NASW
National Association of Social Workers

2021 Blueprint of Federal Social Policy Priorities

Recommendations to the Biden-Harris Administration and Congress

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About National Association of Social Workers (NASW)

Founded in 1955 and headquartered in Washington, DC, the National Association of Social Workers (NASW) is the largest membership organization of professional social workers in the nation, with 55 state/territorial chapters and over 110,000 members. NASW works to enhance the professional growth and development of its members, to create and maintain professional standards, and to advance sound social policies.

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TABLE OF CONTENTS

INTRODUCTION

Our nation's 700,000 professional social workers are an essential workforce and the nation's largest provider of mental and behavioral health and social care services. Social workers develop and champion policies to enhance human well-being and help meet the basic needs of all people, especially those who are vulnerable, oppressed, and/or living in poverty.

The **National Association of Social Workers (NASW)** warmly welcomes the Biden-Harris administration and the117th Congress. We are delighted to share our *2021 Blueprint of Federal Social Policy Priorities* outlining urgently needed policy solutions in 21 issue areas. It is organized according to the Grand Challenges for Social Work which is a science-supported agenda for social progress, developed by the social work profession. The recommendations are immediate, tangible and meaningful steps to promote mental and behavioral health, address economic inequality, and ensure that civil and human rights are protected for everyone. We welcome the opportunity to work with you, our 60+ national coalitions and other stakeholders to achieve an America as good as its ideals.

Social workers have a long history of helping to promote policy solutions to challenging societal problems. Social worker Harry Hopkins played a critical role in policy development during the Great Depression while serving as a close advisor to President Franklin D. Roosevelt. President Roosevelt also appointed social worker Frances Perkins as Secretary of Labor, making her the first woman ever appointed to a federal Cabinet position. Many of the architects of the Civil Rights Movement and the War on Poverty were social workers. Whitney M. Young, Jr. (past President of NASW) is widely recognized as the coauthor of President Lyndon B. Johnson's War on Poverty initiative. Dorothy I. Height worked closely with Martin Luther King, Jr. on landmark reforms for children and families.

Given our profession's long history of advancing social justice, it is no surprise that five members of Congress are social workers: Sens. Kyrsten Sinema (D-AZ) and Debbie Stabenow (D-MI) and Reps. Karen Bass (D-CA), Sylvia Garcia (D-TX), and Barbara Lee (D-CA). Countless others can be found among the ranks of current and former administration officials and congressional staff. Social workers not only provide direct services in a broad range of settings—including, but not limited to, health care facilities, schools, child welfare agencies and correctional institutions—they also lead health and human services agencies, perform cutting-edge research, and develop and implement sound federal, state and local policy.

We look forward to continuing to partner with Congress, the administration and other stakeholders in advancing these priorities.

SUPPORTING OUR ESSENTIAL SOCIAL WORK WORKFORCE

The nation's 700,00 social workers are an essential workforce and have been since the founding of the profession more than a century ago. We are among the most racially diverse mental and behavioral health and health care professions and provide critically needed services to millions of Americans every day in a broad range of settings including healthcare facilities, schools, child welfare, community agencies, correctional institutions, and private practice. The master's degree is the terminal degree in our profession.

A subset of our profession, clinical social workers (CSWs), are eligible to participate in Medicare and Medicaid. CSWs were first included in these government programs in 1989. All states have licensing requirements for CSWs. The definition of clinical social work and their scope of practice are articulated in the Social Security Act and in state regulation. CSWs aim to improve and/or restore the psychosocial and/or social functioning of individuals, couples, families and groups. This is guided by the "person in the environment" framework that is central to social work practice.

The services social workers provide are in demand more than ever due to COVID-19, but the supply is not projected to keep pace with demand without policy action. The Bureau of Labor Statistics projects that the employment of social workers is expected to increase much faster than average for all occupations through 2029—a 13 percent growth rate compared with an average growth rate of 6 percent (Bureau of Labor Statistics, 2020). Specifically, the areas of aging, child welfare, mental and behavioral health, veterans' issues, health, education, and corrections will see a rapid increase in the need for professional social work services in the near future. Of particular note, almost all child welfare programs struggle with recruiting and retaining qualified and effective child welfare staff. Turnover rates remain high, at 20 to 50 percent nationally (National Child Welfare Workforce Institute, 2020). Federal investments in social work and social work education are critically needed to ensure that there is a sufficient supply of social workers to meet evolving demands.

Low salaries continue to be a major barrier to ensuring a sufficient supply of social workers. More than 60 percent of full-time social workers earn between $35,000 and $59,000 per year with 25 percent earning between $40,000 and $50,000 per year. The median salary for social workers ($50,470) is $11,190 less than the median salary for teachers ($61,660) (Bureau of Labor Statistics, 2020). Notably, the overwhelming majority of social workers are women, suggesting unaddressed gender bias in compensation.

Skyrocketing educational debt loads exacerbate the situation. According to a 2019 study by the Council on Social Work Education (CSWE), master's graduates have, on average, more than 50 percent more debt today; in 2019, the average loan debt amount was $46,591, compared with

$30,789 in 2009. On average, baccalaureate graduates had $29,323 in loan debt in 2019, compared with $24,683 in 2009 (Salsberg, E., Wyche, K., Acquaviva, K., Sliwa, S., Richwine, C., & Quigley, L., 2020). Black/African American social work students have more student loan debt than their white peers (CSWE, 2021). Many are the first in their families to receive a professional degree.

Additional barriers to maintaining a strong, stable workforce are the pervasive and significant safety risks that social workers encounter on the job. Between 2011 and 2013, there were nearly 25,000 assaults annually, with almost 75 percent occurring in health care and social service settings (Harrell, 2011). In the last few years alone, we have witnessed the murders of five social workers while they were on the job. Thousands of others have experienced assault-related physical injuries with lifelong repercussions. Clients, too, suffer secondary trauma when there is violence in the service setting. Numerous states, including California, New Jersey, Washington, and Kentucky, have adopted safety guidelines for social workers and other social services professionals. In 2013, Massachusetts became the first state to pass social worker safety legislation. NASW has in the past two Congresses worked to enact legislation to promote social worker safety which would establish a grant program to provide for safety measures such as GPS equipment, security systems, self-defense training, and conflict prevention, among other measures.

The current federal and state regulatory landscape is another impediment to a strong workforce. Federally, CSWs face two challenges. First, their scope of practice in the Social Security Act, the "diagnosis and treatment of mental illness", does not reflect the scope of practice for today's social workers. This includes providing services to people who, although not mentally ill, are experiencing major challenges (such as a physical illness or family crisis) for which they need the support of a CSW. Second, CSWs are only reimbursed at 75 percent of the Medicare physician fee schedule. They are the lowest paid mental health providers in Medicare. With reimbursement rate reductions implemented in Medicare for CY 2021, the reimbursement level is even lower. Appropriate reimbursement would help to address the poor compensation of social workers.

At the state level, there is currently no permanent interstate licensure portability. CSWs must seek and pay for a separate license for every state in which they wish to practice. It can take months for states to process and represent a significant expense for an already undercompensated profession. Telehealth expansion, especially during COVID-19, has created major new opportunities for interstate practice. Larger federal investments should be a priority—especially for professions that provide critical mental and behavioral health and social care services."

NASW calls on national leaders to:

» **Facilitate and fund interstate licensure portability for clinical social workers (CSWs).**

» **Make permanent the telehealth expansion under COVID-19, including removing site and geographic restrictions, enabling the use of audio-only devices and payment parity with in-person payment rates.**

» Provide student loan debt relief for social workers including the Public Service Loan Forgiveness (PSLF), federal loan cancellation, and others.

» Pass the *Employer Participation in Repayment Act* (S. 460/H.R. 1043 in the 116th Congress), which allows employers to make nontaxable payments up to $5,250 toward employees' student loans.

» Pass the *Improving Access to Mental Health Act* (S. 782/H.R. 1533 in the 116th Congress, lead Senate sponsors social worker Debbie Stabenow and John Barrasso and House lead and social worker Barbara Lee) to enable CSWs participating in Medicare to bill independently to provide Health and Behavior Assessment and Intervention services and services to skilled nursing facility residents, and to increase their reimbursement rate.

» Pass the *Protecting Social Workers and Health Professionals from Workplace Violence Act* (S. 2880/H.R. 5138 in the 116th Congress, lead Senate sponsors social worker Kyrsten Sinema and Lisa Murkowski and House leads Julia Brownley and Elise Stefanik) to promote safety on the job.

» Pass the *Dorothy I. Height and Whitney M. Young, Jr., Social Work Reinvestment Act* (H.R. 1532 in the 116th Congress, lead House sponsor social worker Barbara Lee) to support the social work workforce.

» Increase social work reimbursement rates and ensure that social workers can work at the top of their license.

» Federal policies should support increasing the number of licensed social workers in school based settings and public child welfare agencies.

» Invest in programs to strengthen the social work workforce by providing training opportunities, including stipends and scholarships to social work students and practitioners (Title IV-E, Health Resources and Services Administration [HRSA]) and Substance Abuse and Mental Health Services Administration (SAMHSA).

» Expand Title IV-E education partnerships.

» Establish targeted student loans and loan forgiveness for public child welfare service.

» Offer loan forgiveness on all federally subsidized loans for BSW or MSW graduates who are employed in public child welfare.

» Increase funding to Schools of Social Work at Historically Black Colleges and Universities, Tribal Colleges and Universities, and other minority-serving institutions to further diversify the social work workforce.

CONTINUE **COVID-19** RECOVERY

NASW looks to the new administration and Congress to galvanize the country around fighting the most devastating public health crisis in America since 1918, and its economic and many other impacts. The rapid deployment of the COVID-19 vaccines is crucial in our recovery and the relief packages to date continue to be instrumental in mitigating the devastation. But more action is needed to save lives and livelihoods.
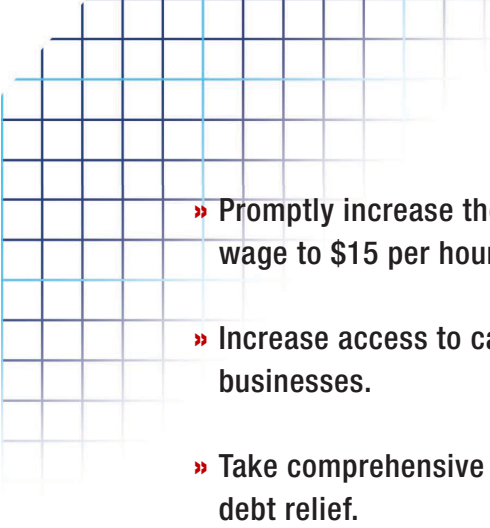
The year 2020 ended with 9.8 million fewer jobs than before the pandemic recession hit in February and 546,000 fewer jobs than January 2016 (Gould & Shierholz, 2020). Job growth has further declined nationally, and unemployment insurance claims have increased from already spiking levels. The economic calamity is exacerbating pre-COVID housing insecurity.

The pandemic, like other public health crises in the past, has laid bare persistent and unacceptable health and economic disparities, with a disproportionate number of Black, Brown and Indigenous people bearing the brunt of the impacts.

NASW calls on national leaders to:

» Deploy the COVID-19 vaccine as quickly as possible, prioritizing essential workers (including social workers) and those at highest risk for infection and/or poor outcomes.

» Provide additional COVID-19 economic relief and stimulus packages; include direct payments to all adult Americans including adult dependents.

» Implement a nationwide mask mandate and condition COVID-19 relief funding on implementation of effective mitigation strategies, including, but not limited to, the use of masks and social distancing as well as notice to and quarantine of close contacts of individuals infected with COVID-19 in schools and institutions of higher education.

» Create universal testing and contact tracing systems.

» Expand eligibility for Supplemental Nutrition Assistance Program (SNAP) and mandate that states modify work requirements for SNAP eligibility for single adults.

» Extend unemployment benefits, including Pandemic Emergency Unemployment Compensation, Pandemic Unemployment Assistance (PUA), and Pandemic Unemployment Compensation; expand PUA to individuals who are advised by a medical professional to leave their employment to protect a high-risk household family member.

» Place a sufficiently lengthy moratorium on housing evictions and home foreclosures and provide rent forgiveness.

» Promptly increase the national minimum wage to $15 per hour.

» Increase access to capital for minority businesses.

» Take comprehensive action on student loan debt relief.

» Ensure access by immigrant communities to COVID-19 medical treatment and follow-up services.

» Ensure access to COVID-19 medical treatment in jails and prisons, including repealing the Medicaid Inmate Exclusion Policy.

» Strengthen and modernize the public health system.

» Provide grant funding for summer instruction to enable students to catch up to grade-level educational standards and take other steps to tackle the acute learning and achievement gaps and learning loss that Black, Indigenous and Latinx children, and children from low-income households, overwhelmingly face.

IMPROVE ACCESS TO MENTAL AND BEHAVIORAL HEALTH AND SOCIAL CARE SERVICES

Mental and behavioral health are crucial components of overall health. Social workers play a vital role in promoting mental and behavioral health and do so in a broad range of settings and communities and with a wide array of populations. This includes providing services to diagnose and treat mental illness and to restore and improve social and psychosocial functioning. But it also includes providing services to those who do not have a mental illness, such as promoting wellness, prevention and identifying and addressing social needs stemming from the social determinants of health.

Nearly one in five U.S. adults aged 18 or older live with a mental illness (51.5 million in 2019) (U.S. Department of Health and Human Services, 2021). Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all disease burdens. Moreover, suicide is now the 10th leading cause of death in the United States, accounting for the deaths of approximately 48,000 Americans in 2018 (Centers for Disease Control and Prevention, 2020).

Substance use disorders (SUDs) affect millions of Americans every year. In 2018, approximately 7.8 percent of people aged 12 or over needed substance use treatment (Substance and Mental Health Services Administration, 2019). Drug overdose deaths rose from 38,329 in 2010 to 70,237 in 2017, and opioid-involved overdose deaths rose from 21,088 to 47,600 during that same period (National Institute on Drug Abuse, 2020). 5.6 percent of people 18 or older have an alcohol use disorder (U.S. Department of Health and Human Services, 2020).

Indeed, Americans have some of the worst mental health-related outcomes, including the highest suicide rate and second-highest drug-related death rate among high-income countries. The pandemic is intensifying the demand for services and treatment.

Mental health also plays a major role in physical health. Mental illnesses, such as depression and anxiety, affect the ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can negatively impact mental health and decrease a person's ability to participate in treatment and recovery.

Transforming our mental health system involves integrating physical, mental and behavioral health care an estimated $10 billion to $15 billion could be saved each year for Medicare and Medicaid and $16 billion to $32 billion for the commercially insured through effective integration of mental health care with other types of medical care (Melek, 2012).

The Affordable Care Act expanded on the Mental Health Parity and Addiction Equity Act of 2008,

requiring all health plans in the Health Insurance Marketplace to cover mental health and substance abuse disorders, but coverage for mental health care also varies depending on the state where the patient lives. It is unacceptably difficult for many individuals and families to find mental and behavioral health care that is accessible, affordable, and covered by insurance.

NASW calls on national leaders to:

» Make permanent the telehealth expansion under COVID-19, including removing site and geographic restrictions, enabling the use of audio-only devices and payment parity with in-person payment rates.

» Enforce current legal and regulatory requirements around parity and identify and address gaps.

» Support co-responder initiatives and legislation such as the *Community-Based Response Act* (S. 4791/ H.R. 8474 in the 116th Congress, led by Sen. Chris Van Hollen and lead House sponsor, social worker Rep. Karen Bass).

» Invest in the further development of the national 211 call number for community information and referral services.

» Pass the *Behavioral Health Coordination and Communication Act* (H.R. 7723 in the 116th Congress) to establish the position of Interagency Coordinator for Behavioral Health to coordinate the programs and activities of the federal government relating to mental health.

» Pass the *Social Determinants Accelerator Act* (H.R. 4004 in the 116th Congress), and the *Improving Social Determinants of Health Act* (H.R. 6561 in the 116th Congress).

» Pass the *Health Equity and Accountability Act* (S. 4819/H.R. 6637 in the 116th Congress).

» Continue investments in the infrastructure for substance use disorder prevention and treatment, including adequately funding the Substance Abuse and Mental Health Services Administration's (SAMHSA) Prevention and Treatment block grant.

» Fund the National Institute of Mental Health, the National Institute on Drug Abuse, Health Resources and Services Administration and SAMHSA to support research integrated among mental and behavioral health care providers and universities nationwide.

» Expand the use of Home and Community Based Services waivers and other financing mechanisms to support community-based services that promote independent living for all people with serious mental health conditions.

» Pass the *Comprehensive Addiction Resources Emergency Act* (S. 1365/H.R. 2569 in the 116th Congress), which will provide emergency assistance and funding to areas most affected by the opioid crisis.

» Reform 42 CFR 2 to improve information sharing and health care integration.

» Implement the *National Suicide Hotline Designation Act* (P.L. 116-172).

» Fund social workers and other health care providers in schools and promote the expansion of mental health programs in K-12 and higher educational settings.

» Repeal the Medicaid Institutions for Mental Diseases (IMD) exclusion.

PROVIDE HIGH-QUALITY
HEALTH CARE FOR ALL

CLOSE THE HEALTH GAP

Six in 10 American adults have a chronic disease and four in 10 have at least two such diseases. (Centers for Disease Control and Prevention, 2021). Furthermore, health problems that were once thought of as issues for middle-aged and older adults, such as obesity and diabetes, are today reaching crisis proportions among children and teenagers. More than 18 percent of children and youth are obese (Centers for Disease Control and Prevention, 2019).

All of these risk factors, for the oldest to the youngest among us, are contributing to declines in life expectancy — the first downward life expectancy in U.S. history and a phenomenon not seen in most other economically developed nations — as well as greater suffering, poorer quality of life and astronomical health care costs.

NASW supports the enactment of a national health care policy that ensures access to a full, coordinated continuum of physical and mental health and social care services for all people. A single-payer system that ensures universal access to these services is the best means to achieve this goal, and the Affordable Care Act (ACA) moves the nation in the right direction. The ACA should be preserved and expanded.

Telehealth expansion by both public and commercial health plans has been instrumental in connecting millions of Americans with health, behavioral health and social care services during the COVID-19 pandemic. NASW strongly supports making this expansion permanent, including the removal of geographic and other site restrictions and restrictions on the use of audio-only devices.

It has been well-documented that social factors or needs, not medical care, account for up to 80 percent of health outcomes. Addressing these social needs is therefore a public health imperative. According to the National Academies of Science, Engineering and Medicine's 2019 study, *Integrating Social Care into Healthcare Delivery*, social workers are "specialists" in identifying and addressing non-medical, social needs. Indeed, the demand for health care social workers is projected to grow significantly through 2026 (U.S. Bureau of Labor Statistics, 2018). To realize the promise of social care in improving health, the federal government should institute innovative funding mechanisms to reimburse social workers for these services.

Regulatory barriers to social work services also must be removed. Despite participating in Medicare since 1989, clinical social workers are still not permitted to be directly reimbursed by Medicare to provide care to skilled nursing facility residents, or to individuals receiving Health Behavior and Assessment Intervention (HBAI) services. Eliminating these barriers should be a priority.

As the COVID-19 pandemic has laid bare, wide racial and ethnic disparities in both health and health care persist. Even when income, health insurance, and access to care are accounted for, disparities remain. Low performance on a range of health indicators—such as infant mortality, life expectancy, prevalence of chronic disease, and insurance coverage—reveal differences between racial and ethnic minority populations and their white counterparts. Eliminating racial disparities in health care is vital to pushing the entire health care system toward higher quality and better cost containment. Research demonstrates that achieving health equity requires approaches that address the social determinants of health—the social, economic, and environmental factors that influence health. Racial disparities in health can be reduced through strategies that help bridge health care and community health, increase focus on prevention and primary care, and support testing and spreading of new delivery and payment arrangements. In addition, initiatives to foster increased workforce diversity, maintain accurate, complete race and ethnicity data to monitor disparities in care, and setting measurable goals for improving quality of care are needed for achieving better health for all racial and ethnic and gender-identity groups. Because social workers are among the most diverse mental and behavioral health and health care professions—well-educated to address the needs of all populations—investment in social work is critical in reducing health disparities.

NASW calls on national leaders to:

» Prioritize health equity and eliminate health disparities including developing a White House-led strategy focusing on the social determinants of health and enacting the *Health Equity and Accountability Act* (H.R. 6637 in the 116th Congress) and similar legislation.

» Protect and expand the Affordable Care Act (ACA) and ensure that all Americans have access to health insurance coverage.

» Ensure that all health insurance plans cover the Essential Health Benefits.

» Protect and expand Medicaid and enable continuous enrollment for Medicaid and the Children's Health Insurance Program (CHIP).

» Revise guidance to states on Medicaid waivers regarding block grants, per-capita caps, work requirements, eligibility restrictions, and cost sharing, among others.

» Create financing structures to promote and reimburse for social needs care provided by private and public health insurers and require delivery sites to screen for social care needs.

» Strengthen and enforce ACA Section 1557 Non-discrimination provisions.

» Make permanent the expansion of telehealth, including removing site and geographic restrictions, enabling the use of audio-only devices and payment parity with in-person payment rates.

» Protect *Roe v. Wade* and ensure access to reproductive health services.

ENSURE HEALTHY DEVELOPMENT FOR ALL YOUTH

According to UNICEF (2020), the United States ranks near the bottom of dozens of advanced nations on the mental and physical well-being of its children. Of the 41 nations ranked for child poverty, the United States was fourth from the bottom. Children of color remain the poorest group

in the nation. Congress and the administration must take action to prioritize and meet the needs of children and adolescents, especially youth of color, who are now the greater proportion of the total population of children. More than six million young people a year receive treatment for severe mental, emotional, or behavioral problems (Perou, R., Bitsko, R.H., Blumberg, S. J., Pastor, P., Ghandour, R.M., Gfroerer, J.C., et al., 2013). Strong evidence shows how to prevent many mental and behavioral health problems before they emerge. By unleashing the power of prevention through widespread use of proven approaches, we can help all youth grow up to become healthy and productive adults.

Youth suicide is a major public health problem. For youths between the ages of 10 and 24, suicide is the second leading cause of death, and rates have increased more than 10 percent from 2007 to 2017 (Cutin & Heron, 2019). In addition to fatalities, thousands of young people annually receive medical treatment for self-inflicted injuries. Children of color, boys, foster youth and LGBTQ youth are also at an increased risk for suicidal behaviors.

Health services play a crucial role in the lives of children, allowing children to grow and develop to their fullest potential. The Children's Health Insurance Program has enabled states to provide insurance coverage to 8.4 million children, including the Maternal, Infant, and Early Childhood Home Visiting Program. Children's health coverage is sliding perilously backward. This trend must be reversed.

Unaddressed social, emotional, and behavioral needs of children interfere with their academic achievement. Providing supports and services to address these needs improves educational outcomes which translates into improved life outcomes including economic security—a key determinant of well-being. Social workers in school settings help communities address systemic issues such as school dropout, adolescent pregnancy, child abuse, homelessness, and juvenile crime, as well as emotional and behavioral problems such as substance use and suicide.

Between 1990 and 2014, the high school dropout rate decreased from 12.1 to 6.5 percent (U.S. Department of Education, 2016). The decrease can be credited, in part, to an increased focus on attendance and dropout prevention. Despite these gains, vast disparities in America's schools still persist, with dropout rates reaching more than 50 percent in communities of color and low-income communities. The COVID-19 pandemic has only widened this gap.

School social workers have the skills necessary to identify, prevent, and intervene with at-risk students. Research findings reinforce the need for more school social workers; more preschool and science, technology, engineering, and mathematics education; and less suspension and expulsion. Widespread implementation of these measures can help increase graduation rates for these students. Expansion of social work services to students in their fourth and fifth years of high school is also a promising approach to improving the transition to college.

NASW calls on national leaders to:

» **Sufficiently fund the Supplemental Nutrition Assistance Program (SNAP), daycare vouchers, school lunches and other anti-poverty programs.**

» Provide universal access to high-quality pre-kindergarten programs for all 3- and 4-year-old children during the school day.

» Provide universal school meals.

» Bridge the digital divide so all students have reliable and affordable access to internet-based learning.

» Increase the number of social workers in pre-K-12 educational settings.

» Increase resources to support community-based programs including Temporary Assistance for Needy Families (TANF), Maternal and Child Health Services, Maternal, Infant and Early Childhood Program, Head Start, Early Head Start, and the Affordable Care Act.

» Increase funding for childcare and the Maternal Infant and Early Childhood Home Visiting Program.

» Pass the *Family and Medical Insurance Leave (FAMILY) Act* (H.R. 1185/S. 463 in the 116th Congress) to create a national paid family and medical leave insurance program.

» Pass the *Counseling Not Criminalization in Schools Act* (S.4360/H.R. 7848 in the 116th Congress) that would divert resources from school-based law enforcement and toward evidenced-based and trauma informed services.

BUILD **HEALTHY RELATIONSHIPS** TO END VIOLENCE

Interpersonal violence has a traumatizing impact across the lifespan on individuals, families, communities, and society. Developing and broadly implementing interventions to promote healthy relationships and reduce violence should be a high priority for policy action. Interpersonal violence costs lives and well-being, and squanders our nation's personal and financial resources. Estimates of the cost of violence in the U.S. reach 3.3 percent of the gross domestic product (Mercy et al, 2017).

In their lifetimes, 44 percent of U.S. women experience sexual violence, physical violence, or stalking by an intimate partner (Smith et al., 2018). Violence against women leads to health and mental health issues, injury, and homicide. Further, millions of children are exposed to intimate partner violence each year. Women from marginalized groups are at higher risk for violence and homicide. Many men and women experience arrests because of involvement in domestic violence—a result that flows from a restricted set of carceral responses that may not always be in either of their best interest.

Alternative social service approaches are needed. A growing interest to find safe non-carceral alternatives for those involved with violence is emerging (Goodmark, 2020; Moment of Truth, 2020). This is, in part, spurred by the national recognition of our over-reliance on arrest as an effective and equitable strategy to prevent harm. There is also growing consensus about the importance of empowering, intersectional, and trauma-informed care (Kulkarni, 2019).

The risks and protective factors for child maltreatment, youth violence, intimate partner violence, sexual violence, suicide, and elder abuse are significantly shared and have origins in the stressors of daily life, the impact of adverse environments and childhood experiences, power norms and differentials between dominant and non-dominant groups, and interpersonal relationships that mediate these challenges toward a safe—or violent—resolution (Wilkins, et al., 2014). Violence too often leads to more violence because we lack the resources and array of interventions to intervene.

There is growing recognition of the evidence base for mediation, restorative practices, and counseling as contributors to the service array to prevent and safely respond to intimate partner violence (Davis, Frederick, & Ver Steegh, 2019; Pennell et al., 2020; Wagers & Raditz, 2020). Funding for research on these approaches—and others that rely on strengthening relationships to reduce violence—is critically needed. Additional research on risk assessment is also needed as well as research into alternatives to current interventions—those that do not compromise safety but enhance and empower women's opportunity to stop violence and maintain important family relationships. These

research efforts should specify resources for understanding the needs of women of color whose concerns have not been adequately recognized.

NASW calls on national leaders to:

» Revise and reauthorize the *Violence Against Women Act* (VAWA) to eliminate barriers to providing women with services that are trauma-informed, empowering, survivor-informed, and research informed. VAWA should be modified to allow such research as part of the Office of Violence Against Women (OVW) grant program.

» Support research to seek alternatives to current interventions, including under the OVW, the US Department of Health and Human Services, National Institutes of Health and the Agency for Children and Families.

» Enact the *Securing Urgent Resources Vital to Indian Victim Empowerment (SURVIVE) Act* (H.R. 1351 in the 116th Congress) to make grants to Native American tribes for programs and services for crime victims.

» Help reframe the idea of public safety to promote practices that resist abuse and oppression, encourage the empowerment of women, and support safety and accountability. These would include decriminalizing victim survival by addressing such policies as mandatory arrest and failure to protect.

» Invest in research studying safe alternatives to incarceration for the perpetrators of violence such as mediation, restorative practices, and counseling and to identify alternatives to current interventions, especially for women of color.

» Increase funding for Grants to Support Families in the Justice System.

» Enact gun violence prevention measures.

ADVANCE LONG AND PRODUCTIVE **LIVES**

The rapid aging of the U.S. population presents opportunities for all generations. The experiences and contributions of older adults benefit all of us and strengthen our communities. At the same time, as much of the U.S. population lives longer, healthier lives, many of us are affected by physical illness and disability and lack the economic security to meet our basic needs. Health and economic disparities related to race, ethnicity, gender, gender identity, and sexual orientation often have a cumulative effect in later life. Ageism impedes full participation within the paid workforce, volunteer workforce, and other aspects of community life.

All of us should have universal, equitable access to affordable, comprehensive, high-quality health care (including for mental health and substance use) and long-term services and supports (LTSS, which include accessible housing and transportation) as we age. Federal leadership and investment in enhancing and creating such systems will help all of us to maximize our dignity, health, and independence as we age. Such leadership will not only enable us to remain engaged in our communities—thereby reducing the occurrence or severity of elder abuse, neglect, and exploitation and of mental health and substance use disorders—but will also foster economic security in later life.

The social work profession is an integral component of the support structure for older adults and families. At the micro level, gerontological social workers support the goals and strengths of older adults and families through various modalities, such as care coordination, options counseling, caregiver support, health education, and psychotherapy. Furthermore, social workers serve older adults and families in the public, nonprofit, and for-profit sectors and throughout all levels of the Aging Network (local, state, national, and Tribal Nations), including in Area Agencies on Aging and other community-based social service organizations as well as numerous health, behavioral health and other settings. By working together, the social work profession, NASW, and the federal government can create a society in which older adults and people of all ages thrive.

NASW calls on national leaders to:

» Support reauthorization of the *Elder Justice Act* (EJA), full funding for all programs authorized by the EJA (including the creation of a multi-stakeholder Advisory Board on Elder Abuse, Neglect, and Exploitation), and increased funding for Adult Protective Services, the State Long-Term Care Ombudsman Program, and the Social Services Block Grant.

» Preserve the integrity of original Medicare and reject proposals to change Medicare from a defined benefit program to a defined contribution program, to privatize the program further, to raise the age of Medicare eligibility, or to shift additional costs to beneficiaries.

» Strengthen Medicare outreach and enrollment by equalizing promotion, enrollment, coverage, payment, and regulation between original Medicare and Medicare Advantage and by providing sufficient, sustainable funding to Medicare State Health Insurance Assistance Programs.

» Enforce Medicare beneficiary access to the full scope of Medicare home health services, including medical social services.

» Make permanent Money Follows the Person and protections against spousal impoverishment for individuals who use Medicaid-funded home and community-based services and increase the income threshold and eliminate the asset eligibility test for Medicare Savings Programs and the Part D Low-Income Subsidy program.

» Pass the *Improving Access to Mental Health Act* (S.782/H.R. 1533 in the 116th Congress) which enables Medicare beneficiaries to access two types of services from independent clinical social workers under Medicare Part B: (a) Health and Behavior Assessment and Intervention services, which help beneficiaries with emotional and psychosocial concerns that arise because of a physical condition and (b) discretionary mental health services while simultaneously using skilled nursing facility benefits under Part A.

» Within long-term care facilities, improve the ratio of residents to social services staff and strengthen the personnel qualifications of social services staff to a minimum of a baccalaureate degree in social work (without substitutions).

» Support development of an equitable, universal social insurance financing system that provides comprehensive, affordable, high-quality long-term services and supports that enable people with disabilities and older adults to maintain maximal quality of life in their setting of choice.

ERADICATE SOCIAL ISOLATION

Social isolation is a silent killer— as dangerous to health as smoking. National and global health organizations have underscored the hidden, deadly, and pervasive hazards stemming from loneliness and social isolation. People with disabilities and older adults (along with family care partners) are at particular risk for loneliness and social isolation, and this risk is exacerbated by public health emergencies such as COVID-19 and natural disasters. Our challenge is to educate the public on this dual health hazard, support health and human service professionals in addressing loneliness and social isolation, and promote policies that deepen social connections and community for people of all ages.

NASW calls on national leaders to:

» Provide funding and promote infrastructure support to help communities become livable (including age friendly) for all abilities across the life span.

» Rescind the Healthy Adult Opportunity Initiative, which could (among other harms) decrease access to home and community-based services (HCBS) for people with disabilities and older adults by allowing states to implement block grants and per-capita caps.

» Incorporate the contributions of and increase support for the current Aging and Disabilities Networks, many of which provide services and supports to prevent and mitigate social isolation.

» Advance the new authorities provided in the recently reauthorized Older Americans Act and promote future budget requests to bring those proposals, including programming to reduce social isolation, to fruition.

» Bolster resources for federal programs that serve family caregivers and people living with Alzheimer's disease or other forms of dementia and/or paralysis, traumatic brain injury, limb loss or difference.

» Create a new HCBS innovation fund to help states and other jurisdictions test innovative, evidence-based HCBS models that could enable people with disabilities and older adults to remain engaged in their communities.

» Augment resources to integrate community-based services within HUD Section 202 housing for older adults.

» Support legislation, such as the *ACCESS Act* (S. 3517/H.R. 6487 in the 116th Congress), to enhance nursing home residents' access to telecommunications devices and the Internet.

» Implement other interventions to mitigate loneliness and social isolation of nursing home residents in an ongoing manner.

END **HOMELESSNESS**

BACKGROUND

On any given night, there more than a half million people in the United States who experience homelessness. Of that number, more than 50,000 are family households. About 17 percent of the homeless population are considered chronically homeless individuals (National Alliance to End Homelessness, 2020). Periods of homelessness often have serious and lasting effects on personal development, health, and well-being.

The generally accepted definition of housing affordability is no more than 30 percent of monthly income going toward housing costs. Families or individuals who pay more than 30 percent of their income for housing are considered "cost burdened" and can have difficulty affording necessities such as food, clothing, transportation, medical care, and saving for the future. Almost half of renter households and 21 percent of owner households are cost burdened, with Latino and Black households experiencing higher cost burdens (Joint Center for Housing Studies of Harvard University, 2020).

This situation is further concerning when we consider that the multigenerational households that are overcrowded spaces are vectors for the spread of COVID-19. Given that the COVID-related economic crisis will likely continue to lead to high eviction rates, the number of homeless families and individuals increases.

The physical environment of most homeless shelters makes those in poor health and those with disabling conditions susceptible to the COVID-19 virus. However, it is the combination of the following characteristics that makes this a high-risk group:

» **Poor health:** High rates of chronic medical conditions, behavioral health conditions, infectious illnesses, acute illnesses, and exposure to elements (e.g. hypothermia, violence).

» **Large congregate settings:** Shelters, public transportation, soup kitchens, health clinics and many other service venues where this population receives care are large, crowded congregate settings.

» **An aging population:** Many people experiencing homelessness are older, have limited mobility, and have even higher rates of poor health.

COVID-19 HOUSING CRISIS

The COVID-19 pandemic has exacerbated the crisis of housing insecurity and homelessness. Nationally the rental market is beginning to see the culmination of what many experts have predicted—namely, the ever-growing number of renters who have lost their jobs due to COVID-19. Even worse, the national rental industry is in danger of collapsing because of non-payments of rent. A second crisis is therefore anticipated due to the loss of real estate tax revenue to municipalities, resulting in cuts to the budgets of counties, cities, and school districts.

Our nation may be facing the most severe housing crisis in its history. In the absence of robust and swift intervention, an estimated 30 million to 40 million people in America could be at risk of

eviction in the next several months (The Aspen Institute, 2020). Many property owners, who lack the credit or financial ability to cover rental payment in arrears, will struggle to pay their mortgages and property taxes and maintain properties. The COVID-19 housing crisis has sharply increased the risk of foreclosure and bankruptcy, especially among small property owners; long-term harm to renter families and individuals; disruption of the affordable housing market; and destabilization of communities across the country.

Given that pandemic-driven job losses are exacerbated by the recent expiration of pandemic unemployment benefits, coupled with 2020 delays in the provision of relief packages, unemployed renters are at an even greater risk of financial crises leading to eviction.

The National Low-Income Housing Coalition (2021) estimates that Congress must allocate at least $100 billion in emergency rental assistance to stave off evictions and possible homelessness.

RACIAL DISPARITIES AND IMPACTS

COVID-19 struck when 20.8 million renter households (47.5 percent of all renter households) were already cost-burdened, according to 2018 numbers. The pandemic has placed even greater numbers of people at risk of displacement for the first time in their lives. The situation has been particularly dire for Black and Latino households, which are disproportionately affected by job loss and infection rates. Racial and economic inequities are deeply rooted in housing segregation and discrimination. Presently, 25 percent of African American families and more than 16 percent of Hispanic families live in neighborhoods of concentrated poverty compared

with only 7 percent of white families (Opportunity Starts at Home, 2020). The Aspen Institute (2020) further finds that:

» Communities of color are twice as likely to be renters and are disproportionately likely to be low-income households that carry a high rental cost burden.

» People of color, particularly Black and Latinx populations, constitute approximately 80 percent of people at risk of eviction.

» Black households are more than twice as likely as white households to be evicted.

» A recent analysis in Milwaukee found that women from Black neighborhoods made up only 9.6 percent of the city's population but accounted for 30 percent of evicted tenants.

The Centers for Disease Control in 2020 issued an order to temporarily halt residential evictions in order to prevent the further spread of COVID-19. This rent moratorium has been extended through January 31, 2021. Given the scope of the pandemic, further extensions will be necessary.

NASW calls on national leaders to:

» **Protect and expand the national Housing Trust Fund.**

» **Sustain Housing First as a primary policy objective.**

» **Prioritize employment initiatives targeted to homeless people.**

» **Preserve and increase resources for federal affordable housing programs.**

» **Ensure protections for low-income renters.**

» **Promote equitable access to affordable housing and opportunity.**

CREATE SOCIAL RESPONSES TO A **CHANGING ENVIRONMENT**

Health and medical experts agree – climate change is one of the greatest threats to human health, mental health and societal well-being that the world has ever faced. Climate impacts – from hurricanes and wildfires to sea level rise and drought – are affecting the health and safety of millions of people in the U.S., and threatening the air, water, food, and shelter we depend on for our survival. The health and mental health impacts of climate change and climate pollution also damage our economy. The toll on our health and economy continues to rise as we delay action.

Climate change is exacerbating stark and persistent health inequities. Children and pregnant women, economically fragile individuals, older adults, people with disabilities and chronic illnesses, communities of color, Indigenous people and tribal communities, immigrants, the unsheltered, outdoor workers, and communities affected by a history of disinvestment and systemic racism are disproportionately harmed by climate pollution and climate change.

NASW calls on national leaders to:

» Declare the climate crisis a health emergency and elevate it as a top priority of the U.S. Department of Health and Human Services and establish an Office of Climate and Health Equity in the Secretary's office.

» Integrate health, mental health and health equity in all climate policies across the federal government.

» Pass *Environmental Justice for All Act* (S. 4401/H.R. 5986 in 116th Congress) or similar legislation to address the disproportionate adverse human health or environmental effects of federal laws or programs on communities of color, low-income communities, or tribal and indigenous communities.

» Invest in the infrastructure needed to enable individuals and communities to be climate-ready and mentally resilient, including but not limited to the Center for Disease Control's Climate and Health Program.

» Re-enter the United States in the Paris Agreement and enact ambitious measures to advance the agreement's goals of limiting global warming, including through dramatic reductions in greenhouse gas emissions.

» Ensure that COVID-19 economic recovery efforts include measures aimed at shifting the US economy away from reliance on fossil fuels and toward cleaner sources of energy.

» Reverse regulatory rollbacks and adopt robust protections against environmental harms.

HARNESS TECHNOLOGY FOR
SOCIAL GOOD

Innovative applications of new digital technology present opportunities for social and human services to reach more people with greater impact on our most vexing social problems. These new technologies can be deployed in order to more strategically target social spending, speed up the development of effective programs and interventions and bring a wider array of help to more individuals and communities.

NASW calls on national leaders to:

» Make telehealth expansion under COVID-19 permanent including removing geographic or site restrictions, allowing the use of audio-only devices and ensuring parity in payment with in-person service payment rates.

» Expand internet connectivity for underserved households.

» Unlock government data to drive solutions to social problems by promoting the accessibility and mining across agencies of administrative records.

Grand Challenges for Social Work

ELIMINATE **RACISM**

Racism impacts people of color in nearly every facet of their lives from where they live, to where they go to school and work, to where they shop and feel safe. Racism and its legacies are at the root of the conditions in today's communities of color that drive disproportionately poor health and mental health outcomes.

NASW's broad-based commitment to social justice incorporates diverse groups who historically were or currently are oppressed, underserved and under-represented. As social workers, we believe that corrective action is essential to abate long-standing inequities associated with systemic discriminatory practices. We assert, as a profession, that any intolerance is unacceptable and diminishes individual self-worth and exacerbates divisiveness. Building a more inclusive society and rooting out the inequities so deeply embedded in our history and institutions will require sustained multifaceted commitment by individuals, organizations, communities, and our nation's leaders. Our leaders must listen attentively to and believe the experience of those who suffer most from discrimination and oppression to learn about and acknowledge how our policies and institutions contribute to and perpetuate oppression. Our leaders (with support of the general public) must transform their understanding of the system of oppression and the factors that keep it in place and take actions that make our society more equitable and inclusive for all people.

A half-century after the civil rights movement's hard-earned victories in the face of widespread opposition, racial disparities continue. Racial and ethnic discrimination, as exemplified by police brutality, remain persistent and pervasive problems. The evidence of institutional racism is undeniable and overwhelming, as outlined in numerous issue areas of this Blueprint. Among other things:

» In 2019, 24 percent of American Indian/Alaska Native, 21 percent of African Americans and 17 percent of Hispanic Americans were poor, compared with 9 percent of whites (Kaiser Family Foundation, 2021).

» The unemployment rate has been persistently higher for American Indian/Alaska Native, Black American and Hispanic Americans than whites (Center for American Progress, 2021).

» Compared with their white counterparts, African Americans' life expectancy is approximately five years lower (Arias, 2016).

» African American students account for 19 percent of preschool enrollment, but they represent 47 percent of students who have been suspended one or more times (U.S. Department of Education, 2016).

Racial inequalities persist at an institutional level and remain closely related to economic and educational disadvantages. Disadvantages that are disproportionately borne by African Americans and other people of color, largely due to centuries-old institutions of racial oppression, have received insufficient structural redress. As a nation, we must commit to transforming the entrenched systems that obstruct progress toward racial equality. Building a more racially just society

requires specific actions aimed at increasing diversity and promoting respect for our differences. Our nation's leaders must embrace an authentic dialogue about how contemporary racism operates, including how implicit bias works and how it might be intentionally overridden. In our efforts to build a culture of acceptance and mutual respect, instances of racism and discrimination must be recognized, taken seriously, and addressed directly.

NASW calls on national leaders to:

» Support establishment of a presidential task force and federal funding for state and local efforts to address racism as a public health crisis.

» Revoke the Executive Order Combating Race and Sex Stereotyping limiting diversity training.

» Pass the *COVID-19 Bias and Anti-Racism Training Act* (S. 4248 in 116th Congress).

» Pass the *Anti-Racism in Public Health Act* (S. 4533/H.R. 8178 in 116th Congress).

» Pass the *Establish Commission to Study and Develop Reparation Proposals for African Americans Act* (H.R. in the 116th Congress).

» Pass legislation making lynching a civil rights violation.

» Include Tribal Nations in federal funding allocations under the *Social Services Block Grant, the Elder Justice Act*, and other federal programs.

» Convene a task force to gather data on racial and ethnic disparities in nursing homes and to provide recommendations to federal, Tribal, state, and local policymakers on strategies to reduce such disparities.

» Require anti-bias training for funding for state and local law enforcement grants.

» Pass the *Commission on the Social Status of Black Men and Boys Act* (S. 2163/H.R. 1636 in 116th Congress) to establish a commission within the U.S. Commission on Civil Rights to make a systematic study of the conditions that affect Black men and boys.

Additional recommendations throughout this Blueprint also address racism.

BUILD **FINANCIAL CAPABILITY** AND ASSETS FOR ALL

Nearly half of all American households are financially insecure, without adequate savings to meet basic living expenses for three months. We can reduce economic hardship and the debilitating effects of poverty by adopting policies that bolster lifelong income generation and safe retirement accounts; expand workforce training and retraining; and provide financial education and access to high-quality and efficient financial services.

NASW calls on national leaders to:

» Enact a universal Child Development Account (CDA) policy that provides each newborn with an account to grow assets to be invested in education and family stability over a lifetime.

» Establish a federal "financial guidance for all" initiative to train every social worker and counselor to provide basic financial guidance and resources for millions of underserved families who are struggling financially.

» Ensure universal access to affordable banking and financial services by providing high-speed internet access to all, enforcing Bank On account standards, and supporting financial institutions that serve disadvantaged communities.

» Modify the federal tax code to allow low-income families to receive retirement, housing, and childcare tax benefits that currently go only to the non-poor.

» Streamline and automate delivery of public financial benefits including cash assistance, tax benefits, unemployment insurance, credit support, and any stimulus payments.

REDUCE EXTREME **ECONOMIC INEQUALITY**

Even before COVID-19, with record low rates of unemployment, there were clouds on the horizon: an unsustainable federal budget, slowing overall economic growth and increasing wealth and income inequality.

A persistent cycle of economic insecurity has ensnared working Americans for decades as they encounter the unpredictable events of social life and the economic risk inherent in our economy. Household economic insecurity is related to income volatility and the risk of downward mobility into poverty. Adverse events such as unemployment, family dissolution, or a health crisis commonly trigger income losses. Pre-COVID, 40 percent of adults, if faced with an unexpected expense of $400, would either not be able to cover it or would cover it by selling something or borrowing money (Bhutta et al., 2020).

Economic trends indicate widening economic injustice across the board, but it affects African Americans, Hispanic Americans and American Indian/Alaska Natives far worse than other racial groups. There are persistent, racialized wealth disparities. Black and Hispanic families have considerably less wealth than white families. Black families' median and mean wealth is less than 15 percent that of white families, at $24,100 and $142,500, respectively. Hispanic families' median and mean wealth is $36,100 and $165,500, respectively (Bhutta, Chang, Dettling, and Hsu, 2020).

Although women constitute 51 percent of the population of the United States, they experience continuing disparate treatment and a widening gender gap in earnings compared to their male counterparts. Household income varies dramatically and women and women-headed households are more likely to live in poverty. Violence against women is an ongoing challenge that can trigger income and food insecurity for women and their children.

Children continue to be the poorest age group in America. Overall, nearly 1 in 6 children lived in poverty in 2018. Children of color fare the worst, with 30 percent of Black children, almost 30 percent of American Indian/Alaska Native children and 25 percent of Hispanic children living in poverty, compared with 8 percent of white children (Children's Defense Fund, 2020). Poor children are more likely to have poor academic achievement, drop out of high school and later become unemployed, experience economic hardship and be involved in the criminal justice system (Children's Defense Fund, 2020).

Nearly 10 percent of adults 65 years and older live in poverty (Semega, Kollar, Shrider, & Creamer, 2020), and women—especially women of color—experience even higher rates of poverty than do men (Christ & Gronniger, 2018). However, the Elder Index™ reveals that half of older people who live alone and nearly one-quarter of two-older-adult households experience economic insecurity (Mutchler, Li, & Velasco Roldán, 2019), with even greater rates of economic insecurity among older people who are Asian, Black, and

Latino (Mutchler, Velasco Roldán, & Li, 2020). Moreover, food insecurity is a challenge for more than 7 percent of adults 60 years and older and for nearly 11 percent of adults ages 50 through 59 (Ziliak & Gundersen, 2020a, 2020b). Many older adults struggle with increasing housing and health care costs, inadequate nutrition, lack of access to transportation, diminished savings, and job loss. For most older adults, one major adverse life event can have ruinous effects.

Social Security mitigates poverty more than any other social program in the United States: In 2018, Social Security reduced poverty among adults 65 years and older by about 28 percent; among adults 18 through 64 years of age, by about 11 percent; and among children younger than 18, by about 16 percent (Romig, 2020). Without Social Security, nearly 40 percent of older adults, 15 percent of young and middle-aged adults, and 20 percent of children would live in poverty (Romig, 2020). Across age groups, exclusion of Social Security from household income would place a disproportionate impact on women and people of color (Romig, 2020). These numbers are even higher when the U.S. Census Bureau's Supplemental Poverty Measure is applied (Romig, 2020; U.S. Census Bureau, 2017).

NASW calls on national leaders to:

» Implement a multifaceted approach to tackling poverty and creating economic stability that includes a review by each federal agency of the steps necessary to end poverty including investment in anti-poverty programs and policies.

» Include funds for expanding eligibility for SNAP benefits and rescind recent or pending SNAP regulations that would time limit, terminate, or weaken benefits.

» Increase the number of positions available through national service programs such as AmeriCorps, YouthBuild, and conservation corps.

» Pass legislation that immediately raises the national minimum wage to $15 per hour.

» Incentivize and support the development of minority-owned businesses.

» Strengthen Social Security by increasing survivor benefits for widowed spouses, benefits for retirees who have been collecting Social Security for 20 years or more, and SSI benefits, as well as by instituting credits for family caregivers and adopting the Consumer Price Index for the Elderly (CPI-E) in calculating Social Security's annual cost-of-living allowance.

» Mitigate the damage done by *Gross v. FBL Financial Services, Inc.*, by supporting enactment of legislation to restore the standard of proof in age discrimination cases to the pre-2009 level, to treat age discrimination with the same severity as other forms of employment discrimination, and to amend the *Age Discrimination in Employment Act*, the *Rehabilitation Act of 1973*, and the Title VII retaliation provision within the *Americans with Disabilities Act*.

» Provide increased funding for the Senior Community Service Employment Program.

» Reform the hiring process across employment settings to prevent age discrimination, such as by enacting the *Protect Older Job Applicants Act* (H.R. 8381 in the 116th Congress).

» Restore the fiduciary rule as it was originally implemented by the Obama Administration.

» Institute credits toward Social Security for people who must leave the paid workforce to care for a family member with an illness, disability, or injury.

» Protect borrowers from predatory lenders by reversing deregulation of payday lenders and introducing protections such as a cap on interest rates, restrictions on abusive debt collectors, protections against financial scams, and expanded debt relief.

» Enact the *Family and Medical Insurance Leave (FAMILY) Act* (H.R. 1185/S. 463) to create a national paid family and medical leave insurance program.

» Implement a comprehensive tax strategy including higher top marginal income tax rates, higher taxes on estates or inheritance, and/or a direct tax on wealth.

» Modify the tax codes to ensure that big businesses pay a reasonable, equitable tax rate on their annual revenues. Eliminate tax loopholes that allow major multinational businesses to pay zero taxes or even receive a tax refund. Increase the minimum amount of earnings that are exempt from taxes.

» Shift federal tax subsidies toward wealth-building programs for low-wealth people, particularly those of color.

» Provide low- or no-cost community college and increased access to public universities.

» Improve and expand the nation's digital infrastructure to facilitate communication and service access for all, especially for students, low-income individuals, Indigenous communities and rural areas.

» Close the gender pay gap.

ACHIEVE EQUAL OPPORTUNITY AND JUSTICE

In the United States, some groups of people have long been consigned to society's margins. Historic and current prejudice and injustice bar access to civil and human rights. Addressing racial and social injustices, deconstructing stereotypes, dismantling inequality, exposing unfair practices and accepting the super diversity of the population will advance this challenge. All of these actions are critical to fostering a successful society.

CONTINUE TO REFORM THE CRIMINAL LEGAL JUSTICE SYSTEM AND PROMOTE SMART DECARCERATION

The United States has the largest prison population of any developed country in the world, with almost 2.2 million people in prison or jail. In addition, more than 4.5 million people are on probation or parole; and more than 70 million people have conviction histories that subject them to lifelong collateral consequences (The Sentencing Project, 2020). People of color make up 37 percent of the U.S. population but 67 percent of the prison population. Further, one out of every three Black men and one out of every six Hispanic men is incarcerated at some point during his lifetime, compared with 1 in 17 white men (The Sentencing Project, 2020).

The high incarceration rate for communities of color in this country means that there is an equally high arrest rate that is caused by overcriminalization and racial profiling. It also means that there are far too many encounters between police and members of Black, Brown and Native communities, many of which involve use of force. Mass incarceration has impacted individuals and families across the nation but has had a markedly disproportionate impact on those who are low-income, undereducated, nonviolent people of color with drug convictions.

The most glaring example is the 2020 murder of George Floyd at the hands of police. The murder of Mr. Floyd and many other Black and Brown people reinforced the indisputable fact that the excessive force by law enforcement is an unmitigated crisis. It also exposed the undeniable reality of systemic racism in policing and in other sectors of the nation's criminal legal system. Moreover, it exposed the crisis of overcriminalization and how an excessive reliance on punitive enforcement feeds the problem of mass incarceration. Discrimination based on race and a criminal record can all but disqualify these Black men and women from housing, education, or employment and in some places can permanently bar them from voting.

Mandatory minimum penalties continue to have a significant impact on the size and composition of the federal prison population. Almost half of federal inmates are drug offenders. Among drug offenders in federal prison, almost 75 percent were convicted of an offense carrying a mandatory minimum penalty, and more than half remained subject to that penalty at sentencing

(U.S. Sentencing Commission, 2017). Mandatory minimums have been used against minority defendants at a staggeringly disproportionate rate. Hispanic people accounted for 40 percent of those convicted with an offense carrying a drug mandatory minimum, and Black people accounted for almost 30 percent (U.S. Sentencing Commission, 2017).

The administration and Congress must act to accelerate an end to systemic racism in policing and throughout the legal justice and carceral system. There is also an urgent need for continued comprehensive reforms of these systems so they ensure equal justice for all.

NASW calls on national leaders to:

» Advance policing reform, including passing the *George Floyd Justice in Policing Act* (S. 3912/H.R. 7120, lead House sponsor social worker Rep. Karen Bass) and similar legislation to create national use of force standards, increase police accountability, and incentivize culture change in policing.

» Pass the *Community-Based Response Act* (S. 4791/H.R. 8474 in the 116th Congress) which provides a grant program that would improve our emergency response capabilities by deploying social workers as first responders in lieu of police.

» Implement broad-based diversion efforts across the continuum of sequential intercepts for people with mental health and/or substance use disorder to prevent arrest and incarceration.

» Require law enforcement receiving federal funding to train officers in recognizing signs and symptoms of mental health or substance use disorder as well as de-escalation models, with all having specialized training such as Crisis Intervention Team, Law Enforcement Assisted Diversion, and Mental Health First Aid.

» Advance sentencing reform to reduce the federal prison population, including drug law reform such as the *Marijuana Opportunity Reinvestment and Expungement (MORE) Act* (S. 2227/H.R. 3884 in the 116th Congress).

» Improve and fully fund *First Step Act* implementation.

» Expand the reach of federal expungement law.

» End the predatory system of cash bail.

» Incentivize community-led strategies to remedy inequities in law enforcement.

REFORM **IMMIGRATION POLICY**

A global humanitarian crisis is underway, with the largest number of people in transit since WWII. Since 2011, there has been a dramatic increase in arrivals of immigrants across the southern border, many of them Central American women with their minor children fleeing violence and economic peril. Despite being potentially eligible for a variety of relief options, immigrants have been apprehended and detained without access to legal due process, resulting in biopsychosocial impacts and trauma.

Immigrants, especially undocumented and/or child migrants are vulnerable to exploitation and human trafficking. Challenges faced by immigrants of color, the LGBTQ community, and other marginalized immigrant groups are often aggravated.

Nearly 1,000 policies attacking immigrants have been issued by the prior administration. These xenophobic policies are antithetical to the principles of our Constitution and must be rescinded.

The vast majority of Americans want to create an equitable way for undocumented immigrants living, working, and paying taxes in the U.S. to earn citizenship. Comprehensive immigration reform that centers human dignity, family unity, and community well-being must be a key priority for national leaders.

NASW calls on national leaders to:

» Reverse anti-immigrant policies including the Muslim ban.

» Immediately end the detention and criminalization of immigrant children and families, including an end to U.S. Immigration and Customs Enforcement (ICE) raids.

» Implement humane alternatives to individual, family and child detention in privately run and governmental detention facilities.

» Reunify the hundreds of children who remain separated from their families due to the previous administration's family separation policies.

» Relocate those currently detained in adult jails from congregate living facilities.

» Provide a reasonable and fair path to citizenship for Deferred Action for Childhood Arrivals (DACA).

» Amend the Public Charge Inadmissibility Rule.

» Create a path to permanent legal status for those immigrants who are full and contributing members of U.S. communities, raising families, paying taxes, and enriching society.

» Create a reasonable and fair path to citizenship for Temporary Protected Status (TPS) individuals and families.

» Elevate and respond to the concerns of Black immigrants.

» Implement comprehensive refugee resettlement programs to help integration into communities.

» Create an interagency coordinating body comprising the departments of Homeland Security (DHS), HHS, Justice (DOJ) and other departments that oversee services and polices that affect immigrants and refugees.

ADVANCE **POLITICAL JUSTICE**

Conservative politicians and advocacy groups have for many years made judicial nomination a number one priority for advancing their political objectives. The result of that effort is a federal courts system that is skewed in its political philosophy and racial make-up. The current lower federal court judges are young, highly ideological and do not reflect the modern United States. Of the 218 federal judges confirmed under the Trump administration, 75 percent are white and 83 percent are men (American Constitution Society, 2020).

Our courts are overwhelmed because, while their dockets continue to swell, no judgeships have been added since the 1990s. The overwhelmed lower courts have led judges to create procedural hurdles and substantive law that keeps civil rights plaintiffs—and particularly plaintiffs bringing employment disputes—out of federal court.

The Voting Rights Act of 1965 was gutted by the Supreme Court in 2013, rendering it essentially useless. Since that court decision, there has been a concerted effort by many states to suppress the votes of Black and Brown people using unreasonable voter ID laws, massive purges of eligible Black voters from voting rolls, and limiting voting places in heavily Black and Brown districts. In addition, gerrymandering, and unregulated excessive "dark money" – where political groups spend money to influence elections without having to disclose the names of donors—contribute to an increasingly inequitable voting system that favors the rich and powerful.

NASW calls on national leaders to:

» Add judgeships to the federal district and circuit courts, increasing the number of judgeships for each circuit and district according to population growth, especially for the 5th through 8th Circuits.

» Nominate federal judges who represent both the diversity of the nation and the professional diversity of attorneys. Nominate people of color, women, LGBTQ people, those with disabilities, immigrants, and those from various religious backgrounds. Prioritize nominating lawyers for judgeships who have represented labor unions, workers, consumers, immigrants, or civil rights plaintiffs.

» Rebalance the Supreme Court by adding associate justice seats and nominating individuals to those seats who reflect the diversity of the modern United States.

» Pass the *For the People Act* (S. 949/H.R. 1 in the 116th Congress) to expand Americans' access to the ballot box and reduce the influence of big money in politics.

» Pass the *John Lewis Voting Rights Act* (S. 4263 in the 116th Congress).

» Make Election Day a national holiday.

» Restore voting rights to formerly incarcerated citizens who have served their sentences.

PROTECT AND PROVIDE FOR
MALTREATED CHILDREN

More than 673,000 children experienced maltreatment in the form of abuse or neglect in 2018 (Children's Defense Fund, 2020). Children exposed to the trauma of abuse or neglect can suffer profound lifelong consequences. Research has directly linked childhood trauma to depression, anxiety, impulse control issues, greater likelihood of substance use and risky behaviors, increased susceptibility to heart disease and cancer and more. Trauma can also impact children on a biological level, delaying neural development, hindering the ability to manage stress (Children's Defense Fund, 2020). It is essential that children who experience trauma as a result of child abuse, neglect, and other acts of violence receive proper support and services.

More than 435,000 children were in foster care in 2018 (Children's Defense Fund, 2020). A high percentage are drawn into the foster system due to parental substance use (including opioids). Black children are overrepresented in foster care. In 20 states, the percent of the foster care population that is Black is two or more times the percent of the overall child population that is Black. Although more than 90 percent of children exit foster care to a permanent family—either by returning home to their family, being adopted, placed into guardianship or otherwise living with relatives—many foster children "aged out" of foster care without being connected to a permanent family in 2018 (Children's Defense Fund, 2020).

NASW calls on national leaders to:

» Reauthorize and increase funding for the *Child Abuse Prevention and Treatment Act* (CAPTA). Provide $270 million in state CAPTA grants and provide $270 million for the Community Based Child Abuse Prevention (CB-CAP) programs.

» Expand Title IV-E waivers and research demonstration projects to promote continuous improvement of child welfare services.

» Invest in hybrid income assistance and service programs that address the connection between poverty and child neglect.

» Oppose discrimination against LGBTQ applicants in the recruitment of foster and adoptive parents.

» Reject Medicaid block grants and instead de-link foster care funding from the 1996 Title IV-E Foster Care eligibility standard.

» Implement program guidance from the U.S. Department of Health and Human Services to implement the *Family First Prevention Services Act* to expand access of services for families post-reunification and Family Unification Program vouchers for children, youth, and families from the foster care system.

» Extend foster care to age 21 in all states.

» Protect LGBTQ foster youth from discrimination and conversion therapy.

SERVE AMERICA'S **VETERANS AND THEIR FAMILIES**

In 2019, 18.8 million men and women were veterans, accounting for about eight percent of the civilian non-institutional population age 18 and over (U.S. Bureau of Labor Statistics, 2020). A once declining veteran population is now increasing again and is in additional need of mental health treatment to address issues such as post-traumatic stress disorder, traumatic brain injury, depression, substance use disorder, domestic violence, and suicide.

In 2018, suicides among veterans occurred at a rate of 17 each day (U.S. Department of Veterans Affairs, 2020). Overall, from 2005 to 2018, the age- and sex-adjusted suicide rates among veterans were higher and rose faster than those among non-veteran U.S. adults, and older veterans face an even greater risk of suicide (U.S. Department of Veterans Affairs, 2020). Veterans returning home after multiple deployments are also facing challenges different from those of previous generations.

NASW calls on national leaders to:

» Fund the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS).

» Enhance outreach and support for exiting service members.

» Strengthen the network of community-based partnerships for veterans.

» Expand availability of emergency services for all veterans at Veterans Health Administration (VHA) sites.

» Ensure that veteran status is tracked across all health settings and that veterans and their families receive equitable access to and outcomes of care.

ADVANCE LGBTQ RIGHTS AND EQUALITY

Over the past decade, the nation has made unprecedented progress toward LGBTQ equality, including the nationwide legalization of same-sex marriage in 2015 by the U.S. Supreme Court. However, neither the federal government nor most states have explicit statutory nondiscrimination laws protecting people on the basis of sexual orientation and gender identity. LGBTQ people do not have full civil and statutory protection under the law as defined in Title VII of the Civil Rights Act of 1964.

Due to the lack of these policy safeguards, LGBTQ people continue to experience widespread discrimination, which impacts employment, housing, and access to education, among other things. More than 25 percent of LGBTQ respondents had experienced discrimination because of their sexual orientation or gender identity in the past year (Center for American Progress, 2020). Discrimination remains a widespread threat to LGBTQ people's well-being, health and economic security. In addition, they are disproportionately affected by violence, including intimate partner violence, hate crimes and bullying.

NASW calls on national leaders to:

» Pass the *Equality Act* (S. 788/H.R. 5 in the 116th Congress) prohibiting discrimination based on sex, sexual orientation, and gender identity in a wide variety of areas including public accommodations.

» Ban conversion therapy.

» Ensure implementation of *Bostock v. Clayton County* across federal agencies.

» Reverse the ban on transgender service in the military.

» Establish an interagency working group to address anti-transgender violence.

» Invest in programs to support LGBTQ youth who are homeless.

» Establish uniform data collection standards incorporating sexual orientation and gender identity into federal surveys.

» Reinstate the gender identity question within the *National Survey of Older Americans Act* (OAA) participants and enforce new OAA mandates for each State Unit on Aging and Area Agency on Aging to engage in outreach to LGBTQ older people and collect data on the needs of this group and the extent to which the entity meets those needs.

PROMOTE THE RIGHTS OF INDIVIDUALS WITH **DISABILITIES**

In the United States, 40.6 million people—or 12.6 percent of the total civilian non-institutionalized population—were living with a disability in 2018 (U.S. Census Bureau, 2020). People living with disabilities may experience particular challenges, and social workers have a significant history of working with and advocating for those living with disabilities, including physical, organic cognitive disorders, developmental delays, and mental illnesses. Although there has been tremendous progress over the past few decades to address issues of disability rights violations, due in large part to enactment of the ADA, this community still experiences barriers, discrimination, and a lack of access to the full benefits of society.

Essential to the well-being of people with disabilities is inclusion and satisfaction with societal community living. Successful community living occurs when people have independence, freedom of mobility, safety and security, affordable and accessible housing and transportation, and access to health care and long-term services and supports (National Council on Disability, 2011). When communities are not accessible, and community leaders are not educated on how to integrate and meet the needs of these individuals, people with disabilities often become socially isolated.

There are 4.1 million parents with disabilities raising children under the age of 18 in their homes (National Council on Disability, 2011). These parents might face obstacles in creating or maintaining families. If a person with a disability wants to become a parent but requires assisted reproductive technologies to achieve this goal, he or she might experience barriers to access. If a person with a disability does have a child, he or she may be met with discrimination within the child welfare system. Removal rates for parents with a psychiatric disability may be as high as 80 percent; the rate varies considerably between 40 percent to 80 percent if the parent has an intellectual disability (National Council on Disability, 2011). Parents with disabilities, and their families, need to be supported and protected in their fundamental right to have a family.

In 2018–19, the number of students ages 3–21 who received special education services under the Individuals with Disabilities Education Act (IDEA) was 7.1 million, or 14 percent of all public school students. Among students receiving special education services, 33 percent had specific learning disabilities (National Center for Education Statistics, 2020).

Individuals with disabilities may be discriminated against when searching for employment. The Bureau of Labor Statistics reported that for 2015 the unemployment rate for people with a disability was 10.7 percent compared with 5.1 percent for people without a disability (U.S. Department of Labor, 2016). Providing equal employment opportunities and access to vocational and

occupational supports in accessible environments for people with disabilities is a moral imperative that must be fulfilled.

NASW calls on national leaders to:

» Ensure that the principles and programs included in the *Americans with Disabilities Act* are fully realized.

» Fully fund the *Individuals with Disabilities Education Act* to ensure that all children with serious mental health conditions are enrolled in and offered the special education services they need to succeed academically.

» Ensure compliance with the Olmstead decision to prevent the unnecessary institutionalization of people with disabilities.

» Promote access to appropriate, comprehensive, and affordable health care for people with disabilities.

» Protect the parenting rights of people with disabilities and support parents with disabilities.

» Enhance educational services and employment opportunities.

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National Social Policy Coalitions in Which NASW Participates

Alliance to Advance Comprehensive Integrative Pain Management

American Academy of Addiction Psychiatry (Opioid Response Network and Providers Clinical Support System)

American College of Surgeons (ACS) Geriatric Surgery Verification (GSV) Program – Stakeholder Advisory Committee

Behavioral Health IT Coalition

C4 Events

Campaign for Tobacco-Free Kids Partners Coalition

CARF International Advisory Council

Center for Excellence in Assisted Living (CEAL) – Advisory Council

Children Thrive Action Network (CTAN)

Children's Defense Fund

Coalition for the Protection of Residents of Long-Term Care Facilities

Coalition on Human Needs

Coalition to End Violence Against Women and Girls Globally (GBV)

Coalition to Preserve Rehabilitation (CPR)

Criminal Justice Behavioral Health Working Group

Department of Homeland Security Blue Campaign – Human Trafficking – National Stakeholders

Eldercare Workforce Alliance (EWA) – Public Policy Committee

Families USA Big Tent

Families USA Medicaid Coalition

Family Equality/Every Child Deserves a Family

Friends of the National Institute on Aging (FoNIA)

Futures Without Violence National Conference – Steering Committee

Global Law Enforcement and Public Health Association

Health Resources Service Administrations Intimate Partner Violence and Women's Health – National Stakeholders

Jewish Federations of North America (JFNA) Center on Aging and Trauma – Review Committee

Jimmo Implementation Council

Leadership Council of Aging Organizations (LCAO)

Marijuana Justice Coalition

Medicare Oral Health Coalition

Mental Health Liaison Group

National Alliance of Specialized Instructional Support Personnel

National Center on Domestic Violence, Trauma & Mental Health – Stakeholders

National Center on Elder Abuse (NCEA) – Advisory Board

National Child Abuse Coalition

National Coalition Against Domestic Violence

National Coalition on Mental Health and Aging (NCMHA)

National Coalition to End Child Abuse Deaths

National Committee for Quality Assurance (NCQA) – Person-Driven Outcomes Advisory Committee

National Coresponders Consortium

National Criminal Justice Association

National Health Collaborative on Violence and Abuse

National Medicare Advocates Alliance

National Navigation Roundtable, American Cancer Society

National Network to End Domestic Violence

National Nursing Home Social Services Director Study – Advisory Board

National Nursing Home Social Work Network

National Partnership for Women and Families: Equal Pay

National Partnership for Women and Families: National Work and Family Coalition

National Partnership for Women and Families: Reproductive Health

Opportunity Starts at Home

Patient Access to Responsible Care Alliance

Police, Treatment, Community Coalition

Project THRIVE

Reframing Elder Abuse Advisory Committee

SAMHSA Technical Expert Panel for Treatment of Serious Mental Illness in Older Adults

Social Climate Leadership Group

Social Work & Health Care Group, National Coalition on Care Coordination

Social Work Long-Term Services and Supports (LTSS) Network

The Coalition to Preserve PSLF

The Immigration HUB (Amigos)

The Justice Roundtable

The Leadership Conference on Civil and Human Rights

Veterans Health Administration White Ribbon Campaign – Partner

Veterans Health Administrations Intimate Partner Violence Assistance Program – National Stakeholders

Violence Against Women Act (VAWA) Outreach Committee – Affiliates

CONTRIBUTORS

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NASW RESOURCES

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Join NASW's Advocacy Listserv to receive action alerts about our priority legislation in Congress and get involved with policy advocacy.
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View NASW's Social Justice Priorities:
socialworkers.org/Advocacy/Social-Justice

Learn about NASW's Political Action Committee, Political Action for Candidate Election (PACE):
socialworkers.org/Advocacy/PACE

Learn about NASW's Practice Priorities:
socialworkers.org/Practice
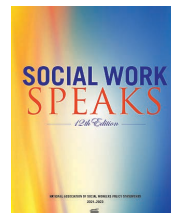
***Social Work Speaks* is a comprehensive and unabridged collection of policies adopted and revised by the NASW Delegate Assembly:**
naswpress.org/product/53653/
social-work-speaks-12th-edition

The NASW *Code of Ethics* is intended to serve as a guide to the everyday professional conduct of social workers.
socialworkers.org/About/Ethics/
Code-of-Ethics

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