

Sustainable and healthy communities: The medical social work connection

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Abstract

Over the years, medical social work in Nigeria seems to have been “hospital-fix”. Their engagements with the health of populations tend not to have moved far from hospital-centred practice. This paper seeks to discuss various approaches medical social workers can engage, in order to have an effective practice. They draw from social, economic and ecological approaches, which make up sustainable development. The paper also stressed the need for medical social workers to consider all three approaches in their practice since the overall goal is not just the client’s health, but ensuring that communities are healthy enough. Finally, discourse analysis applied in part, applying and interpreting quotes from published primary studies relevant to issues of this research.

Keywords: medical, social work, sustainable, communities, healthy

Introduction

Our world is structured in such a way that a lot of activities exercise impact on the health of humans (International Federation of Social Work [IFSW], 2012; Peeters, 2012; Lucas-Darby, 2011; Ramsay & Boddy, 2017). From plant life, animal life, weather conditions and climate, agricultural activities, economic productivity, politics and conflicts, inequalities, among others, are proven to exercise silent and obvious influences on the health of the population (Jones, 2010; Pawar, 2014; Peeters, 2012; Jackson, 2009; Mailhot, 2015; Hawken, 2010). These activities are integral to existence of communities, and should be distinctively considered when making provisions for the health of community members so as to achieve holistic healthcare. (Power, n.d; Homan, 2011).

Medical social work has been defined variously by different scholars. According to Morrow (2014), a medical social worker is a social worker who works in a medical setting such as a hospice, outpatient clinic, hospital, community health agency, or long-term care facility. It involves direct treatment of the patient’s social and psychological problems which were among the causes or effects of their health problems or which acted as barriers to cooperation with the medical treatment plan. Hassan (2016) also defined medical social work as a branch of social work with hospital care focus, thriving on responsibilities of psychosocial care for patients and caregivers, as well as illness and disease preventive care practices. Based on the foregoing definitions, this paper will define Medical Social Work as the application and adoption of social work practice methods, ethics and philosophy in field of

medical care and public health to deal with the prevention and treatment of disease, after care and social rehabilitation of patients.

When defined like this, medical social work invariably shares a strong relationship with communities. It does not only look at the influence of community resources on health and wellbeing of community members but also based on the fact that patients, caregivers or potential users of healthcare services, originate from communities (Idyorough, 2008; IFSW, 2012). Community resources include water, plant and animal resources, cooking and eating practices, cultural beliefs and economic production and regulations, human contacts, housing styles, interactional patterns, family members and neighbours (Meikle & Green, 2011).

Thus, the way and manner in which community resources are organized becomes pivotal to having healthy populations. It is in this regard that Peeters (2012) avers that sustainability of community resources, otherwise referred to as sustainable development, have since the beginning of the 21st century formed a central part of global discourses on health, economic, political, social, and cultural grounds. Hence, medical social workers who seek healthy populations through psychosocial and ecological interventions are enjoined to absorb into their practice the dictates and implications of sustainable development.

The very popular definition of sustainable development comes from the United Nations World Commission on Environment and Development (WCED, 1987) otherwise known as the Brundtland Report. It states:

Sustainable development is development that meets the needs of the present without compromising the ability of future generations to meet their own needs. (WCED, 1987:1)

The definition above highlights a just world where community resources are harnessed in the most effective and equitable ways to benefit present and future community members. It condemns situations where these community members are unable to live out their full potentials owing to technological and social advancements that benefit a privilege few against the underprivileged majority. This is corroborated by Hembd & Siberstein (2011: 262) who defined sustainable development as “the meeting of needs, as opposed to wants, and places a clear focus on intergenerational equity”.

However, the above definitions’ shortcoming given the purpose of this study, is the absence of a clear view of sustainability in terms of health. Filling this gap is Calder & Dautremont-Smith (2009) who defined sustainable development as long-term protection and health of the natural environment and its populations, leveraging the tripartite of environmental health, economic viability, and social well-being. Therefore, for a community to be sustainable,

health, social, economic and environmental factors must be considered as very important. The UK Office of the Deputy Prime Minister (ODPM, 2006: 12) considers sustainable communities as:

places where people want to live and work, now and in future. They meet the diverse needs of existing and future residents, are sensitive to their environment, and contribute to a high quality of life. They are safe, inclusive, well planned, built and run, and offer equality of opportunity and good services for all.

Corroborating the above definition, Valance, Perkins and Dixon (2011: 345) noted that communities are sustainable when “not only are people able to live successfully, but actually want to live in them”. This is because the indices of health, social, economic and environmental factors that make life meaningful and healthy are present. Apparently, such communities are typical of what social workers advocate and expect, including medical social workers, who are chiefly concerned with principles of human rights, empowerment, egalitarianism, social justice, dignity of persons, respect for diversity, intergenerational equity, ecological justice, social cohesion, and the fulfillment of potentials of people, regardless of their disabilities and limitations (IFSW, 2014).

In summary, sustainable communities as a clear and inarguable precursor to healthy populations can only be achieved when environments are healthy, economies are just and void of gross inequalities, and social welfare is promoted for all. Thus, indispensable roles suffice for medical social workers if we are to realize healthy and sustainable communities in Nigeria.

Healthy communities and social sustainability

Social sustainability is considered pivotal to the overall concept of sustainable development by several studies (HACT, 2015; Blackman, 2006; Dempsey, Bramley, Power & Brown, 2011; Dixon & Woodcraft, 2013). This is a result of the fundamental definition of community as a group of persons with collective consciousness and conscience, who share binding territorial identity, norms and beliefs (Durkheim, 1997; Parsons, 1991; Blackman, 2006). This definition projects the unrivaled place of humans and their interactions as the basis on which communities exist. Thus, social sustainability should take a pivotal position to discourses around sustainable development. Without interactions and relationships, there will be no communities. In fact, they are what create viable and sustainable communities. Interactions and relationships determine different levels of responsibility community members have towards one another. For example, in traditional African societies, the old, sick, and handicapped were considered responsibilities of community members. They were first resort in times of emergencies, housing, and social capital issues.

There was also a strong value for sharing goods and information. For them, principle of collectivism was not contested (Achebe, 1958).

However, industrialization and modernization came with some consequences which seem to have negatively impacted on these relationships and responsibilities in many communities (Okoye, 2013; Achebe, 1958). This has clear implication on psychosocial and economic dispositions of today's communities and their members, inadvertently leading to health concerns (Adeyanju, Tubeuf & Ensor, 2017; Ojua, Ishor & Ndom, 2013). Therefore, sustaining healthy populations in communities would require far-reaching considerations of those factors that provide social cohesion and sustainability, which make the communities not just "successfully liveable", but a destination where people "really do want to live" (Valance et al, 2011).

HACT (2015) listed these factors to include: (i) social equity (ii) social capital (iii) social interaction (iv) community stability and (v) safety.

Social equity

Health inequities feature across studies as consequence of social status and class (Adeyanju et al, 2017; Akpomovie, 2010; Akinbajo, 2012; Adegboyega & Abdulkareem, 2012). It is considered a key antecedent to illnesses and diseases faced by the poor and low class, and delays the fulfillment of the Universal Health Coverage (UHC) (Agbenorku, 2012). Social equity in this context refers to a state where political, economic, cultural, and physical barriers to quality health services are non-existent. Social inequities as concern health services manifest in areas such as: political considerations in the distribution of health facilities, infrastructure and human resource deficits in primary healthcare centres, inadequate distribution of knowledge and information about health services to rural dwellers, non-subsidization of very expensive medical supplies and treatment services, systemic corrupt practices in health sectors affecting health services for the poor and middle class, among others. It is clear that the prevalence of these concerns hinders the potentialities of having healthy populations and sustainable communities. The worst hits in Nigeria are the poor, those in the rural areas, and the politically and culturally disadvantaged.

Social capital

Social capital simply put is number of known or unknown concerned persons who are ready to be harnessed to the advantaged of a person in need. They can be one's family members, neighbours, close friends, school mates, office colleagues, etc. Social capital makes for social sustainability in the sense that it forms an all important aspect of human resources which members of communities and professionals could utilize in times of needs. In a typical African society, a person's worth is measured by the quantity and quality of persons around him or her in distress times (Forrest & Kearns, 2001). Therefore,

healthcare service users, as well as targets for healthcare orientation would receive sustainable healthcare services if they are considered together with their social capital. The social capital would be of help in reinforcing health promotive behaviours, offer financial and domestic help when needed, and continuous psychosocial support when the professional help has ended.

Social interaction

Communities are non-existence in the absence of interaction. The primary reason for social interaction is to strengthen ties between members of a community (Dempsey et al, 2011). However, community members might have variations of ties, which imply that one might be stronger than another. A contextual understanding of this will require the medical social worker to know where resource mobilization will readily be most effective, and where some extra convictions would be required. Understanding weak and strong ties in social interactions, could guide medical social workers in considering elements of the community that should be strengthened or influenced for healthcare benefits of community members. Identifying and working with best resources that will enable healthy populations, is key to achieving sustainable communities.

Community stability

Peace is an asset everywhere (HACT, 2015). Conflicts when toxic affect psychological and social health of communities, which in turn affects bodily health of community members. It stalls productivity, and is responsible for communities losing human resources through migration, illnesses, and even death. For instance, the 1967–1970 civil war in Nigeria culminated to the death of about 3.5million persons, and rendered over 70% of children within the then Biafran territory kwashiorkor stricken, among other illnesses (Emefiena, 2013; Meredith, 2005). When conflict is not managed, it can be harmful for a relationship. And social workers are well trained to manage conflicts.

Safety

In Maslow's (1954) hierarchy of needs, the importance of safety evidences the reason why it comes immediately after one gets physiological needs (food, water, clothing, shelter, warmth and rest). Communities are sustainable and 'liveable' as long as members feel they are safe. Insecurity and its implications for psychological, social, and bodily health cannot be overemphasized (Valance et al, 2011). It destabilizes the mind, puts community members constantly on the edge, and makes grave impacts on their mental health. With such occurrences, populations cannot be healthy and communities cannot be sustainable. This should be a source of worry for medical social workers.

Healthy communities and economic sustainability

Economic viability of persons and communities play exceptional roles in securing healthcare on the overall (Akpomuvie, 2010). A good economy implies that healthcare services can be accessed at least cost, and good nutrition, as well as health protective/compliant practices (e.g. purchase of insecticides, usage of gas against coal, living in a decent apartment, purchase of toiletries, etc.) can be sustained. Unfortunately, recent economic indices of Nigeria seem to negate the likelihood of such economic sustainable experiences for low and middle class Nigerians most especially. Which invariably puts their health at risk. National Bureau of Statistics (NBS) (2018) reports 18% unemployment rate of Nigerians, with potentialities for increase in future. This is in addition to the present state of the economy just recovering from recession and then the 87 million extremely poor people which accounts for the world's largest poverty figure, only better than India (Kharas, Hamel & Hofer, 2018). With these sore economic indices, and the inequities priority revealed, one is forced to consider that achieving healthy communities in Nigeria may be far-fetched. This becomes a ground to test the creativities and professionalism of medical social workers who against all odds should ensure healthy and sustainable communities.

In a different development, the idea of having a good economy at the expense of environmental health is lamented by a community developer – Alice Shabecoff in Lucas-Darby (2011: 116). It reads:

Environmental protection and economic development, frequently described as contradictory goals, have in fact proved mutually reinforcing at the neighborhood level...The environmental initiatives developed by community groups are prime examples of “sustainable development,” that is development that clearly takes into account three elements – the economy, ecology and community.

Further lamenting is John Kennedy Jr who said, “... I began to see the environment not as a privilege that was part of my affluent background, but as a right for every American, one that was being subverted by greedy, powerful, and corrupt interest in our society” (Lucas-Darby, 2011: 115).

Borrowing from the thought above, medical social workers in Nigeria would have to through advocacy and sensitization push for an achievement of healthy communities, even in the midst of economic induced environmental exploitation. They would have to interface with those capitalists who only get concern about profits they make not minding whose ox is gored. The fundamental objective for this task, is to achieve economic growth and development for Nigeria, but not at the expense of the health of communities (Okafor, Onalu, Ene, & Okoye, 2017).

Healthy communities and environmental sustainability

Since the 20th century, discourses and efforts on how to preserve the natural world have been ongoing (Lucas-Darby, 2011; Pillai & Gupta, 2012; Ramsay & Boddy, 2017; Schmitz, Matyók, Sloan & James, 2012). Relationship between the natural world and health of humans has been established (Schmitz et al, 2012). The depletion of the atmosphere by Green House Gases (GHGs), falling of trees, usage of high carbon machines, devices and vehicles, and environmental degradation through mining and extraction activities, constitute anthropogenic factors that affect our environment (Coates, 2003; Mailhot, 2015), and causes it to be “unliveable” (HACT, 2015).

Environmental sustainability lays emphasis on protecting the flora and fauna of communities, for benefits of present and future generations. A lot of economic activities in many parts of the country damage the environment and further occasions poor livelihood, and a wide range of bodily and mental ailments, especially respiratory diseases (Agwu, 2017; Sustainability International, 2015). A typical example is the quarry industry in Ebonyi state. Today, Nigeria is tending toward urbanization, which results in trees and plants being cut for infrastructural development, while in the rural area, trees are felled for the purpose of having fire-woods to cook meals. All these activities equally deplore the environment and at the same time undermine healthy and sustainable communities (Demetriades & Esplen, 2010).

The deep essence of ecological protection to health is reflected through a quote from a community dweller in Mailhot (2015: 36). It goes thus:

I think, being that, especially in our community as in many communities that are at times run down or people see them as bad communities we don't have an actual food store. Anywhere to get fresh vegetables, fresh fruit, any of that, the only store that we have in the vicinity is the Grab Bag and Kleins (gas station). Which I mean is great but of course it's a bunch of junk food and things like that. So being able to feed our community and help our community learn how to garden and grow things as well as have produce, fresh produce for them to be able to take home and feed their kids and their families, I mean access is everything.

The challenge of access to 100% natural foods connects to dearth of conducive lands for cultivation. To have these environmental issues remedied, social work today has now branched into areas of environmental and green social work (Dominelli, 2013; Pillai & Gupta, 2012; Ramsay & Boddy, 2017; Schmitz et al, 2012). Which could be adopted by medical social workers on disease and illness, preventive grounds most especially. The idea is to make communities “liveable” into the future, and help achieve healthy populations through preservation of the natural world.

Medical social work and sustainable healthy communities

Historical account on medical social work is usually tied to the initiative of Sir Charles S. Loch, in the 1890's in London. Then social workers worked as volunteer greeters in hospitals and helped in investigating the financial status of a patient before such a patient can be admitted for free treatment in the hospital. They were known as Almoners, Lady Almoners or Hospital Almoners in Ireland and UK. Also in the early 1905 in the United States, Richard Clarke Cabot, a medical doctor and educator at Massachusetts General Hospital in America appointed Garmet I. Pelton, a nurse, as hospital social worker. He also introduced the idea of home visits to gain information about patients and make medicine more efficient through social work. This later spread to other countries including Nigeria.

Hospital Social work as it is called in Nigeria was introduced at the understanding that some sicknesses are socially induced, such that pure medical investigation and therapy would hardly remedy alone. Also, with the rise of indigent patients who had difficulties taking care of their medical bills, the Director of Medical Services in the country wrote to the Lagos colony in 1950 (Ityavyar, 1985). Demand was made for the employment of ex-nurses as almoners, who are to offer social welfare services to patients (Schram, 1971). These almoners evolved with time into what we today refer to as medical social workers.

Given the historical account of medical social work, it is clear that medical social workers came to be as a result of the gap between community members and community resources.

Filling this gap becomes necessary for the actuality of sustainable communities, where community resources become instruments used to the health advantage of people. Achieving this feat seems quite tasking owing to the dynamisms of people and their health, as well as their communities. Nevertheless, a clear snapshot of the three areas of sustainable development (social, economic, and environmental sustainability) as defined by WCED (1987), informs the practice of medical social work on specific areas exclusively in need of social work based interventions. It could be at the micro, mezzo, or macro levels of practice. This can be shown diagrammatically in the figure below:

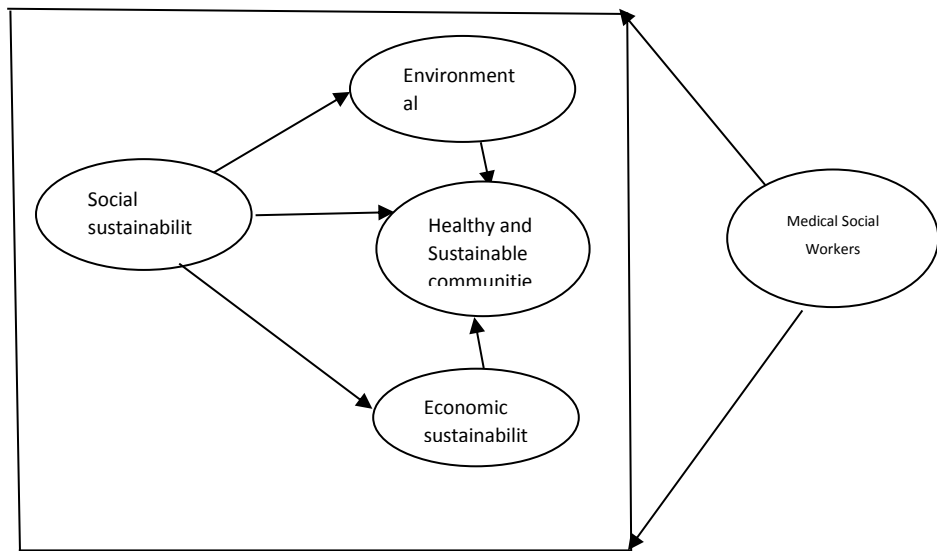


Figure 1: Showing relationship between the three blocs of sustainable development and impacts exercised on healthy and sustainable communities, as driven by medical social workers.

To begin, it was discovered earlier that the pillars of social sustainability for healthy communities include social equity, social capital, social interaction, community stability, and safety. These pillars come together to enable neighbourhoods and communities stay healthy and sustainable. Unfortunately, influences exercised by modernization, urbanization, and poor values tend to have affected them negatively. Given their importance to health sustenance, medical social workers were encouraged to consider them for the essence of securing the health of communities – a primary responsibility of theirs. Achieving this could be quite demanding but not impossible.

It is important to note that political, economic, cultural, and physical barriers could clamp on quality and access to healthcare access for community members. This is in addition to corrupt practices of health workers at their duty posts. It revealed that these barriers are responsible for health inequities specially facing the poor and middle class. To remedy this, medical social workers could adopt advocacy and dialogue in reaching out to political authorities. Which would help out in expressing health concerns of community members needing attention. Medical social workers are encouraged to identify communities deprived of quality healthcare owing to physical barriers such as no road access, and more. Advocacy and resource mobilization is required in this regard too (Okafor, Onalu, Ene, & Okoye, 2017). Resource mobilization could be in terms of influencing high profile and good spirited individuals and organizations, to see how such infrastructure deficit could be remedied. This

implies that medical social workers should consider the possibility of extending their roles to macro levels, and not just hospital-fix. The latter would never guarantee sustainable and healthy communities, unlike the former (Okafor, Onalu, Ene, & Okoye, 2017).

Corrupt practices involving health workers in health facilities could be curbed through medical social workers organizing attitudinal capacity building for health workers, and blowing the whistle if need be. Further, it is already traditional in medical social work to utilize social capital resources for clients. However, it should be reinforced. Medical social workers would have to ensure that social capital resources of clients are seen as agents of continuity of client's wellbeing. Hence, they should be taught, encouraged, and even treated alongside clients.

The importance of social interaction to health cannot be over emphasized. It is important therefore for medical social workers are to equip themselves with understanding interactional patterns among community member. That way they will in position render the needed help. Also, skills like, mediation, lobbying, advocacy, negotiation, conflict resolution and other dialectical skills will be of great importance to the medical social worker if they are to help create healthy and sustainable communities re great assets here.

Community health education, health promotion and sensitization (virtual and physical) for scaling up sustainable healthy communities should be embarked up by medical social worker. Health education should be a combination of various areas of education, such as: Spiritual health; Intellectual health; Emotional health; Social health; Physical health; Environmental health and social workers by virtue of their training are equipped to handle all these. Health promotion which is the process of enabling people to increase control over, and to improve, their health is also very important area for medical social workers. Through health promotion they will help community members to reach a state of complete physical, mental and social well-being. In the same vein, hygiene promotion which entails understanding and promoting the capacities of people to improve their own health by making best use of prevailing environmental-health conditions and existing services is also another area where medical social workers can help in their effort to create healthy and sustainable communities. The central role of social work profession in general is to link people to resource systems, while advocating for policies that enhance wellbeing. Medical social workers in Nigeria are not new to the poor economic situation in Nigeria. This could manifest in inability of community members to access to healthcare facilities, pay healthcare bills, shun risky health behaviours and afford balance and healthy meals. Confronting these unfortunate consequences of a poor economy requires advocacy and resource linkages, for which medical social workers are trained. Medical social workers by their training can design hospital

fee waivers criteria for the indigent community members (Okafor, Onalu, Ene, & Okoye, 2017). The aim is to ensure that all community members have access to health care and in turn create sustainable communities.

The crucial importance of “greening” and “sustainability” calls for a curriculum overhaul of social work courses across Nigeria. Emphasizing this is a statement by the Association for the Advancement of Sustainability in Higher Education. It reads in part:

The fundamental problem faced in meeting the goal of education for a healthy and sustainable society for all students is that the existing curriculum in higher education has not been developed to examine how we shape a sustainable world. Much of the curriculum has been developed to provide students with an increasingly narrow understanding of disciplines, professions and jobs and is focused on specific knowledge and skills employed in the given area. What is needed is a curriculum that prepares learners for living sustainably, both professionally and personally, and that explicitly helps the learner deeply understand the interactions, inter-connections, and the consequences of actions and decisions (Lucas-Darby, 2011: 122).

Finally, we have come to understand how important it is to secure the natural world. The effects of climate change and global warming has created lots of discomfort for world citizens. More worrisome is that human activities are pivotal to the disruptions our natural world has been getting. Of course, the impacts on health are clear. Taking this into consideration is social work branching into specialties of “green” and “environmental” social work. The aim is to nurture global citizens with environmental consciousness. It is equally clear that this cannot be far from medical social work, even as medical social work in this part of the world is yet to fully absorb such thoughts into its practice. Therefore, there is need for medical social workers in Nigeria to sensitize Nigerians on environmental friendly/unfriendly behaviours. At macro level, advocating for policies that are environmental friendly, and supporting the fight against inequities and inequalities that lead people to destroying their environments for survival becomes important. The goal is to ensure that the environment contributes basically and immensely to healthy populations and sustainable communities.

Conclusion

The paper has shown how medical social workers can go about achieving healthy and sustainable communities through their practice. It explains the overriding messages of social, economic, and environmental sustainability, which are the three bloc of sustainable development as put forward by UN WCED (1987). The paper considered a very strong connection existing between the sustainability of the three bloc and the health of populations. It adopted the definition of sustainable development by Calder & Dautremont-Smith (2009) who argued that long-term protection and health of the natural environment and

its inhabitants, can be achieved via harnessing environmental health, economic viability, and social well-being. It was argued that the roles of medical social workers in fostering healthy populations and sustainable communities can be achieved if they see their positions in the society beyond the “hospital-fix”. Hence, macro and mezzo strategies were suggested to include policy advocacy, resource mobilization/linkages, building and utilizing efficient social interaction, dialectically engaging authorities, virtual/physical sensitizations, mediation and conflict management, curriculum overhaul, to mention but few. To this end, it becomes clear that the medical social worker is a driver of all sustainable development blocs, as they concern health of populations. Thus, the medical social worker is an indispensable stakeholder in the fulfillment of the 2030 marked Universal Health Coverage (WHO, 2017), of which sustainability is at its heart.

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