



# WASHINGTON STATE NEWSLETTER

JULY 2013  
INDEPENDENCE EDITION

**SSWLHC ADVOCACY,  
PRIORITIES, ISSUES &  
ACTIVITIES**

- **UNIVERSITY OF WASHINGTON  
Gerontology Conference  
September 11-12, 2013  
"Working Together for Elder  
Friendly Futures  
Seattle, WA**
- **SSWLHC LEADERSHIP  
INSTITUTE INTENSIVE  
October 1 & 2, 2013  
Sheraton Philadelphia Downtown  
Hotel  
Philadelphia, PA**
- **SSWLHC 48th ANNUAL MEETING  
AND CONFERENCE  
October 2-5, 2013  
"Social Work: Essential to the  
Future of Health Care"  
Sheraton Philadelphia Downtown  
Hotel  
Philadelphia, Pennsylvania**

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## JENNY RUFF WINS 2013 SSWLHC SCHOLARSHIP



Jenny Ruff, MSWc, Winner  
2013 SSWLHC Scholarship

Jenny Ruff is the SSWLHC WA Chapter Scholarship winner for 2013. Jenny has a depth of experience in health related social service volunteer and paid activities that indicate a very strong interest in health care related activity.

Volunteer activities began with San Diego Hospice and Palliative Care in 2003. She subsequently earned her BA degree in Psychology in 2008 with placement as a Field Study Intern for WomenCARE in Soquel, CA..

Following graduation, she became a Community Health volunteer for African Impact in Llmuru and Nairobi, Kenya where she provided counseling to indigent HIV/AIDS clients and home visits to sick women of the Mukuru Slums. On her move to

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## WE DID IT!! SOCIAL WORK LICENSURE REFORM EFFECTIVE JULY 28, 2013

**By Angel Dawson, MSW, LICSW**

The Society for Social Work Leadership in Healthcare, Washington Chapter (SSWLHC, WA) has participated in a multi-year collaboration with the National Association of Social Workers, Washington Chapter (NASW, WA), Washington State Society for Clinical Social Work (WSSCSW) and other local stakeholder groups, that led to the proposal of House Bill 1213 revising the Social Worker Licensing regulations.

HB 1213 passed both the house and the Senate (as SB 5725) unanimously, and was signed by the Governor on 4/25/2013! SSWLHC believes these changes in licensure will support social workers, thereby enhancing the professional standard of care in our community.

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## Licensure Reform Effective 7/28/2013

### Continued from Page 1

The following changes to licensure are in effect as of July 28<sup>th</sup>, 2013:

**Broadens the types of practitioners who can supervise social work licensure candidates** from Licensed Independent Clinical Social Workers to also include Psychiatrists, Psychologists, and Psychiatric Nurses and ARNP's.

**Clarifies that new rules implemented after an application is submitted for full licensure do not apply retroactively.** "Only rules in effect on the date of submission of a completed application of an associate for her or his license shall apply. If the rules change after a completed application is submitted but not before a license is issued, such new rules shall not be a reason to deny the application."

**Allows six one-year renewals of associate licenses** (increasing from four). This extension will give social workers seven years to achieve full licensure (LICSW) after they have declared the path by obtaining an associate license.

**Clarifies the continuing education required of associated licensees** (36 hours every two years, six credits of which must be in professional ethics).

**Clarifies that continuing education in suicide assessment, treatment and management is required of associate licensees** (once every six years, may count towards continuing education).

**Clarifies ambiguous language about levels of licensure and the time required at the associate licensure level.** The existing section (RCW 18.225.090) states that an associate must have a "minimum of four thousand hours of experience, over a three year period...." This has been widely misinterpreted by licensure applicants and the Department of Health. The proposed amendment to the language is: "Applicants must be post-Masters for at least three years prior to being eligible for LICSW status. Applicants must also have a minimum of four thousand hours of supervised post masters experience." The language will now be changed to parallel the intent.

For additional information, Angel Dawson can be reached at: [angel3@uw.edu](mailto:angel3@uw.edu)

### To SSWLHC WA Chapter Members:

On 6/24/2013, CMS launched its public education campaign to educate Americans about the opportunities for health insurance coverage through the ACA. As trustworthy messengers, all social workers have an important role to play in this effort. You can download material from the CMS websites listed below and share them with your patients, their families and your institutions. (The link below will be sent to you via group email and is available on our web site.)

A note for those in pediatrics: Although many of your patients are enrolled in Medicaid, their parents may be uninsured. Uninsured parents will be able to enroll in the health insurance exchanges or Medicaid.

Open enrollment begins October 1st, so please spread the word.

Message from CMS:

Health insurance is changing in 2014--so we've updated HealthCare.gov<<http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTlwMTMwNjI0LjIwMzI5OTUxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDEzMDYyNC4yMDMyOTk1MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE2Nzc4NzlyJmVtYWIsaWQ9c2NvbGxpbnNAbmFzd2RjLm9yZyZ1c2VyaWQ9c2NvbGxpbnNAbmFzd2RjLm9yZyZmbD0mZXh0cmE9TXVsdGI2YXJpYXRISWQ9JiYm&&101&&http://www.healthcare.gov/>> to help consumers get ready for the Health Insurance Marketplace.

When open enrollment starts on October 1, 2013, consumers will be able to apply, compare plans, and enroll. Coverage starts as soon as January 1, 2014.

## PUBLIC HEALTH RESERVE CORPS (PHRC) INVITES SSWHC-WA CHAPTER MEMBERS TO SERVE AS DISASTER EMERGENCY VOLUNTEERS

**By Gloria Johnston, MSW**

Angel Dawson worked diligently to organize a social work specific new volunteer orientation, which was held on Friday March 29<sup>th</sup> from 3-5 pm at the Public Health building in downtown Seattle. The training had 14 enthusiastic social workers present and was led by David Nichols; the volunteer deployment program manager for the Public Health Reserve Corps (PHRC). The purpose of the New Volunteer Orientation is to provide a brief overview of the PHRC, complete registration paperwork and answer questions volunteers may have about the PHRC

**PHRC Mission:** The mission of the PHRC is to enhance Public Health's ability to respond to public health emergencies or disasters to limit injury, illness, suffering and death. During disasters and emergencies PHRC plays a major role. They do things such as: setting up, and running temporary field hospitals and medication centers where vaccinations and medications are dispensed. They also support mass care sheltering, conduct health screenings and providing information and support to the community

**Social Work Roles:** Some of the main Social Work specific roles identified as a need, during a disaster include: participating in a Family Assistance Center (FAC) or an Alternate Care Facility (ACF). An FAC is a secure facility which is made to serve as a centralized location to provide information and assistance mainly about those who are either missing or deceased. At an FAC, a PHRC social worker would primarily facilitate behavioral health services. Social workers could also help collect ante mortem data, assist with reception and family care teams and assist with family reunification.

An ACF is a non-traditional place to provide medical care outside of a hospital or long-term care

facility which is used to assist in a medical surge. An ACF is also used when evacuating patients from damaged or uninhabitable facilities. Patients who are near discharge, awaiting beds at other facilities, without any life threatening symptoms as well as those who are seeking palliative care would all be good candidates for an ACF during an emergency.

**Are you or someone you know interested in becoming a volunteer?** Currently, PHRC is recruiting for the following, licensed medical volunteer roles: Advanced Registered Nurse Practitioner, Licensed Practical Nurses and Licensed Vocational Nurse, Clinical Social Worker, EMT/Paramedic, Marriage and Family Therapist, Mental Health Counselor - Registered or Licensed, Pharmacist and Pharmacy Technician, Physician and Physician Assistant, Psychiatrist, Psychologist, Veterinarian, Vet Technician

**Previous Experiences:** During Hurricane Sandy the New York and New Jersey health departments called on more than 615 medical volunteers through organizations such as Massachusetts Reserve Corps (MRC), whose role is to provide public health and medical assistance to those in shelters and emergency departments. During the Boston Bombings the MRC supplied over 200 volunteers who provided psychological first aid to those in need. Rob Tosatto, Director of the Division of the Civilian Volunteer Medical Reserve Corps (DCVMRC) wrote, "as we reflect on, and recover from this event, I must stress the importance of the MRC remaining active and even increasing activity. In these types of large scale public events, MRC volunteers not only have the opportunity to hone their skills, work as a team and provide public service as part of first aid and medical sweep teams, but they become prepared, trained and in-place assets ready if needed for any possible response. MRC volunteers are

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## Supplemental Security Income (SSI) and Social Security Disability (SSD)

### Basics for Social Workers

By Amber Wade, MSW

The following is a simplified overview of social security information. Taking a continuing education course is recommended! SSI/SSD knowledge is powerful and can mean the difference between financial stability for clients.

**Social Security Disability (SSD)** is not dependent on financial need but on disability (except in the case of disabled children see #4). Think of SSD as tapping into your social security account early. Each working person pays into social security each month and can begin to collect from this fund at age 66. If you become disabled you start the payout early and it is based on how much and how long you have paid into it. You have to have worked at least 20/40 of the last pay quarters or 5/10 years. If your client hasn't worked in 6 years, they do not qualify for SSD. A person CAN actually be working so long as they aren't making more than \$1040/mo. from the work (if they are getting disability from insurance that doesn't count). However, the administration will use the working as proof that they could possibly work more. The client should be considered by a physician to be unable to work for at least 12 months. There is typically a 5 month waiting period that starts from the date of application. Denials are typically delivered 60% of the time and the appeal process begins. This is the time to get a lawyer. Lawyers are paid a percentage from the settlement. The settlement will be back pay to the date of initial application. Appeals can take months to years but is worth it. Note, some government employees such as Amtrak have their own disability/retirement plans and do not pay into social security.

**Supplemental Security Income (SSI)** is for disabled persons who did not work 20/40 quarters and/or whose SSD is less than \$1040/mo. Spouse income counts.

**Medicare** begins 2 years after being declared disabled by the social security administration. If the client has COBRA insurance from an employer and can afford to continue paying for COBRA out of pocket, they should continue with that plan until Medicare kicks in. Otherwise they can apply for Medicaid and will also have Medicare when it begins.

**For disabled children**, the family can only collect social security if the child is both disabled and the family makes less than \$1040/mo (number of people in the family raise this bar incrementally). **You should still file for disability with Social security for a disabled child even if you don't think**

**they qualify financially**, because they may be eligible for other programs. Once the child turns 18, they need to reapply for SSI, and the parent's income no longer matters and they will qualify for SSI at that time. The 18 year old will not collect SSD unless they have worked 20/40 quarters...

**Teri Flags : Terminally ill people are considered immediately qualified for SSD** (so long as they worked 20/40 quarters). You can help the client apply for SSD online and you should contact the local Social Security field office that serves the pt's area and get the fax number to send a letter from a physician certifying the patient's terminal status. You will need to assist with getting medical records and other items listed below. Many SS staff don't know all the rules. If the person on the phone gives you the run around, ask to speak to a disability supervisor who is familiar with the prioritization of cases. Mark down the day that you call/fax and with whom you have spoken. The day the information is received should be the day they are marked as approved, although the money won't come until they have completed the paperwork.

**Compassionate Allowances: Certain diagnoses are given expedited processing** (but not immediate) because they are likely to end in death. Those diagnoses are: <http://www.socialsecurity.gov/compassionateallowances/conditions.htm>.

#### What to do to help the client who thinks they may qualify:

Do the initial application online with them. Then gather all the medical records from all of the hospitals/agencies that have provided care. If there are school records/court records etc that help indicate a mental or physical disability, those are also helpful. Submit a psychosocial assessment with these items that provides a full picture of who the patient is and what they have been through. You are helping to build a case for this patient to receive lifelong help. The less work left for the Social Security Administration to do, the more quickly an application is considered. If you will continue to be working closely with this person, you can apply to receive correspondence about the case, with permission of the client, and can therefore ensure that all necessary documentation is sent in a timely way. Questions? See <http://assistdbtc.com/> and consider taking a course!

**At the request of the author, this corrected version of the article that appeared in the April 2013 Newsletter is printed. Amber Wade can be reached at: [izakbliss@gmail.com](mailto:izakbliss@gmail.com)**

## Healthcare Information Technology & Social Work: Health IT 101

**By Wei-Lin Huang, MSW**

As social workers in the healthcare field, working with electronic health records (EHR) is an essential part of our job. For some of us, we are still in the active process of implementing and adopting a new EHR system, while others are in the midst of improving their existing EHR system. In our workplace, we might hear portions of how the current health IT laws influence, or might influence, our EHR systems. But how do the seemingly ever-changing health IT regulations impact health social workers? How does it translate into our daily work?

Before delving into how health IT and its laws impact social workers, one must have some understanding of the current regulations and expectations of health IT. Thus, this first article will be an overview about health IT.

### Health Information Technology for Economic and Clinical Health Act (HITECH Act 2009)

Enacted under the American Recovery and Reinvestment Act of 2009, the HITECH Act (2009) expands and promotes health IT in order to improve healthcare quality, safety, and efficiency. The main focus of the HITECH Act is to ensure “meaningful use” of certified EHRs by providers to improve healthcare quality. The primary components of “meaningful use” are as follows: 1) EHRs must be used in a meaningful manner, 2) use of electronic exchange of health IT to improve quality of care, and 3) use of EHRs to submit statistics on clinical quality and other measures. “Meaningful use” of EHRs also sets the standards for Center for Medicare and Medicaid Services (CMS) incentive programs, which include categories such as improved care coordination, reduced health disparities, and engaging patient and family involvement in their healthcare. The specific measures and objectives that entail “meaningful use” will be further delineated and clarified in 3 phases, which ends in 2015. Thus, how “meaningful use” of EHR is measured is still evolving.

In order to achieve these standards set by the HITECH Act (2009), healthcare entities are expected to adopt some form of EHR by 2015. Otherwise, healthcare providers will be financially penalized by CMS. One of the main goals that will be focused on in the coming years is better care coordination between healthcare systems, instead of fragmented or often delayed communication between entities. Thus, there is a strong emphasis in developing and adopting a health information exchange (HIE) to mobilize healthcare information electronically across or within a region, community, or hospital systems. HIE provides a secure EHR platform for various healthcare providers within a region, state, county, or community to access and share patient information without having to fax or mail paper records. Through HIE, there will be greater ease in coordinating care between various healthcare providers, such as a patient’s primary care doctor, insurance company, and hospitals.

As can be seen, there is a concerted movement to improve healthcare safety, quality, and efficiency by improving the systems used by doctors, hospitals, and other healthcare entities to prevent medical errors, duplication of services, and increase coordination of care. As expectations and definitions for “meaningful use” of certified EHRs are still being written, we will need to be up-to-date about the current standards and how they will affect our work. In the next issue, how health IT standards impact social workers will be discussed further.

### Resources

Washington State HIE - OneHealthPort  
<http://uat-www.onehealthport.com/hieindex.php>

Meaningful Use - <http://www.healthit.gov/policy-researchers-implementers/meaningful-use>

Health IT site - <http://www.healthit.gov>

**Wei-Lin Huang, MSW is a UWMC inpatient social worker. She can be reached at: [weilinhuang@gmail.com](mailto:weilinhuang@gmail.com)**

## Spotlight on: **CAROL KUMMET, MSW**

### **Carol Kummet Wins UW Distinguished Staff Award!!!**

Carol Kummet, who recently won high praise for her presentation to the SSWLHC Washington State Chapter members at the March Vendor Fair, was honored this month as one of five recipients of the Distinguished Staff Award at the University of Washington. The award, which was established in 1997, “honors outstanding staff who contribute to the mission of their unit and the University, respond creatively to challenges, maintain the highest standards in their work, establish productive working relationships and promote a respectful and supportive workplace.”

Carol has been a member of the UW Medical Center’s Social Work & Care Coordination Program since 2010, serving the Palliative Care Service. Originating the role at UW, she sensitively and creatively integrated this unique social work role into an existing system. Carol helped to allow for an enriched Palliative Care Program as well as expanding the perception of the role of Social Work in health care. Carol not only assists patients and their families with palliative care decision-making, but also represents the concept of Palliative Care to patients, families and staff. While her work involves an extensive amount of education and staff support, Carol manages to balance the day-to-day with larger scale system improvements so that staff and providers can continue to work effectively in end-of-life care. She has initiated “life and death rounds” for medical providers, as an outlet to understand and manage the impacts of working with dying patients, and created “Tea for the Soul” and “Refresh and Reflect” staff support programs for nurses and other health care professionals on the units.

Carol also possesses the ability to recognize how a relatively small improvement can make a significant difference, as when she came up with the idea of providing dying patients with home-made quilts for their hospital beds. This not only helps the providers to identify the patient as “comfort care” but also personalizes what can be a very institutional setting for the patient and family. Carol regularly holds quilting bees with hospital volunteers to keep the quilts stocked.

#### **When Carol was asked what led her to this work, she replied:**

“I love being able to say that my 9th grade English teacher, Mrs. Hedine, was the one who pointed me toward end of life work. She knew I was a nursing assistant in my small town’s nursing home so she suggested I do my 9th grade term paper on death, dying, and hospice. She knew that at the nursing home I worked with many older adults who died and as a young teen I might need some way to emotionally process these deaths. In writing my term paper I learned about hospice but also the need to take care of yourself (professional resiliency) when you work with those who are dying and their bereaved family members.”

## DISTINGUISHED STAFF AWARD, CONT.

**When asked about whether Carol had any “words of wisdom” for new social workers, she reluctantly offered:**

“My words of wisdom for new social workers are to listen to Mrs. Hedine -- take care of yourself as you take care of others. As an English teacher she would appreciate that our work is all about people and people bring their stories with them. All of our clients could be characters in novels, telling their stories, writing their own autobiographies. So pay attention to your own grief when you hear the clients' stories of loss and sorrow. And remember that other clients' will have wonderful joyous stories which will be emotionally draining too. Figure out some ways that are affordable, accessible, and that you really will do as self-care practices that you begin now and use throughout your careers.”

Carol is the second social worker at UW Medical Center to have received the UW Distinguished Staff Award, and UWMC, as well as the social work community, is certainly benefiting from her presence.

***By Brian Giddens, Director,  
UWMC Social Work & Care Coordination Clinical,  
Professor, School of Social Work  
bgiddens@u.washington.edu***



## Congratulations Carol!

***Carol Kummet can be reached at:  
cmk9@u.washington.edu***

## STATE NEWS IN GUN CONTROL

### Sign the Ballot Initiative

By Sarah Crane O'Neill, MSW

Remember the incredible energy and momentum behind Referendum 74 to legalize gay marriage in Washington in 2012? Zach Silk, who managed that campaign, is back, along with scores of civic leaders and organizations, this time to ensure criminal background checks for all gun purchases in our state. The campaign is called the Washington Alliance for Gun Responsibility, and it was formed in January of this year. Their motivation was fueled all the more when the Senate rejected a bill in April that would have expanded background checks for gun purchases. "If the legislators won't lead," the Alliance's website read at the time, "the people will."

**State Initiative—Signatures Needed** Their goal is that Washingtonians will vote to approve this initiative, just as we did for Referendum 74. It would appear on the November 2014 ballot. But first, the Alliance needs over 325,000 signatures by January 4, 2014. If you are interested in signing the endorsement pledge or otherwise getting involved, go to <http://wagunresponsibility.org/>.

The Washington Alliance for Gun Responsibility asserts that although gun ownership should continue to be a basic right, "as a society we are responsible for keeping guns out of the hands of criminals and promoting solutions that reduce gun violence." As the law stands now, licensed gun sellers are required to run criminal background checks on all gun purchasers, but "private sellers," such as on the internet and at gun shows, do not have to issue criminal background checks. Law enforcement and public safety officials agree this hole in the law encourages illegal gun trafficking and gun purchases by people with criminal intent.

Information obtained from <http://wagunresponsibility.org>

***"Sarah Crane O'Neill is a freelance writer on various topics related to social work and nonprofits. She used to be a social worker at Amara. She can be reached at:***

***sarah.crane.oneill@gmail.com***

## PHRC Volunteer Opportunity, Cont.

remaining engaged, helping their community and filling an integral role to assist those in need, if crisis does occur."

**Interested in Volunteering???** If you are interested in learning more about the PHRC or becoming a volunteer you can visit the website:

<http://www.kingcounty.gov/healthservices/health/preparedness/phreservecorps.aspx>.

For more information please contact David Nichols at: [Dave@disasterdave.com](mailto:Dave@disasterdave.com) or by subscribing to his disaster preparedness blog at: <http://disasterdave.blogspot.com>

***Gloria Johnston is the 2012 SSWLHC Scholarship winner and is a 2013 graduate of the UW SSW. For further information, she can be reached at:*** :  
***gloriamjohnston@gmail.com***

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# Welcome New SSWLHC Board Members!

## Rachel Dieleman Elected President Elect

### Congratulations

to our newly elected SSWLHC President-Elect, **Rachel Dieleman**, and Secretary, **Nicole Matsunaga**! And thanks to all of you who took the time to vote. Rachel and Nicole have been active on the board this past year, so their transition to their new roles should be a smooth process.



Rachel Dieleman, SSWLHC  
-WA President-Elect



Nicole Matsunaga, MSW  
SSWLHC Secretary

**Continuing Ed Chair:** In addition to these newly elected positions, we also have some non-elected positions coming on to the board. **Carol Charles** from UW Medical Center is stepping up to become our first-ever Continuing Education Chair. The Board decided to remove the continuing education responsibilities from the role of the President-Elect because it is difficult to assume those responsibilities while learning the role of the President,

and one year in that role is just enough to figure out all the details involved in organizing continuing education. So the CE Chair is a two year commitment, and Carol will be overseeing a committee of members with the goal of creating relevant and interesting CE activities. In addition to Carol, we also have five new at-large board members.

**Kathryn Kay** from Skagit Valley Hospital, **Carole O'Brien**, our current board secretary, and

**Sandi Johnson** and **Gloria Johnston** from Swedish and **Amber Wade** from MultiCare will be contributing their expertise to the organization. Kathryn helps to represent a significant non-urban health care perspective, Sandi and Carole bring extensive history of the SSWLHC to the table, and Gloria is representing a maternal health perspective while Amber will chair the Policy Committee..

Other Board changes include current Board member **Tricia Matteson**, Membership chair role, which will now include social media activities, and of course, **Stacy Heinle** moving from President-Elect to President! **Stacia Fisher** continues on for her second year as Treasurer, **Jacqueline Durgin** remains as our incredibly valuable Communications Coordinator and **Angel Dawson** will continue working with the Policy committee, after a successful year helping to improve the social work licensing legislation. Angel will be transitioning chair of that committee to new Board Member and former Committee member, **Amber Wade**.

As for me, my time with the Board is coming to an end, after my latest three year stint. I have been involved with a lot of organizations over the years, but being part of the SSWLHC Washington Chapter has been one of the most enjoyable experiences. The energy of the group is at an all-time high, the people involved have much to offer, and the board dinners, hosted by our famed chef/member Sandi Johnson, made board meetings something to look forward to!

I encourage those of you not currently involved in the Washington Chapter of SSWLHC to consider taking part in a committee, attend one of our events, or give us some ideas as to what we can do to better help you in your in yOur professional work.. We are interested in your opinion to help us continue our growth.

By **Brian Giddens, MSW**, [bgiddens@uw.edu](mailto:bgiddens@uw.edu)

## JENNY RUFF WINS THE SSWLHC-WA CHAPTER SCHOLARSHIP

### *Continued from Page 1*

Washington in 2010, she became a Client Support Volunteer for Compassion and Choices of Washington.

Jenny's employment has followed in the same course as her volunteer work. She worked for organizations providing health care assistance, most recently with Compassion and Choices of Washington managing the daily operations of this nonprofit organization, providing intake, counseling clients on the use of advanced directives and the POLST form, and assisting with the development and distribution of Death with Dignity materials to physicians, pharmacists, social workers and nurses.

### **Jenny's personal statement follows:**

My longtime commitment and passion in health care social work has been with palliative and end-of-life care. I learned at an early age that death and serious illness are issues patients and their family members desperately want and need to talk about, but are not often supported or given the opportunity to do so. Through life experiences and volunteer work I began to understand that through open dialogue these subjects would become less taboo. My introduction to this field was in high school when I worked as a hospice respite care volunteer, providing caregiving for clients with issues ranging from dementia to COPD.

I continued this focus in college while studying the psychosocial aspects of health care, majoring in psychology and interning at a women's cancer support and resource center. That is where I learned about the difficulty and importance of bearing witness to women's stories. It was meaningful work that helped to shape my identity and focus my future career.

After college, I went on to volunteer at an HIV/AIDS clinic in Limuru, Kenya, where I was exposed to the chasms in global health that continue to devastate the continent. It is a heartbreaking reality, but one in which I

also witnessed the profound resilience and spirit of so many remarkable individuals

In 2010, shortly after I arrived in Washington, I became actively involved in the patient-centered care movement, with particular emphasis on the rights of individuals to access physician aid in dying. Initially, as a volunteer and now as the Program Coordinator for Compassion & Choices of Washington, I have the extraordinary opportunity to be an advocate for patient's rights; while working with physicians, social workers, and nurses to provide emotional support to individuals and their families who are dealing with complex and difficult situations. I have on several occasions been present with a person and their loved ones at the time of their dignified death. These experiences represent transformative moments in my life, and have helped to solidify my commitment to advocating for better care throughout a person's trajectory of illness.

This past year, I have taken an interdisciplinary ethics course in health care disparities; given a continuing education seminar on the Death with Dignity Act to the psych-oncology team from my practicum at the Swedish Cancer Institute; and written a research paper on the impacts of health care disparities on issues around social justice. In the fall, I will begin my advanced practicum with the palliative care team at the University of Washington Medical Center. Addressing issues around social justice in health care, especially at the end of life, is why I am dedicated to becoming a social worker, and why I am committed to building a career around advocating for patients rights and providing better care at the end of life."

Jenny is originally from San Diego and went to college in Santa Cruz, CA. where she received her BA in Psych. She lives in the Green Lake neighborhood with her partner, belongs to a book club and loves to read. She just returned from a two week camping road trip to Yosemite, Sequoia and the Redwoods. She states she is very excited to be connected to, and to begin contributing to, the WA Chapter.