

# DELAWARE HEALTHCARE WORKFORCE DIGEST

*The official newsletter of Delaware Health Force*

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## From the Director

As we have analyzed licensing data from the Division of Professional Regulation and other sources, one thing has become clear: Delaware, like most of the rest of the nation, is facing a perfect storm of uneven distribution, scarcity, and shortage.

Let's unpack that statement, as it telegraphs different possible solutions towards which we can allocate resources.

**Uneven Distribution** (also called maldistribution). For various reasons based on historic population distribution and need, New Castle County has enjoyed a higher ratio of providers to population.

The County is the home of one of the nation's largest healthcare systems, ChristianaCare, in addition to Nemours Hospital for Children, St. Francis Hospital, the Wilmington VA, and two federally qualified health centers. This plethora of institutions demands a substantial workforce, which has resulted in favorable ratios of patients to providers within the County, and high compensation for those providers.

**Scarcity.** Until very recently, there was a limited availability of healthcare practitioners (of all types) in Kent and Sussex Counties, and the provider to population ratios have historically been less favorable than in New Castle County. This scarcity, in turn, has driven a long-running shortage of healthcare providers.

**Shortages.** This perfect storm demands a multi-pronged solution addressing short-term scarcity, long-term shortages, and significant demographic shifts in our population. As Kent and Sussex Counties grow, and their healthcare institutions expand, this will create new supply and demand cycles, which may further compromise the balance of providers to population. The balance of providers will likely need to shift south, to better provide care to all Delawareans.

**DHF Response.** The Delaware Health Force graduate medical education expansion initiative, conducted by ChristianaCare, started one pathway to addressing the educational needs of advanced-degree practitioners of all types (read more about the program [here](#)). The Delaware Academy of Medicine's [Delaware Mini Medical School](#) program, and recent announcement of joint funding support of the [Community Health Workers Association of Delaware](#), both jumpstart the critical pathways at the other end of the spectrum, for individuals just starting their careers.

Much more remains to be accomplished: what has taken decades to emerge will take considerable effort to reverse. This will take a significant investment on the part of the public and private sectors alike, as well as innovative solutions and the courage to do things differently in the future than we have historically. To that end, your voice is essential; please reach out to me directly! Solutions and partnerships welcome.

*Tim Gibbs, MPH, NPMc*

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# Senate Bill 122

## AN ACT TO AMEND TITLES 16 AND 29 OF THE DELAWARE CODE RELATING TO HEALTH CARE WORKFORCE PLANNING

It is with tremendous gratitude we report that State Senator Russell Huxtable, Sixth Senate District in Sussex County, has introduced SB 122. A Synopsis of the bill is below:

This Act supports critical health care workforce research and planning efforts by giving the Division of Public Health and the Delaware Health Care Commission the ability to obtain comprehensive workforce-related data from the Division of Professional Regulation. It requires the Division of Public Health's Office of Healthcare Provider Resources to collaborate with the Delaware Health Care Commission and the Division of Professional Regulation to determine what data should be collected from health care providers during the licensing and renewal process to assist the Division of Public Health with workforce research and planning. This Act also directs the Division of Professional Regulation to collect health care workforce-related data during the licensing or renewal processes. The data collected will be for the purpose of health care workforce research and planning and will not include personal information, such as personal financial information. The health care provider licensing process provides a rich opportunity for this State to obtain the information it needs to ensure that its health care workforce is equipped to meet the needs of Delaware residents.

The importance of this legislation is clear - without the collection of much deeper healthcare workforce data, we cannot be as effective as needed to address current and future workforce changes, and their impact on all Delawareans.

On Wednesday, May 7, 2025, SB 122 was heard in the Senate Health & Social Services Committee, with unanimous support from attendees both virtual and in person. Tim Gibbs, MPH, Director and PI for Delaware Health Force, provided the following commentary:

"This legislation is essential in Delaware, and Delaware Health Force is in full support of this bill. Here are some of the areas that will be positively impacted:

1. **Resource Allocation:** Accurate data helps identify areas with a shortage or surplus of healthcare professionals, enabling effective allocation of resources where they are most needed.
2. **Workforce Planning:** Understanding current workforce demographics and trends aids in planning for future needs, ensuring that there are enough qualified healthcare providers to meet community demand.
3. **Policy Development:** Data-driven insights inform the development of healthcare policies and initiatives that can address specific workforce challenges, such as recruitment, retention, and training.
4. **Quality of Care:** Analyzing workforce data can reveal gaps in service delivery, guiding interventions that enhance the quality of care provided to patients.
5. **Cost Efficiency:** By optimizing the healthcare workforce based on reliable data, governments can enhance cost efficiency, reduce waste, and improve overall healthcare system sustainability.
6. **Public Health Management:** Robust workforce data is crucial for responding to public health emergencies, allowing for swift mobilization and deployment of healthcare professionals in crisis situations.
7. **Alignment with Health Outcomes:** Analyzing the relationship between workforce metrics and health outcomes can help in implementing strategies that improve the overall health of the population.
8. **Education and Training:** Data helps in assessing the effectiveness of educational programs and training initiatives, guiding improvements and ensuring that graduates meet the needs of the healthcare system."

Testimony on behalf of the bill was provided by representatives from the Office of Healthcare Provider Resources, State Office of Rural Health, Medical Society of Delaware, Delaware Healthcare Association, Delaware Health Care Facilities Association, Delaware Health Care Commission (by correspondence in advance of the meeting), the League of Women Voters, and others.

## UPDATE - HOT OFF THE PRESS!

**On May 13<sup>th</sup>, SB122 passed unanimously in the Senate, and we are hopeful to have a similar experience in the House.**

# Delaware Mini Medical School

## Successes and Developments

Delaware Mini-Medical School is a free, six-week series designed for individuals who want to gain a deeper understanding of the world of healthcare – from dentistry and medicine to public health and research. This series is designed for middle, junior, high school, and undergraduate students, though all are welcome to attend. Attendees learn about trends in diagnosing and treating illness and general health topics. Faculty will provide in-depth lectures and allow time for questions to enhance the experience. There are no tests or grades. No previous medical training is required.

We are proud to partner with the [Sussex County Health Coalition](#), acting as our southern partner, engaging students in both Sussex and Kent Counties.

### Milestones

- Since the ARPA-funded expansion of the Delaware Mini Medical School program in 2023, we have surpassed 3,400 unique students participating in the program, and have close to 700 students who have attended more than one series.
- Students are from 5<sup>th</sup> grade to adult learners, with a majority being in 10<sup>th</sup>, 11<sup>th</sup>, and 12<sup>th</sup> grades – the ideal ages to expose them to a career in the health sciences.
- The program has partnered with Bayhealth, Beebe, ChristianaCare, Nemours, and LaRed; the Sussex County Health Coalition; and numerous individual practitioners
- Disciplines represented have included physicians, residents, dentists, nurses, respiratory therapists, social workers, community health workers, advanced practice providers (nurse practitioners and physician assistants), physical therapists, psychologists, genetic counselors, psychiatrists, radiology technicians, and others.
- As a part of each speaker's presentation, they talk about their own educational and professional pathway to where they are in their career today.
- Topics have covered various body systems, research, therapies, and interventions, all with the goal of exposing students to a wide range of the practice of dentistry, medicine, and public health practice.
- During the months of July and August, we will be offering the first summer Delaware Mini Medical School with a focus on student volunteers at Delaware healthcare institutions throughout the state.

For additional information please visit <https://delawareminimed.org>

If you are interested in presenting, please email [tgibbs@delamed.org](mailto:tgibbs@delamed.org)

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Sheet shot from a recent session of Mini Medical School cosponsored by ChristianaCare



# Small Wonder, Mighty Hygienists

## The Need for Progress in Delaware

PERMISSION TO REPRINT: The American Dental Hygienists' Association (ADHA®) hereby grants Delaware Health Force permission to reproduce and distribute the article titled "Small Wonder, Mighty Hygienists: The Need for Progress in Delaware" by Summer McMenamin, RDH, MS, FADHA, originally published on April 3, 2025, on the ADHA Hygienist Hub.

by Summer McMenamin, RDH, MS, FADHA  
April 3, 2025

Oral health disparities in the United States have never been more apparent. Millions struggle to access preventive care due to barriers in health insurance, Medicaid, and Medicare policies.<sup>1</sup> These challenges are not just theoretical – they have tangible consequences for individuals and communities, particularly in states like Delaware, where outdated regulations and workforce shortages further compound the problem. The reality is clear: without significant policy changes, oral healthcare in Delaware will continue to deteriorate, leaving thousands without access to essential oral healthcare.

Recent federal proposals to cut Medicaid funding and impose work requirements threaten to reduce already limited resources, further restricting preventive care and weakening the vital role of dental hygienists. These policy shifts, if enacted, could disproportionately affect low-income individuals, increasing disparities in oral health and limiting access to services that prevent disease before it becomes severe.<sup>2</sup> For a small state like Delaware, the consequences of these changes are highly alarming. With restrictive licensing requirements, a limited scope of practice for dental hygienists, and a growing shortage of providers, Delaware's oral healthcare system is on the brink of collapse. Addressing these systemic issues is not just a policy consideration, it is a critical public health need that demands immediate attention.

According to the 2023 Dental Care Access Task Force Report, Delaware currently has 400 actively practicing dentists and 839 dental hygienists, translating to 44.3 dental providers per 100,000 residents, a figure that falls far below the threshold for adequate care. The closure of public health dental clinics in 2020 exacerbated this crisis, stripping thousands of residents' ability to access essential preventive services. Despite the 2019 expansion of adult Medicaid dental benefits, many individuals remain unable to use their coverage due to a lack of providers willing to accept Medicaid.<sup>3</sup> This discrepancy highlights a fundamental flaw in Delaware's Medicaid expansion-coverage alone does not ensure access to care. Without increasing the number of participating providers, the expansion remains an empty promise for those who need it most.

Beyond workforce shortages, Delaware's outdated policies create significant barriers to expanding oral healthcare access. Unlike any other state, Delaware mandates that dentists and dental hygienists take a state-specific, live patient board exam, preventing highly qualified professionals from other states from practicing here without unnecessary hurdles. This restrictive requirement further limits the available workforce at a time when access to care is already critically low. Additionally, Delaware is the only state in the nation that does not permit dental hygienists to administer local anesthesia, a function that is standard practice elsewhere.<sup>4</sup>

This restriction not only creates inefficiencies within dental offices but also increases patient discomfort and delays care for those needing routine procedures. Allowing hygienists to administer anesthesia would improve efficiency, enhance patient experiences, and expand access to preventive care—especially in settings where dentists are in short supply. Without significant reforms, these antiquated regulations will continue to hinder progress, further widening the gap between those who receive timely care and those who suffer from dental disease.

One of the most effective steps Delaware can take to alleviate its oral health crisis is to grant autonomy to dental hygienists, allowing them to practice to the full extent of their training. Currently, 43 states allow for direct access to a dental hygienist, meaning hygienists can initiate treatment based on their assessment of a patient's needs without requiring prior authorization from a dentist.<sup>4</sup> This policy change has been proven to increase efficiency, improve patient outcomes, and expand access to preventive care—particularly in underserved communities.<sup>5</sup>

By allowing hygienists to work independently in schools, community health centers, nursing homes, and other public health settings, more residents would receive timely preventive care. This proactive approach would reduce the incidence of untreated dental disease, lower long-term healthcare costs, and relieve pressure on an already overburdened dental workforce. Empowering hygienists is not about replacing dentists, it is about creating a more efficient, patient-centered model of care. When hygienists are allowed to practice independently, dentists can focus on more complex procedures, optimizing workflows and improving overall efficiency in dental practices. With a workforce shortage already straining Delaware's system, direct access is not just an option—it is a necessity. Without it, thousands of Delawareans will continue to go without basic oral healthcare, increasing their risk of preventable disease and compounding existing health disparities.

Delaware stands at a pivotal moment in oral healthcare policy. If the state continues to resist reopening public dental clinics, it must take bold and assertive action to ensure its residents can still access care. This includes expanding the scope of practice for dental hygienists, reforming restrictive licensing requirements, increasing Medicaid reimbursement rates and reducing administrative burdens surrounding Medicaid, and prioritizing oral health education and preventive initiatives.

# Small Wonder, Mighty Hygienists, continued

## The Need for Progress in Delaware

The connection between oral and systemic health is undeniable, yet too often overlooked. Poor oral health has been linked to heart disease, diabetes, and other chronic conditions, making access to preventive care an essential public health concern.<sup>6</sup> However, expanding access to care is only part of the solution. Delaware must also prioritize oral health education and oral health literacy. When individuals understand the importance of preventive care and develop strong home care habits, they are empowered to take control of their overall health. A well-informed population is a healthier population, and it is the responsibility of policymakers, healthcare providers, and educators to ensure Delawareans have the knowledge they need to make informed decisions about their oral health.

The role of dental hygienists in driving these positive changes cannot be ignored. Antiquated policies must not continue to hold back progress. Delaware cannot afford to lag behind while 43 other states embrace reforms that increase efficiency, expand access, and elevate oral healthcare outcomes. By modernizing regulations, supporting preventive initiatives, and empowering its dental workforce, Delaware can break free from outdated limitations and create a future where oral healthcare is accessible, equitable and effective for all. The choice is clear—Delaware must embrace change, not resist it.

### References:

<sup>1</sup>CareQuest Institute for Oral Health, “Uninsured and In Need: 68.5 Million Lack Dental Insurance, More May Be Coming,” CareQuest Institute for Oral Health, 2023, <https://www.carequest.org/resource-library/uninsured-and-need>

<sup>2</sup>Center on Budget and Policy Priorities, “2025 Budget Stakes: Millions Could Lose Health Coverage or See Costs Rise,” Center on Budget and Policy Priorities, January 30, 2025, <https://www.cbpp.org/research/health/2025-budget-stakes-millions-could-lose-health-coverage-or-see-costs-rise>

<sup>3</sup>Delaware Dental Care Access Task Force, “2023 Final Report,” 2023.

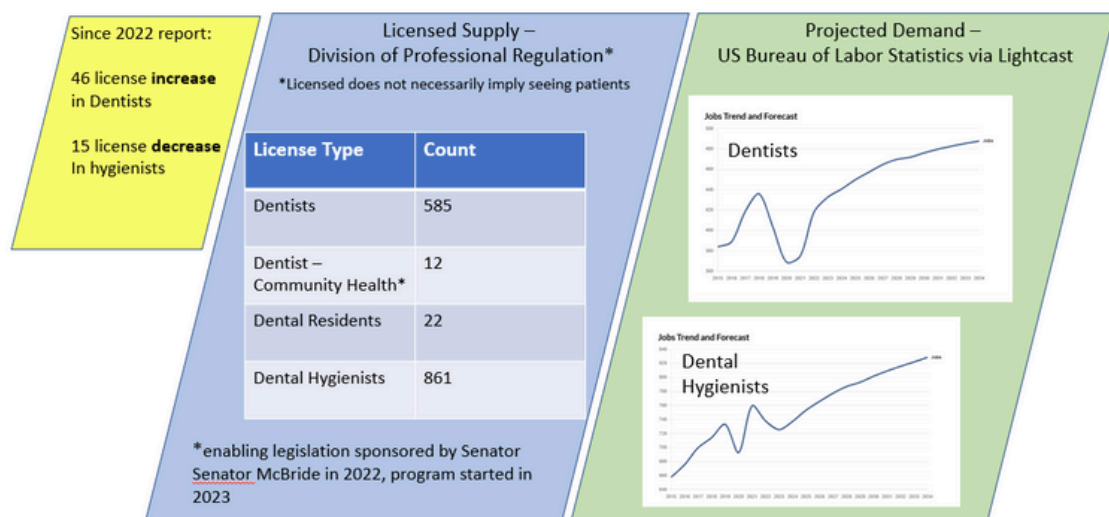
<sup>4</sup>American Dental Hygienists’ Association, “Direct Access Chart,” American Dental Hygienists’ Association, February 2025, <https://www.adha.org/wp-content/uploads/2025/02/ADHA-Direct-Access-Chart-02-2025.pdf>

<sup>5</sup>Marvellous A. Akinlotan, Alva O. Ferdinand, Hannah L. Maxey, Jane N. Bolin, and Michael A. Morrissey, “Dental Hygienists’ Scope of Practice Regulations and Preventable Non-Traumatic Dental Emergency Department Visits: A Cross-Sectional Study of 10 U.S. States,” *Community Dentistry and Oral Epidemiology* 51 (2023): 274-282  
<https://doi.org/10.1111/cdoe.12737>

<sup>6</sup>Nicholas R. Conte, “A Public Health Update,” *Delaware Journal of Public Health* 9, no. 1 (2023): 8-12  
<https://doi.org/10.32481/djph.2023.04.00>

## SNAPSHOT – DENTISTRY

### State of Delaware’s Dental Workforce



View all of the data at <https://dehealthforce.org>



# FUNDING AWARD ANNOUNCED



Delaware Health Force is pleased to announce joint funding of the [Community Health Worker Association of Delaware](#) with [ChristianaCare](#).

Community Health Workers (CHWs) are a valued part of the health team who serve as a frontline liaison, guiding individuals and families through the health, social, and community services systems to foster health and well-being. As a trusted member of the community, the CHW is sensitive to the demographics and experiences of the community, and provides culturally and linguistically competent and appropriate services.

CHWs support communities throughout Delaware, working in hospitals, Federally Qualified Health Centers, for the Division of Public Health, with community organizations, and with Managed Care Organizations.

CHWs are part of an equity-focused, public health approach to supporting individuals and communities around their health-related social needs.

What do CHWs do?

- Outreach and Education
- Coaching and Social Support
- Care Coordination
- Advocacy

Historically, CHWs have been grant-funded, resulting in a lack of employment continuity for the CHWs and for the patients and community members that they serve.

One way to address this challenge is to certify CHWs. A first step toward State reimbursement from the Division of Medicaid and Medical Assistance, [Senate Joint Resolution 2](#), introduced on February 20<sup>th</sup> and passed on May 6<sup>th</sup> of 2025, requires presentation of a report and plan to provide CHWs insurance coverage to the Delaware General Assembly by January 1, 2026. We thank primary sponsor, [Senator Marie Pinkney](#), and the numerous co-sponsors of this important legislation.



## [REGISTER ONLINE](#)

Thursday, June 12

8am - 2:30pm EDT. Doors at 7:30am

Delaware Technical Community  
College

Jack F. Owens Campus -  
Georgetown

21179 College Drive  
Georgetown, DE 19947

Join us for the Rural Health Conference 2025, where we will explore key issues impacting citizens of Rural Delaware.

The conference will feature national keynote speakers, Brock Slabach, Chief Operating Officer of the National Office of Rural Health (NORH), and Eric Shell of Stroudwater Associates, focused on the impact of federal policy on providers of care, and their communities with emphasis on value-based care and population health. This will be followed by expert panels on rural health innovation, special healthcare populations, and much more.

# The Value of Social Workers in Improving Patient Health Outcomes

## Evidence from Recent Peer-Reviewed Research

Tim Gibbs, MPH

### Executive Summary

This report synthesizes recent peer-reviewed research to explain the critical role of social workers in enhancing patient health outcomes. Over the past five years, an expanding body of evidence has demonstrated that integrating social workers into healthcare teams significantly improves clinical results, reduces disparities, and lowers healthcare costs. Social workers address social determinants of health—such as housing, transportation, and social support—that profoundly influence patient adherence, recovery, and overall well-being.

Key findings include:

- Improved management of chronic illnesses and reduced hospital readmissions.
- Enhanced mental health outcomes through psychosocial interventions.
- Decreased healthcare disparities among vulnerable populations.
- Cost savings through reduced emergency department visits and hospitalizations.

The evidence underscores that patient care models lacking social work support are less effective, often resulting in poorer health outcomes and increased system burdens. Embedding social workers into healthcare delivery is essential for achieving equitable, sustainable, and high-quality patient outcomes.

*(Note: This report format intentionally skips many traditions of a peer-reviewed article and is meant to be concise and presented in a notes format.)*

### Introduction

Healthcare is increasingly recognized as a complex interplay of biological, psychological, and social factors. The social determinants of health (SDOH)—conditions in which individuals live, work, and play—are responsible for a substantial proportion of health disparities and outcomes. Addressing these determinants requires multidisciplinary approaches, with social workers playing an indispensable role.

Over the past five years, peer-reviewed research has highlighted the growing recognition of social work interventions as evidence-based strategies for improving health outcomes. This report reviews recent literature to substantiate the value of social workers in patient care, contrasting outcomes with models that lack such support.

### The Role of Social Workers in Chronic Disease Management

#### Addressing Social Determinants to Improve Clinical Outcomes

Chronic diseases such as diabetes, cardiovascular disease, and COPD are leading causes of morbidity and mortality worldwide. Managing these conditions requires more than medical treatment; it necessitates addressing barriers related to housing, food security, transportation, and health literacy. A 2020 systematic review by Lee et al. examined the impact of social workers embedded within chronic disease management teams. The review included 15 studies, demonstrating that patients receiving social work interventions experienced:

- A 25% reduction in hospital readmissions.
- Improved medication adherence.
- Increased engagement in self-management behaviors.

The mechanisms involved targeted counseling, resource linkage, and ongoing support to address social barriers. These findings align with earlier research emphasizing that social workers facilitate continuity of care and address social barriers that impede health management (Lee et al., 2020).

Case Example: Diabetes Care. In a randomized controlled trial, social workers provided tailored education, resource support, and behavioral counseling to underserved diabetic patients. Results showed significant improvements in glycemic control and reduced emergency visits, illustrating the tangible benefits of social work interventions (Johnson et al., 2021).

### Mental Health and Psychosocial Support

#### The Intersection of Mental and Physical Health

Mental health disorders often coexist with chronic physical illnesses, exacerbating health outcomes. Social workers deliver counseling, crisis intervention, and facilitate access to community mental health resources, which can improve both mental and physical health. A 2021 systematic review by Johnson et al. analyzed 20 studies on social work-led mental health interventions. Key findings include:

- Significant reductions in depression and anxiety symptoms.
- Decreased healthcare utilization by up to 15%.
- Improved treatment adherence and quality of life.

These outcomes demonstrate that psychosocial support delivered by social workers enhances holistic patient care (Johnson et al., 2021).

### Implications for Practice

Integrating mental health support into primary care through social workers reduces stigma, improves engagement, and promotes recovery, especially among vulnerable populations.

# The Value of Social Workers in Improving Patient Health Outcomes

## Evidence from Recent Peer-Reviewed Research - Continued

### *Reducing Health Disparities and Promoting Health Equity*

#### *Addressing Vulnerable Populations*

Health disparities persist across racial, socioeconomic, and geographic lines. Social workers serve as advocates, educators, and navigators, helping marginalized populations access care and resources. A 2022 randomized controlled trial published in *The Milbank Quarterly* examined patient navigation programs led by social workers among minority cancer patients. Findings included:

- A 30% increase in screening rates and early diagnosis.
- Improved treatment adherence.
- Reduction in delays and barriers to care.
- Enhanced patient satisfaction.

These results demonstrate that social workers act as cultural brokers, advocates, and resource connectors, effectively reducing disparities and promoting health equity in underserved communities (Martinez et al., 2022).

### *Economic Impact of Social Work Interventions*

#### *Cost-Effectiveness and Healthcare Savings*

Healthcare costs are amplified by preventable hospitalizations, readmissions, and emergency department (ED) visits. Social workers, by addressing social barriers and facilitating early intervention, contribute to significant cost savings. Nguyen et al. (2023), in *Health Affairs*, conducted a comprehensive analysis across multiple healthcare systems. Their findings revealed:

- A 20% reduction in ED visits among high-risk patients receiving social work interventions.
- A 15% decrease in hospital admissions.
- Estimated annual savings of approximately \$1,200 per patient.

The study emphasized that investments in social work services generate substantial return on investment by reducing expensive acute care episodes and improving disease management (Nguyen et al., 2023).

#### *Broader System-Level Benefits*

Beyond individual savings, social workers enhance system efficiency by:

- Coordinating care across multiple providers.
- Reducing preventable readmissions.
- Supporting community-based care models that alleviate system burdens.

### *Models of Social Worker Integration in Healthcare*

#### *Embedded Social Workers in Clinical Settings*

Embedding social workers directly within primary care, specialty clinics, or hospital teams facilitates real-time assessment and intervention. Studies indicate such models improve preventive care delivery, patient engagement, and adherence. A 2020 study published in *BMC Health Services Research* showed that clinics with embedded social workers experienced:

- A 15% increase in preventive screening rates.
- A 20% reduction in hospital readmissions.
- Improved patient satisfaction scores (Smith et al., 2020).

Community health initiatives led by social workers extend care beyond clinical settings, addressing social determinants like housing, food security, and transportation. These programs have demonstrated success in improving vaccination rates, managing chronic diseases, and reducing emergency care utilization.

The COVID-19 pandemic accelerated the adoption of telehealth. Social workers delivering virtual psychosocial support have maintained continuity of care, particularly in rural and underserved regions. A 2021 pilot study found that telehealth social work services increased engagement among patients with depression and anxiety, leading to symptom reduction and improved treatment adherence (Williams et al., 2021).

### *Case Studies and Real-World Examples*

#### *The Camden Coalition Model*

The Camden Coalition in New Jersey exemplifies a successful integrated care approach. Their care coordination model for high-utilizer patients involves social workers who develop personalized care plans, connect patients with social services, and advocate for systemic change. Results include:

- A 37% reduction in hospital readmissions.
- Cost savings exceeding \$3 million annually.
- Improved patient satisfaction and health stability (Hernandez et al., 2022).



# The Value of Social Workers in Improving Patient Health Outcomes

## Evidence from Recent Peer-Reviewed Research - Continued

### *Case Studies and Real-World Examples, continued*

#### *Kaiser Permanente's Integrated Social Work Program*

Kaiser Permanente's model emphasizes embedding social workers within primary care teams. Their initiatives have led to:

- Better medication adherence.
- Reduced ED visits.
- Enhanced management of social needs like housing and transportation (Kaiser Permanente, 2021).

#### *Collaboration with Community Health Workers*

Partnerships between social workers and community health workers (CHWs) have proven effective in managing hypertension and diabetes, particularly among minority and low-income populations. These collaborations improve health literacy, promote behavioral change, and foster trust in healthcare providers (Marquez et al., 2023).

### **Barriers and Challenges**

#### *Workforce Shortages and Training Needs*

Despite evidence supporting their value, the social work workforce faces shortages and variability in training. Expanding educational programs, licensure standards, and specialized training is essential to meet growing demand.

#### *Reimbursement and Policy Barriers*

Limited reimbursement mechanisms impede the widespread adoption of social work services. Policy reforms are needed to include social determinants interventions within billing and reimbursement frameworks, such as Medicaid and Medicare.

#### *Integration and Interdisciplinary Collaboration*

Effective integration of social workers into healthcare teams requires fostering collaboration among providers, administrators, and community partners. Challenges include siloed organizational structures, limited communication channels, and differing professional cultures. Developing standardized protocols, shared electronic health records (EHRs), and interdisciplinary training can enhance teamwork and patient-centered care.

### **Future Directions and Recommendations**

#### *Policy Reforms and Reimbursement Strategies*

To maximize the impact of social workers, policymakers must establish sustainable reimbursement models. This could include:

- Developing billing codes specific to social determinants of health interventions.
- Incorporating social work services into value-based care and bundled payment models.
- Expanding Medicaid and Medicare coverage for social work services, particularly those addressing housing, food insecurity, and transportation.

#### *Research and Evidence Generation*

Ongoing research is vital to strengthen the evidence base. Priority areas include:

- Longitudinal studies evaluating long-term health and cost outcomes.
- Implementation science to identify best practices for integrating social workers into diverse healthcare settings.
- Cost-effectiveness analyses tailored to different populations and settings.

#### *Workforce Development*

Educational institutions should expand curricula and training programs to prepare social workers for healthcare roles, emphasizing:

- Care coordination
- Cultural competence
- Trauma-informed care
- Use of health informatics and telehealth tools

#### *Leveraging Technology*

Innovations in telehealth and digital health platforms can extend social work services in remote and underserved areas. Training social workers in digital tools and ensuring equitable access to technology are essential steps forward.

#### *Strengthening Community Partnerships*

Building collaborations among healthcare providers, community organizations, housing authorities, and social service agencies will enhance resource availability and improve health equity.

# The Value of Social Workers in Improving Patient Health Outcomes

## Evidence from Recent Peer-Reviewed Research - Continued

### Conclusion

#### *Synthesis of Evidence*

The past five years have yielded compelling evidence that social workers are integral to improving patient health outcomes. Their roles in managing chronic diseases, supporting mental health, reducing disparities, and decreasing healthcare costs are well-documented across diverse settings and populations. Embedding social workers within healthcare teams enhances care coordination, addresses social determinants, and promotes health equity.

#### *Final Call to Action*

To realize the full potential of social workers in healthcare, stakeholders must:

- Reform reimbursement policies,
- Invest in workforce training and development,
- Foster interdisciplinary collaboration,
- Expand research funding, and
- Leverage technology and community partnerships.

By doing so, healthcare systems can deliver more equitable, effective, and sustainable care—ultimately improving the health and well-being of all populations.

#### *Next Steps*

Stakeholders—policymakers, healthcare administrators, educators, and community leaders—must collaborate to:

- Reform reimbursement policies,
- Invest in workforce development,
- Foster interdisciplinary collaboration,
- Expand research and evaluation efforts, and
- Harness technology and community partnerships.

By embracing these strategies, we can ensure that social workers are recognized and supported as vital contributors to health and well-being, ultimately leading to better outcomes for all.

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