Shaping the Future of Social Work Practice in Healthcare: Addressing COVID-19 Needs through Integrated Primary Care.

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Shaping the Future of Social Work Practice in Healthcare: Addressing COVID-19 Needs through Integrated Primary Care

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COVID-19 has illustrated the urgency of promoting integrated healthcare as the model of the future, with social workers not only supporting the physical and mental health of providers and patients, but also leading efforts to transform systems, policies, and social work education. Primary care, where the role of social workers is continuing to grow, is a central location for integrating the treatment of medical, social, and behavioral problems. In these settings, social workers can take the lead to meet community needs, assist in public health efforts, and bolster the frontline medical workforce. The following article reflects upon what we as social workers have learned a year into the global pandemic and how we can apply this knowledge to shaping the future of social work in primary care. Authors consider how the multiple medical and psychosocial needs of patients affected by COVID-19 are addressed in primary care through three core functions of social work: providing behavioral healthcare, coordinating care, and undertaking population health-based interventions. Article ends with a discussion about how social work can respond to the urgent task of transforming health within the context of social work practice, policy, and education for the next generation of healthcare social workers.

KEY WORDS: *COVID-19; integrated healthcare; primary care; social work*

While in some ways, COVID-19 has left us feeling as if we are frozen in time, it has also inspired a reorientation toward the future, including in the field of social work. Indeed, the call for a more future-oriented guild of social work professionals has been made, with an outline of how social workers can frame a more purposeful discourse surrounding the prevention of social problems (Nissen, 2020). Further, the need to integrate social care into the delivery of medical care has gained national attention, along with the role of social workers as a prominent part of the care delivery process (National Academies of Sciences, Engineering, and Medicine, 2019).

For social workers in healthcare settings, our abilities to address the needs of patients, increase collaborations, fill gaps in services, coordinate the meeting of individual and community needs, and assess how to best design, implement, and evaluate individual and population health-focused interventions have put us at the forefront of integrated primary care (Cederbaum et al., 2019; Dennelly, 2019, 2020; Ross et al., 2020). Through use of the term *integrated care*, we reference not only its broad definition as a form of coordinated, interdisciplinary care among groups of healthcare professionals, but also the inclusion of a behavioral health focus within medical care (Curtis & Christian, 2012). Thus, within integrated primary care settings, social workers provide a wide range of services, from crisis work and short-term therapy interventions to staff support and education on behavioral health issues affecting primary care practice (Stanhope et al., 2015).

As frontline settings, primary care offices have taken on additional burdens of the pandemic. Especially now, social workers working in these environs are harnessing the opportunity to address psychosocial needs, encouraging a comprehensive approach to healthcare among both patients and providers. While social workers have been integrated into primary care offices for some time, there is a lack of research highlighting the work of office-based primary care social workers during COVID-19 in the United States. The literature that does exist on disaster social work more broadly suggests that social workers can be integral to the

process of community building and rebuilding, mitigating social isolation and the resultant mental health consequences, and filling gaps in services (Kranke et al., 2020; Pyles, 2007; Saltzman, 2020).

Indeed, the COVID-19 crisis has propelled social work toward key areas for contemplation and growth as we help shape a future that is mindful of the social and political contexts of health and that prioritizes justice and relevance. With this priority in mind, in this piece, three social workers who have worked in the United States for multiple decades at the intersections of public health and social work, including in primary care, ask the following series of questions: How can social workers help meet the social and behavioral needs of their communities during a pandemic? What can we learn within the context of COVID-19 about how our profession can and should grow? How can we apply this new knowledge within the context of both public health settings and public health policy? In what ways can we shift social work education, so we are better prepared to establish social work as a critical component of healthcare practice and policy, one that is even better poised to help prevent and mitigate health emergencies?

SOCIAL WORKERS IN PRIMARY CARE: TREATING THE MULTIPLE NEEDS OF COMMUNITIES DURING A PANDEMIC

For public health–oriented social workers attuned to the physical and behavioral health needs of their communities, primary care is an ideal setting to work. It is frequently the first place that patients seek assistance for their medical, psychological, and psychosocial needs, and has continued to be a vital resource during the COVID-19 pandemic. Further, primary care has been tasked with public health messaging and information dissemination, diagnosing COVID or referring to appropriate testing sites and providing follow-up care, including clearing patients to return to work—which requires determining when the infection period has passed and when symptoms have resolved, and helping patients interpret guidelines from the Centers for Disease Control and Prevention (Goh & Cheong, 2006; Krist et al., 2020).

In addition, the role of primary care during a pandemic includes helping slow rates of infection by providing education regarding prevention and infection management, working with state public health departments, promoting ongoing continuity of care, and leveraging their existing long-term relationships with patients (Krist et al., 2020). Social workers in primary care settings have an opportunity to assist with this frontline work by addressing COVID-19-related psychosocial needs while at the same time encouraging and supporting people in taking care of their health. Integrated healthcare *is* the future of healthcare, and more social workers are needed to meet the complex needs of vulnerable people in these settings (Fraser et al., 2018).

Oriented toward social justice and the health of marginalized communities, social workers within integrated care can help address the disproportionate risks faced by BIPOC (Black, Indigenous, Persons of Color) communities—to the extent that we push our practice and our settings toward an antiracist praxis (Martinez et al., 2019). We can do this across levels of social work and public health practice through the following methods: (a) direct programs in which we help develop, advocate for, and implement interventions (i.e., increased testing and vaccination access, and the use of innovative and community-based interventions through models such as community navigators; Communities of Opportunity, 2021); (b) changes in research, data collection, and case monitoring that center community-based participatory research and more nuanced methods to better reflect health disparities; and (c) advocacy for both increased overall investment in healthcare and specific funding for factors that underlie health (i.e., immigration, housing, and education), with a focus on confronting how racism and xenophobia undermine healthcare funding for immigrant and BIPOC communities (Cross & Gonzalez Benson, 2021; Johnson-Agbakwu et al., 2020; Wen & Sadeghi, 2020).

Further, promoting justice and equity for the most vulnerable populations in primary care can be achieved by reducing the impact of social determinants of health, which helps level the healthcare playing field so that, regardless of resources, patients are able to maintain their health and wellness goals and obtain a better quality of life. One model for doing this work in primary care comes from the National Academies of Science, Engineering, and Medicine (2019) report on integrating social care into the delivery of healthcare. With the "5 A's" of advancing equity framework, primary care providers and social workers can increase their *awareness* of the psychosocial needs of patients, *adjust*

their language to reflect equity in their care, *assist* with access to needed social programs, *align* different medical and social services silos, and *advocate* for increased resources or supports for patients (O'Neill et al., 2020). Social work in primary care is characterized, in part, by the responsibility to address how pre-existing conditions work alongside race, class, gender, and immigration status to increase the risks of disease, in conjunction with a lack of access to high-quality, affordable, and comprehensive healthcare (Craig et al., 2013).

PANDEMIC LESSONS: UNDERSTANDING SOCIAL WORK IN THE CONTEXT OF COVID-19

Across multiple decades, we have seen the steady erosion of programs and policies that underlie social and physical health (Katz, 2002). The consequences of these policies are reflected in soaring rates of healthcare costs, millions of people who are under- and uninsured, and shortages of healthcare workers (Tikkanen & Abrams, 2020). Priorities that characterize our ethics of care and justice—social determinants of health, chronic stress, structural violence, intersectionality—take on a renewed urgency within this pandemic, as the risks of COVID-19 infection, serious illness, and mortality have sharply fallen along the lines of race and class (Bowleg, 2020; Webb Hooper et al., 2020; Wilson et al., 2020). For example, BIPOC communities have COVID-19 hospitalization rates at least three times those of White patients and death rates around twice as high (Lee & Gibson, 2020; Thakur et al., 2020). The demands of the Black Lives Matter movement highlight the ways in which racism collides with health, thus pointing to the knowledge we've long had but are faced with anew given the racial disparities illustrated by COVID-19 (Bowleg, 2020; Webb Hooper et al., 2020; Wilder, 2020).

Additionally, as people leaned toward avoiding both emergency and routine care, chronic conditions worsened, leading to a rise in morbidity and mortality in non-COVID-19 related illness (Chudasama et al., 2020; Czeisler et al., 2020; Saxena et al., 2020; Wong et al., 2020). This includes worsening behavioral health conditions exacerbated and/or newly developed within the pandemic (Esterwood & Saeed, 2020). The global prevalence of stress, anxiety, and depression related to the pandemic is 29.6 percent, 31.9 percent, and 33.7 percent, respectively (Salari et al., 2020). COVID-19-specific trauma, particularly in individuals separated from a loved one who died from the virus, leads to complex traumatic grief (KoKou-Kpolou et al., 2020; Montauk & Kuhl, 2020). Due to structural factors that point to vast inequalities in exposure risks, BIPOC communities are more likely than White populations to become infected with, and die from, COVID-19 (Fortuna et al., 2020; Yancy, 2020). Emerging evidence thus points to the ways that behavioral health conditions may be particularly acute for BIPOC, as the increased burden of COVID-19 contributes to toxic stress and behavioral health inequities (Fortuna et al., 2020). Behavioral health issues resulting from the pandemic also may be particularly acute among young people, women, healthcare workers, those with obsessive-compulsive disorder, and people who have food insecurity (Fitzpatrick et al., 2020; Fontenelle & Miguel, 2020; Huang & Zhao, 2020).

Social isolation is also a concern, particularly for those at risk of suicide, alongside inadequate support systems, loss, physical illness, and loneliness (Courtet et al., 2020). The assessment of suicide risk is especially important in primary care settings: 45 percent of people who commit suicide have visited their primary care provider within 30 days of completion (Luoma et al., 2002). National and international suicide mortality data gathered at different points during the pandemic have shown increases in suicide rates for certain populations, including women, children and adolescents, and racial minority groups (Mitchell & Li, 2021; Tanaka & Okamoto, 2021). Additionally, the COVID-19 pandemic has spurred an increase in opioid-related overdoses and deaths, associated with factors such as stigma, limited social support to inject safely, and the connection between decreased availability and decreased tolerance (Alexander et al., 2020; Jenkins et al., 2020).

Finally, the behavioral health needs of healthcare workers, who experience levels of moral injury and grief related to frontline and ancillary pandemic care, must be addressed. Insomnia, anxiety, and depression among healthcare workers early in the pandemic have hovered around 25 percent to 35 percent and may worsen the longer the pandemic continues (Greenberg et al., 2020; Horesh & Brown, 2020; Pappa et al., 2020). Many of us have also attended to providing more support for healthcare workers by creating time for team debriefing and helping them actively plan for self-care.

Mounting a comprehensive, trauma-informed, and systematic health response that addresses those who are the most vulnerable to infection, adapting social interventions to focus on the development of resilience, as well as addressing triggers to traumatic stress and other behavioral health concerns are critical to managing the ongoing needs of individuals, families, and communities postpandemic (Dorado Barbé et al., 2021; North & Pfefferbaum, 2013). When situated in primary care, social workers are the main point of contact for the practice's social and behavioral health needs, for both patients and staff. Social workers can help people manage risks and conditions underlying physical well-being, as well as the impact of anxiety, depression, trauma, social isolation, and addiction, all while helping to create a narrative surrounding our experiences to find meaning within the broader context of a ruptured society (Esterwood & Saeed, 2020). Within the larger political realm, social workers must be ready to promote health equity and justice in health, education, social, and economic policies.

POLICY AND PRACTICE APPLICATIONS

The fractured and convoluted nature of benefits for families and workers related to COVID-19 also requires that people balance financial obligations and their physical and mental health so that they can avoid loss of income or position (U.S. Department of Labor, 2020). When trained well, social workers are uniquely positioned to understand how race, class, and gender intersect and sharpen the risks people must consider, and advocate for policies and practices that will benefit the people we serve individually as well as collectively. For example, assisting a client with high-risk medical needs in advocating for themselves in a risky workplace might benefit our client and serve to bolster the causes of occupational health and union representation, serving to benefit more than just that person alone. We can also help with access to benefits, including understanding and using the Families First Coronavirus Response Act (U.S. Department of Labor, 2020). As community-based mutual-aid resources adapt in response to need, social worker networks are uniquely placed to inform their patients in primary care of these resources and make important connections.

EXPANDING SOCIAL WORK EDUCATION TOWARD A FOCUS ON INTERDISCIPLINARY HEALTHCARE

Many schools of social work across the United States have been working toward developing and implementing integrated healthcare curriculum, as well as other related components such as field education or interprofessional training. These efforts have been documented in terms of the development, piloting, and evaluation of course curriculum (Debonis et al., 2015; Gant et al., 2009; Zerden et al., 2017), macro issues related to the implementation of such programming (Held et al., 2017), and pedagogical methods regarding the interweaving of interprofessional education and clinical experience with a quality improvement focus in primary care (Zerden et al., 2017).

Schools of social work can spearhead education and training for this future workforce by adding integrated healthcare coursework into the existing curriculum (Zerden et al., 2017), as well as increasing preparation related to healthcare policy. Further, a focus on disaster relief social work and trauma, grief, and loss related to pandemics and other emergencies will need to be centered. Social work students are not simply taught how to "do" social work, but how to think about the very theories and practices that have formed its foundation. Just as data scientists utilize predictive analytics to understand trends, social workers can learn to develop models and frameworks that anticipate the needs of their communities that are based on an analysis of their past, present, and potential future (Nissen, 2020).

Currently, much of the COVID-19-era social work education literature focuses on sudden changes from in-person instruction to online course formats, the adjustment of field placements to meet COVID-19 safety protocols, and the notable shift in student interests from community and social justice–oriented practice to highly specialized and individualized clinical practice (Mclaughlin et al., 2020). We will add to these existing voices by calling for attention not only to the *process* of social work education postpandemic, but also to the *content*—specifically the need for more healthcare-related coursework that highlights the unique role social workers can play in public health settings within multidisciplinary teams and in understanding and changing policies that underlie health. This includes healthcare policy, as well as the broader regulations that surround sick

leave and family care policies, workplace safety policies, minimum wage regulations, and un- and underemployment benefits.

In the post-COVID-19 treatment of patients, interdisciplinary teamwork will be key to formulating post–acute care plans as patients transition back into the community, and their mental and physical well-being and adjustment are monitored remotely (O'Brien et al., 2021; Wainwright & Low, 2020). The increase in collective traumatic stress will need to be addressed and treated, leaving an opportunity for social workers to fill gaps in needed services in many primary care clinics without such behavioral health resources available (Kanzler & Ogbeide, 2020). Social work educators would benefit from thinking about the ways in which future social workers might be trained to support their communities alongside medical professionals in the years to come, as both the mental and physical impact is felt long term.

Finally, regarding policy and advocacy, it is essential to note the resources necessary so that social workers can strengthen primary care—especially now. We must promote the role of primary care as a national priority by safeguarding the Patient Protection and Affordable Care Act, which provides integrated behavioral health services as a focus and adjusts reimbursement rates to reward a new way of delivering care (Stanhope et al., 2015). Indeed, part of the policy recommendations for meeting social work's grand challenge to close the health gap includes a renewed focus on the development of an interprofessional workforce, as well as cultivating primary care innovation, which includes the support of social interventions (Spencer et al., 2016). With no definitive end to the pandemic in sight, social workers in these systems face an increased pressure to foster innovative strategies to help primary care providers navigate the increased health and social needs of the local communities.

CONCLUSION

As professionals at the intersection of social work and public health, the multiple crises around COVID-19 should inspire our field to assume more leadership within disease management, behavioral health, community organizing, and political advocacy. The widening gap in social determinants of health between those with unmitigated access to the resources and care that underlie health and those who have been systematically divested of this right calls for healthcare professionals who have the training and experience to mobilize effective action toward change. We are asked the following questions: What should social work look like in the future—how can it be relevant, proactive, ethical, and play a role in creating a better future? What should the "new normal" be? In response, we say that social work's "new normal" is as an integrated, multidisciplinary, and dynamic player in the postpandemic healthcare landscape, particularly within primary care. Future social workers must possess a knowledge of the reciprocal relationships between physical and mental health and the systems and policies that affect both. Perhaps one of the most profound lessons of COVID-19 lies in the ways it unsettles assumptions of the individual. This pandemic illustrates that a healthy future rests on a cadre of professionals poised to honor and support the deeply entwined relationships between individual and collective well-being. SW

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