THE CONTRIBUTION OF PUBLIC HEALTH SOCIAL WORK IN ACADEMIC DEPARTMENTS OF COMMUNITY MEDICINE

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The contribution made by social workers in public health programs is well established.[1] During the past half century, social work has evolved as a unique practice area with emphasis on the skills of social consultation, in-service education, interdisciplinary research and health planning for high risk populations.[2] In schools of public health, the social worker has enhanced both graduate teaching and research programs. The current resurgence of interest in community medicine by medical faculty and students is significantly expanding teaching, research and service opportunities for social workers in medical schools.

This paper describes the emergence of a new educational focus in community medicine, and the ways in which social workers are being called upon for imaginative approaches to the teaching of social and community aspects of health care. The rapid development of departments of community medicine in new medical schools, along with similar curriculum revision in established schools, reflects new concern for the social and community aspects of health care delivery. Community health projects sponsored by the national Student Health Organization have given impetus to this trend.

The University of Kentucky College of Medicine, established in 1960, has responded to changing professional and societal expectations through its innovative medical curriculum. Concerned with

"the failure of the medical school to keep abreast of its role in the dynamic and rapidly changing society which is to anticipate the future and prepare physicians for practice in the changing social milieu,"[3] the Department of Community Medicine has developed a multidisciplined, community-based teaching program required of all senior medical students. The Kentucky experiment has been followed by similar developments in other schools,[4, 5] and a rich variety of educational as well as organizational approaches to community medicine is anticipated. It is hoped that the following description of the Kentucky program in community medicine may provide social workers[6] as well as allied health professionals with an appreciation of the greatly expanded teaching and service opportunities in such programs.

PAST EFFORTS

Following World War II and continuing through the next two decades, medical educators made expansive efforts to introduce the social, preventive, and comprehensive care aspects of medicine into medical schools.[7-9] Social workers in medical schools and teaching hospitals made contributions to these efforts as indicated by the early writings of Bartlett,[10] Cockerill[11] and Rice,[12] which outline the problems and progress in introducing the social aspects of illness. In 1959, Ullman[13] reported on social work teaching with fourth-year medical students in the comprehensive care and teaching program at the New York-Cornell Medical Center and more recently Edelson[14] has written of his teaching focus with medical residents in a hospital neurological service.

NEW THRUST IN COMMUNITY MEDICINE

The founding of the University of Kentucky Medical Center marked a major milestone in bridging the historic isolation of the university medical center and the broader health needs of communities. The Kentucky Medical Center[15] was established with a strong community orientation to the state's health problems, in-

cluding the biological, social, cultural and economic factors that cause or contribute to them. Of signal importance in medical center services is an active concern for cooperating and consulting with governmental and private agencies, hospitals, professional and lay groups at state and local levels to solve health problems and improve medical care resources. The institutional orientation led to the establishment of a Department of Community Medicine, and social workers at the center were involved with the Department from its inception. A full-time social work consultant was appointed to the Community Medicine faculty in July, 1964.

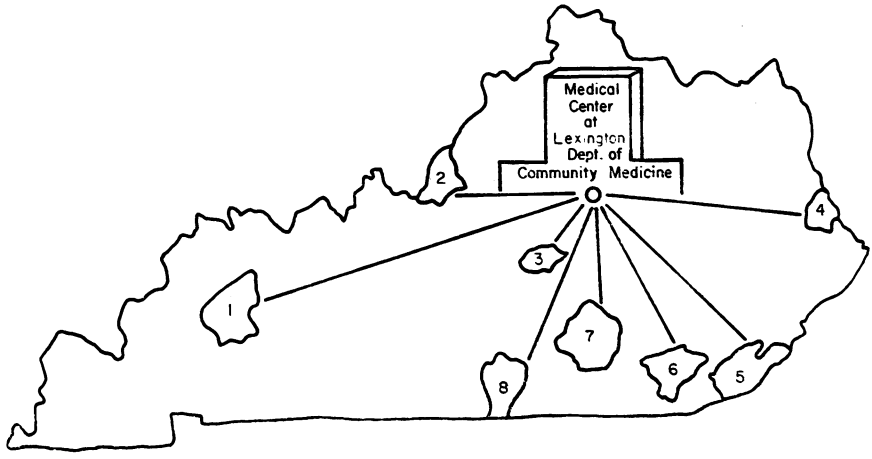
The medical school's Department of Community Medicine, which has been described in several journals,[16-18] conducts an intensive six-week field clerkship during which time the "student is taken away from the 'ivory tower' of the University Hospital. He is placed in a typical Kentucky community with the assignment of studying patients in a physician's office using the same rigorous standards he used in the university hospital. He is required to study the operation of the local health department. He is sent to such places as the court house and the welfare agencies, to learn about the social, economic and political life of the country and challenged to explain how these factors are interrelated with the health problems he has studied."[19] Each student is visited weekly by his faculty physician supervisor. Other health consultants such as the social worker visit the student at least once during the field assignment.

In the community the student is confronted directly with gaps in medical as well as social services. He sees the effects of health manpower shortages as well as the problems of uneven distribution of such personnel. The relationship of poverty to disease is studied in bleak shacks and on barren land. Environmental pollution of water and air are recognizable where he eats and sleeps. As one student summarized his experience: "The clerkship has been outstanding in my mind in that here for the first time I have been able to see the total ecology of the patient. I can see the effects of too few doctors, the impact of disease on the family and the spread of illness within a family, and the bearing of economic and social factors on the health status of the patient."

SOCIAL WORK TEACHING IN THE COMMUNITY CLERKSHIP

Social work teaching takes place within the structure of the Community Medicine clerkship program in which eight senior medical students are sent to different communities in the state. (See Figure 1.) Some may be sent to isolated Appalachian areas whereas others are located in urban settings ranging from small towns to large metropolitan cities such as Louisville. Students usually are sponsored by a local practicing physician (who becomes a "field faculty" representative of the department) in the community. Regardless of the geographic placement, each student has four tasks to complete during his time in the field. These include:

FIGURE I SCHEMATIC VIEW OF THE COMMUNITY MEDICINE EXTENDED TEACHING PROGRAM IN KENTUCKY WITH A DESCRIPTION OF COMMUNITIES WHERE SITE VISITS ARE MADE BY THE SOCIAL WORK CONSULTANT.



1. Farm service area with large medical group practice and prepaid insurance plan for families.
2. "Inner city" of large metropolitan area with complex health and welfare agency network.
3. Prosperous "blue grass" farm community but few social services available.
4. Entire county population of 10,000 used as research "laboratory" by the Department of Community Medicine.
5. Eastern coal fields area with all the problems of an economically depressed region.
6. Isolated Appalachian community with many federal development programs at work.
7. Semi-urban county that has experienced rapid social and industrial development.
8. State recreational area with serious shortage of physicians and inadequate medical facilities.

(1) A comprehensive community survey of social, demographic, economic and health characteristics.

(2) Individual clinical workups in a local physician's office.

(3) Family studies in the homes of patients.

(4) An epidemiologic research project.

The social worker relates his teaching efforts to these four tasks through formal seminars, but contact is primarily in direct field consultation trips to the students where a "site visit" analysis can be done of community and family reports. Social work involvement in each of the four program areas listed above will now be described.

Assisting Students with Community Studies

During the initial day of orientation for students about to depart for their specific community assignments, an orientation seminar on community survey methods is conducted jointly by the social worker and the medical anthropologist in the department. This seminar takes the form of a laboratory exercise and seeks to acquaint students with the wide range of resource data available for community assessment. This includes such items as census material, agency records, university studies, state department bulletins and geological and economic surveys. Local citizens and community leaders are also brought to the student's attention as sources of information.

After students have been in the field approximately two weeks, they usually are ready for additional assistance on their community studies.

One student confronted with the complexity of delineating health needs in a large metropolitan area was directed to the planning division of a local health and welfare council. He was able to utilize census data to pinpoint health problems. Prior to this direct experience, the student had never heard of a health and welfare council.

Another student, located in an economically depressed eastern Kentucky area, was directed to the local Office of Economic Opportunity for considerable statistical and background information on the county's economic and demographic characteristics. A second-year social work student, who was studying this local Community Action

Program, worked collaboratively with the medical student in assessing the impact of the antipoverty program in the community. Certain sociological studies (for example, an evaluation study of the work-training program for unemployed fathers, affectionately referred to in eastern Kentucky as the "Happy Pappy Program") provide useful information for students. Pertinent data on the health and educational status of these fathers was available for inclusion in the medical student's community report.

A unique opportunity for assessing community leaders and the ability of a community to mobilize its resources presented itself to one student who found himself in the midst of an encephalitis epidemic in the community to which he was assigned. Social and political issues that evolved from this major health problem included: (1) the effectiveness of mass educational approaches, (2) the political pressures placed upon the health officer, and (3) the economic cost that resulted from an ineffective disease reporting system in the community. By being alert to both medical and social implications of this particular epidemic, the social worker could engage the student in the application of community organization doctrines.

In evaluating the health care system of a community, students are helped to look at issues that are not currently emphasized in medical schools, such as the internal organization of hospitals, impact of current federal legislation on the resources of the community and introduction to community medical economics.

Consultation on Family Studies

In selecting families for study by medical students in the community, the faculty social worker can integrate and coordinate his teaching activities with the service programs of the University Hospital Department of Social Services. With a joint appointment in the Department of Social Services, the Community Medicine social worker has easy access to the Social Service Department's computerized caseload. Hence, family cases for medical students can be quickly selected by county, age, sex, type of physical or social problems and so forth. One or two families can be selected for the student, both on the basis of their learning potential in the

broad area of public health-preventive medicine, and on the basis of a real need for post-hospital medical-social evaluation. Information obtained in the community by the medical student on discharged hospital patients previously known to the Social Service Department can be relayed back to the social work staff by the community medicine social worker.

The five family studies required of all students include physical examination of all family members, attention to environmental health conditions in the home, social history and pertinent problem areas. While in the community the social worker may be asked to consult on families previously unknown to him and this requires flexibility as well as acute diagnostic skills. Some examples of consultation with students on particular families include the following:

In contacting a young Negro boy who had been discharged from University Hospital following removal of his left eye, the medical student was concerned that three months had elapsed without any tangible steps taken to provide an artificial eye for this boy. Visiting with the family and observing their inability to cope with the problem aroused this student to organize local health resources other than immediate family. The social work consultant actively participated with the student in utilizing local and regional resources. What may have only been a passing interest for this medical student had he seen this problem in the hospital now took on added meaning as a result of the home visit.

One medical student, located in a small, rural community with few social service resources, used the social work consultant to discuss the best approach in dealing with a sexually promiscuous teenager. The social worker was able to illuminate family dynamics and, based on this, to offer tangible suggestions for the medical student's subsequent interviews with the girl. The family physician participated in the discussions and planning for this case.

Accompanying a medical student into a coal mining area, the social worker and faculty physician supervisor could observe a student's ability to secure pertinent medical as well as social information during a family interview in the home of a widowed coal miner. The widow's health concern related to the need for surgery for her young daugh-

ter. The social work consultant made suggestions as to available financial resources to pay for the girl's hospitalization and this, in turn, led to further discussions regarding the broader question of the adequacy of health insurance coverage not only of the United Mine Workers' plan but also of other health insurance plans. The medical student also wanted to discuss the opportunities for improvement in the family's situation, taking into consideration the general social and economic problems of this once prosperous coal area.

BRIDGING THE SOCIAL AND CLINICAL

In the field, students are confronted directly with the social and behavioral components of illness. Working with students in the community the social worker finds little difficulty in bringing extremely relevant social and behavioral ideas to the medical students' clinical workups whether in a local doctor's office or in a community hospital.

In collaborative work on clinical studies, the aim of the social work consultant is to help familiarize the future doctor with the kinds of ancillary services he can call upon in the practice of comprehensive medicine. Two cases are illustrative of the social worker's involvement with medical students in their clinical studies:

Faced with the necessity of discharging a two-month-old baby from a community hospital, a young female medical student was presented with a dilemma. A previous child from the family had died in the hospital (malnutrition) and the present baby was about to be discharged after recovering from a similar admitting diagnosis. Perplexed by the possibility of sending the child back to a family of inadequate means and ability to care for the child, the student asked what could be done. In talking with the student, the social worker realized that the student knew very little about the family and virtually nothing about the temporary placement services of child welfare. It was suggested that a visit be made to the local Child Welfare Department. Not only was the child welfare worker well acquainted with the family, but she had previously removed children from this home and was immediately prepared to deal with a temporary placement. She spent time with the medical student explain-

ing certain cultural and social factors that pertained directly to the parents' inability to provide for their children. The day following the consultation on this case, the child welfare worker and the medical student made a joint home visit with this family to prepare them for the necessity of temporary placement outside the home.

Going on "rounds" with a medical student in a community hospital offered the opportunity not only to bridge social and clinical aspects of a particular case, but also to discuss the organization of the hospital and issues such as its accreditation and quality of services. The case situation involved an elderly hospitalized patient in which the social work consultant's interview with a family member revealed the harmful ingestion of a drug by the patient. This case provided for the medical student a specific illustration in the use of allied health personnel.

Work on Epidemiologic Studies

With additional training in public health and epidemiologic methods the social work consultant can function as a resource to students in the design of their field studies, particularly those that have a social component.

A marked increase of student interest in population control problems both nationally and internationally has been reflected in a series of studies on family planning attitudes and behavior in Kentucky. The social work consultant has helped students in the development of study questionnaires and discussed with them social and cultural determinants of their findings. Other examples of descriptive epidemiologic studies the social worker has helped Community Medicine students design include:

A project to study the social impact as well as medical needs of employees at a clothing industry located in a predominantly rural area north of the medical center. The social worker along with the medical anthropologist assisted the medical student in devising a questionnaire that has provided a baseline of descriptive characteristics on 500 women employed in this factory. This data will be used by future students for ongoing clinical and social studies.

A project to explore the motivations of citizens who participated

in public health screening programs. Help was given to the student in formulating questions and in research interviewing techniques.

A study of Alcoholics Anonymous, which gave both the student and consultant an opportunity to visit a women's penal institution and to evaluate A.A. sessions as conducted in the prison.

The Department of Community Medicine in cooperation with state and federal agencies conducts an elective summer research program utilizing medical students who have a particular interest in community health work. In this program the social worker leads seminars on research interviewing techniques and serves as a faculty advisor for students interested in specific projects in the field of social epidemiology. One such study considered "The Social Characteristics of Mothers Who Failed to Return for Their Post-Partum Six-week Examination." Research projects of this nature are also of value to the University Hospital Department of Social Services in further defining high-risk groups in need of special services.

Social Work and the Community Medicine Team

The faculty of the Department of Community Medicine is composed of physicians trained in the disciplines of pediatrics, internal medicine, public health and epidemiology, genetics, virology and family practice. Nonphysician faculty represent the disciplines of anthropology, social work, health education, biostatistics, hospital administration, medical care economics and laboratory technology. Medical students are specifically exposed to the ideas of this broadly representative faculty in a series of seminars at the conclusion of their community assignments when individual community study summaries are presented. Students also gain from the shared experiences of colleagues who are in other types of communities.

The range of health specialists in the department reinforces interdisciplinary considerations. As one health professional has said, "The doctor has much to add to this team because his knowledge of and approach to the individual are excellent background for this further training and experience upon the much more complex organism (community) he now faces: but the doctor's supremacy is gone. A democratic team of individuals of diverse backgrounds

and skills forms the profession of public health that must cope with a different kind of patient. The advances of health science and social science, not medical science alone, has shown us the way to immeasurably lift the health of our patient."[20]

The primary ingredient in any teaching effort with medical students is the essentiality of the social work consultant being firmly rooted as a contributing member of the medical school faculty. At the present time this means first the ability to collaborate on departmental research projects such as community health screening programs, epidemiologic studies and various social surveys. In one community project the social work consultant was called upon to organize a rural health referral center and utilize the findings from this experience to document health planning needs in the county. Second, the social worker must remain clinically based to provide direct social casework or consultation services when called upon. Third, the social worker must be active in planning and evaluating the community clerkship program itself. These three areas of activity are the "root ends" of the social worker's influence and visibility with both faculty and students.

Additional assets that contribute to effective teaching in the community medicine program include: training in public health and medical care organization, epidemiological research methods, experience in and liking for community organization methods and last, but perhaps most important, skills in working with the "hard to reach." Medical students are not well known for their placid receptivity to either social work or community medicine content.

Unique Program Aspects

Several aspects of the Community Medicine field clerkship distinguish it from traditional medical school programs of public health-preventive medicine in which social workers have been previously involved. These differences can be summarized as follows:

(1) The assignment in the community is entirely extramural with physicians and other faculty members traveling to the student for supervision and consultation during the field experience.

(2) Learning takes place in a "live" community with visible ecological factors. The integration of community survey, individual and family clinical practice, and research project are not contrived.

(3) Students are solely responsible for their geographic community having immediately available a wide range of health specialists for consultation.

(4) Though much of the student's work is community or research oriented, his assignment to a local physician for clinical and family workups gives equal weight to curative as well as preventive practice. In fact, the name "community medicine" was selected because it suggests continuity of medical care that includes preventive, curative and rehabilitative medicine.

In any attempt to help medical students understand the ecology of health, the value of extramural, community-based experiences is well recognized.[21] In the Community Medicine clerkship, the major point stressed is that a community can be diagnosed and treated in much the same way that the student would work up a patient on the clinical ward. In dealing with the community as a patient, the student immediately looks for its "presenting problems," "obvious symptoms," "past history" and "treatment recommendations."

Compatibility of Social Work Practice and Community Medicine

In addition to the teaching and service contribution of social workers in academic departments of Community Medicine, increased recognition is being given to the social worker's role in health planning and organization for services. Though much of current social work practice in the health field is treatment oriented at the one-to-one level, recent ferment suggests that social workers are looking at the broader problems of health care delivery and national health policy. As one educator has said: "It seems apparent that the concepts of 'health problems' and 'social welfare problems' are becoming increasingly blurred and inadequate as separate categories for classifying 'people problems.' For example, alcoholism and juvenile delinquency are increasingly identified as 'health' problems, while heart disease, cancer and stroke are considered to

be 'social welfare' problems of national significance."[22] The National Association of Social Work Southern Regional Institute at Nashville on "Social Work's Responsibility in Community Health"[23] gave considerable attention to this trend in social work, and the Princeton Seminar on "Public Health Concepts in Social Work Education"[24] laid the groundwork for increased collaboration between the professions of public health and social work.

Collaboration between health disciplines can take place at many levels, but it is particularly in evidence in consultation on individual cases. It is a requirement that all faculty in the Department of Community Medicine be experienced clinicians in the handling of individual cases, and that these skills be maintained even though a primary focus is on population groups in the community. The social worker, likewise, provides clinical casework services as part of his community medicine responsibilities. The opportunity to be involved in teaching and research, and yet remain clinically based, has distinct advantages. Three types of service opportunities are available to and used by the community medicine social worker:

(1) In the medical center's outpatient psychiatric clinic, the community social worker by virtue of his field excursions brings his knowledge of community life and resources to individual diagnostic evaluations and staff conferences.

(2) The medical center in conjunction with the state department of health conducts regional heart and pediatric clinics in outlying districts of the state. All social workers on the medical center staff participate in this community-based service.

(3) Consultation services to local public and private groups are frequently provided by the community medicine social worker. This is particularly true as community action programs such as the Economic Opportunity Act as well as the Regional Appalachian Act develop in Kentucky.

Medical and Social Work Students Collaborate

The community medicine social worker serves as a field work instructor for both the University of Tennessee and the University of Louisville Schools of Social Work. Several supplementary com-

munity placements have been developed for social work students in communities where medical students have been assigned. By working directly in the community, this pilot program has helped graduate social work students to better integrate community organization and social policy theory within a total community-based practice situation. It has also helped to test the benefits of early interdisciplinary work on community and family studies between medical and social work students. Working within the structure of the Community Medicine clerkship and by utilizing community action programs and rural health departments, the field work teaching base has been greatly expanded. DeJongh, who has been interested in the development of "social policy makers" and available training methods, says,[25]

> If, however, some schools of social work would embark upon the creation of training programs for social policy, they will no doubt be aware of the magnitude of their tasks. It will carry them far away from the relatively well-explored past of traditional social work training. It will require tremendous new resources, first of all of an intellectual nature. We may assume, therefore, that it can only be undertaken jointly with other university departments so as to assure the necessary multidisciplinary staff.

SUMMARY

New medical school programs in community medicine are providing rich opportunities for social work teaching, research and service. At the University of Kentucky College of Medicine at Lexington, an intensive community living and learning experience is equipping senior medical students with the tools of a modern comprehensive approach to community health. Community medicine, which brings together both the curative and preventive aspects of health care within a meaningful community context, marks a major curriculum innovation in teaching medical students the ecology of health outside the university hospital. This new educational venture in medicine has implications for future collaboration between doctors and social workers and highlights a

changing sense of responsibility for community health problems by university medical centers.[26,27]

Social work teaching that is done in seminars, but primarily in direct field consultations, relates specifically to the medical student's community health survey, family and clinical studies as well as epidemiologic project. These teaching activities as well as the research contributions of the social worker within the faculty are evidence of the feasibility of integrating public health or community medicine principles with social work teaching and practice. The development of formal ties between the University Hospital Department of Social Services and the Department of Community Medicine at the medical center suggests new educational arrangements and opportunities for social work participation in the changing curricula of medical schools.

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