



Social Work, Public Health, Community Medicine

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Abstract

The current article focuses on a triad. The components of the triad are 'Social Work', 'Public Health' & 'Community Medicine'. Health is a basic need through which any community's development is done. Through the concept of public health, the basics of Social Work (SW) are detailed out & commonalities are evolved.

On the other hand, under the umbrella of public health, the concept of community medicine emerged. There is actually bilateral traffic among the triad. The concept of social work & community medicine is closely interrelated in the domain of public health.

The article cites examples of community medicine through the lens of social work that are embedded in the context of public health. The article also aspires that the beginners of social science will be able to develop a comprehensive understanding of the triangle that comprises of the three branches of community development.

Keywords: Public Health, Social Work, Community Medicine, Triad.

Introduction

The ultimate goal of Social Worker (SW) is to optimize client functioning by providing quality services in the most efficient & effective manner to individuals with multiple complex needs.¹⁻³

Social Work (SW) is a practice based profession & an academic discipline that promotes social change & development. It also promotes social cohesion & empowerment & liberation of people. Principles of social justice, human rights, collective responsibility & respect for diversities are central to SW.¹⁻³

Social Work focuses on a different stage of the Client- SW relationship. The first one of these are 'outreach, referral, client identification & engagement', it is followed by 'bio-psychosocial & needs assessment'. The subsequent stages are 'service plan development', 'implementation of the service plan', 'co-ordination & monitoring of service delivery', 'client advocacy & access to resources', 're-assessment of the client's status' & 'case closure when services are no longer needed'.¹⁻³

The social work case manager has the responsibilities like 'assessing client needs, situations & support networks', 'helping patients adjust to major life changes including illnesses, unemployment, addiction & homelessness', 'referring

clients to social services such as food stamp & child care programs’, ‘responding to incidents of child abuse & mental health emergencies’, ‘counseling individuals & families’ & ‘maintaining detailed case files & client records’.¹⁻³

Following that, the important components of SW are ‘case management’, the SW worker should be a ‘case manager’, the SW worker has to adhere to ‘case management standards’, the SW worker has to adhere to ‘ethics & values’.¹⁻³

Regarding knowledge, the SW worker has to have ‘cultural & linguistic competence’, has to have skills like ‘service planning including implementation & monitoring’, other skills like ‘advocacy & leadership’ are also essential. Simultaneously, skills like ‘record keeping’ are also essential.¹⁻³

The SW worker needs to have key case management skills like ‘communication’, ‘interpersonal competencies’, ‘crisis intervention’, ‘patient counseling’ & finally ‘family counseling’.¹⁻³

Regarding the critical role SW, the role diversities include ‘promoting social welfare’, ‘help people from all backgrounds overcome the individual challenges they encounter’, ‘advocate for social & economic justice for members of diverse communities’. While playing all these diversified roles, the SW must ‘embody the social work code of ethics across all these roles’.¹⁻³

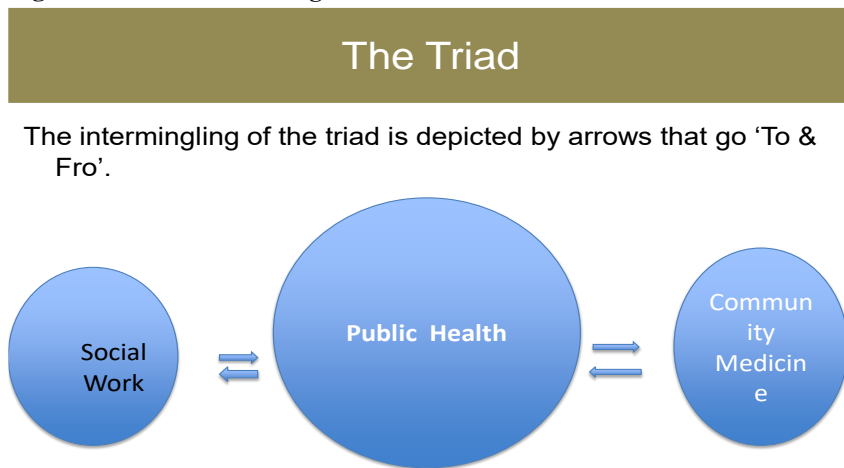
Social Workers create change in many ways. These include high system level change to the individual level. The system level change comes under the domain of ‘macro practice’ while the individual level change comes under the domain of ‘micro practice’.¹⁻³

There are a diverse range of agencies that employ social workers and the job descriptions for social workers vary greatly depending on where they work. Some examples of places that employ social workers are schools at all levels including higher education. Next in line are the Hospitals and health care agencies. This is followed by Government agencies at local level, state level & national level. The list also includes Veteran's Affairs (VA)/ Senior Citizens agencies and the armed forces. Next stake holders are agencies working for Community Development (CD) that also include outreach agencies. Further, county, state and national level legal agencies like courts, prisons, etc. are also the employers. Needless to say, the clinics and counseling agencies are also the sectors that employ SWs.¹⁻³

Some SWs are also self-employed in private practice as Licensed Clinical Social Workers (LCSW).¹⁻³

The Triad

Figure 1- The ‘Triad’ at a glance⁴⁻⁷



The intermingling of the triad is depicted by arrows that go ‘To & Fro’.

The above figure shows the intermingling nature of the triad. As health is a basic need that human beings have felt through generations, the concept of public health takes the centre stage. Emanating from the concept of public health, the concept of Social Work emerged gradually in the early 20th century. As the world saw the concept of SW through the lens of public health, the public health came under the domain of Social Sciences & not being exclusively under the lens of clinical or therapeutic approach. Subsequent to the application of public health under the domain of social sciences, the concept of Community Medicine emerged as a sub set of Community Health.⁴⁻⁷

While the concept of public health is the umbrella, one half of the umbrella is dominated by social work & the other half by community medicine. The concept of community medicine is the localized version of the application of public health in communities.⁴⁻⁷

Application

The following table gives a snapshot of the individuals as cross cutting stakeholders where the concepts of the triad are compared for various target groups.

Table 1- Cross Cutting areas among the triad¹⁻¹²

Target Individuals	Social work	Public Health	Community Medicine
Children and adolescents	As case managers through case management at individual, group at institutional level & community level	Maternal & Child Health programs & Adolescent related programs. In India, for example the Routine Immunization program in Child Health, School health through the Rashtriya Bal Swasthya Karyakram & the Rashtriya Kishore Swasthya Karyakram for adolescents.	In UP, a community based specific need is the Japanese Encephalitis vaccine in Eastern Uttar Pradesh. The needs of the adolescents also vary among regions in the state of Uttar Pradesh. Similar examples are Kala-Azar related interventions in the state of Bihar.
Individuals with disabilities	Interventions through the Social Welfare department or Social Empowerment department & related stakeholders at private, civil society & corporate levels	As an example, reconstructive surgeries are done on Leprosy patients through the National Leprosy Eradication Program. Advocate for Leprosy patient friendly policies & laws.	Provide Micro Cellular Rubber (MCR) slippers to Leprosy patients & focus on areas with high incidence rates as per the strategies designed.
Individuals who are experiencing poverty or homelessness	Interventions through social security measures like Public Distribution System, Mahatma Gandhi National Rural Employment Guarantee Scheme, Pradhan Mantri Garib Kalyan Yojana	Approach through the Multi Dimensional Poverty Index of National Institute for Transforming India Ayog (commission) where reduction of Child Mortality (CM) is a critical dimension	Link the household level to interventions like Integrated Child Development Scheme of Ministry of Women & Child Development, interventions of Panchayati Raj Institutions, nutrition & feeding related interventions like Ready to Use Therapeutic Food, Kitchen Gardens thus reducing Food Miles, interventions at Nutrition Rehabilitation Centres.
Medical Patients	Detailed case history & case management on non therapeutic issues.	Curative, Promotive, Preventive & Protective measures are prescribed through Standard Operating Procedures.	Design strategies as per the case whether it is communicable, non communicable, transmissible & routes of transmission
LGBTQ+ individuals	Treat them as third gender while making them inclusive in society to live life with dignity	Put up safety, protective, preventive measures for them as their sexual orientation is different & makes them high risk individuals	Awareness measures put up in various communities to make them inclusive in various groups in communities
Individuals struggling with addiction	The SW treats this phenomenon as a social evil & puts up efforts to get rid of this addiction & act as per the National Drugs & Psychotropic Substances Act.	De addiction centers put up as part of Institute of Social Defense of the Ministry of Social Justice & Empowerment	Household level & community level interventions like the Dawa & Dua project, Alcoholic Anonymous group.
Students	The SW deals with each case on merit basis for each student as each case is different from each other. Group interventions are also done t institutional level.	This group is addressed at institutional level through the Rashtriya Bal Swasthya Karyakram while looking for the 4Ds. These are Developmental delays, Defects at birth, Disease, Deficiency	This group is addressed through community groups like adolescent friendly groups both for adolescent boys & girls.
Individuals with mental health concerns	Help such persons while linking & referring them to the appropriate facilities as per the guidelines in the National Mental Health Program. Explore the promoters & obstructers of mental health	Provide psychiatric treatment, psychotherapy & counseling services as per the Standard Operating Procedures (SOP)	Community Mental Health Programs are implemented as per the guidelines at the level of Ayushman Arogya Mandir that are at the village level.
Refugees & immigrants	Social Workers work with the local government who are	Public Health interventions are carried out refugee camps &	Basic services like drinking water, sanitation, shelters, and food

	guided by the United Nations Human Rights Council guidelines & the refugees & migrant policy of each country	migrant camps where basic need like immunization services, feeding programs are carried out periodically.	distribution services are carried out in pockets of communities by Local Self Governance.
Aging Individuals	The SW works with the aging individuals at homes or at old age homes while linking them with the Ministry of Justice & Social Empowerment	Along with the support system at community level, the MOHFW & MOSJ&E operate the National Program for Health Care of the Elderly (NPHCE)	At the community level, domiciliary services are provided along with community level groups that support the elderly population
Couples & Families	The SW works with the couples & families on domestic issues & family planning issues. They also discuss on issues of Child Development	The issues of couples are primarily centered through family planning programs. Currently it is broadly under the Reproductive & Child Health issues.	At the community level,
Victims of violence or trauma	The victims of violence whether domestic or crime related needs to be supported medically & legally by the SW. Similarly, the trauma related cases need support not only during the trauma but also post trauma to avoid Post Trauma Stress Disorder.	The victims are given medical attention in co-ordination with the law related stake holders. Regarding trauma, the National Mental Health Program addresses their needs. Further, their needs are also especially catered through the trauma care centers on the high way. Psychotherapy & counseling needs are catered to address needs like Post Traumatic Stress Disorder.	At community level, victims of violence are integrated into the society through active support of family & community members. Similarly, if there is disability through trauma or violence, they are rehabilitated through proper channel & measures. These individuals are linked through the Local Self Governance (LSG) & the schemes of Ministry of Social Justice & Empowerment.
Individuals who are incarcerated or in the criminal justice system	The SW focuses on case by case while eliciting the cause & circumstances in which the crime took place. Following that, through the Criminology & Correctional Administration approaches, the case/s is/are addressed.	Through the public health approach, jails are also an institution where all the dimensions of health are addressed. The public health approach works in tandem with the law related stakeholders to prevent crime & correct cases related to each crime.	Once the individuals come out of the jails & live in the community, the community at large focuses on their active integration. Similarly, at house hold level the elders need to instill values in the future generations so that the crime incidents reduce in the community.
Veterans	The senior citizens are considered as a vulnerable group & the SW work in tandem with the health ministry & the social justice empowerment ministry guidelines. The Maintenance & Welfare of Parents & Senior Citizens Act is applied for all these modalities. Old Age Homes are one such intervention.	The public health approach focuses on veterans through the National Program for Health Care of the Elderly (NPHCE). The NPHCE cell at state, district levels are the care providing centers for veterans. Similarly in the public health facilities, Out Patient Door (OPD) & In Patient Door (IPD) facilities are also provided. Special hospitals only for the elderly are also managed by the private & corporate sectors.	At the community level, community based Self Help Groups, civil society organizations such as Help Age India & Corporate Social Responsibility arm of the corporate work in the vicinity of their operations for the welfare of the veterans. Recent example of inclusion of senior citizens who are above 75 years into the Ayushman Bharat Yojana is an example to support the community as the percentage of 65+ keeps increasing with change in demography.

Medicine & Community

A big component of Community Medicine is to elicit the medicines available at their level where they do not have to depend upon any health care provider or any stake holder. Using the life cycle approach, feeding the would-be mother foods depending upon the socio-economic status of the community is the first medicine. Next to follow is the 'Colostrum' that flows from the mother's breast for the first three days. The concept of Exclusive Breast Breastfeeding (EBF) in the first 6 months of life follows colostrums. Thereafter, the critical component of Infant & Young Child Feeding (IYCF) starts from the age of 6 months & lasts up to 2 years of age where home-made semi solid foods are to be given to the child along with gradual reduction of breast milk. This is weaning & the breast feed needs to stop entirely at the age of 2years.¹³⁻¹⁷

Besides these, the lifesaving solution in the form of Oral Rehydration Solution (ORS) is another tool that the community has in the form of a therapeutic intervention.¹³⁻¹⁷

These interventions are critical because they come once in a life time. Once the mother & family members miss the deadline, these events that are protective in nature do not come again in the life time of the mother & the child.¹³⁻¹⁷

Conclusion

The role of the Social Worker is to ensure the optimal use of the resources or medicines available at the community level while working for the target groups mentioned in the table.

Medicine by & large has evolved from the toxicology sciences & community medicine has evolved with the modalities like easy to use, availability, cost effectiveness while having no side effects.

The spreadsheet of community medicine can be further spread by including the AYUSH concept into the therapeutic domain at the community level. All these modalities can be worked out while integrating the triad of Social Work, Public Health & Community Medicine.

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Declaration

The lead author declares that the thought given here is only reflective in nature.

Conflict of Interest

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References

1. IFSW, global definition of social work, International Federation of Social Workers. <https://www.ifsw.org>
2. UoN, School of Social Work, University of Nevada, Las Vegas, United States. <https://www.univ.edu>socialwork>.
3. UoB, What is Social Work & What do social workers do? University at Buffalo, United States, <https://socialwork.buffalo.edu>
4. Davidson, Principles & Practice of Medicine, ELBS 16th Edition, Longman Group (FE) Limited, ISBN- 0-443-04482-1. 24th edition, 2023, Elsevier Limited, ISBN: 978-0-7020-8348-8.
5. Park JE, Park K, Text book of preventive & social medicine, 11th edition, 1987, M/s Banarasi Bhanot publishers, Jabalpur.
6. Singh M & Saini S, Conceptual Review of Preventive & Social Medicine, second edition 2019-2020, CBS publishers & distributors Pvt Ltd, ISBN-978-93-88725-84-2.
7. Tortora GJ: Sandra RJ, Principles of Anatomy & Physiology, 7th Edition, Harper Collins College Publishers, 1992, ISBN:0-06-046702.
8. GOI, MORD, NREGS, www.mord.gov.in
9. GOI, WCD, ICDS, www.icds.gov.in
10. GOI, MOHFW, NHM, www.nhm.gov.in
11. GOI, Social Welfare Programs, MOSJE, www.mosje.gov.in
12. GOI, NITI Ayog, MDPI, www.nitiayog.gov.in
13. GOI, MOHFW, IIPS, ICF.2021, NFHS 5 round, India, Volume 1, Mumbai, IIPS. www.nfhs.gov.in
14. Tripathy T et al., Nutritional Approaches in the First 1000 days of Life, Chapter 3, in: 'Causes & Management of Nutritional Deficiency Disorders', IGI Global, Medical Information Science Reference, United States,2024, ISBN:9798369329474(h/c), ISBN:9798369329481(eISBN).
15. Tripathy T et al., Nutrition: A reducer of U5 Morbidity & Mortality, Chapter 7th in: 'Public Health Nutrition', Volume 2, Helmand Books, New Delhi, 2024, ISBN: 978-93-93992-55-0.
16. Tripathy T et al., 'Warmth, Food & Security, Triad of Neonatal Care & Safety' in: 'Best Practices in Neonatal Care & Safety, edited by Dr. Rene Mauricio Barria, Published on 23.11.23. DOI:10.5772/intechopen.1003737.
17. Tripathy T et al., Discardation of first breast milk, pre-lacteal feeding of neo-nants & exclusive breast feeding of infants among Recently Delivered Women of UP, India in: Emerging trends in disease & health research, Volume 1, BP international, edition- Dec 2021, DOI: 10.9734/bpi/etdhr/V1/3053E.

