Dual Master of Social Work – Master of Public Health (MSW/MPH): Lessons Learned from Program Development and Implementation in a Southeastern University

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Abstract: While there has been a proliferation of MSW/MPH programs concurrent with dramatic changes in the U.S. health system, there is minimal research on these programs. The purpose of this article is to describe the conceptualization, development, and implementation of an innovative MSW/MPH program at a southeastern university—the only such program in the state. Our goal as the first two directors of the program, serving consecutively, is to share knowledge and offer "lessons learned" for universities seeking to develop or enhance an MSW/MPH program, as well as agencies interested in forming collaborative partnerships. "Lessons learned" include the importance of strong ongoing communication among all MSW/MPH stakeholders, thoughtful consideration of the time demands associated with the program director's role, viewing a developmental evaluation plan as a critical component for success, and recognizing the benefits of purposeful linkages between the two disciplines.

Keywords: MSW/MPH; public health social work; dual degree; joint degree

Despite spending more per person on health care than any other nation, the U.S. ranks as one of the worst among developed nations in risk factors for illness, as well as prevalence and mortality for multiple diseases (Davis, Stremikis, Squires, & Schoen, 2014; Woolf & Aron, 2013). Moreover, wide regional discrepancies in the scope of health disadvantage exist within the U.S., with as much as a 15-year variation in life expectancy across the nation (Kulkarni, Levin-Rector, Ezzati, & Murray, 2011). Notably, residents of southern states report higher rates of being uninsured, less access to health care services, and a greater likelihood of experiencing chronic health conditions such as diabetes and heart disease (Artiga & Damico, 2016).

Poor health outcomes are due to multiple, often inextricably linked factors. For example, smoking, a negative health-related behavior, is associated with adverse social circumstances such as insufficient health care, low socioeconomic status, and an inadequate neighborhood environment (Booske, Athens, Kindig, Park, & Remington, 2010; McGovern, Miller, & Hughes-Cromwick, 2014). Each contributing factor interacts with the other in complex ways to influence health outcomes. While the trend toward improved health outcomes across the U.S. is generally upward, according to the Centers for Disease Control and Prevention (2013), advancement has not occurred as rapidly as desired nor have all segments of society accrued health benefits equitably.

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Healthy People, the federal government's science-based health initiative with 10-year national objectives, defines a health disparity as a "health difference that is closely linked with social, economic, and/or environmental disadvantage" (Department of Health & Human Services [DHHS], 2016, para. 1). The American Academy of Social Work & Social Welfare (2013), in a groundbreaking initiative to "champion social progress powered by science," articulated 12 "Grand Challenges for Social Work," one of which is to "close the health gap." Similarly, the Society for Public Health Education (2015) identified "eliminating health disparities" as a goal it shares with *Healthy People* (DHHS).

The *National Prevention Strategy*, created under the auspices of the Patient Protection and Affordable Care Act (2010), has recommended increasing workforce capacity as one of five ways to address health inequities (National Prevention, Health Promotion, and Public Health Council, 2012). Approximately one-third of social workers practice in health-related settings, and the U.S. Bureau of Labor Statistics (2015) has projected a 19% increase in need by the year 2024. To this end, social work scholars have proffered recommendations for education and training in transdisciplinary and implementation science (Gehlert, Hall, & Palinkas, 2017). The need for increased workforce capacity has been underscored as well by the *Framing the Future Task Force* of the Association of Schools and Programs of Public Health (2014), which identified understanding the social determinants of health as foundational knowledge in master's-level public health education. Furthermore, numerous professional associations and organizations have issued a clarion call to prepare health care professionals for work in increasingly interprofessional settings (Council on Social Work Education, 2016; Haire-Joshu & McBride, 2013; Institute of Medicine, National Academies of Sciences, Engineering, and Medicine, 2015; Interprofessional Education Collaborative, 2016; Koh & Sebelius, 2010; World Health Organization, 2010).

Understanding the social determinants of health and eliminating health disparities are cornerstones of most dual master's degree programs in social work and public health (MSW/MPH), ideally positioning them to address the demand for increased workforce capacity. Interestingly, the "goodness of fit" between the two professions is often attributed to a common, yet overly simplistic (mis)perception of the professions' complementarity (i.e., social work emphasizes intervention at the individual level whereas public health focuses on prevention at the population). In fact, the professions share many synergies and commonalities—values (social justice, equity, focus on vulnerable and oppressed populations), theories (systems, ecological, health behavior), and approaches (culturally competent practice, interdisciplinary teams, client-centered and community-based practices (Bronstein, Kovacs, & Vega, 2007; McCave, Rishel, & Morris, 2013; Rine, 2016; Ruth, Velasquez, Marshall, & Ziperstein, 2015; Sable, Schild, & Hipp, 2012)—that offer promise for addressing workforce development needs. Indeed, the professions have a long history of collaboration (Cederbaum, Ross, Ruth, & Keefe, 2018), with the term *public health social work* (PHSW) describing the integrated practice of social work and public health (Ruth & Sisco, 2008). Moreover, individuals who possess the knowledge and skills of both disciplines can provide services effectively, efficiently, and economically. In partnership, social work and public health offer promising inroads in achieving health

equity, eliminating health disparities, and improving the health and well-being of all Americans.

Conceptual Framework

Development of an MSW/MPH program at our university was first explored in 2007 at a meeting attended by 12 faculty and administrators from the School of Social Work (SSW) and the College of Public Health (CPH). Both SSW and CPH demonstrated investment from the outset, which was important in establishing a culture of cooperation and collaboration essential for developing and sustaining the venture. Three principles reflecting the strategic plans of the SSW and CPH were established to guide the joint effort: (1) We have a duty first and foremost, as faculty at the state's flagship university, publicly supported through tax dollars, to serve the state's citizens; (2) the SSW and the CPH will marshal requisite resources, human and fiscal, to provide aspiring professionals with a world-class education to address critical health-related needs; and (3) both will demonstrate a deep, abiding commitment to designing, developing, implementing, and growing the MSW/MPH program.

The overarching goal of our university's MSW/MPH program—the only MSW/MPH program in the state—is to provide visionary leadership in preparing tomorrow's health care professionals with the knowledge and skills to combat persistent social problems, such as health disparities, and to engage in the conduct of socially responsible research that advances evidence-based practice. Furthermore, these efforts affirm aspects of our university's mission, including excellence in research and public service, economic development, and technical assistance to address the needs of our state, as well as a strong focus on interdisciplinary research and education.

Program Development

Despite the promise of dually-trained social work and public health professionals, literature on MSW/MPH programs is scant, especially recommendations for developing an MSW/MPH program (Ziperstein et al., 2015). We endeavor to address this gap in knowledge by providing those seeking to develop an MSW/MPH program, or enhance an existing one, with the kind of information that would have been helpful to us as we conceptualized, developed, and implemented the MSW/MPH program at our university.

Sources of Information for Program Development

Three sources of information assisted in the development of our MSW/MPH program: a literature review of MSW/MPH programs, interviews with existing MSW/MPH program directors, and an analysis of MSW/MPH program documents. We collected this information over a three-year period.

Literature pertaining to MSW/MPH programs, our first information source, was located in a variety of databases using search terms such as "public health and social work," "MSW and MPH," and "dual-degree programs." Since the original search in 2008 we have incorporated more recent literature—through 2018—into this manuscript.

Our second information source consisted of conversations with MSW/MPH program directors. There were 32 U.S. MSW/MPH programs at the time, with four in the Southeast. Five of the 32 MSW/MPH programs were aspirational peer institutions of our university. Our university defines aspirational peer institutions as ones with a prominent research profile that our university "aspires to be like" (A. J. Aycock, personal communication, November 15, 2018). Aspirational peer institutions are determined by the vice presidents and deans of our university through an informal survey. MSW/MPH program directors were contacted via telephone or email. Informal interviews, conducted by the first author, took place from 2009-2010 and were guided by questions pertaining to program structure, design and implementation considerations, and shared governance experiences.

MSW/MPH program documents, our third information source, were collected from 2008-2010. They included web pages, programs of study, and print materials from MSW/MPH programs—tangible materials that shaped the evolving vision of our program.

Summary of Information Gathered

With leadership provided by the first author, faculty members from the SSW and CPH met regularly to review and discuss the information gathered. Below are eight themes that emerged from our review, supported by literature existing at the time as well as literature published subsequently.

- MSW/MPH programs are highly marketable in attracting graduate students who are academically gifted, committed, motivated, and organized (McClelland, 1985; Miller, Hopkins, & Greif, 2008; Reardon, 2009; Ruth, Marshall, Velasquez, & Bachman, 2015; Ziperstein et al., 2015).
- The initial MSW/MPH program of study should target the greatest number of students in both disciplines (most often the clinical "area of practice" in social work, and health behavior in public health), with expansion to other configurations explored after the initial program is well underway. Institutions use a variety of terms to refer to an "area of practice" including "concentration" (term used at the time at our institution), "track," and "specialization." Thrust for the development of most MSW/MPH programs comes from the social work side of the partnership.
- MSW/MPH programs are 86-93 credit hours.
- Most MSW/MPH programs are three years in length, with coursework in the first year in one discipline, coursework in the second year in the other discipline, and concurrent coursework in both disciplines during the third year (Ziperstein et al., 2015).
- Completing an MSW/MPH program often entails a greater financial obligation for the student than completing an MSW or MPH, both of which typically require a two-year commitment (Michael & Balraj, 2003; Ruth, Wyatt, Chiasson, Geron, & Bachman, 2006; Ziperstein et al., 2015).
- MSW/MPH students report a) difficulty integrating social work and public health concepts in coursework and field practicum experiences; b) are challenged in conceptualizing the application of social work and public health

skills in real-world settings; and c) reveal stronger identification with one discipline over the other (McClelland, 1985; Miller et al., 2008; Ruth et al., 2008).

- Leadership in MSW/MPH programs is optimally provided by faculty with educational credentials and experiences that span both disciplines (Ziperstein et al., 2015).
- An evaluation plan, often accorded scant attention during program development, is as critical to program success as front-end design and implementation considerations (Michael & Balraj, 2003; Ruth et al., 2008; Ziperstein et al., 2015).

Program Design

In this section we address how the results, outlined above, informed the design of our MSW/MPH program of study. Lead faculty for the required courses in SSW and CPH reviewed course syllabi to identify those that met the competencies in both social work and public health. A sample program of study was developed and reviewed by the curriculum committee in each school/college, minor modifications were made, and the revised program of study was sent to the full faculty in the SSW and CPH for final review. Both faculties unanimously approved the revised program of study. The SSW did not undergo reaccreditation during the development of the MSW/MPH program, and endorsement of a dual-degree program was not required by the Council on Social Work Education (CSWE). The CPH, however, underwent its initial accreditation by the Council on Education for Public Health (CEPH) during development of our MSW/MPH program and received the requisite approval from its accrediting body for the partnership. The CPH's accreditation process contributed to the length of time (four years) between our initial exploration of a dual-degree program in 2007 and enrollment of the first cohort of seven students in August of 2011 (graduated in December 2013).

Curriculum. At 91-credit hours, our program of study (see Table 1) falls within the upper end of the 86-93 credit-hour range of U.S. MSW/MPH programs. Our deans elected to enact the MSW/MPH program in phases, consistent with the recommendation reported above, with Phase I targeting the concentration with the greatest number of students in their respective school/college. Resource considerations (e.g., class size, faculty workload), coupled with concerns about program sustainability, also factored into the deans' decision. Thus, in Phase I, only students in the clinical concentration (one of two concentrations in social work) and the health promotion and behavior concentration (one of five concentrations in public health) were eligible to enroll in the MSW/MPH program. Phase II, implemented in 2014, extended the MSW/MPH program to students in the community empowerment and program development concentration (social work) and gerontology concentration (public health). The original program of study served as the template for developing the curricula. Plans to extend the MSW/MPH program of study to the remaining three concentrations in public health constitute Phase III and is yet to be enacted.

Table 1. *Dual Degree MSW-MPH Degree Requirements Summary as Originally Submitted*

MSW (Clinical Practice Concentration)	Double Count	MPH (Health Promotion & Behavior Concentration)

MSW Foundation Course Requirements
• **SOWK 6011 (3cr)** Social Welfare Policy & the Social Work Profession
• **SOWK 6033 (3cr)** Direct Practice Methods
• **SOWK 6074 (3cr)** Theory & Practice with Organizations
• **SOWK 6044 (3cr)** Theory & Practice with Families
• **SOWK 6055 (3cr)** Foundation Practicum (16 hrs. weekly + seminar)
• **Elective II (3cr)**
 	
MSW Clinical Practice Concentration
• **SOWK 7203 (3cr)** Advanced Social Work Practice with Individuals
• **SOWK 7222 (3cr)** Assessment & Psychopathology
• **SOWK 7223 (3cr)** Social Work Treatment with Groups
• **SOWK 7232 (3cr)** Advanced Social Work Practice with Families
• **Elective III (3cr)**
 	
*SOWK 7055 (12cr) Concentration Practicum
	• **EPID 7010 (3cr)** Introduction to Epidemiology I (replaces **SOWK 6066 (3cr)** Foundation Research Methods)
	
	• **SOWK 6022 OR HPRB 7920 (3cr)** Theory
	
	• **SOWK 7206 OR HPRB 7470 (3cr)** Evaluation
	
	• **Elective (6cr)** *Specific* required course in one degree counted as *required* elective in the other
	  • **HPRB 7010** Social & Behavioral Foundations (required in PH) becomes Elective I in SW
	  • **SOWK 6082** Cultural Diversity (required in SW) becomes Elective I in PH
		MPH Core Course Requirements
		• **BIOS 7010 (3cr)** Introduction to Biostatistics I
		• **EHSC 7010 (3cr)** Foundations of Environmental Health
		• **HPAM 7010 (3cr)** Introduction to Health Policy & Management
		• **PBHL 8200 (1cr)**
		
		HPB Concentration Core Requirements
		• **HPRB 7270 (3cr)** Resource Development & Program Implementation
		• **HPRB 7370 (3cr)** Social Marketing of Health: Theory & Process
		• **HPRB 7500 (3cr)** Community Health
		• **Elective II (3cr)**
		
		*PBHL 7560 (6cr) Internship/Practicum
		
		PBHL 7800 (3cr) Capstone

Social Work Credits: 45	**Double Count Credits: 15**	**Public Health Credits: 31**

Total Credit Hours: 91 (45 SW + 30 PH + 15 Double Count Credits)
Table Notes: Program requirements subject to change as they are reflective of the UGA MSW and MPH program requirements.
Electives in SW and PH must meet the requirements for electives in their respective program.
*Dual advising required; must meet the requirements of both programs and contain an integrative component.

Our MSW/MPH program of study is two-and-a-half years (seven consecutive semesters) in duration and follows a cohort model, though students have the option of matriculating for three years (eight consecutive semesters) to reduce the course load across semesters, enroll in graduate certificate programs, or pursue study-abroad opportunities. To address the issue of MSW/MPH students reporting difficulty integrating social work and public health concepts, we carefully synchronized concurrent social work and public health coursework each semester throughout the entire program of study.

MSW/MPH students complete two field practicums: a one-semester (16 hour/week) MSW foundation practicum and a two-semester integrated social work and public health concentration practicum during which they develop learning plans with objectives, activities, and interventions designed to achieve both social work and public health competencies. The integrated practicum is completed during the last two semesters in the program of study. It begins in the summer semester (sixth of seven semesters) as a block placement (40 hour/week) and continues into a 24-hour/week placement in the fall semester of the third year (culminating semester in our two-and-a-half-year program). Field office directors in the SSW and CPH work closely together to coordinate the field practicum by identifying sites (e.g., behavioral health clinics, health care settings) that meet the practicum requirements of their respective accrediting bodies and to ensure learning experiences for integrating the knowledge and skills of both disciplines. Field instructors, who are agency employees, provide on-site supervision and must have the required social work qualification (MSW degree, preferably with at least two years post-MSW experience) to oversee the two-semester practicum. Public health does not require a specific educational credential for field instructors.

Distinguishing features. Below, we compare our program features with those of Ziperstein et al.'s (2015) survey of 41 MSW/MPH programs in the U.S. to frame the salient features of our MSW/MPH program:

- *Shorter program of study*. Whereas students complete our 91-credit-hour MSW/MPH program, comparable in credit hours with other MSW/MPH programs, in two-and-a-half years (seven consecutive semesters), the average length of time to complete an MSW/MPH program is three years according to Ziperstein et al. Of our 43 graduates to date, 32 (74.4%) completed the program in two-and-a half years, with the remainder extending their tenure an extra semester to obtain additional educational credentials (e.g., certificates) or to pursue study-abroad opportunities.

- *Dual appointment in social work and public health*. Our university's MSW/MPH program director holds a 50/50 joint appointment in the School of Social Work and the College of Public Health, although only two respondents (4.2%) in Ziperstein et al.'s survey occupies a dual appointment. The majority, 56.2%, hold an appointment in schools of social work. The strength of this dual appointment is that it enables the MSW/MPH program director to fully function within each school/college, serve as faculty advisor in both, and bring experience and key insight into program implementation. Additionally, our

MSW/MPH program director has educational credentials and experiences that span both disciplines.

- *Higher-than-average number of graduates*. Our MSW/MPH program graduates an average of 8 students per year (range: 7-12), for a total of 43 graduates since the first cohort completed the program in December 2013. Ziperstein et al. reported an average of 7 graduates per year (range: 0-25) across 41 programs.

- *Ongoing program evaluation*. Using a developmental evaluation plan, we collect comprehensive data, both quantitative and qualitative, to ensure that ongoing decision- making is a part of the development and implementation of our MSW/MPH program. Only 29% of respondents in the Ziperstein et al. survey reported engaging in any form of program evaluation. Data in our MSW/MPH program are collected from a variety of stakeholders and include recommendations on course content and sequencing, experiences with the field placement process, field practicum feedback, grade point averages, certification and licensure information, and employment status, among others. Our evaluation findings to date suggest that an MSW/MPH program that offers concurrent coursework in both disciplines throughout the program of study, an integrated field practicum, and a shorter program of study is valuable to students—findings that inform real-time programmatic decisions. Recently published results of evaluation data from our program's alumni and field instructors revealed alumni satisfaction with their experiences in our program, employment in PHSW settings, and utilization of both social work and public health skills in their workplace, as well as field instructors' positive impressions of student performance in the field placement and acknowledgement of the added value dual-degree professionals bring to their agency settings (Salm Ward & Reeves, 2017).

- *Integrative seminar*. We have offered an integrative seminar in social work and public health for the past four years—a curriculum decision reflective of evaluation data provided by MSW/MPH students. Although McClelland (1985) recommended over 30 years ago that MSW/MPH programs include an integrative seminar, Ziperstein et al. (2015) found that only 15% of MSW/MPH programs did so. A seminar examining the differences and similarities in the two professions, McClelland asserted, would foster a sense of professional identity that draws on the strengths of both. The second author designed an integrative seminar, which students typically take during the semester preceding the two-semester integrated field practicum or during the first semester of the practicum. Seminar students explore the development of a professional identity, which includes integrating, applying, and marketing the skill sets of both disciplines while considering potentially conflicting values and ethics. An additional goal of the seminar is to develop professional network linkages with individuals working in PHSW settings. The format is both didactic and experiential, and includes lectures, discussion, large- and

small-group in-class activities, guest lectures by dual-degree professionals, and field trips to agencies that have hosted MSW/MPH students. Course evaluations for the integrative seminar have been very positive, and it has attracted interest from students in traditional MSW and MPH programs who plan to practice in interprofessional settings.

Admissions process and advisement. There are two paths to admission to our MSW/MPH program: (1) prior to beginning graduate work with concurrent coursework beginning in fall semester of the first year, or (2) within the first semester of graduate study (in either discipline) with concurrent coursework beginning in spring semester of the first year. MSW/MPH students must apply for admission to both programs and be accepted into both (which have different admission criteria) before being admitted to the MSW/MPH program. Once admitted, students are given a specialized program of study that reflects the various social work/public health configurations of our MSW/MPH program. The program of study includes course sequencing and prerequisite requirements, which must be followed to ensure program completion in two-and-a-half years (seven consecutive semesters). Students graduate with master's degrees in both disciplines, which a recent graduate enthusiastically described as "the educational bargain of a lifetime!" Advisement is provided by the MSW/MPH program director in coordination with faculty members from each program.

Program direction. Our MSW/MPH program director position was funded by the first author's application to our university's highly competitive interdisciplinary hiring initiative in 2013. The MSW/MPH program director oversees all aspects of the MSW/MPH program, provides course advisement, recruits potential students, serves as faculty liaison for MSW/MPH students in the two-semester integrated field practicum (which entails three site visits for each student), leads the evaluation of the program, maintains the program's website and social media presence, and revises the curricula to reflect changes in the programs of study.

Prior to the MSW/MPH program's inception in 2011, the SSW and CPH deans appointed an advisory committee, which consists of faculty and administrators from both units. The committee meets once a semester and performs additional oversight duties, which include addressing course scheduling and sequencing concerns, reviewing program evaluation results, and serving as advocates for the program within their respective units, across the university, and at local, state, and national levels.

Lessons Learned

Our goal, as the first two directors, serving consecutively, of our university's MSW/MPH program has been to share what we have learned throughout the process of developing and implementing our dual-degree program. We hope our "lessons learned" will be helpful to universities seeking to develop or enhance an MSW/MPH program, as well as agencies interested in forming collaborative partnerships.

Strong Communication

Strong, ongoing communication among all MSW/MPH program stakeholders—program director, students, advisory committee, field directors of both units, faculty, academic advisors, and alumni—is imperative. An issue that arises at any point in program implementation will likely have implications for other areas. Keeping stakeholders "in the communication loop" generates high morale as well. Program success is dependent upon stakeholders' perceptions that their contributions are needed and valued.

Program Director's Role

Dedicated, hands-on administration of an MSW/MPH program is a non-negotiable requirement for implementing a successful venture, given the director's many critical roles and responsibilities. As a program grows (e.g., expansion of social work/public health program-of-study configurations, higher enrollment), the demands on the program director's time increase exponentially. While we believe a joint appointment is essential for program success, with educational credentials and experiences in both disciplines strongly preferred, research-intensive universities may want to consider a non-tenure-track position for program director or, alternatively, to provide tenure-track faculty with a substantial reduction in teaching and/or service responsibilities.

Developmental Evaluation Plan

All too often program evaluation, commonly acknowledged as an important need during the development phase of a new venture, fails to take place as planned, succumbing to the time demands of program implementation. A developmental evaluation plan, which not only supports strategic adjustments and timely corrections that are critical to a new program's success but also enables planning for future needs, has been an integral aspect of our MSW/MPH program. For example, early in-context evaluation data from our first MSW/MPH cohort revealed challenges in locating integrated field practicum sites that would satisfy the field competencies of both disciplines, as well as confusion about expectations after entering the field. To address these concerns, field directors in the SSW and CPH developed a clear, step-by-step procedure for identifying appropriate placement sites (see Table 2), and the MSW/MPH program director worked closely with them to consolidate critical information into one syllabus. Following this effort, field instructors (who provide on-site supervision) received a more detailed orientation to the MSW/MPH program—one that underscored the central role of the integrated field practicum within the program of study, highlighted the unique strengths and needs of dual-degree students, and emphasized the benefits that agencies could anticipate when serving as a field practicum site. Our evaluation plan, administered by the MSW/MPH program director, is regarded as central to the success of our MSW/MPH program, which is touted by both deans as their most successful dual-degree program.

Across-Discipline Linkages

An unanticipated "lesson learned" concerns how linkages across our two disciplines, forged not with the intent of benefitting our MSW/MPH program (e.g., collaborative

research projects, service on dissertation committees), have strengthened our program nonetheless. These linkages have fostered rapport between faculty (and students) and have provided greater understanding of the other discipline's contributions to health and well-being. Today, we purposely seek opportunities for partnerships between our two disciplines, knowing our MSW/MPH program will be stronger as a result. For example, in recent years, the SSW and CPH have hired faculty members with degrees in both social work and public health. Deeply invested in the success of our MSW/MPH program, these colleagues serve on the advisory committee, recruit students, and are natural champions of our program.

Table 2. *Two-Step Process for Integrated MSW/MPH Field Practicum*

Step 1 (Process for Identifying Prospective Practicum Sites)
1. Field staff from the SSW and CPH review both programs' field practicum handbook to understand the expected competencies and requirements (e.g., supervisor credentials).
2. Field staff identify practicum sites that have hosted single-degree MSW and MPH students and have existing Memoranda of Understanding with both programs.
3. Field staff identify additional sites that may meet the competencies and requirements for both programs and contact potential sites to assess interest in an MSW/MPH student. Field staff highlight the added benefits/competencies of MSW/MPH students, as well as clarify expectations for supervision, learning plans, etc.
4. Field staff formulate a written process that students will follow.
5. Field staff review and update list of potential sites every year.

Step 2 (Process for Placing Yearly Cohorts)
1. Field staff and MSW/MPH program director conduct a mandatory group orientation session for MSW/MPH students who will be entering the field. (Session is held approximately two semesters before start of the field practicum.) Orientation addresses: a. Written process/timeline for identifying field practicum sites and required forms b. "Talking points" pertaining to MSW/MPH competencies that students can use in interviews at prospective field sites c. Examples of field practicum products (e.g., MPH projects, MSW assignments) to help students better conceptualize demonstrating competencies in the field
2. SSW and CPH field staff jointly meet with each student to discuss areas of interest and possible practicum sites.
3. Students interview at their preferred site; interviews at additional sites are scheduled, if needed.
4. After placement is finalized, student completes required SSW and CPH field practicum paperwork.

Limitations

Several limitations may have influenced the conceptualization, development, and implementation of our university's MSW/MPH program. Relevant articles and pertinent documents pertaining to MSW/MPH programs may have been overlooked in the review. Additionally, information provided by the directors of MSW/MPH programs was limited to informal interviews; inclusion of quantitative data (e.g., surveys such as by Ziperstein et al., 2015) may have provided a more holistic understanding of program directors' perceptions and experiences. Our lessons learned are limited to experiences with our

MSW/MPH program, which reflects particular structural and cultural influences. As others have suggested, a national, cross-program evaluation would be helpful to identify common challenges as well as the unique structural strengths of each program (Michael & Balraj, 2003; Ruth et al., 2008; Ziperstein et al., 2015).

Conclusion

We have endeavored to share useful insights and "lessons learned" with those who are planning or have implemented an MSW/MPH program, as well as agencies seeking to establish collaborative partnerships, by providing concrete information about our university's program, its strengths and challenges, and how we are addressing those challenges. We view the distinguishing features of our growing MSW/MPH program—two-and-a-half-year program of study (seven consecutive semesters) with concurrent social work and public health coursework throughout, program director's dual appointment in social work and public health (with educational credentials and experiences in both), ongoing program evaluation guided by a developmental evaluation plan, and an integrated field practicum and seminar—as central to our program's success.

The U.S. ranks as one of the worst developed countries for health-related outcomes, with wide disparities among different regions of the U.S. The *National Prevention Strategy* has recommended increasing workforce capacity to address this critical concern (National Prevention, Health Promotion, and Public Health Council, 2012). Understanding the social determinants of health and eliminating health disparities are cornerstones in social work and public health education. MSW/MPH programs, in uniting these two disciplines, afford great promise for improving the health and well-being of all Americans.

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