child's perceptions of their diabetes," she says.

The study is being conducted at St. Louis Children's Hospital with University colleagues Neil White, Jeanne Bubb, and Paul Sterzing.

Auslander notes that the burden of diabetes is further complicated by the fact that many children and adolescents with type 2 diabetes are of lower incomes, and their health costs are covered by Medicaid insurance.

"When they age out of pediatric care, they likely will no longer be eligible as young adults for this coverage, or have any insurance coverage at all," she says. ☒



## Ensuring coverage for the most vulnerable

**A** MAJORITY OF CHILDREN in the child welfare system maintain stable health coverage, finds a first-of-its-kind study published in the March 2008 issue of the *American Journal of Public Health*. Ramesh Raghavan, assistant professor of social work and psychiatry and lead author of the study, says that these findings are "a testament to the success of policies directed at securing stable insurance coverage for children.

"Given this vulnerable population's dependence on Medicaid, protection of existing entitlements to Medicaid is essential to preserve their stable insurance coverage," he says.

Raghavan says that this type of study is important because it helps measure the effectiveness of current Medicaid policy.

He notes that although the stability of health insurance coverage over time was encouraging, "this dependence on Medicaid may be perilous for children in the welfare system."

Raghavan cites a number of challenges in maintaining Medicaid coverage for child welfare populations:

- In fiscal year 2007, child health insurance programs faced a cumulative shortfall of \$800 million across 17 states
- Medicaid's new premium and cost-sharing requirements "Children receiving child welfare services may need to pay for non-preferred drugs and emergency department use," Raghavan says. "It's also unclear who will pay for health care when kids are removed from homes and placed into foster care."
- Potential changes to Medicaid-reimbursable case management "These changes, if enacted, may reduce the flexibility and array of services needed to comprehensively serve these kids," he says.

Raghavan and colleagues conducted this study using data from four waves of the National Survey of Child and Adolescent Well-Being to examine coverage among 2,501 youths in the child welfare system.

He led a team of researchers from Rady Children's Hospital, San Diego; University of California at San Diego; San Diego State University; and Tufts University–New England Medical Center, Boston, MA. The HHS/Administration for Children and Families funded their study. ☒



### Study shows autism symptoms can improve into adulthood

**H**ALLMARKS OF AUTISM are characteristic behaviors—repetitive motions, problems interacting with others, impaired communication abilities—that occur in widely different combinations and degrees of severity among those who have the condition.

But how those behaviors change as individuals progress through adolescence and adulthood has, until now, never been fully scientifically documented. In a new study, published in the September 2007 *Journal of Autism and Developmental Disorders*, researchers have found that symptoms can improve with age.

“On average, people are getting better,” says Paul T. Shattuck, assistant professor at the Brown School, who worked on the study as a graduate student and post-doctoral fellow at the University of Wisconsin–Madison’s Waisman Center. “It is a hopeful finding, but the fact remains that those with severe autism will depend on others for their everyday needs and care for the rest of their lives.”

Autism is a widespread condition in the United States, affecting about one in 150 children and an unknown number of adults.

The new publication is part of a groundbreaking longitudinal study of more than 400 adolescents and adults with autism and their families led by Marsha Mailick Seltzer, a professor of social work and the director of the UW–Madison Waisman Center.

Half of the study’s participants are from Wisconsin and half are from Massachusetts. They were recruited from service agencies, schools, and clinics. Every 18 months, parents in the study are interviewed in depth to assess changes in their child’s symptoms and behaviors.

The new paper reports on how behavior in 241 adolescents and adults, initially aged 10 to 52 years, changed over a five-year period. Although symptoms for many in the study remained stable, a significant

proportion exhibited improvements in symptoms and maladaptive behaviors.

“For all major symptoms, the percentage of people who improved was always greater than the percentage who worsened,” Shattuck says. “If there was significant symptom change over time, it was always in the direction of improvement, though there was always a group in the middle that showed no change. The mean never went down.”

Like most people, individuals with developmental disabilities such as autism continue to grow and change over time, Shattuck explains: “Their development is not frozen in time and forever the same. That’s just not the case.”

The paper reported on changes in broad categories of typical autistic symptoms: impaired verbal and nonverbal communication, impaired social interaction, and repetitive behaviors. Within those broad categories, changes across 32 specific symptoms—ranging from reciprocal conversation and interest in people to compulsions and rituals—were measured. Also examined were broader maladaptive behaviors such as aggression and self-injury that are not specific to autism. Across all categories, the proportion of study participants who improved was larger than the proportion that worsened.

Of those in the study, 69 percent were also classified as having mental retardation.

“Not everyone on the autism spectrum is mentally retarded,” Shattuck says, “but being mentally retarded reduces the likelihood of improvement for many symptoms.”

Why some in the sample improved is being investigated as part of the ongoing study, according to Shattuck.

“Our study demonstrates that significant changes are occurring,” he explains. “But in terms of the underlying biological mechanisms, we don’t yet know what’s going on.”

The study is supported by a grant from the National Institute on Aging. Support also is provided through Waisman Center core facilities with a grant from the National Institute of Child Health and Human Development. ☒



## NOTEBOOK Faculty News



**Carolyn Lesorogol**

**Carolyn Lesorogol** authored "Bringing Norms In: The Role of Context in Experimental Dictator Games," which appears in the December 2007 issue of *Current Anthropology*. The paper discusses the role of social context in experimental economics games using evidence from her work in Kenya.



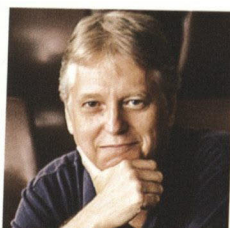
**Martha N. Ozawa**

**Mark Rank** gave the keynote address for the Missouri Association for Social Welfare and spoke at the Wealth Inequality and the Eroding Middle Class conference co-sponsored by the University of North Carolina's Center on Poverty and the American Constitution Society for Law and Policy.



**Amanda Moore-McBride**

**Amanda Moore McBride** recently participated in a meeting on civic engagement, inclusion, and social integration. The meeting was sponsored by the United Nation's Department of Economic and Social Affairs, the Division for Social Policy, and the UN Volunteers Programme.



**Mark R. Rank**

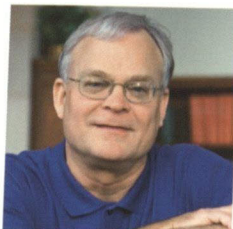


**Juan Peña**

**Juan Peña** co-authored "Sexual Orientation and Risk Factors for Suicidal Ideation and Suicide Attempts among Adolescents and Young Adults," and "Randomized Trial of a Gatekeeper Program for Suicide Prevention: 1-Year Impact on Secondary School Staff." Respectively, they appear in the November 2007 edition

of the *American Journal of Public Health*, and the *Journal of Consulting and Clinical Psychology*.

**Michael Sherraden's** "Asset-based policy in rural China: An innovation in the Retirement Social Insurance Program" was published in the *China Journal of Social Work*. In addition, his article "Inclusion in College Savings Plans: Program features and savings" appears in the *Proceedings of the 99th Annual Conference on Taxation*.



**Michael Sherraden**

"Provision of Public Goods in Rural China: Does Citizen Innovation Matter?" is the title of **Gautam N. Yadama's** keynote address to the 2007 International Conference on Rural Social Work and Development in China. He also co-authored the article "Action Research and Social Development: Amplifying Citizen Voices in China" forthcoming in *Action Research Journal*.



**Gautam Yadama**

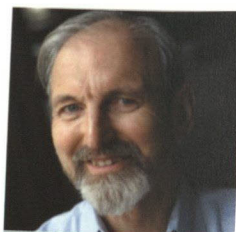


**Enola Proctor**



**Nancy Morrow-Howell**

**Enola K. Proctor, Nancy Morrow-Howell** and colleagues recently authored "Case Managers Speak Out: Responding to Depression in Community Long-Term Care." The article appears in *Psychiatric Services*, 58(8), 1124-1127. Proctor has been appointed to a Mental Health Policy Research Advisory Panel for the National Association of State Mental Health Program Directors (NASMHRD) National Research Institute (NRI). She also was appointed by Dr. Thomas Insel to an NIMH Advisory Group on Research Training.



**David Gillespie**

**David Gillespie** co-authored "Phrase Completion Scales: A Better Measurement Approach Than Likert

Scales?" which appeared in the *Journal of Social Service Research*, Vol. 33(4), 1-12. Gillespie served as guest editor of the 2008 volume 30, number 1 issue of *Social Development Issues: Alternative Approaches to Global Human Needs*.



**Renee Cunningham-Williams**

**Renee Cunningham-Williams** was selected to serve as a member of the Risk, Prevention and Intervention for Addictions Study Section, Center for Scientific Review at the National Institutes of Health. She spoke at the 10th anniversary event of the Missouri Alliance to Curb Problem Gambling and she received the Alliance's 2007 Outstanding Contributor Award for her work in problem gambling research in Missouri.



**Yunju Nam**

**Yunju Nam** recently co-authored a report titled "Plan for the Development and Expansion of Child Development Accounts



in Korea." This report on child development accounts or CDAs was published by the Korea Ministry of Health and Welfare (KMOHW), which is using information from the report to develop CDA legislation.



**Curtis McMillen**

**Curtis McMillen** and colleagues authored "Predisposition to Seek Mental Health Care among Black Males Transitioning from Foster Care," which appeared in *Children and Youth Services Review* 29, 870-882. He also was appointed to the

Scientific Review Committee of the National Institute of Mental Health's Services in Non-Specialty Settings Group.

**Monica Matthieu's** "Proximate Outcomes of Gatekeeper Training for Suicide Prevention" was published in the December 2007 issue of *Suicide and Life Threatening Behaviors*. Her manuscript "Evaluation of Gatekeeper Training for Suicide Prevention in Veterans" was published in *Archives of Suicide Research*.



**Monica Matthieu**

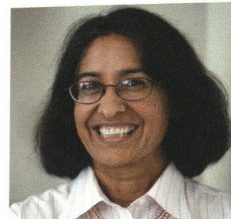


**Patricia Kohl**

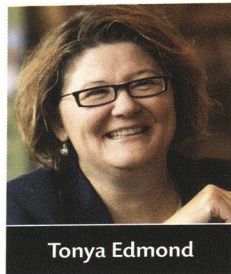
**Patricia Kohl** co-authored "Profiles of Victimized Women among the Child Welfare Population: Implications for Targeted Child Welfare Policy and Practices," which appears in the January 2008 issue of *The Journal of Family Violence*.

**Shanta Pandey's** "Path to Poverty Alleviation: Marriage or Postsecondary Education?" was published in the *Journal of Family and Economic Issues*. She also co-authored

the article "What Are Degrees of Freedom?," *Social Work Research*, 32(2), June 2008.



**Shanta Pandey**

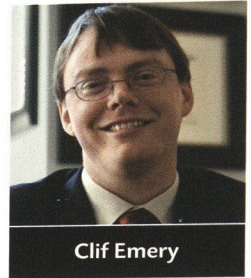


**Tonya Edmond**

**Tonya Edmond** delivered "Evidence Based Practice: Balancing Confidence and

Uncertainty" at the University of Missouri School of Social Work Annual Alumni meeting.

**Clif Emery** gave an invited presentation at the National Institute of Justice Annual Conference in Washington D.C. titled "Consequences of Childhood Exposure to Domestic Violence."



**Clif Emery**

## RICHARD JOHN PARVIS (1916 - 2008)

**Richard J. Parvis**, professor emeritus at the George Warren Brown School of Social Work and leader in the area of international social development, died Sunday, Feb. 24. He was 92.

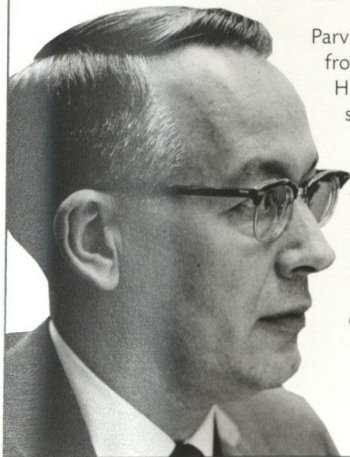
Parvis dedicated his life to humanitarian activities. He believed social work could correct some underlying causes of societal and economic problems.

Parvis earned his master's degree from Wayne State University. His field work took him to settlement houses in Bridgeport and Detroit; he ran a settlement house in Kansas City, directed a social service agency in Minneapolis, and taught at the University of Minnesota before embarking on his international career.

In the 1960s, Parvis spent two-and-a-half years in India teaching in Lucknow and Madras, followed by two years in Lusaka, Zambia, where he helped establish that nation's Oppenheimer School of Social Work.

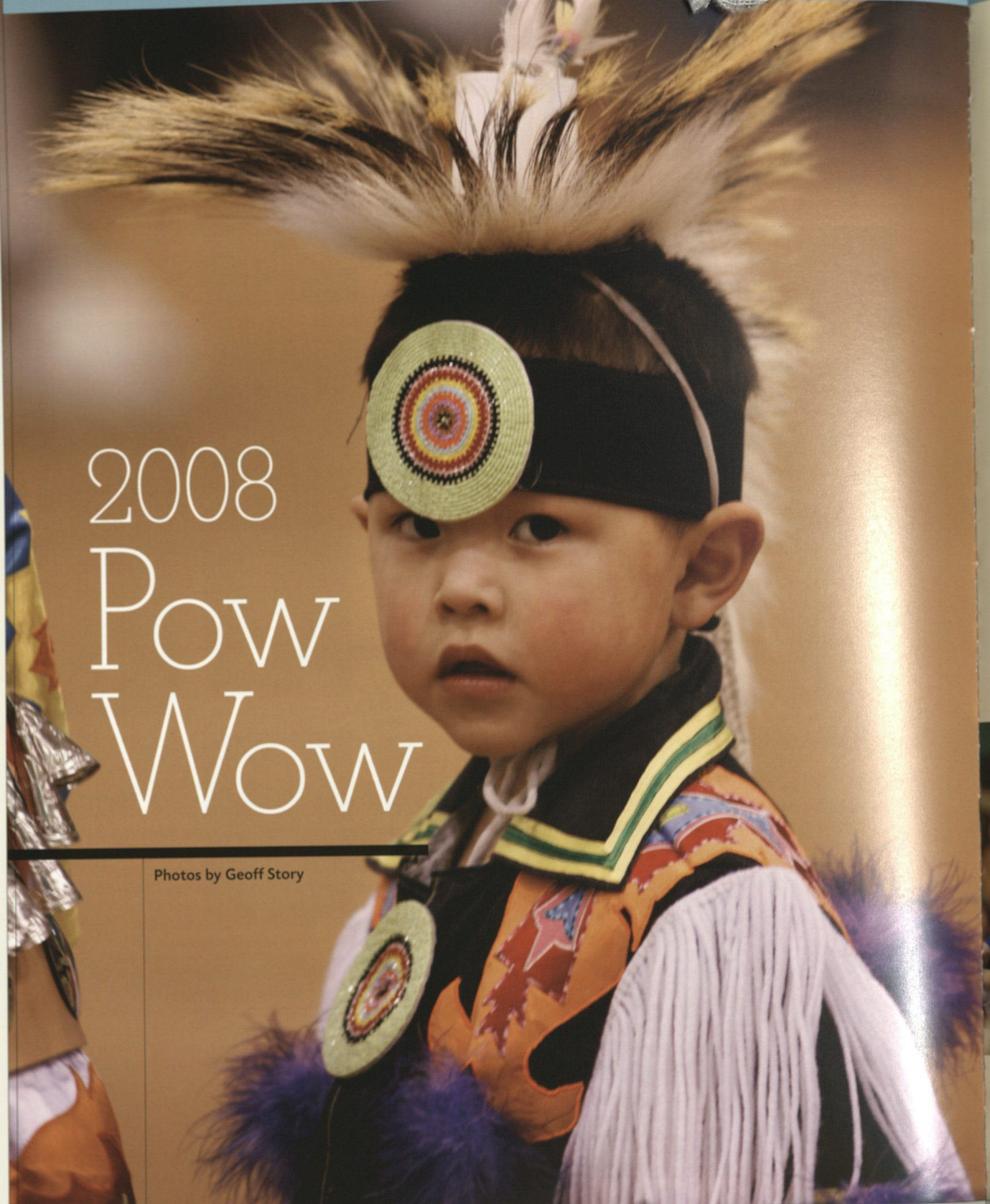
He returned to the United States and joined the faculty at the Brown School, where he spearheaded efforts to develop an international community development program. In the '70s, Parvis helped found the International Consortium for Social Development, a multidisciplinary network that even today expands community resources worldwide. By the early '80s, Parvis was assisting Egypt with its community development programs.

In 1996, Parvis and his wife Kaye were honored as Ethical Humanists of the Year for their decades of ongoing humanitarian service, particularly to the Delmo Housing Corporation that provides basic resources to six counties in the Missouri Bootheel. ☼





NOTEBOOK Events



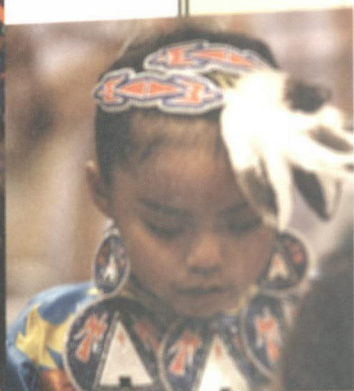
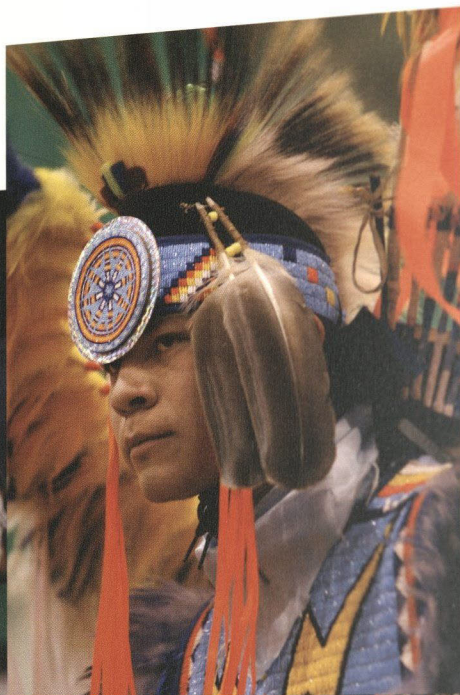
# 2008 Pow Wow

Photos by Geoff Story



**T**HE BROWN SCHOOL'S KATHRYN M. BUDER CENTER for American Indian Studies hosted the 18th annual Pow Wow this April. The Pow Wow, a festival of American Indian dancing, singing, drumming, arts, crafts, and foods, draws participants from around the country. This year's Pow Wow served as the capstone to a week-long series of events including lectures, discussions, and traditional food tastings.

The Pow Wow also honored veterans and military service members, marking new collaborations between the Brown School and the St. Louis Vet Center, St. Louis VA Medical Center, St. Louis VA Regional Office, the Missouri National Guard, and various veterans service organizations.

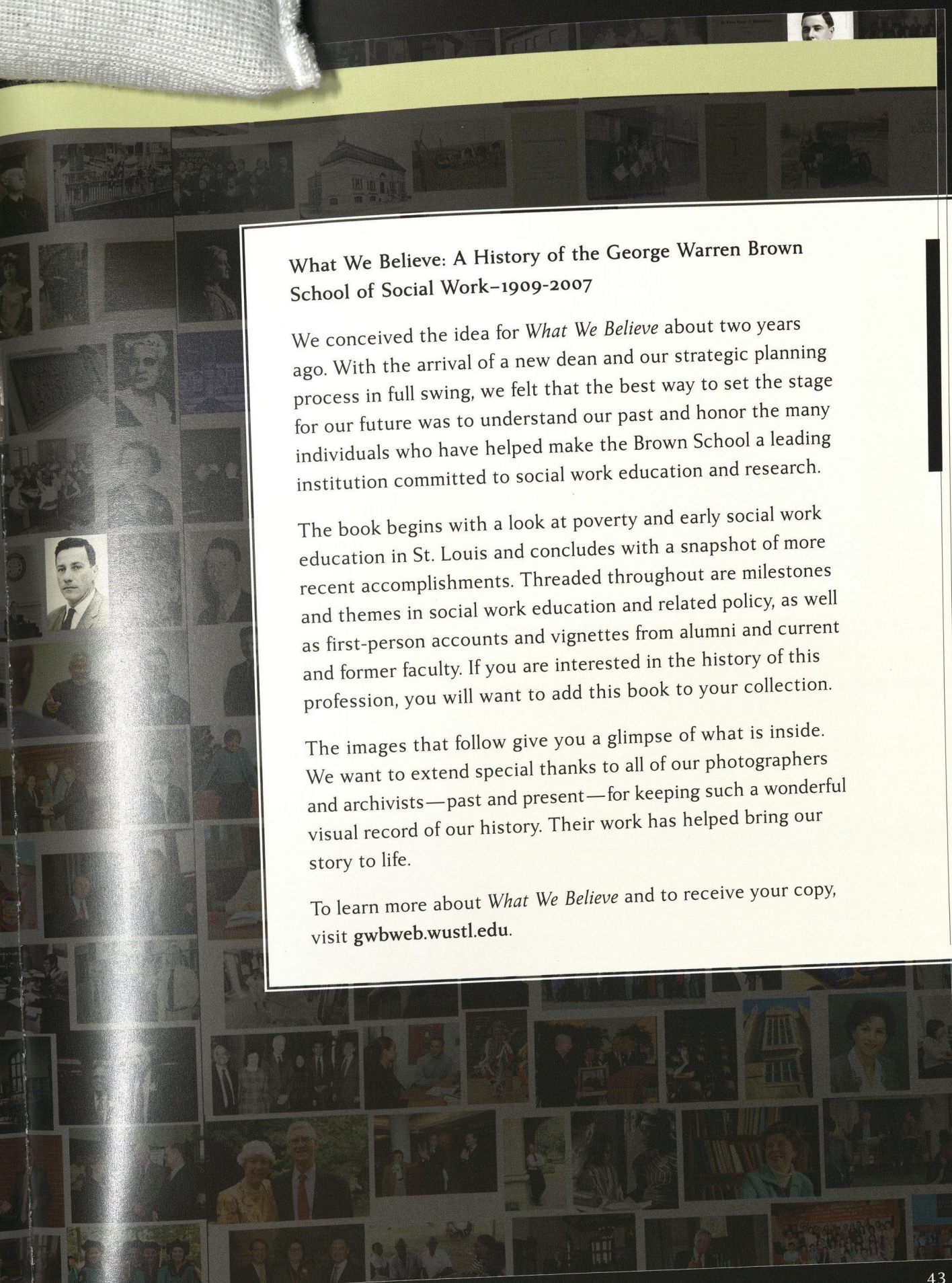




CELEBRATE Our History

# CELEBRATE our History





### What We Believe: A History of the George Warren Brown School of Social Work—1909-2007

We conceived the idea for *What We Believe* about two years ago. With the arrival of a new dean and our strategic planning process in full swing, we felt that the best way to set the stage for our future was to understand our past and honor the many individuals who have helped make the Brown School a leading institution committed to social work education and research.

The book begins with a look at poverty and early social work education in St. Louis and concludes with a snapshot of more recent accomplishments. Threaded throughout are milestones and themes in social work education and related policy, as well as first-person accounts and vignettes from alumni and current and former faculty. If you are interested in the history of this profession, you will want to add this book to your collection.

The images that follow give you a glimpse of what is inside. We want to extend special thanks to all of our photographers and archivists—past and present—for keeping such a wonderful visual record of our history. Their work has helped bring our story to life.

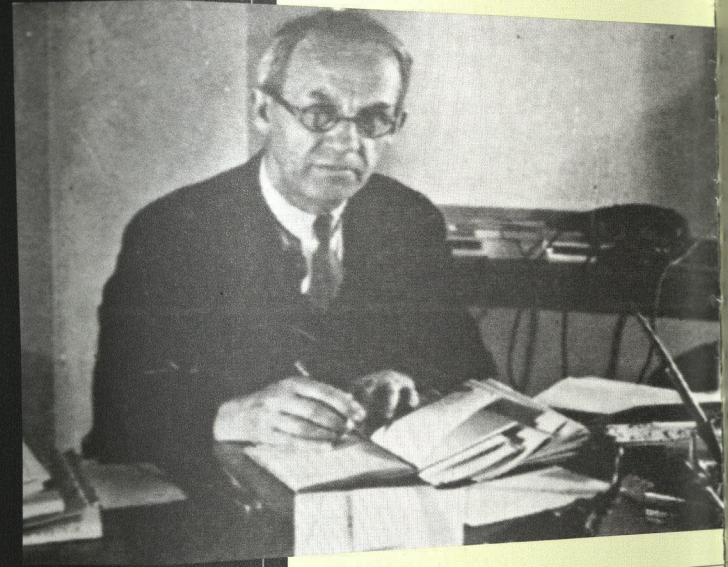
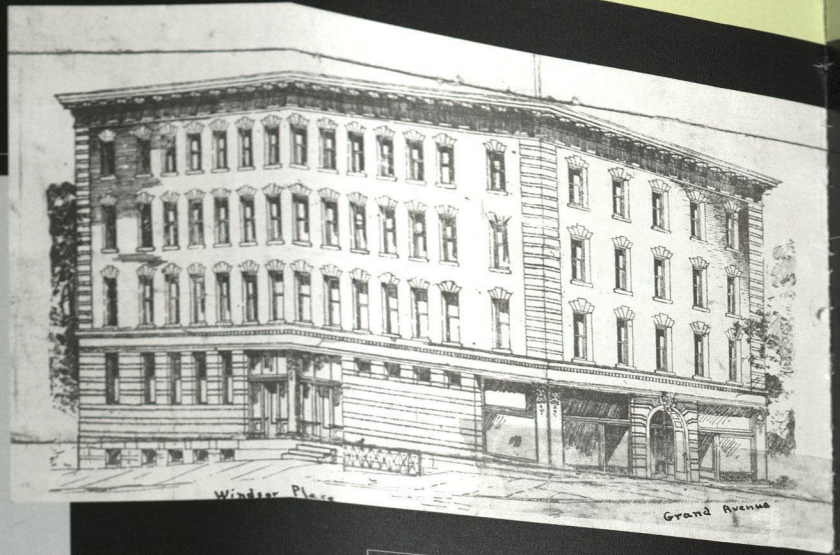
To learn more about *What We Believe* and to receive your copy, visit [gwbweb.wustl.edu](http://gwbweb.wustl.edu).



### 1900 – 1915

Social work at Washington University dates back to 1909 when the University became the home of the struggling St. Louis School of Social Economy. From 1909-10, the School occupied space in the Olivia Building at 1023 N. Grand Avenue.

The School became an official department of Washington University in 1913, but a study found that the community had little interest in the School. The University of Missouri took over direction of the School and renamed it the Missouri School of Social Economy.





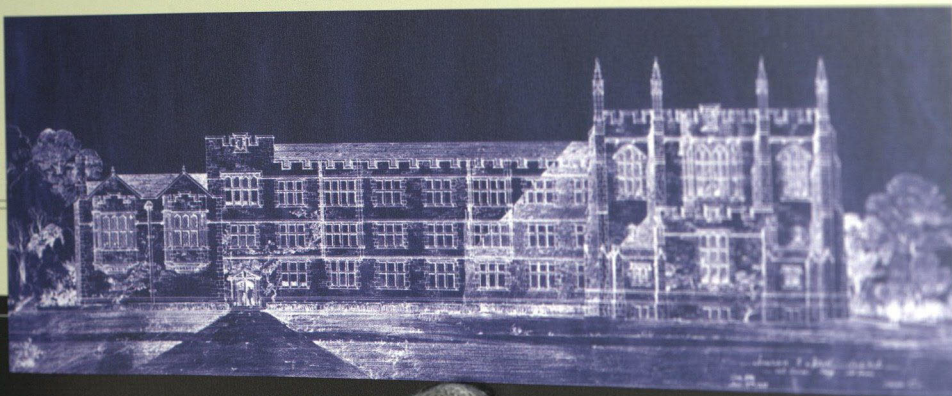


## 1925 – 1945

As social work education took shape on the national level, the University's interest in social work education re-emerged. In 1925 the University's Training Course for Social Workers began with Frank J. Bruno, a professor from University of Minnesota, leading the University's efforts in this area.

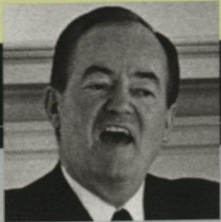
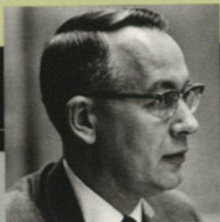
Betty Bofinger Brown, wife of Brown Shoe Company founder George Warren Brown, provided funds to permanently endow a department of social work and provide for the creation of Brown Hall, one of the first buildings erected for the purpose of social work education.

The George Warren Brown School of Social Work officially launched in July 1945 offering a BS in Public Administration and the MSW. Benjamin E. Youngdahl, another Minnesota transplant, became dean. During his tenure, the School developed its first 10-year strategic plan, started its doctoral program, and became the first school at the University to admit African-American students.





## CELEBRATE Our History



### 1962 – 1974

There were many bright spots during this turbulent time. Thanks to the leadership of the late Richard Parvis, the School's international programs blossomed. The School also launched the Benjamin E. Youndahl lecture. Vice President Hubert H. Humphrey delivered the first lecture.



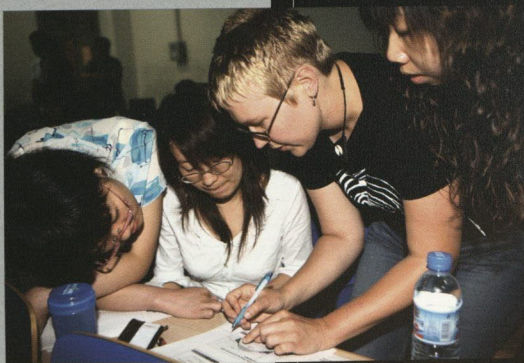
### 1974 – 2004

The School prospered under the leadership of Dean Shanti Khinduka. Technology arrived with a new computer lab opening in 1983, offering access to information about social work field placements. A new building, Goldfarb Hall, more than doubled the School's space.



### 2004 –

New collaborations characterize the current era. New partnerships with China's Peking University and Hong Kong Poly Technic University, and most recently with India's Tata Institute for Social Sciences, offer students and faculty new opportunities for international exchanges. Public health also emerges as an area of focus for the School.





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Toll free: 877.321.2426

**Alumni and Development**  
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RESEARCH CENTERS AND  
APPLIED PROGRAMS:

This summer we welcomed new research centers to the Brown School. Visit the research area of [gwbweb.wustl.edu](http://gwbweb.wustl.edu) to learn more about all of our research centers and applied programs.

**Alliance for Building Capacity**  
Builds strategic community partnerships that advance the Brown School's focus on teaching, research, and service.

**Center for Latino Family Research**  
Conducts research on Latino social, health, mental health, and community development issues in the U.S. and Latin America.

**Center for Mental Health Services Research**  
Works with community agencies to develop and test interventions designed to improve the quality of mental health care.

**\* NEW\* Center for Obesity Prevention and Policy Research**  
Develops and disseminates new knowledge to inform the development and implementation of programs and policies designed to prevent obesity.

**Center for Social Development**  
The leading academic center of theory and research on building assets of individuals and families so they can break the cycle of poverty. CSD's research agenda also encompasses civic engagement and productive aging.

**\* NEW\* Center for Tobacco Policy Research**  
Researches and evaluates tobacco control programs and policies in Missouri and across the country.

**\* NEW\* Health Communication Research Laboratory**  
One of the leading centers in the U.S. dedicated to the research, development, and dissemination of health communication programs that enhance the health of individuals and populations.

**Kathryn M. Buder Center for American Indian Studies**  
One of the most respected centers in the nation for academic advancement and study of American Indian issues related to social work.

**Martha N. Ozawa Center for Social Policy Studies**  
Provides research and analysis to assist Asian governments and communities in making more informed policy decisions.

# Share Social Impact

WANT TO SHARE *Social Impact* with a friend or colleague? Complete the information to the right and mail to:

**Orders, Social Impact**  
c/o George Warren Brown  
School of Social Work  
Washington University in St. Louis  
Campus Box 1196, One Brookings Drive  
St. Louis, MO 63130-4899

Or e-mail: [socialimpact@wustl.edu](mailto:socialimpact@wustl.edu)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_





## Nominations Needed:

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Do you know a Brown School graduate who deserves an award for professional achievement, service to our School or University, or service to society at large? If yes, we are now taking nominations for our 2009 Distinguished Alumni Awards.

Visit the alumni section of [gwbweb.wustl.edu](http://gwbweb.wustl.edu) to print a nomination form.



Washington University in St. Louis

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