

**RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY
SCHOOL OF SOCIAL WORK
MAIN COURSE SYLLABUS**

**Advanced Contemporary Policy: Health
19:910:542**

Instructor:
Email:
Office:
Office Hours:

I. Catalog Course Description

The historical, societal, political, and economic forces influencing the accessibility, cost, and quality of health care services are examined in this course. Health policy formulation is discussed, as well as the impacts on different demographics in the US population and on social work practice. In this course we review the values and socio-political forces that define social problems; populations affected; current policies and programs and their impact, along with their unintended consequences; service delivery and resource allocation; unmet needs; trends; analysis of political processes and change strategies; and the role of evaluation. Major components of the role of social work in policy formulation will be addressed, including its major impact on health care policy.

II. Course Overview

The purposes are to teach students the skill of policy analysis as applied to the substantive area of health care policy; to help students understand the role of values, ideology, preferences, and assumptions in the policy making process; to consider how political and economic structures, special interest groups, and other contextual factors affect policy development, policy implementation, and program delivery; and to analyze health care policies, programs or conditions that need change as well as the opportunities for such change. Attention is given to health problem definition, characteristics of the population at risk, and ways that policy issues are shaped through legislation and political processes.

Students will learn how to follow a line of inquiry, which will help them to answer fundamental questions about any proposed health care policy or program change:

1. Who is it supposed to help and how?
2. Will it do what it is supposed to do?
3. Do we want it? (Implications of costs and benefits?)
4. Is it feasible? How could we get it?

As students read through this syllabus, they should also remember to closely review the School-Wide Syllabus in Canvas or the Student Handbook to find information on the School of Social

Work mission statement and learning goals, school-wide policies (including academic integrity policies and the standardized attendance policy), and student resources and supports.

III. Place of Course in Program

This course is part of the Advanced Curriculum and covers the requirement for an advanced policy course. Successful completion of SWPS I and the remaining Professional Foundation courses is a pre-requisite.

IV. Council of Social Work Education's Social Work Competencies

The MSW Program at Rutgers is accredited by the Council on Social Work Education (CSWE). CSWE's accreditation standards can be reviewed at www.cswe.org

In keeping with CSWE standards, the Rutgers School of Social Work has integrated the 2022 CSWE competencies within its curriculum. The competencies assessed in this course include:

Enhanced Clinical Competency 2: Advance Human Rights and Social, Economic, and Environmental Justice

Clinical social workers are fully grounded in the ethics of the profession, recognizing the dignity and worth of all individuals and the need to advocate for social, racial, economic, reproductive, and environmental justice. Clinical social workers recognize the need to assess clients' physical environment for the availability of safe shelter, food, water, and air. Clinical social workers are adept at recognizing how human rights violations, racism, and other social-structural forces marginalize people and thus work to advocate for policies that promote social, racial, reproductive, and economic justice, advance human rights, and promote environments in which all individuals can thrive. Practitioners in clinical social work:

- Contextualize all client conceptualizations (assessments) utilizing the lenses of human rights and social, racial, reproductive, and economic justice, including aspects of identity and social location that may marginalize clients and/or contribute to inadequate access to healthcare and the inequitable distribution of social and economic resources.
- Assess the availability of clean and safe shelter, water, food, air, and other health-sustaining environmental resources and help individuals, families, groups, and communities to develop mechanisms to advocate for and maintain these environmental resources.
- Advocate for equitable distribution of all social, economic, and practical resources, including the availability of a competent clinical social worker with commitments to human rights as well as anti-racist, anti-oppressive, and justice-oriented clinical practices.

Enhanced MAP Competency 2: Advance Human Rights and Social, Economic, and Environmental Justice

Social work practitioners engaged in management and policy are committed to assuring that the work of the organizations and communities in which they practice, and the policies which they advocate and implement, respect and advance the rights of all those served, all those employed therein, and all those impacted by that work. They are aware of important laws and other policies that affect such rights in their work. They are knowledgeable about racism, social inequalities, human rights violations, and other forms of oppression in the communities they serve and their root causes. Accordingly, they develop and implement interventions at multiple system and institutional levels to assure such rights are fully and democratically accepted and integrated into the organizations and communities within which they work. They have the skills to understand how laws and other policies may oppress the rights of others and thus not advance social, racial, economic, or environmental justice, and how laws and other policies may be amended to protect and further human rights and social, racial, economic, and environmental justice. Social workers engaged in management and policy practice reflect on their reactions to these social, racial, economic, or environmental injustices and discuss them with their colleagues and others in a professional manner.

Practitioners of Social Work in Management and Policy:

- Contribute to the development and implementation of policies, programs, and practices within the organizations and communities in which they work that advance human rights and social, racial, economic, and environmental justice;
- Identify important laws and other policies that are relevant to human rights, and racial, social, and environmental justice in the organizations and communities in which they practice;
- Contribute to the efforts of the management and leadership of the organizations and communities in which they work to infuse this competency into the implementation of the mission, vision, values, and programs of the organization; and
- Practice democratic leadership by engaging with communities rather than taking action upon them.

Enhanced Clinical Competency 5: Engage in Policy Practice

Clinical social workers recognize how policies and laws can constrain or enhance individuals' life opportunities. Clinical social workers understand that policies and laws can create movement toward equal distribution of social and economic resources or can work against such equity. Clinical assessments include attention to the constraining or privileging aspects of local, state, federal and international policies and laws, and these assessments consider how each may impact their clients' well-being. Clinical social workers recognize how their work with individuals, families and communities must inform policymakers and legislators. Practitioners of clinical social work monitor policies and laws for their unintended consequences and for their equitability. Clinical social workers understand their role in implementing social policy and

recognize their professional responsibility in advocating for policy reform. Practitioners in clinical social work:

- Identify policies/laws that impact client well-being, analyze their impact on client well-being, and advocate for change in policies/laws that harm clients.
- Attend to the unintended consequences of policies/laws and communicate with stakeholders, legislators, and policy-makers about the impact of such policies/laws as they evolve within agencies, communities, and in clients' lives.
- Engage in political action to inform legislators and policymakers of the ways in which unjust policies/laws affect marginalized and other populations whom they serve.

Enhanced MAP Competency 5: Engage in Policy Practice

Social work practitioners engaged in management and policy fully understand the process through which social welfare policy is developed, the underlying values and ideologies that guide policy choices, and the impacts that social welfare policies may have on individuals, families, organizations, and communities. They recognize their roles and responsibilities in participating in policy development, implementation, and analysis. They engage in policy practice at the mezzo and macro level to promote equality, social justice, and human rights. They recognize how policies may enhance or limit disproportionality in life outcomes or status such as morbidity, mortality, poverty, incarceration and others. Social workers engaged in management and policy practice consistently reflect on the unintended consequences of policies and can develop strategies to address these consequences. Practitioners of Social Work in Management and Policy:

- Identify and analyze policies, laws, rules, and governmental regulations that affect human services in their domain of practice and how these affect the organization, financing and delivery of such services;
- Identify and/or advocate in collaboration with others in support of policies that positively impact the communities which they serve;
- Analyze policies for the identification and elimination of elements that result in either intended or unintended consequences of racism, gender bias, homophobia, religious and/or ideological, and other prejudices inconsistent with social work values;
- Engage in and/or support policy practice at the mezzo and macro level to promote equality, social justice, and an inclusive human rights framework; and
- Assess the process of policy implementation at the community or organization level and analyze the degree of the fidelity of the implementation to the original intent of the policy.

Click on the link below to view the entire set of 2022 CSWE competencies:

<https://www.cswe.org/getmedia/bb5d8afe-7680-42dc-a332-a6e6103f4998/2022-EPAS.pdf>

This course focuses on providing you with the knowledge, skills, and values for you to engage, assess, and intervene. In order to assess your attainment of these above-listed competencies, TWO (2) ASSIGNMENTS, due between the mid-term and end of the course period, are assigned. In these assignments, you are required to write a letter to an elected official advocating for a policy position on a health-related issue. In these assignments, you are assessed on your beginning ability to apply theories learned in this course and use the skills of engagement, assessment, goal setting, intervention, and evaluation.

V. Course Objectives

Upon completion of the course students will have competence to

1. To understand how *physical and mental health problems* are defined and how political values, ideologies, and power influence this process.
2. To understand the processes of *health care policy development* including how practitioners and citizens can participate in the policy making process; how the political, social, economic, and organizational factors influence policy formulation and implementation; and the relationship between state and national policy.
3. To critically apply conceptual frameworks in the *analysis of health care policy* through the examination of social policies and services for all Americans.
4. To understand the potential *effects of health care policy* on the individuals, families, communities, and organizations; and how social workers can participate in the health care policy domain.
5. To understand the social work skills and activities related to *health care policy* development and how they can promote social and economic justice.

VI. Required Texts and Readings

There is no required textbook for this course.

Students are expected to read works drawn from a selection of books, journals, and the grey literature.

Required readings are available through the Rutgers University Library “Reading List” that is integrated into your Canvas course. To find your readings:

Click on the “Reading List” tab in the Canvas navigation bar to the left-hand side of the course. Please note, this list contains links to articles and other required readings. Please follow the syllabus and/or Canvas Readings and Resources page in each module for more specific required readings and resources for each week.

For further instructions [please click here for a video tutorial](#)

Health policy is a constantly evolving field. As such, you would do well to keep up with current events, which we will often discuss during lectures. We recommend that you periodically read the following websites:

<https://theincidentaleconomist.com/wordpress>

<http://www.kaiserhealthnews.org/>

<http://kff.org/>

<http://healthaffairs.org/>

http://www.urban.org/health_policy/index.cfm

<http://www.cbo.gov/topics/health-care>

<http://www.rwjf.org/en/topics/rwjf-topicareas/health-policy.html>

VII. Attendance and Participation

Attendance

Please refer to the school-wide syllabus for the standard attendance policy.

This is an asynchronous online course. You are expected to log on to the course on a weekly basis. You will need to log on several times throughout the week in order to complete assignments and participate in discussions. Failure to complete discussions will be considered an equivalent of an absence. Repeated absences of three weeks or more will result in a failing final course grade. In other words, if you completely miss three (3) or more discussions, you will automatically fail the course. **Late discussion posts will not be accepted and will result in a zero.**

Participation

Your active participation in this course is vital to the course and your learning. Your classmates and your professor depend on you to share your responsibility reading the articles, participating fully in the online discussions, and giving feedback to your peers. You are expected to participate in a variety of ways and you will be graded as such.

You are expected to do the following:

1. Log into the course on Canvas starting every Tuesday to review the lecture and complete any assignment or discussion.
2. Log into Canvas website at least three times a week to complete the work for this class as outlined.
3. Use the lectures, videos, and articles to help you engage with and understand the content presented.
4. Meet deadlines for all assignments.

Canvas

Canvas is a modern learning management system used at Rutgers University to deliver online courses and to aid in the communication and dissemination of course information and materials for in person courses. All correspondence, including submission of assignments and e-mail communications, will be conducted through Canvas. Should you have any questions specifically related to this course, please click on the help button (bottom right of Canvas Dashboard) and choose the best option for your question.

VIII. Assignments and Grading

All written assignments **must** follow APA format. The professor reserves the right to reduce the letter grade for any assignment that does not confirm to APA format.

A student's course evaluation is based on the following 7 required assignments:

Assignments	
Discussions and Reflections	20%
Quiz #1 (Module 3)	10%
Advocacy Letter (Module 4)	20%
Quiz #2 (Module 7)	10%
Reflection Exercise (Module 8)	5%
Policy Analysis Paper (Part I, Module 10)	15%
Policy Analysis (Part 2, Module 14)	20%

1. DISCUSSIONS AND REFLECTIONS – 20% of final grade. This course takes an active learning approach, meaning that while there will be lectures and readings, one of the main ways that you will be learning in this course is through investigating, problem-solving, practicing, and collaborating with peers through discussions. Consequently, the course will feature weekly discussions, in which you will apply what you've learned and receive peer feedback on your applications, and reflections, which are opportunities to synthesize your learning and consider additional applications.
2. TWO QUIZZES – 10% for each quiz toward final grade. The two quizzes are short and relate to the module reading in the chapters by Shi and Singh.
3. ADVOCACY LETTER – 20% of final grade.
4. REFLECTION EXERCISE – 5% of final grade
5. POLICY ANALYSIS PAPER - Part I is 15% of final grade; Part II (inclusive of Part I) is 20% of final grade.

More detailed instructions about assignments will be distributed directly to students at the beginning of the semester. All written work **must** be typed. All assignments for this class must reflect social work values and ethics including awareness of issues of diversity and economic and social injustice.

Part I – Introduction to US Health Care Policies

Module 1: Social work skills and activities which promote social and economic justice.

Learning Objectives

- To identify the course requirements using the syllabus
- To assess our own philosophical approach, skills and activities and determine strengths and limitations in these areas as we understand health policy development
- To outline role that the social work profession has in health policies

Required Readings & Resources

Please view this video from 1:14 to 20:46. It is entitled:
The Public Health Policy-Making Process

<https://www.bing.com/videos/riverview/relatedvideo?q=health+policy+analysis+paper+example&mid=9044505CAF0B4B66E47B9044505CAF0B4B66E47B&&FORM=VRDGAR>

Discussion Post: Students are asked to introduce themselves: Why this course, what are your career aspirations, and post a few sentences on a memorable (positive or negative) experience you have had with the health care system.

Module 2: Governmental role in developing and implementing health care policy

Learning Objectives

- To outline how health care policies are created and the role of social workers in participating in that process
- To determine the values and other factors that influence how a policy is created

Required Readings & Resources

- Karger, H. J., & Stoesz, D. (2008). Chapter 8: The making of governmental policy. In H.J. Karger & D. Stoesz, *American social welfare policy* (5th ed.). Boston: Allyn & Bacon.

Required Online Resources:

- [Schoolhouse Rock: I'm Just a Bill \(How a Bill Becomes a Law\)](#)
- [How a bill really becomes a law: What Schoolhouse Rock missed](#)
- [How a Bill Becomes a Law: Crash Course Government and Politics #9](#)
- [School House Rock + Obama + SNL = How a Bill REALLY becomes a Law!](#)

Discussion Post- Who are your elected (local, state, and federal) officials? What issues do they support?

Module 3: Historical Overview of Health Care Delivery

Learning Objectives:

- Describe how health care delivery has evolved in the US since the 1800s.
- Discuss the evolution of the current health care system
- Identify current trends in the implementation of health care policy
- Identify factors related to structural racism in the current health care system

Required Readings:

Shi, L., & Singh, D. A. (2023). *Essentials of the U.S. health care system* (6th ed.) Burlington, MA: Jones & Bartlett Learning.

Chapter 3: Historical Overview of U.S. Health Care Delivery

Yearby, R., Clark, B., & Figueroa, J. F. (2022). Structural racism in historical and modern US health care policy. *Health Affairs*, 41(2), 187-194.

Reinhart, E. (2024). Money as medicine – Clinicism, Cash Transfers, and the Political-Economic Determinants of Health. *New England Journal of Medicine*, 190(14), 1333-1338.

Close the Health Gap

[180604-GC-health-gap.pdf \(grandchallengesforsocialwork.org\)](https://www.grandchallengesforsocialwork.org/180604-GC-health-gap.pdf)

Quiz #1

Module 4: Health Care Policies in the US and Health Insurance Basics Major Characteristics of US Health Care Delivery Financing and Reimbursement Methods

Learning Objectives:

- Identify the patchwork of subsystems that were developed through the marketplace that result in the current US health care system
- Describe why health care is not distributed equitably and equally.
- Explain why or why not the ACA has been successful (or not) in expanding coverage and increasing access to care.
- Describe how the US health care system differs from that of other developed countries.

- Explain financing of health care in the US and the various insurance programs.
- Define the various methods of reimbursement.

Required Readings:

Shi, L., & Singh, D. A. (2023). *Essentials of the U.S. health care system* (6th ed.) Burlington, MA: Jones & Bartlett Learning.

Chapter 1: Major Characteristics of U.S. Health Care Delivery

Chapter 6: Financing and Reimbursement Methods

[Opinion | Many Patients Don't Survive End-Stage Poverty - The New York Times](https://www.nytimes.com/2023/01/11/health/end-stage-poverty.html)

[nytimes.com](https://www.nytimes.com/2023/01/11/health/end-stage-poverty.html)) This article is written by a physician who coined the term, “end-stage poverty.” It discusses how the best medicine falls short and how health care workers do their best to tap community resources for those living in poverty with a severe health condition.

Discussion Post

Advocacy Letter is due to one of the elected officials you listed in the Discussion post of Module 2.

Part II- Programs – How social workers connect with programs: Private Health Insurance, Medicare, Medicaid, SHIP, Family Care, VA System (TRICARE), ACA, Oral care

Module 5: Medicare: Basic Facts, Origins, Evolution, and Future Challenges Medicare Benefits: Parts A, B, C, and D

Learning Objectives:

- Identify and describe the health care benefits associated with Medicare
- Describe the structure of the program and how it is funded
- Understand the strengths and weaknesses of the program
- Understand the political ideologies behind a single payer system for all in the US
- Discuss the critiques of the Medicare program and proposals that have been put forward to address these critiques.

Required Readings:

El-Nahal, W. (2020). An overview of Medicare for clinicians. *Journal of General Internal Medicine*, 35(12), 3702-3706.

Blumenthal, D., Davis, K., & Guterman, S. (2015). Medicare at 50 — Origins and Evolution. *The New England Journal of Medicine*, 372(5), 479–486.
<https://doi.org/10.1056/NEJMhpr1411701>

Webinar: Guide to Medicare Basics – Kaiser Permanente
[Guide to Medicare Basics | Kaiser Permanente \(youtube.com\)](#)

Discussion Post

Module 6: Medicaid (and Waiver Programs) NJ FamilyCare and MLTSS

Learning Objectives

- Identify the social problems that the Medicaid and ACA programs were enacted to address.
- Describe the structure of these programs within the frameworks discussed previously (who receives benefits, what benefits are provided, and how they are provided) and how the components of these programs would address the identified social problems.
- Discuss the effectiveness of these programs in meeting their explicit and implicit goals.

Required Readings:

Medicaid Primer: Congressional Research Service (April, 2023)
<https://crsreports.congress.gov/product/pdf/IF/IF10322>

Medicaid in NJ: NJ FamilyCare
[Welcome to NJ FamilyCare \(state.nj.us\)](#)

Faces of Medicaid
<https://www.kff.org/medicaid/video/faces-of-medicaid/>

Status of State Medicaid Expansion Decisions: Interactive Map
<https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>

Ali, M. M., Bradford, A. C., & Maclean, J. C. (2024). TennCare Disenrollment Led To Increased Eviction Filings And Evictions In Tennessee Relative To Other Southern States: Study examines mandatory Medicaid disenrollments in Tennessee, eviction filings, and evictions. *Health Affairs*, 43(2), 269–277.
<https://doi.org/10.1377/hlthaff.2023.00973>

Discussion Post

Module 7: The Uninsured and the Affordable Care Act Cost, Access and Quality

Learning Objectives

- Discuss the major reasons for the dramatic increase in health care expenditures
- Describe how cost, access, and quality affect health care delivery
- The macro perspective of costs is a widely used measure of national health care expenditures as a percent of GDP. Describe other potential ways to measure the cost of health care.
- Describe some of the potential causes and consequences of disparities in health care costs as they relate to the individual
- Discuss some policy reforms that may address these disparities

Required Readings:

Shi, L., & Singh, D. A. (2023). *Essentials of the U.S. health care system* (6th ed.) Burlington, MA: Jones & Bartlett Learning.
Chapter 12: Cost, Access, and Quality

Key Facts about the Uninsured Population

<https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/>

Discussion Post - What can you as a social worker do to help clients access insurance and programs? What type of obstacles do you anticipate?

Quiz #2

Module 8: Interface between Community-based and Health Care Organizations

Learning Objectives

- Describe the importance of networks in integrated care settings.
- Identify disparities in how networks operate and who can benefit from these configurations.
- Describe some of the potential causes and consequences of these disparities
- Discuss some policy reforms that may address these disparities

Required Readings:

Emily Greenfield: [Webinar: Lifting the Veil: How Networks Form, Operate, Struggle and Succeed - Aging and Disability Business Institute.](#)

Webinar and worksheet used to complete a reflection exercise

Petruzzi, L., Milano, N., Chen, Q., Noel, L., Golden, R., & Jones, B. (2024). Social workers are key to addressing social determinants of health in integrated care settings. *Social Work in Health Care*, 63(2), 89–101.
<https://doi.org/10.1080/00981389.2023.2292565>

Reflection exercise – this will be posted on Canvas

Part III – Special Topics – Housing, Long-Term Care, Mental Health, Behavioral Care, Telehealth, Community Health Workers, End-of Life Care

Module 9: Housing as a social determinant of health

Learning Objectives

- Describe the reasons for the inclusion of housing as a social determinant of health
- Identify disparities in housing and health and the groups that are most at-risk
- Describe some of the potential causes and consequences of these disparities
- Discuss some policy reforms that may address these disparities

Required Readings:

Paradise, J. (January, 2017). Linking Medicaid and supportive housing: Opportunities and on-the-ground examples. Issue Brief
[Linking Medicaid and Supportive Housing: Opportunities and On-the-Ground Examples \(kff.org\)](https://www.kff.org/policy-program-priorities/issue-brief/linking-medicicaid-and-supportive-housing-opportunities-and-on-the-ground-examples/)

Rolfe, S., Garnham, L., Godwin, J., Anderson, I., Seaman, P. & Donaldson, C. (2020). Housing as a social determinant of health and well-being: Developing an empirically informed realist theoretical framework. *BMC Public Health*, 20, 1138-1157.

Bharel, M., & Auerbach, J. (2023). Using public health tools to alleviate homeless encampments. *Journal of Public Health Management and Practice*, 29, 6, 759-761.

Benfer, E. A., Vlahov, D., Long, M. Y., Walker-Wells, E., Pottenger, Jr., J. L., Gonsalves, G., & Keene, D. E. (2021). Eviction, health equity, and the spread of COVID-19: Housing policy as a primary pandemic mitigation strategy. *Journal of Urban Health*, 98, 1-12.

Doran, K. M., Misa, E. J., & Shah, N. R. (2013). Housing as health care – New York’s Boundary-Crossing Experiment. *New England Journal of Medicine*, 369(25), 2374-2377.

Discussion Post

Module 10: Long-term care, MLTSS, Home and Community-Based Services: Exploring Options to Control Costs and Expand Access to Long-Term Care

Learning Objectives

- Define and describe what is LTSS and how it can be provisioned
- Identify economic differences in how these services can be provisioned among adults with different SES.
- Describe some of the potential causes and consequences of these disparities
- Discuss some policy reforms that may address these disparities

Required Readings:

Family Care in NJ (Medicaid) [Welcome to NJ FamilyCare \(state.nj.us\)](https://www.state.nj.us/humanservices/familycare/)

American Council On Aging. (2024). *New Jersey Medicaid Managed Long Term Services and Supports*. <https://www.medicaidplanningassistance.org/new-jersey-familycare-mltss/>

Akincigil, A., & Amir Koren, U. (2024). Enabling Aging in Place: A Vital Strategy for Residents of Subsidized Senior Housing. *New Jersey State Policy Lab*. <https://policylab.rutgers.edu/enabling-aging-in-place-a-vital-strategy-for-residents-of-subsidized-senior-housing/>

Christ, A., Sherman-Greenup, V., & Law, B. (2022). Building an Equitable Medicaid HCBS Infrastructure in New Jersey for Older Adults. *Justice in Aging*. <https://justiceinaging.org/wp-content/uploads/2022/06/Building-an-Equitable-Medicaid-HCBS-Infrastructure-in-NJ-for-Older-Adults.pdf>

More than half of older Americans will need long-term term care. Many can’t afford the rising cost
<https://amp-cnn-com.cdn.ampproject.org/c/s/amp.cnn.com/cnn/2023/09/16/business/aging-population-insurance-costs/index.html>

Who Uses Medicaid Long-Term Services and Supports?
<https://www.kff.org/medicaid/issue-brief/who-uses-medicaid-long-term-services->

[and-supports/](#)

Part I of Policy Analysis Paper- Due

Module 11: Mental Health Care

Learning Objectives:

- Report on the number of adults living with mental health diagnoses and describe commonly discussed diagnoses experienced by this population
- Identify disparities in mental health and well-being evident among the adult populations and the groups that are most at-risk. What are the common experiences of adults living with mental health diagnoses
- Analyze current and often used mental health services and the specific barriers to care
- Identify challenges of integrating mental health policies with social work practice

Required Readings:

Altman, (May, 2024). Kaiser Family Foundation

[The Mental Health Crisis Within the Mental Health Crisis | KFF](#)

Panchal, N., Rae, M., Saunders, H. & Cox, C. (March, 2024)

[How Does Use of Mental Health Care Vary by Demographics and Health Insurance Coverage? | KFF](#)

Bringing the Voices of Young People into the Federal Regulatory Process – Lessons Learned from the Mental Health Parity Rule

<https://www.commonwealthfund.org/blog/2024/bringing-voices-young-people-federal-regulatory-process-lessons-learned-mental-health>

Cunningham, P., McKenzie, K., & Taylor, E. F. (2006). The Struggle To Provide Community-Based Care To Low-Income People With Serious Mental Illnesses. *Health Affairs*, 25(3), 694–705. <https://doi.org/10.1377/hlthaff.25.3.694>

Patel, K. K., Butler, B., & Wells, K. B. (2006). What Is Necessary To Transform The Quality Of Mental Health Care. *Health Affairs*, 25(3), 681–693. <https://doi.org/10.1377/hlthaff.25.3.681>

Discussion Post

Module 12: Disparities in Health Care, Telehealth

Learning objectives:

- Identify disparities in health and well-being evident among the older adult population and the groups that are most at-risk
- Describe some of the potential causes and consequences of these disparities
- Discuss some policy reforms that may address these disparities

Required Readings:

Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). Structural racism and health inequities in the USA: Evidence and interventions. *The Lancet*, 389(10077), 1453-1463.

To Advance Health Equity for Patients With Limited English Proficiency, Go Beyond Interpreter Services

<https://www.healthaffairs.org/content/forefront/advance-health-equity-patients-limited-english-proficiency-go-beyond-interpreter>

Braveman, P., & Gottlieb, L. (2014). The social determinants of health: It's time to consider the causes of the causes. *Public Health Reports*, 129, supp 2, 19-31.

The House 2024 Appropriations Bills: Two Steps Back For Transgender Health Equity

<https://www.healthaffairs.org/content/forefront/house-2024-appropriations-bills-two-steps-back-transgender-health-equity>

Discussion Post

Module 13: End of Life Planning Hospice Advance Directives, POLST, Powers of Attorney

Learning Objectives:

- Present a history of end-of-life planning
- Analyze and describe autonomy, capacity and current tools used for end-of-life planning
- Judge potential challenges to end-of-life planning that benefit from social work intervention
- Critique where of cultural, educational, and social issues can influence decision-making

Required Readings:

McDermott, C. L., Engelberg, R. A., Sibley, J., Sorrow, M. L., & Curtis, J. R. (2020). The association between chronic conditions, end-of-life health care use, and documentation of advance care planning among patients with cancer. *Journal of Palliative Medicine*, 23(10), 1335-1341. DOI: 10.1089/jpm.2019.0530

NJ Pioneers Innovative Strategy to Expand Access to Community-Based Palliative Care – Goals of Care Coalition of New Jersey
[Session 1.3 - NJ Pioneers Innovative Strategy to Expand Access to Community-Based Palliative Care \(youtube.com\)](#)

Chapter 3: Clinical-Patient Communication and Advanced Care Planning
Please review Box 3-1 on pg 122 – 135
Please read from pg 144-157

AARP Public Policy Institute. 2011. Improving Advanced Illness Care: The Evolution of State POLST (Physician Orders for Life-Sustaining Treatment) Programs. <http://assets.aarp.org/rgcenter/ppi/cons-prot/POLST-Report-04-11.pdf>

Discussion Post

Part IV: Looking ahead at policy reform in the US Can we learn from other countries?

Module 14: Health Care Policy Reform – Looking forward Cross National Comparisons – health care and insurance coverage

Learning Objectives:

- Identify cross national differences in the provisioning of health care services.
- Describe some of the potential causes and consequences of these differences
- Discuss some policy reforms that may address how the US can improve its outcomes while decreasing costs.

Required Readings:

Watch PBS Frontline: comparison of different health care systems worldwide
[Introduction](#) | [Sick Around The World](#) | [FRONTLINE](#) | [PBS](#)

Baicker, K., & Chandra, A. (2008). Myths And Misconceptions About US Health Insurance: Health care reform is hindered by confusion about how health insurance works. *Health Affairs*, 27(Suppl1), w533-w543.

Schoen, C., Osborn, R., Squires, D., Doty, M. M., Pierson, R., & Applebaum, S. (2010). How health insurance design affects access to care and costs, by income, in eleven countries. *Health affairs*, 29(12), 2323- 2334.

Optional readings: Gusmano, M. K., Rodwin, V. G., & Weisz, D. (2006). A new way to compare health systems: avoidable hospital conditions in Manhattan and Paris. *Health Affairs*, 25(2), 510-520.

Einav, L., & Finkelstein, A. (2018). Moral hazard in health insurance: what we know and how we know it. *Journal of the European Economic Association*, 16(4), 957-982.

Designing US health insurance from scratch: A proposal for universal basic coverage. [20231026 THP EinavFinkelstein Proposal.pdf \(hamiltonproject.org\)](#)

Health Care Policy in 2023: Five areas to watch. *Health Affairs Forefront*, Feb. 21, 2023. [Health Care Policy In 2023: Five Areas To Watch | Health Affairs](#)

Part I (revised) and Part II of Policy Analysis Paper - due

Module 15: Conclusion of Course – Synthesis of the content

Discussion Post – What did you get as new knowledge from the course that will be important to your development as an MSW-trained social worker?

What can we learn from other developed countries about the provisioning of health care? (This references material in Module 14.)