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Shaping the Future of Prevention in Social Work: An Analysis of the Professional Literature from 2000 through 2010

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Abstract

In light of the Patient Protection and Affordable Care Act's goals of better patient care, cost control, and improved population outcomes, prevention is emerging as an important component of health reform. As a result, broad societal interest in prevention is growing, together with widespread interest in public health. The profession, with its extensive involvement in the health system and deep roots in public health, needs to know more about its relationship to prevention. This study builds upon the *Social Work Interest in Prevention Study*—which evaluated the extent, types, and levels of prevention content in nine social work journals over a six year time period from 2000–2005. The goal of the expanded study, the *Social Work Interest in Prevention Study-Expansion (SWIPS-E)*, was to assess whether interest in prevention had increased over the full decade, which included the time period in which health care reform was enacted.

In the SWIPS-E primary analysis, 3,745 articles were reviewed; a total of 9.0% (n=336) met the criteria for “prevention articles.” A significant increase was observed; between 2000 and 2010, the percent of prevention articles rose from 4.1% to 14.3% of all articles. A secondary analysis focused on topical areas of prevention; social work interest in prevention concentrated on issues, such as violence and disease, as well as populations, such as youth and elders. The study suggests that while prevention interest appears to be growing, it remains a minority focus area in the profession. Increased interest in prevention has the potential to expand the profession's role in the population health aspects of health reform. A national conversation on social work's role in prevention and public health is urgently needed to broaden the profession's impact on prevention during this critical time.

Prevention

From ethical, scientific, and historical perspectives, prevention and health promotion hold great promise for improving the health of US society. Ethically, the case for prevention is compelling: a just society should engage in actions that can reduce suffering, disease, and death, particularly among its most vulnerable citizens (Albee, 1983). Scientifically, a considerable body of evidence has emerged demonstrating the effectiveness of prevention in diverse arenas; violence, substance abuse, homelessness, mental illness, and HIV/AIDS are issues responsive to prevention, where public health can reduce incidence, prevalence, and associated harms (Cohen, Chavez & Chehimi, 2010; Hawkins, Shapiro & Fagan, 2010). Historically, while medicine and technology have contributed to improved health outcomes, advances in public health have yielded the greatest improvements in population-level human well-being in the past century; from sanitation and vaccination to cardiovascular health and infectious disease control, the impact of public health has been profound (Turnock, 2007).

Despite the demonstrated value of prevention, some 95% of US health care dollars are spent on disease treatment, the majority for preventable conditions (Mays & Smith, 2011). This lack of population health focus comes at great cost: the US spends more than any other nation on health care, but scores poorly on important measures of health and well-being relative to similar countries, ranking 33rd in average life expectancy (WHO, 2011) and 51st in infant mortality (CIA, 2013). Deep, intractable health inequities—reflections of persistent economic inequality—have widened, accelerated by the “Great Recession” of 2007–2010 (Berkman, 2009; Keefe, 2010). Social determinants of health, such as socioeconomic status; race; gender; sexual orientation; insurance status; housing; social isolation; and access to healthcare, all contribute to poorer health outcomes among vulnerable populations and appear resistant to change within the current social climate (Galea et al., 2011; Moniz, 2010). Epidemiologists hypothesize that as many as 900,000 annual deaths are attributable to social factors, equal to the number caused by pathophysiological causes (Galea et al., 2011). These social determinants, rooted in preventable conditions, pose ongoing challenges to a profession committed to social justice.

Within this troubled context, the Patient Protection and Affordable Care Act of 2010 (PPACA), is attempting broad health system reform (P.L. 111-148, 124 Stat. 119. March 23, 2010. Retrieved 2014-28-04.) PPACA, with its primary aims of better patient care, cost control, and improved population outcomes, emphasizes prevention as an important component of health reform.” (Berwick, 2008; Koh & Sibelius, 2010). Calls for prevention and public health have been part of every national health reform discussion since the 1930s; this time, however, strong support for prevention is embedded in the legislation, explicitly linking clinical medicine, health system improvements, and population-based approaches (Kemp, 2012). PPACA has expanded access to preventive care; established a first-ever National Prevention Strategy (NPS) based on ecological and community-oriented models; and created funding for prevention, including the Prevention and Public Health Fund (Fielding, Teutsch & Koh, 2012).

The far-reaching NPS strategies reflect social work values, including empowerment in health decision-making; the elimination of health inequities; prevention-focused health services;

and a commitment to building healthy environments (National Prevention Council, 2011). Together with *Healthy People 2020*, the U.S. Department of Health and Human Services decennial blueprint for achieving population health, the country has a first-ever strategy for accomplishing ambitious population health goals (HP2020). Together, these have revived a broad prevention conversation in policy and in many professions (Kemp, 2012). Social work, with its deep roots in public health and extensive involvement in health care, has much to offer the national dialogue on prevention and should be a key player in this domain.

Prevention in Social Work

The social work profession has consistently articulated a commitment to prevention and macro well-being, while paradoxically leaning heavily toward individually-oriented solutions that focus on diagnosis and treatment (Bracht, 2000; McCave & Rishel, 2011). This contradictory stance reflects the widespread dominance of the medical model; the pressures that accompanied professionalization; and the market forces which have shaped the practice arena for much of the 20th century (Reisch, 2012). The unfortunate outcome is that prevention and public health social work have remained minority practices within social work (Ruth & Sisco, 2008).

It is sometimes forgotten that much of early social work was public health-oriented, and focused on prevention in maternal and child health, disease control, settlement houses, and hospitals (Woody, 2006). While the bulk of early social work prevention practice occurred at the secondary and tertiary levels, after patients had taken ill, its aim was the amelioration of the impact of illness and social problems on both individuals and communities (Roskin, 1980). Early social workers emphasized “persons in environment” approaches; viewing communities as target populations; and utilizing public health approaches (Ruth, Marshall, & Velasquez, 2013).

Interest in primary prevention—the prevention of health problems, disease, and social ills before they developed—did not fully emerge in social work until the 1960s, when a report by Rappaport (1961), reflecting the spirit of the times, ignited excitement about primary prevention. In the ensuing decades, interest in primary prevention increased across government, human services, and the health professions; the underlying concepts reflected a growing understanding of social environment’s role in shaping health and illness (Klein & Goldston, 1977). This emphasis fit with social work’s person-in-environment approach, and a growing voice celebrated the potential roles for social work in primary prevention (Gilbert, 1982; Roskin, 1980). The powerful tool of epidemiology proved useful in understanding social ills, and aroused interest in science-informed approaches to prevention of child abuse, violence and depression (Bloom, 1981; Hawkins, 2006). Social work faculty established health concentrations and MSW/MPH programs; and epidemiology, prevention, and public health social work content were integrated into MSW programs (Hooeyman, Schwanke, & Yesner, 1980; Kadushin & Egan, 1997).

However, progress toward prevention in social work appears to have grown slowly. A study of prevention content in social work journals from 1977–1980 found that only 2.4% of the profession’s journal articles focused on prevention; the author concluded that despite

enthusiasm, there were substantive obstacles to prevention in the field, notably lack of knowledge and a need for research (Nance, 1982). By the 1980s, market driven reforms and managed care swept across the health arena in an effort to reign in escalating costs (Dziegielewski, 2013). Health care social work entered a protracted period of struggle, redefining and justifying its role as a core health profession (Black, 1984; Keigher, 1997). Some changes, such as decreased length of hospital stays opened new opportunities in community-based care (Poole & Van Hook, 1997). Prevention was again identified as a potential tool for expanding and rebranding social work's role in the new health care environment (Bracht, 2000; Rosenberg & Holden, 1999; Silverman, 2008).

With the US engaged in health reform implementation, it is again time to consider social work's relationship to prevention. In recent years, a series of actions, articles, and undertakings within the field suggest positive interest in prevention. A growing body of social work prevention research now exists (Hawkins, 2006). A working definition and competencies for public health social work-the practice area most associated with prevention-have been developed (NASW, 2005). The National Association of Social Workers has integrated prevention into its practice standards for social workers in health care, and the Council on Social Work Education has included prevention in its 2008 Education Program Accreditation Standards for MSW programs (McCave & Rishel, 2011). The number of MSW/MPH programs is increasing, suggesting a new generation's interest in combining public health and social work (Ruth, Marshall, & Velasquez, 2013). Finally, scholarly discussion of the Affordable Care Act within professional journals has raised the issue of prevention in social work (Zabora, 2010).

But other signs suggest a more mixed picture on social work interest in prevention. More than half the nation's social workers are employed in health, yet it is unclear how many are engaged in prevention or public health social work (Clark, 2006). Beyond establishing MSW/MPH programs, it is difficult to assess if and how schools of social work are teaching about prevention (Marshall et al., 2011). A recent review concluded that an emphasis on prevention was absent in policy, research and practice publications (McCave & Rishel, 2011).

Prevention in Social Work Journals

Sometimes described as the "footprints" of a profession (Bush, Epstein, & Sainz, 1997), scholarly journals are central to a profession's identity, public image and impact. Journals are instrumental in building the science of practice, guiding practitioners in utilizing effective methods, promoting professional dialogue, and generating new interests (Brekke, 2012). A systematic review of journals can yield insight into what is most significant; the presence or absence of topics conveys important messages about a profession's focus (Grise-Owens, 2002).

The goal of the *Social Work Interest in Prevention Study* (Marshall et al., 2011), was to determine the presence and extent of prevention content in the social work literature, analyzing nine social work journals for prevention from 2000–2005. Overall, some 5.6% of articles (n=1951) met the criteria for prevention, with notable differences across journals

during a particularly eventful public health era that included 9/11 and Hurricane Katrina. During the study period, the national discourse on health reform—including discussion of prevention—began anew with the Obama presidential campaign. The authors, building upon the *Social Work Interest in Prevention Study* (SWIPS), expanded the study to review the same journals during years 2006–2010. The purpose of *Social Work Interest in Prevention Study – Expansion* (SWIPS-E), was threefold: 1) to more fully establish the presence of prevention in a sample of journals over an expanded time period; 2) to determine if the amount of prevention increased from 2000 to 2010; and 3) to assess which prevention topics were most prevalent in journals from 2000–2010.

SWIPS-E Methods

Content Analysis

Content analysis, an established method for systematic review and study of embedded themes, has been used extensively within social work and was chosen for the purpose of determining the presence of prevention content (Neuendorf, 2002).

Journal Selection

Nine journals were included: Child Welfare, Families in Society, Health & Social Work, International Social Work, Journal of Gerontological Social Work, Journal of Social Work Education, Social Service Review, Social Work, and Social Work Research. Selection was based on two criteria: (1) ranking in studies of perceived quality, familiarity, and citation frequency; and (2) a broad representation of subject areas in social work. The sample reflects the 2005 ranking values assigned to each journal in that year.

Coding Definitions

To identify coding terms for prevention and related activities, the research team consulted the social work and public health literature and held a series of iterative discussions. Of particular importance were the widely disseminated NASW Standards for Social Work Practice in Health Care Settings (NASW, 2005), which identified prevention, health promotion, and health education as core skills for social workers. The authors used the terms “prevention,” “health promotion,” and “health education” (P/HP/HE) to guide the analysis, and further refined the terms using Turnock’s definitions (2007) (Table 1).

Journal Article Review Process

The SWIPS content analysis commenced in 2006 and was completed in 2008; the SWIPS-E content analysis began in 2008 and concluded in 2011. Eleven public health social workers, working in teams of three, reviewed and coded all scholarly articles published from 2000 to 2010 in selected journals. Letters, introductions, book reviews, and editorials were excluded. Each article was initially coded by individual team members who examined article titles, key words, and abstracts for the code terms (P/HP/HE). If none were present, reviewers analyzed the full text. Prevention articles had to include at least one instance of a code word printed in the article and an overall content that reflected the meaning of the defined terms (P/HP/HE). Final codes were determined by teams based on a two-thirds majority. For purposes of simplification, all P/HP/HE articles are referred to as “prevention articles.”

Secondary Analysis

A secondary analysis was conducted, focused on topics and issues identified in the prevention articles. Three researchers individually reviewed the titles, abstracts, and key words of all prevention articles. As a team, they compiled the most frequently occurring topics, created a standard rubric of categories, recoded all articles, and compiled results.

Statistical methods

We performed a t-test to compare the two means from 2000 and 2010 to determine if there was a significant difference in number of prevention articles published. Analyses were performed using STATA version 12.1 (StataCorp LP, College Station, TX, USA). P-values were calculated using two-tailed t tests or χ^2 where appropriate with significance levels set at 0.05.

Results

Of the 3,745 articles reviewed from the nine selected journals, a total of 336 (9.0 percent) were coded as prevention articles. The average inter-rater agreement was 0.88, with a composite reliability of 1.04. For all years combined, *Health & Social Work* contained the largest percentage of prevention articles, 22.7 percent (Table 2); this journal also had the greatest increase in percentage of prevention articles from 0.0% in 2000 to 46.7% in 2010 (Table 3). The *Journal of Social Work Education* contained the least amount of prevention articles for all years combined, 3.3 percent, followed by *Social Service Review*, at 3.5 percent.

The total percentage of prevention articles fluctuated throughout the observed period beginning with 4.1 percent in 2000, peaking at 14.5 percent in 2006, and ending at 14.3 percent in 2010. Despite fluctuations, the general trend was an overall increase in prevention articles throughout the decade; the difference in the proportion of prevention articles in 2000 and 2010 was statistically significant ($p < .001$). *Health & Social Work* appeared to be an outlier in six of the study years. When this journal was excluded from the totals, the increase in prevention articles from 2000 to 2010 remained statistically significant ($p = .004$). Notably, the average annual number of articles published among the journals increased overall during the study, from 296 articles in 2000, to 349 articles 2010.

Findings from the secondary analysis are depicted in Table 4. It is notable that four of the six most frequently identified thematic areas – specifically Chronic Disease/HIV; Physical Health/Health Promotion; Violence; Sexual, Gender; and Reproductive Health – closely align with priority areas of the National Prevention Strategy (National Prevention Council, 2011). More traditional areas of social work practice, including Parenting, Child Welfare, Substance Use/Addiction and Mental/Cognitive Health; were also well represented in the prevention articles. Topical areas constituting social determinants of health, such as education, housing, immigration status, criminal justice, and the environment, occurred less frequently within the secondary analysis. Percentages are based on a total of 336 prevention articles. Totals exceed 100% because some dual-focus articles were coded into two topic areas.

Discussion

General Observations

During 2000–2010, prevention articles accounted for 9.0 percent of articles reviewed (n=3745), a relatively small percentage of the total. Still, a significant increase in prevention was observed in the total sample. While there were prominent differences between journals, several journals made considerable gains in the amount of prevention published. For instance, *Health and Social Work* dedicated 25% of its articles to prevention; an important gain. Journals focused on children and families, such as *Child Welfare* and *Families in Society*, both increased their prevention content. Perhaps this signals an emerging shift from exclusive focus on treatment to inclusion of prevention in an area of practice where prevention has been increasingly proven to show some success (Lawson, Almeda-Lawson, & Byrnes, 2012).

In contrast, *Social Service Review*, widely considered the most prestigious social work journal (Sellers et al., 2004), published a mere 2.68 percent of articles on prevention, and appeared to be leveling off or decreasing its prevention content. Similarly, the *Journal of Social Work Education*, the most visible of social work education journals and read extensively by educators, published just 3.27% of its articles on prevention and also appeared to be declining in prevention content. The profession's flagship journal, *Social Work*, read broadly by practitioners, educators and researchers, declined in the percentage of prevention articles. Notably, all three of these journals speak broadly to wide audiences and are not focused on particular populations; it may be that prevention is more prevalent in journals with population foci. Regardless, the findings suggest that during this critical time of PPACA's rollout, some of the profession's most important journals are not substantively publishing on the prevention dimension of health reform, an area where social work could have a powerful impact.

Secondary Analysis of Themes

The secondary analysis identified the many thematic areas associated with social work interest in prevention which, on the whole, reflect the broad prevention concerns of the US. In addition to reflecting the National Prevention Strategy themes, PPACA-related themes were also present. For example, there were several prevention articles focused on youth and elders, suggesting a growing awareness of the need for population health approaches to prevention in those areas. Second, the many prevention articles on Community Health and School Health/Education Settings suggest social workers' ongoing involvement in community-based models of preventive care, another key component of PPACA.

Yet despite the breadth of themes, the actual number of articles in any given prevention category was small. For example, while Chronic Disease/HIV was the second most popular theme, only 0.4% (n=16) of the 3,745 articles published in nine journals over an eleven year period discussed chronic disease. Considering that 70% of American deaths each year are attributable to chronic disease, this is disconcerting (Kung et al., 2005). Even fewer articles discussed the epidemic of suicide or the prevention of widespread mental disorders, areas in which social workers are presumably broadly employed. Finally, issues of health equity

were strikingly absent, despite being topics of immense local, national and global concern. Chronic disease, suicide, poor mental health and health inequity are all examples of large scale health issues driving the need for health reform and requiring preventive approaches. Yet if social work is not writing about these preventive approaches, we will surely not be viewed as part of the inter-professional workforce needed to solve them.

The Language of Prevention

Throughout the study, inconsistencies in terminology and language were observed. In some cases, authors discussed issues, interventions, and recommendations that could or should have been linked to public health, epidemiology and prevention, but were not. It was not uncommon to encounter euphemistic or non-specific terms such as “improving general well-being” or “strengthening positive outcomes” to describe what might have been framed as prevention or health promotion. In some cases, authors used public health language such as “populations at risk” or “mediating factors” out of context or disconnected from larger public health approaches and discussion. In particular, the language of health disparities, health equity, and social determinants of health was generally missing in the articles reviewed. It is possible that social work scholars are not familiar with public health language, despite social work’s role as a core health profession and general interest in prevention. Given our commitment to social justice and our presence in the health system, our failure to use the common language of health science to communicate findings related to health raises concerns about our ability to influence major issues and connect inter-professionally. This type of language inconsistency may reflect the larger problem of the missing language of science in social work (Fong, 2012). Fortunately, a discussion of the importance of shared scientific language for trans-disciplinary collaboration has begun to unfold (Brekke, 2012).

Limitations

Several limitations are worth considering. First, the journals chosen are not exhaustive of the entire profession’s literature; roughly one-quarter of the profession’s 39 journals were reviewed (Brekke, 2012). While the authors chose journals based on specified criteria, it is possible that they did not capture the field’s breadth. Some areas of interest to social workers may not be fully represented in the sample. Domestic violence, school health, and addictions are all practice areas with dedicated journals where prevention may be more prevalent. A broader or different scan of the literature may have yielded different results. This study focused exclusively on scholarly articles, omitting popular press, letters and all other forms of communications, all of which may have contained greater or lesser content on prevention.

Further, this review constitutes an eleven year “snapshot” of the profession’s literature, a time that included the major public health events of 9/11, Hurricane Katrina, and health reform. These phenomena may have positively influenced interest in prevention in the short term.

Conclusions: A National Conversation on Social Work in Prevention

Undoubtedly, this is the most important moment of health transformation in several generations. Despite contentious debate and a bumpy rollout, the PPACA offers real promise for improving the health of U.S. citizens, due, in part, to its emphasis on prevention. The PPACA implicitly recognizes that the downturn in the nation's health cannot be arrested without substantive engagement in prevention. Thus, a radical shift in perspective and practice is under way and social work's involvement is needed.

Action is urgently needed from the profession's leadership to launch a national conversation on prevention, in an effort to determine how and where social work can best locate itself in the new landscape. Leaders, practitioners, educators and students need opportunities to discuss whether and how to make prevention a central emphasis of the profession; how to increasingly align with the goals of the PPACA; and how to link social work to the nation's public health goals. While shifting to prevention may seem a daunting task, as Reisch (2012) notes, the profession has deep roots in public health, and in many ways, a renewed focus on prevention is a "return to the future." Many building blocks for a shift to prevention are already in place. The majority of social workers now practice in diverse health and community settings. Some 37 MSW/MPH programs have been established, the graduates of whom are particularly skilled in prevention and public health social work approaches. Finally, this study affirms a growing interest in prevention scholarship.

The "national conversation on prevention" can include prevention-focused conference themes; the hosting of prevention think tanks at annual meetings; and the establishment of prevention working groups across the wingspan of social work organizations. Academic and popular journals can highlight prevention by hosting special issues, helping to conceptualize prevention across the profession's diverse domains and reach practitioners. From the highest level of the profession and from the ground up, a serious inventory of social work's strengths and readiness to partner with public health is needed.

The social work profession lays claim to a set of values and principles which require a commitment to promote human well-being and social justice. Indeed, most social workers are deeply distressed by the lack of health resources and the ongoing health inequities they encounter daily. While prevention will not solve all of these problems, it is a critical component of promoting health equity, one in which social work can more fully engage. Social work has unique, timely and valuable contributions to make to prevention and public health. Our deep understanding of cultural diversity; our development of person in environment and ecological models—so valuable to contemporary public health—and our historic commitment to respectful community engagement, are all value-added elements that we can bring to the prevention table. It is time to make prevention a priority; let the social work prevention conversation begin.

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Table 1

Definition of Coding Terms (Turnock, 2007).

Coding Term	Definition
Prevention (P)	actions taken to prevent the occurrences of adverse social health effects or to minimize their impacts once they have occurred
Health Promotion (HP)	any combination of interventions designed to facilitate behavior and environmental adaptations that improve or protect health
Health Education (HE)	learning opportunities designed to facilitate voluntary behavior change conducive to good health

Table 2

Average Percentage of Prevention Articles by Journal, 2000–2010

Journal	Number of Articles Reviewed	Percentage of Prevention Articles (n)	Five-Year Impact Factor (2008–2012)
<i>Child Welfare</i>	457	8.97 (41)	NA
<i>Families in Society</i>	649	9.24 (60)	0.493
<i>Health & Social Work</i>	370	22.70 (84)	1.477
<i>International Social Work</i>	487	7.39 (36)	0.822
<i>Journal of Gerontological Social Work</i>	516	6.98 (36)	NA
<i>Journal of Social Work Education</i>	338	3.25 (11)	1.014
<i>Social Service Review</i>	258	3.49 (9)	1.288
<i>Social Work</i>	448	8.48 (38)	1.493
<i>Social Work Research</i>	222	9.46 (21)	1.046

Notes: $N = 3,745$ articles

Table 3

Yearly Average Percentage of Prevention Articles by Journal, 2000–2010

Journal	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
HSW	0.0	21.2	13.5	12.1	8.6	18.4	32.4	32.4	28.1	36.4	46.7
SWR	10.0	15.0	5.6	5.3	5.3	0.0	22.2	20.0	3.3	10.0	10.0
CW	5.9	5.3	2.6	5.7	6.9	14.3	15.2	4.9	3.7	8.3	21.2
FIS	1.9	3.5	1.8	5.0	0.0	8.5	17.5	19.1	9.4	17.5	15.8
SW	2.6	6.5	5.1	8.0	13.3	11.1	10.8	9.8	7.9	10.5	5.0
ISW	10.0	3.6	0.0	3.5	6.1	6.8	12.1	12.3	5.2	8.8	5.9
JGSW	6.1	6.4	4.6	3.3	0.0	0.0	10.0	6.7	14.3	9.8	14.0
SSR	4.0	0.0	4.0	0.0	0.0	0.0	13.0	0.0	4.6	4.8	9.1
JSWE	0.0	3.1	0.0	8.0	0.0	3.0	5.0	10.0	0.0	6.7	0.0
Total	4.5	6.9	4.1	5.7	4.5	6.9	14.5	13.5	8.4	12.7	14.3

Journal Abbreviations: HSW (Health and Social Work), SWR (Social Work Research), CW (Child Welfare), FIS (Families in Society), SW (Social Work), ISW (International Social Work), JGSW (Journal of Gerontological Social Work), SSR (Social Service Review), JSWE (Journal of Social Work Education)

Legend for Color Coding

Table 4

Secondary Analysis Thematic Categories

Themes	Number (%) Articles
Youth and Adolescents	74 (22)
Chronic Disease/HIV	53 (16)
Physical Health/Health Promotion	53 (16)
Aging/Gerontology	46 (14)
Violence: DV, Abuse, Neglect, Family	45 (14)
Sexual, Gender & Reproductive Health	44 (13)
Parenting	43 (13)
Cultural Responsiveness	40 (12)
Child Welfare	32 (10)
Health Care Delivery/Systems	32 (10)
Substance Use/Addiction	29 (9)
Community Health	25 (8)
Mental/Cognitive Health	25 (8)
School Health/Educational Settings	24 (7)
Violence: Societal, War, Community Trauma	21 (6)
Homelessness/Housing Instability	18 (5)
Workforce Development/SW Education	18 (5)
Criminal Justice	10 (3)
Global Health/Immigration	9 (3)
Suicide	5 (2)
Environment/Natural Disasters	4 (1)