



COUNCIL ON SOCIAL WORK EDUCATION

STRENGTHENING THE PROFESSION OF SOCIAL WORK

Leadership in Research, Career Advancement, and Education

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OFFICE OF THE
EXECUTIVE DIRECTOR

September 8, 2009

President Barack Obama
The White House
1600 Pennsylvania Avenue NW
Washington, DC 20500

Dear President Obama:

On behalf of the 3,000 individual members and 650 graduate and undergraduate programs of professional social work education comprising the Council on Social Work Education (CSWE), I am writing to urge your continued support for the inclusion of data collection programs aimed to eliminate health disparities as part of the White House's health care reform proposal. Adopting programs into health care reform that address the very serious problem of health inequities that exist in this country will reinforce the importance of reducing health disparities as a national priority.

Founded in 1952, CSWE is a nonprofit national association of educational and professional institutions, social welfare agencies, and private citizens and is recognized by the Council for Higher Education Accreditation (CHEA) as the sole accrediting agency for social work education in the United States. Social work education focuses students on leadership and direct practice roles helping individuals, families, groups, and communities by creating new opportunities that empower people to be productive, contributing members of society. Social work is an important component in establishing an effective health care workforce focused on eliminating health disparities in the United States.

CSWE's concern stems from a New York Times article that was published on September 3, 2009 entitled, "Obama Aides Aim to Simplify and Scale Back Health Bills." The article indicates the possibility that the White House could eliminate its proposal to require the creation of school-based health clinics that would "collect nationwide data on health and health care by race, sex, sexual orientation, and gender identity."

For the same reasons that implementing new Health IT programs are important for collecting data on biomedical diseases, data collection for behavioral health and health disparities is also imperative. Only with data collection can we track use and quality of care, and identify (both geographically and culturally) health inequities and proper intervention techniques. Furthermore, the Institute of Medicine (IOM) released its report, "Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement," on August 31, 2009. The report addresses the need to standardize data collection for race, ethnicity and language to ensure overall quality and promote equity in health care.

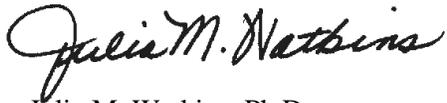
A focus on health disparities must be embedded throughout health care reform. The *Health Equity and Accountability Act of 2009* (H.R. 3090) strives to eliminate health disparities by utilizing social workers and other health professionals to help vulnerable populations navigate the health care system and gain a voice in meeting their health care needs. Meaningful health care reform requires a comprehensive approach focused on quality and access to services, as well as prevention as a trademark piece of public health for all citizens regardless of their circumstances.

For more information, visit www.CSWE.org or contact:

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Thank you for your leadership and efforts with regard to reforming the American health care system. We urge you to continue to support and include provisions for specific data collection needed to address health inequities as part of the final health care bill. CSWE looks forward to working with you on this issue and would be happy to serve as a further resource in the future.

Sincerely,

A handwritten signature in black ink that reads "Julia M. Watkins". The signature is written in a cursive style with a large initial 'J' and 'W'.

Julia M. Watkins, Ph.D.
Executive Director
Council on Social Work Education