



# WASHINGTON STATE NEWSLETTER

JULY 2007 SUMMER EDITION

SSWLHC ADVOCACY, PRIORITIES, ISSUES & ACTIVITIES

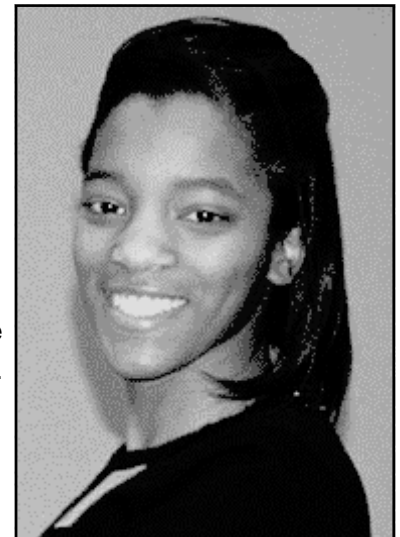
- JULY 25, 2007  
 PUGET SOUND SSI CONSORTIUM  
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- OCTOBER 5, 2007  
 NASW-WA CHAPTER  
 JONATHAN BEARD, MSW, LICSW  
 "SOCIAL WORK ETHICS: MORE THAN JUST THE CODE"  
 RED LION BELLEVUE INN  
 BELLEVUE, WA
- NOV 2, 2007  
 NASW-WA CHAPTER  
 KARL LAROWE, MA, LCSW  
 "CONDUCTING EFFECTIVE MENTAL STATUS AND RISK ASSESSMENTS"  
 RED LION BELLEVUE INN  
 BELLEVUE, WA
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## CARMEN WASHINGTON WINS SSWLHC SCHOLARSHIP

Carmen Washington, who has just completed the first year of her social work master's program at the UW SSW, is the winner of the 2007 SSWLHC Annual Scholarship Award. This \$2000 award is presented to an outstanding social work student entering the second year of training, who is committed to pursuing a career in Health Care social work and who exemplifies those values. Carmen will earn her MSW in June of 2008 and her MPH in June 2009, from the UW.



Carmen Washington, UW SSW Student and winner of 2007 SSWLHC Scholarship Award.

**Research Interests:** Carmen comes to the Pacific NW from the University of Missouri—Columbia, where she earned her BSW in 2006 with an interest in research in underserved populations. She jumped right into the research field

## PANEL DISCUSSION ON HEALTH CARE: FROM 'SICKO' TO SANITY

A Panel Discussion on Health Care: From "Sicko" To Sanity : Doctors, Nurses, Caregivers and Activists Unite for Universal Health Care will be held on Wed. July 18, 7 PM at the Seattle Central Community College, Room 3202. Contact: Jesse Hagopian: [jesse\\_hagopian@yahoo.com](mailto:jesse_hagopian@yahoo.com), 206-962-1685. **Filmmaker Michael Moore's latest work, "Sicko" is opening up a debate across the country about the Health Care Crisis facing America .**

**Seattle Area Doctors, Nurses, Healthcare workers and activists are joining forces** to facilitate a panel discussion about how we can be part of a movement for a national healthcare plan that gives everyone the quality care they deserve. Please join the panelists for a lively discussion on this important issue!

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## CARMEN WASHINGTON WINS \$2000 SSWLHC WA CHAPTER SCHOLARSHIP

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at the UW SSW where she was awarded a Graduate Research Assistantship and through the past year has participated in the 'Young Women's Health Study & Teen Health Study' in Seattle. Her Practicum experiences have also been research focused. The first practicum was with Neighborhood House Project Handle, where she conducted a community needs assessment to identify gaps in HIV/AIDS services for women and youth. Beginning in April, Carmen has worked with the Washington Health Foundation in Seattle where she has conducted outreach activities and recruited health providers and community-based organizations to join the 'Healthiest State' campaign. She has also been involved in interviewing corporations, organizations, schools, and cities about their employee wellness programs, and is also working on a national comparative health policy analysis.

**Undergrad Work:** As an undergraduate student, Carmen was worked on several research projects. As a McNair Scholar at the University of Missouri in Columbia, she conducted research on pregnancy intention and social factors. As one of 250 applicants, Carmen won a Research Fellowship at the Johns Hopkins University at the Bloomberg School of Public Health Diversity Summer Internship Program in Baltimore Md. where she conducted research on mammography and African American women. Returning to the University of Missouri as an Undergraduate Research Scholar, Carmen completed the year with studies on breast feeding and smoking habits during and after pregnancy.

Following her graduation, Carmen won a position with the Minority International Research Training (MIRT) Program and traveled to Cape Town South Africa where she analyzed data on HIV/AIDS among college students and participated in HIV/AIDS trainings.

**Volunteer Interests:** Carmen's volunteer experiences during college also helped to shape her career goals. She was a language partner for an MU 'English as

a Second Language' program where she had weekly conversation meetings with the partner. She also planned, organized and co-directed a spring break trip for eight students to volunteer at a Navajo Domestic Violence Shelter in Shiprock, New Mexico. She also volunteered in the Hand In Hand Learning Center, a program for refugee and immigrant families that assisted with resource and language needs.

As a field practicum student, Carmen worked with the Boys and Girls Club in Jefferson City, MO, where she drafted a grant proposal and was awarded a \$4,000 grant to fund the construction of a playground. She also developed a college networking program for the Club's teens.

**Awards & Honors:** The awards for this young social worker have been many. In addition to the McNair Scholar Program Achievement Award and the Johns Hopkins School of Public Health Diversity Summer Internship Program Achievement Award, Carmen was the Undergraduate Research Scholar for the Fall of 2005 to the Spring of 2006. She also received the 2006 Outstanding BSW Student Award in the Spring of 2006, awarded by the U of M—Columbia School of Social Work Alumni Organization. In the Summer of 2006, she was awarded a fellowship at Penn State University Minority International Research Training Program. At the UW-SSW, Carmen was awarded the Pre-Masters Research Fellowship.

**Personal Statement:** Each applicant for the SSWLHC scholarship is asked to write a personal statement describing an aspect of Social Work practice in healthcare in which the student is interested, explaining what the student believes to be his/her potential to make a unique contribution to that area of practice. Carmen's statement follows:

***Medical Social Work and the Disenfranchised***  
*"Social work is a profession that is rooted on the values*

*of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. I am committed to make my mark on the profession by methodically implementing its core values into improving the health of the disenfranchised. I am interested in dismantling healthcare inequities in delivery, access, knowledge, and outcomes for marginalized communities. My experience and commitment to health care program planning, administration, and research exemplify my potential to make a unique contribution to social work health care.*

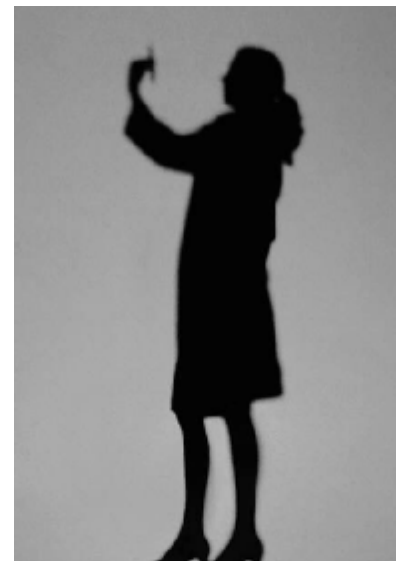
*Health disparity is an epidemic and social problem that is significantly affecting many marginalized communities and populations in the United States. Health disparity is defined as a profound difference in the quality of health care received and health status of racial and ethnic groups compared to the population as a whole. African Americans, Hispanics, Native Americans, Alaska Natives, Asians, and Pacific Islanders have significant disparities in higher rates of cardiovascular disease, cancer, infant mortality, birth defects, asthma, diabetes, stroke, sexually transmitted diseases, and mental illness.*

*For the past several years I have centered my learning, research studies, and practicum and work experience on healthcare and marginalized groups. My first introduction to the field of health care was with the University of Chicago Center for Interdisciplinary Health Disparities Research. I worked on a study focusing on breast cancer among African American women; then continued in this same realm on another study at Johns Hopkins University School of Public Health. I have also committed an exceptional amount of effort to conducting research on low-income mothers and their pregnancy intention, breast-feeding habits, and if they smoked during and/or after pregnancy.*

*As a graduate student, I continue to conduct health care research as a graduate research assistant with the Youth Women/Teen Health Study. I am also*

*gaining practical hands on skills and knowledge in program planning and administration through my practicum experiences. My first practicum was with Project Handle, which is program focused on HIV/AIDS prevention and treatment among marginalized groups. I conducted a community assessment and identified gaps in health services for African American women and youth. My current practicum is with the Washington Health Foundation. I am involved in outreach and making sure that the dissemination of the Foundation's campaign to become the healthiest state is reaching marginalized communities, and that the Foundation is actively involved in supporting the communities' effort to address health disparities. To further the scope of my potential to make a contribution to the field of health care, I am also pursuing a dual degree in the Master of Public Health program at the University of Washington.*

*Each of my experiences exemplifies a commitment to health care and the core values of social work. As I continue to learn and advance I am confident that I will make a unique contribution to the field and to communities most in need."*



# AFRICAN AMERICAN COMFORT PROGRAM GROWS

**By Helen Sikov, MSW, LNHA**

*In June, 2007, this Newsletter Editor was invited to the annual Angel Dinner and Silent Auction for the Seattle African American Comfort Program. The program offered by this organization is an excellent resource for African American clients/patients who are dealing with end of life issues, and for clinicians working with health issues of the African American patient. Helen Sikov, SAACP Board Member, was asked to write this article of interest for your practice. JDurgin*

Over the past twenty plus years I have had the opportunity to work and volunteer in Central and South Seattle. I was a Social Work Director and Administrator in a skilled nursing facility (SNF) for most of those years, and at that time it was the only African American owned SNF in Seattle. I suppose then it should come as no surprise that my experience in this community has influenced almost every social justice project I have committed to for an extended length of time. I feel fortunate for the experience and having had hundreds of individuals and families touch my life, often in the twilight of theirs.

I will never forget Daisy, the child of freed slaves. I met her when she was 99 years old, still able to share her stories. She died at 105. Her physician son brought her to Seattle from the South when she was 89 years old, thinking he would only be caring for her in his home for a few years before she passed. I



Jacqui Thompson-Dodd speaks eloquently about her experience as a caregiver and as a recipient of services from SAACP.

was with him when he died of a stroke in his 80's, and his stories of becoming a Black physician in the sixties were almost as fascinating as the stories his mother told about life in the South at the turn of the century. Several years later Daisy's granddaughter called me, needing care at what would be the final stages of life for her. She died of breast cancer at age 68. That was 1999. I recall a profound feeling of sadness, having been with three generations of a family at the end of their life and who I had become extremely fond of. I also realized that there was something terribly wrong with this picture. Although I had become painfully aware of health disparities over the years, I knew the faces, and the impact on their lives.

African Americans are more likely to experience younger deaths and multiple deaths from a variety of causes in a single family unit. African Americans have higher rates of and die more often from breast and colon cancer. Hypertension is three to five times higher among African Americans as compared to Caucasians, with Diabetes and Coronary Diseases 33% more prevalent. Infant mortality rates are higher due to low birth weights and SIDS. African American women are currently the highest risk group for acquiring HIV/AIDS, with most recent statistics indicating ages 13 to 24 the fastest growing group to be diagnosed. African Americans are more likely to be under treated for pain in ER settings, and although African Americans are the second largest minority group in this country they make up only eight percent of Hospice patients.

The Seattle African American Comfort Program was started in 2003 by a group of community health professionals dedicated to improving access for African Americans in our region to higher quality and culturally respectful care. The mission originated from the inspiration of Roxanna Frost, who died at age 44 of breast cancer. Roxanna recognized the value of choice in the management of her cancer and ultimately in her final months of life. She wanted to create an opportunity for

others to have options available that would allow them to face life with dignity and self-empowerment. She lived her life as a community steward of social justice in the causes she supported, and the start up funds she left assisted the SAACP to move forward. The mission and vision began to evolve with the conducting of numerous local focus groups in 2004. The focus groups included African American physicians, nurses, social workers, long term care providers, elders in the community and their families, clergy, and African Americans living with HIV/AIDS. They highlighted areas of focus for the organization, and along with researching programs in Atlanta, New York and Los Angeles, a strategic plan was developed.

SAACP was granted non-profit status in 2005 with the mission of advocating, creating and coordinating culturally respectful care for African Americans and their families. The work thus far has focused on 1) providing information to the community at health fairs, conversations in churches and other community settings, and through one on one meetings with key leaders in the community that provide end of life services, 2) developing healthcare provider training for nurses and physicians, to be available in Fall 2007. Collaborations include U of Washington Schools of Medicine, Social Work, and Nursing, Mary Mahoney Nurses Association, Rainier Beach Clinic, Veterans Administration Hospital, Group Health Cooperative, Washington Care Center, and Puget Sound Neighborhood Health Centers. 3) Development of grief and loss support services that are led by African American counselors was established in the fall of 2006. Three groups are currently



Tunde Akunyan, SAACP Board President and Maggie Finley, Chaplain, Providence Hospice of Seattle, share a moment.

being offered. The collaborations include the South and Central Senior Centers, Mt. Zion Baptist Church, and First A.M.E. Church.

Currently I have a fulltime practice as a SNF Administrator at Washington Care Center, but I remain committed to addressing health disparities in the African American community throughout life, and especially through SAACP's efforts in my current role as a Board member. Partnerships are essential as the organization reaches out to the community, attempting to make a meaningful difference, valuing the contributions of African Americans to our city, while self empowering, and providing dignity to African Americans nearing the end of their lives.



Barbara Banon, SAACP Board Secretary and Denise Klein, Executive Director, Senior Services of King Co. share Angel Dinner registration duties.

SAACP is staffed by Executive Director/ Founder Raleigh Bowden, M.D., three grief and loss counselors, part time fund developer, a Board of Directors and 22 volunteers. All of the staff, 80 % of the Board and 60% of the volunteers are African American. More information can be obtained on our web site: [www.saacp.org](http://www.saacp.org) or by calling 206-239-8189.

Early in her career, Helen worked as the Social Work Director and Administrator of Branch Villa Health Care Center until 1999. She was actively involved in numerous social justice projects in Central and South Seattle in the years following, until accepting a position as Administrator of Washington Center for Comprehensive Rehabilitation. Helen has long been a proponent of social work in healthcare, serving the underserved, and has mentored social work students as part of her practice.



## IN FOCUS: LEADERSHIP PROFILE



### LINDA "SAM" O'NEILL, MSW, LICSW, GMHS

Linda "Sam" O'Neill is the lead social worker on the Geriatric Psychiatry Inpatient Unit at Highline Medical Center where she has been employed for the past 18 years. As one of two social workers on the unit, she has responsibility for patient psychosocial assessments, discharge planning, grief counseling, and a myriad of other clinical activities that provide the patient and family with necessary resources and support as the mental illness is treated. She also trains new social workers in the role, and has mentored students from the UW SSW. Sam changed her name from Linda about six years ago. When asked why she did it, she said that "there were five other Lindas on the unit at the time which became very confusing to both patients and staff".

Sam is an extremely well organized individual whose resource file should be copyrighted. During Sam's 18 years at the Highline Geropsych Unit, she has organized discharge resources into a comprehensive and logical whole, available to all staff members, in which one can discover those resources that might be needed by any patient discharging from a hospital following a life changing event.

**Education:** Sam completed her undergraduate work at Rutgers University in 1980, graduating summa cum laude. In 1987, she received her MSW from the UW SSW in Seattle. Sam's journey into social work was circuitous.

"I met my husband (Craig) on the beach in Manhattan Beach, Ca. in 1972. He was working as a physicist for Hughes Aircraft. It was one of those love at first sight things and we moved in together. Six months later we were traveling through Europe in our van. During that year on the road, we were both trying to decide what to do with our lives. We had lots of time to read and started studying psychology and by the time we returned to the states we had a direction. He wanted to be a psychiatrist and I was torn between medicine and social work.

Upon our return we moved to New Jersey for 4 years where Craig worked on his PhD in psychology and I went to undergraduate school at Rutgers. We then moved to Charleston, South Carolina for 4 years where he went to medical school

and I worked at Charleston Mental Health and went to school taking prerequisites for medical school. We moved to Washington in 1984 where Craig did his residency and I had decided I would rather be a social worker than a doctor and entered the UW SSW. The decision to enter social work rather than medicine came about through watching my husband go through medical school and residency and it wasn't pleasant. In talking with physicians who were practicing, it didn't seem like they were getting to spend a lot of time with their patients. I had to decide if it was worth the struggle. I started looking into social work and discovered there were many opportunities to help clinically, both in individual therapy and hospital work, that it seemed to make sense (except financially). I've been happy with this decision to focus on clinical social work and I have as much time as I want with patients and families however ten hour days are not uncommon.

**Discovery of Geriatrics:** While working at Eastside Mental Health in Bellevue with older adults I discovered that I loved working with people over the age of 65. When my supervisor asked me to work with her full time on the geriatric psychiatric unit at Highline, I did not hesitate and now have been there almost 18 years and still love my job. The hospital experience can be such a devastating one for both the patient and their family and I strive to make it just a little less stressful.

One of my primary duties is to help people who are in need of more assistance. People either need more help at home or are needing to move somewhere where they can get more help. My feelings of self worth in my job comes from making sure people get what they need so that they continue to have as much quality in their life as possible.

I was born in Connecticut, the oldest of three, and grew up in Gardena California. When I was 17, I left home and moved to Chicago and worked as a secretary for a year, then returned to California and worked as a secretary until I met Craig.

When Craig was in medical school, I spent a lot of time alone so I started running and I entered my first race in Charleston. When the trophies were handed out, I was totally taken by surprise to learn that I was the first place winner in my age group (30-40). It seems that not many women in that age range ran at that time in the south."

Sam is also an avid photographer. While at Rutgers, she won two photography contests. One photograph graced the cover of the Rutgers's yearly publication of poetry. The second won her \$100.00 at the New Jersey State Fair. Because of her photography skills she was asked to do the photography for a textbook published at Rutgers: "Adolescent Psychology". This textbook melded photographs and text on adolescent development.

"Craig and I are avid hikers/campers. We usually spend 3 weeks/year in Utah hiking, camping and boating. We also love to play tennis when we don't have frozen shoulders or any other of the numerous aches that seem to randomly pop up. We also enjoy pistol target shooting, knife throwing (a competitive backyard sport with my husband and a wooden door) and archery."

## Oregon SSWLHC Chapter Makes Inquiry

By Diedrich Meinken, MSW, President, SSWLHC

The Oregon Chapter of the SSWLHC recently contacted Diedrich Meinken, Chapter President to inquire if WA SSWLHC might consider the possibility of joining forces to sponsor educational offerings and other activities. The Oregon chapter has been inactive for some time and they have members who are interested in revitalizing their group. Pam Miller from Portland State University was asked to contact us regarding the possibility of some type of alliance between our state chapters.

**An Opportunity for Outreach:** Pam Miller and I have spoken, and I further discussed the issue with Jackie Durgin and Hildur Gleason during the conference call that was initiated on June 28th. I would like to share with our membership those ideas that have been put forward to date and ask for your feedback and other thoughts you may have on how we might assist or work with our sister chapter. I see this as an opportunity for us to not only help our colleagues in an adjoining state, but also an opportunity for us to reach out to many social workers in WA who are not able to fully participate in or benefit from our Chapter's work due to their distance from the Puget Sound area.

**Request of Oregon:** I have asked Pam Miller to investigate the experience of other states that have joined chapters (MO-KAN and PENN-DEL) to find out strengths, weaknesses and opportunities - recommendations and pitfalls.

**Educational Opportunity:** We might consider planning one or more joint training sessions probably somewhere in the Vancouver – Portland area to leverage educational opportunities we will be planning in the future. This would help us involve SW Washington SW's who find it difficult to attend our CEU's that have been held exclusively in the Puget Sound area in recent years. Perhaps duplicating a training we have planned here, where presenter(s) and some WA Board members could attend. This would require that we reach out to

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## NOMINATIONS FOR OFFICERS ARE OPEN

Nominations for SSWLHC WA Chapter officers are being accepted by the Nominations Committee. Offices that are open include:

**President-Elect:** a three year commitment to the Executive Committee including responsibilities of President-Elect [Education Committee chair], President [Executive Committee Chair] and Past President [Membership Committee Chair],

**Secretary:** a one year commitment to the Executive Committee as recording secretary,

**Treasurer:** a two year commitment to the Executive Committee as budget developer and bookkeeper,

**Communications Coordinator:** a one year commitment to the Executive Committee as Editor of the Newsletter and website coordinator.

Nominations for office are due by September 15, and may be sent to Linda Batway, Membership Committee Chair, at: [lindabatway@harrisonmedical.org](mailto:lindabatway@harrisonmedical.org).

President:: Diedrich Meinken, MSW  
 President Elect: Kathleen Fellbaum, MSW  
 Past President : Pam Haithcox, MSW  
 Secretary: Alice Chang, MSW  
 Treasurer: Erica Taylor, MSW  
 Communications Coordinator, Jacqueline Durgin, MSW

Member at Large: Hildur Gleason, MSW

Education Chair: Kathleen Fellbaum, MSW

Membership Chair: Linda Batway, MSSA

Newsletter Editor: Jacqueline Durgin, MSW

Scholarship Chair: Sandi Johnson, MSW

Social Health Policy Chair: Lynn Carrigan, MSW

## What will the future of health care Social Work look like?

### A letter from the President



By Diedrich Meinken, MSW,  
President, SSWLHC-WA  
Chapter

Social Workers who practice in the health care industry do not need to look very far for evidence that the winds of change are blowing. Many of us with membership in SSWLHC have seen departments reorganized or even closed. We know highly respected Social Work professionals who lost employment as service models change or health care system seek to gain "efficiencies". Some of us have colleagues who have taken advantage of early retirement opportunities. Sadly, I am certain that there are readers of this letter who have had career disruptions as a direct result of these forces in today's health care system.

#### **Business AND Labor Advocate Together.**

For the first time that I can recall, *businesses*, both big and small are aligning with labor to advocate for significant change in how we pay for health care, how to contain the growing costs, and how we can improve health care outcomes and delivery systems. Health care reform is a part of the debate among the 2008 Presidential hopefuls of both political parties. Proposed solutions range widely those who would make superficial modifications to maintain status quo to some who favor a single payer universal care system. Regardless of the posturing and proposals on the table, there is widespread agreement that the health care system in which we practice is broken and must be changed.

**What will the future of health care Social Work look like?** I am not an academican and make no pretense of having done a reasonable search of the literature. I have spent some time online trying to find what others are saying about the future of health care Social Work, finding very little information to guide a discussion in this area. I did find the following information at the US Department of Labor Web site about the Job Outlook for Social workers:

**"Employment of social workers is expected to increase faster than the average for all occupations through 2014.** The rapidly growing elderly population and the aging baby boom generation will create greater demand for health and social services, resulting in particularly rapid job growth among gerontology social workers. Many job openings also will stem from the need to replace social workers who leave the occupation.

As hospitals continue to limit the length of patient stays, **the demand for social workers in hospitals will grow more slowly than in other areas.** Because hospitals are releasing patients earlier than in the past, social worker employment in home health care services is growing. However, the expanding senior population is an even larger factor. Employment opportunities for social workers with backgrounds in gerontology should be good in the growing numbers of assisted-living and senior-living communities. The expanding senior population also will spur demand for social workers in nursing homes, long-term care facilities, and hospices."

<http://www.bls.gov/oco/ocos060.htm#outlook> - US DOL Web Site updated 8/4/06

As Social Work LEADERS in health care, I believe we must be strong advocates in the dialogue about the changes that are certain to occur. I also believe that we must be proactive in preparing ourselves and our colleagues for practicing Social Work in the changing world of health care we will see in the near future. Do we need to sharpen the tools we need to be effective advocates during the change process? How can we improve or add

*Continued on Page 10*

## STATE HEALTH RANKINGS RELEASED: WASHINGTON RANKS 17TH

The Commonwealth Fund released its first state health rankings in June 2007; Washington at 17.

Seattle- **The Washington Health Foundation** (WHF) applauds the Commonwealth Fund for the release of its first state-based report on health performance. This report is another in a string of national health rankings that are providing a focus for exactly how states may improve their health. This new state scorecard places Washington's ranking at 17. This standing, in the mid-teens, is consistent with findings in two other recent rankings from the United Health Foundation (UHF), putting Washington at 15, and the Washington Health Foundation's (WHF) own 2006 Report Card on Washington's Health, places Washington at number 14. While the rankings in these three publications are consistent, the indicators used in today's new report may not give a complete picture of health.

**Commonwealth scores access, quality, and cost.** The Commonwealth Fund's state scorecard focuses mostly on health care access, on quality and cost, and on health outcomes. It does not include indicators of population health. In its own report card and in its Healthiest State in the Nation Campaign, **WHF focuses on a broader range of health factors that include many of the same "Healthy Lives" measures found in the Commonwealth Fund State Scorecard, such as access and quality measures.**

But additionally, both the WHF and UHF report cards include indicators of health behavior and personal habits, such as smoking, drinking, proper nutrition and regular physical activity. Additionally, **WHF's report includes two important social determinants of health: educational attainment (high school graduation rates) and economic well-being.**

The Commonwealth Fund scorecard's detailed examinations of the health care system's cost and performance are strong complements to the state ranking reports released by both WHF and UHF. Its focus on the

health care system's cost and performance is welcomed, since this is where the overwhelming majority of our nation's more than \$2.2 trillion annual health care investment is now placed.

However, readers of this new scorecard must not confuse our health care system's performance with our population's success in maintaining and improving health.

**"The very core of the problem with health care in America is its assumption that further investments in medical care are the best way to achieve improved population health,"** said Greg Vigdor, President & CEO of WHF. "The weight of the evidence suggests otherwise: That physical environment, social environment and personal habits, together, play a far larger role than medical care in determining the chances for a long, healthy life."

Contributed by Lynn Carrigan, Chair, SSWLHC Social Health Policy Committee. She can be reached at [lrc@u.washington.edu](mailto:lrc@u.washington.edu) or

**President's Letter** *Continued from Pg. 9*  
to our knowledge, skills and abilities to prepare for the new roles that will emerge in tomorrow's health care systems? What will the future of health care Social Work look like?

### **SEND US YOUR RECOMMENDATIONS!!**

The members of the SSWLHC Board and the Education Committee of our chapter are concerned about the limited professional dialogue in this area. We are in the process of planning a workshop to explore "the future of health care Social Work" sometime later this year. If you have information or recommendations that you would like to contribute to this workshop, please contact Kathleen Fellbaum, President-Elect and Chair of the Education Committee at: [kath@fellbaum.com](mailto:kath@fellbaum.com).

## PANEL DISCUSSION, CONT FROM PG 1

### Featured Panelists include:

**John P. Geyman, MD**, is professor emeritus of Family Medicine at the UW School of Medicine in Seattle . He is Author of "Falling Through the Safety Net" and " The Corporate Transformation of Health Care" and was founding editor of "The Journal of Family Practice". He also serves on the board of Physicians for a National Health Program.

**Aaron Katz, CPH**, teaches health policy in the School of Public Health at the U.W., where he headed the Health Policy Analysis Program from 1988 through 2003. He is editor in chief of "Northwest Public Health". Aaron received the American Public Health Association's Award for Excellence in 2006 and the UW School of Public Health and Community Medicine's Outstanding Teaching Award in 2004

**Stacie Addison, RN**, graduated with a BA in Nursing from the University of Colorado in 1975. For the last 32 years, she has dedicated herself to providing quality healthcare--working with such diverse populations as rural migrant workers, to the PolyClinic on Seattle 's Capitol Hill.

**Sarah Wilhelm, MPH** serves on the Board of the Community Abortion Information and Resource (CAIR) Project, a social service organization dedicated to removing barriers to abortion access, through providing financial assistance , information and referrals. Sarah also works developing training materials on HIV/AIDS care and treatment for health care workers in developing countries.

**Kate Johnson, NAC** is a home healthcare worker for Swedish Hospital , a union member in SEIU 1199 and an activist in the International Socialist Organization. Johnson's experience with grassroots organizing provides a model for how increasing numbers of people can build a movement for a single payer healthcare plan. Sponsored by: The CAIR Project, The Green Party of Seattle, and The International Socialist Organization

Contributed by Linda Johnson, MSW, former President, SSWLHC—WA Chapter. She can be reached for comment at [swlkj@comcast.net](mailto:swlkj@comcast.net)

## OREGON INQUIRY, CONT. FROM PAGE 9

health care facilities in Southwest WA to assess their interest in such an event and that OR representatives do likewise in the Portland area. Future joint training sites may include Yakima or the Tri-Cities area if there is sufficient interest - allowing both OR and WA to better serve the eastern and more rural portions of our states.

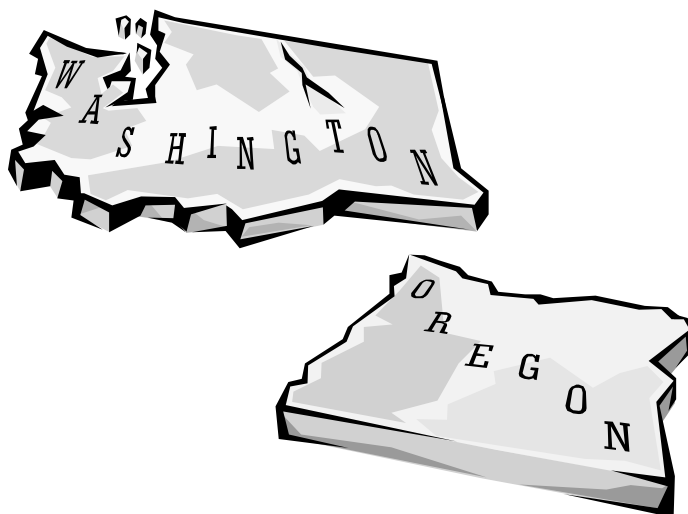
**Newsletter:** This is a more difficult issue due to the WA centric content of our Newsletter and the costs of production. Some articles could be shared through .pdf files, particularly those involving practice and resource issues. Other pieces would have to be written and produced in Oregon. Joint content could be sent to Southwest WA social workers as outreach effort for joint education efforts.

**Joint Conferences:** the possibility of a joint conference / meeting for a full day of education that could bring the Chapters together could be exciting. This cross border activity might serve to increase membership for both Chapters.

I look forward to your thoughts on these ideas and others that may be helpful as we consider this interesting opportunity.

### What do YOU think?

Contact Diedrich Meinken, WA Chapter President with your comments at 425-712-1999, or by email at [dmeinken@careforce.com](mailto:dmeinken@careforce.com)



## SEATTLE KEIRO

MSW to Cover

Three Month Maternity Leave  
At .70 to 1.0 FTE

Beginning

7/23/07 thru 10/31/07

Please contact:  
HR at Keiro 206-323-7100

## HIGHLINE MEDICAL CENTER

.8 MSW

.6 MSW

Daytime ER Shifts with Benefits

Contact Stephanie Eaton, Manager

Care Management

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