

Integrating Social Work Principles into Public Health Practice in The Philippines

Mark Ericson B. Baladad^{1*}, & Justin Noel B. Verceles²

¹Assistant Dean, College of Medical Laboratory Science, Lorma Colleges, La Union, Philippines

²Section Head, Regional Resource Operations Section, Department of Social Welfare and Development - Region 1, Philippines

*Corresponding author: Mark Ericson B. Baladad, Assistant Dean, College of Medical Laboratory Science, Lorma Colleges, La Union, Philippines.

Submitted: 25 August 2025 Accepted: 04 September 2025 Published: 10 October 2025

doi <https://doi.org/10.63620/MKAJCPR.2025.1015>

Citation: Baladad, M. E. B., & Verceles, J. N. B. (2025). Integrating social work principles into public health practice in the Philippines. *Ame Jo Clin Path Res*, 2(4), 01-05.

Abstract

This paper examines the integration of social work principles into public health practice in the Philippines, highlighting their impact on equity, accessibility, and community well-being. Drawing from historical foundations, current practices, and policy frameworks, the study emphasizes how advocacy, empowerment, cultural competence, and client-centered approaches strengthen health systems. The role of social workers in hospitals, local government units, and national health programs is explored, particularly in addressing the needs of vulnerable populations. Interdisciplinary collaboration between public health and social work is discussed as a pathway to more inclusive and sustainable health outcomes. Despite challenges such as resource limitations, lack of awareness, and institutional silos, integrating social work into public health practice offers a holistic and culturally responsive approach to improving population health in the Philippines.

Keywords: Social Work, Public Health, Advocacy, Empowerment, Cultural Competence, Client-Centered Practice, Interdisciplinary Collaboration, Philippines, Health Equity, Community Participation.

Introduction

The fields of social work and public health share a foundational commitment to improving human well-being, especially among marginalized and disempowered populations. As public health increasingly adopts a holistic, community-centered approach, the integration of social work principles has become both relevant and necessary. Despite efforts to implement universal health care coverage (UHC) in the Philippines, income poor households continue to face barriers to health care access and use. This review explores how core social work principles – such as advocacy, empowerment, client-centered practice, and cultural competence, enhance public health practice and improve population and community-level outcomes in various provinces in the Philippines.

Pioneering works of Almanzor in 1966 addressed how throughout history, the humanitarian impulse among Filipinos has always been present, seen through acts of “bayanihan” and “damayan” in the communities. Colonization by the Spaniards in the 1490s happened with the paramount motive to spread Christianity among indigenous people. This came with numerous charitable acts in the basis of religion and spirituality, including helping the poor with the hope to expiate their sins and gain salvation for their souls. Moreover, missionaries from churches, monastery, and other religious orders founded hospitals, asylums, educational institutions. It is during the American regime when a more progressive perspective in all human activities were observed – particularly with a broader and stronger programs in social development, health, and labor [1].

Historical Foundations of Medical Social Work in the Philip-

Social workers in health care settings operate in a variety of en-

vironments and assume numerous roles in the design, delivery, and evaluation of care. According to the National Association of Social Workers (NASW) Code of Ethics, social work's principal mission is "to enhance human well-being and help meet basic and complex needs of all people, with a particular focus on those who are vulnerable, oppressed and living in poverty." At present, the role of social work as part of the healthcare system has clearly been established.

Advocacy and Social Justice

In the Philippines, medical social workers have actively helped many Filipinos have access to the healthcare services that they need. As emphasized by, the medical social work practice in hospitals has been recognized as an essential service to medical care in fully understanding the causes that initiate, perpetuate, or aggravate the illness [2].

The Philippine Department of Health, through the Bureau of Hospitals (BOH) Circular No. 146, mandates that all government hospitals, including national, provincial, city, and emergency hospitals to establish Medical Social Service Units (MS-SUs). This unit aims to provide comprehensive professional social work services that are responsive to the patients and their families' psycho-social needs and make them participate in the realization of their optimal well-being [3].

Underscores how access of indigent patients to medical assistance rests solely on the assessment of social workers. To avail medical assistance under the program, the patients or their authorized representatives shall submit documents to the MSSU or the designated officer of the health facility. Therefore, the medical assistance given by social workers help alleviate health inequities among impoverished populations [4].

The participation of social workers is especially important for mental health services, maternity and child health initiatives, and the treatment of infectious diseases like HIV and tuberculosis. Additionally, social workers coordinate government-sponsored health initiatives like the Pantawid Pamilyang Pilipino Program (4Ps), which links medical care to financial assistance. Social workers are an invaluable asset to LGU health programs because of their proficiency in managing delicate situations, navigating social processes, and making sure vulnerable populations are not ignored. This helps to create a more responsive and inclusive healthcare system in the Philippines [5].

Advocacy is a central tenet of social work, aiming to uplift marginalized groups and address systemic injustices. In public health, advocacy and social justice mainly addresses the social determinants of health, particularly poverty. As highlighted by, public health interventions that incorporate advocacy have been more successful in achieving equity-oriented outcomes. Thus, integration of this principle will ensure that every individual, regardless of age, gender, or socio-economic status, will receive equitable access to healthcare services, resources, and their rights within complex medical systems [6].

Empowerment and Community Participation

Empowerment in social work refers to enabling individuals and communities to gain control over their circumstances. This principle aligns closely with public health's focus on community en-

agement and participation.

According to, medical social workers often act as mediators between communities and policymakers by communicating community health needs and advocating for inclusive, patient-centered policies. Also considered medical social workers as liaison and intermediary between the healthcare facilities and the community at large. They also contribute significantly to fostering healthier communities and enhancing patient wellbeing through their dedicated efforts [7, 8].

Argues that empowerment-based approaches in public health have led to more sustainable interventions, particularly in chronic disease prevention and health promotion. In practice, this is substantiated by the results of where they evaluated the effects of empowerment-based interventions on self-efficacy and self-care capacity among patients with sickle cell disease. Empowerment also supports capacity-building, allowing communities to identify their own health priorities and develop culturally appropriate solutions [9, 10].

Additionally, these professionals understand the profound effects that illness and hospitalization can have on individuals and their families, encompassing psychological, social, and emotional aspects. In cases where the patient encountered life-changing, devastating events, medical social workers are responsible in restoring the equilibrium in a client's personal, familial, and social life. They support the patients in maintaining or regaining their health and strengthening their capacity for adaptation and reintegration into society.

Social workers are essential to the success of local government unit (LGU) health initiatives in Pangasinan, especially when it comes to meeting the medical needs of vulnerable groups. In order to carry out different health initiatives, including immunization programs, mental health support, and maternity and child health services, social workers work in conjunction with local health officials. They actively participate in the provision of community-based health education, offering families and individuals advice and counseling on nutrition, disease prevention, and health practices.

During the pandemic, social workers were still focused on the provision of psychosocial support, even when this was challenged by their inability to provide face-to-face services and barred by their own physical and emotional exhaustion [11]. "Counseling was done over the phone. Their navigating and referral skills were much utilized, they facilitated the return of patients to their homes which required coordinating with multiple LGUs, and coordinating transport. They facilitated the cremation of the patients through the LGUs. They were utilized to provide Psychosocial Processing of Healthcare Providers who rendered duty in the COVID-19 Wards. They also facilitated the requirements for PhilHealth reimbursement on behalf of the patients."

They play key role in resource navigation and facilitating the client with community resources, financial assistance programs, support groups, and other services that can aid in their recovery or well-being. Further, they Provide information and guidance to patients and families about medical conditions, treatment op-

tions, and available support services (Shobana et al., 2023).

The principle of empowerment and community participation in social work is vital to communities because it encourages individuals and communities to take control of their health decisions and well-being. By fostering autonomy and participation, social workers help build sustainable health solutions that are responsive to local needs and contexts.

Cultural Competence and Diversity

Cultural competence and diversity are essential in social work and public health in the Philippines due to the country's rich ethnic, linguistic, and cultural diversity, which directly influences health beliefs, practices, and access to care. Cultural competence involves understanding and respecting cultural differences in service delivery. Public health professionals who apply this principle are better equipped to address health disparities among diverse populations. Understanding and respecting cultural differences help social workers and public health professionals provide more responsive and equitable services, particularly to indigenous groups, rural communities, and marginalized populations.

As emphasized by the, social workers have an ethical responsibility to ensure they demonstrate cultural awareness and sensitivity in their practice while enhancing competence to work with people from diverse cultures. Cultural competence in social work entails understanding the cultural differences of people in need of social services [12, 13].

Social work literature emphasizes the need for self-awareness, cultural humility, and inclusive practices, which have been adopted in public health through culturally tailored interventions and health communication strategies. Demonstrate that culturally competent care improves access, adherence, and satisfaction among minority populations [14, 15].

Therefore, public health professionals who demonstrate cultural competence strive to understand the cultures of the people they serve and to support them with cultural sensitivity and respect. In doing so, they can better assist their clients in overcoming potential cultural barriers and connect them with critical resources. To promote cultural competence, practitioners must engage in continuous education on local customs and languages, practice cultural humility, and collaborate with community leaders to co-develop health programs. Embedding these practices in service delivery builds trust, enhances communication, and leads to more effective and inclusive health outcomes.

Client-Centered and Holistic Practice

Client-centered and holistic practice in social work and public health involves understanding and addressing the unique needs and circumstances of individuals and communities, taking into account their physical, social, psychological, and spiritual well-being. It views individual within the context of their environment, is fundamental to social work and increasingly adopted in public health. This perspective encourages practitioners to consider psychological, social, and environmental factors in health planning.

Person-centered therapy, also referred to as non-directive, cli-

ent-centered, or Rogerian therapy, was pioneered by Carl Rogers in the early 1940s. The therapist's role is to provide a space conducive to uncensored self-exploration. As the client explores their feelings, they will gain a clearer perception of themselves, leading to psychological growth [16].

Often, holistic social work will not only attempt to tackle issues faced by an individual but their communities as well. This ensures practitioners are addressing root causes of negative outcomes and ideally affecting change for a wide range of people—not just their given client.

By taking all of these elements into consideration, a social worker can better detect any hidden issues that could give rise to emotional distress or negative behaviors. This holistic lens can lead to better care plans and overall support for clients similar to how integrative social work is concerned with the general well-being of individuals [17].

According to Gehlert and Browne in 2012, integrating the biopsychosocial model from social work into public health enhances the relevance and responsiveness of programs, particularly in mental health and behavioral health services. In light of this, argued the implementation of both social work and non-social work-based approaches, including: task-centred, strengths-based, relational, and narrative therapy social work practices [18, 19].

Interdisciplinary Collaboration

Social work encourages interdisciplinary collaboration, which is essential for comprehensive public health responses. Social workers bring psychosocial insights to public health teams, enriching approaches to complex issues such as substance abuse, domestic violence, and homelessness. This process often involves collaboration with other healthcare professionals, including doctors, nurses, therapists, and community organizations, to provide comprehensive care and support to patients in need. For example, the COVID-19 pandemic illustrated the value of this collaboration, with social workers contributing to contact tracing, vaccine outreach, and crisis response [20].

In the Philippine context, interdisciplinary collaboration between social work and public health is crucial in addressing deeply rooted social determinants of health such as poverty, malnutrition, inadequate housing, and limited access to healthcare. Social workers provide valuable insights into the social and cultural dimensions of health, including family dynamics, economic hardship, and community-based barriers to care, while public health professionals offer skills in epidemiology, health promotion, and preventive medicine. Collaborating across these disciplines ensures that interventions are not only medically sound but also socially responsive and culturally appropriate. This is particularly important in geographically isolated and disadvantaged areas (GIDAs), where holistic, community-centered responses are needed to reduce health inequities [21, 22].

To implement effective interdisciplinary collaboration in the Philippines, several strategies can be adopted. First, health and social welfare institutions should formalize partnerships through shared service models in barangay health stations, rural health units, and local government units (LGUs), where social work-

ers and public health staff co-manage community cases. Second, training institutions can promote interprofessional education by embedding collaborative modules into social work and public health curricula. Third, supportive policies from the Department of Health (DOH) and Department of Social Welfare and Development (DSWD) should allocate resources and establish frameworks for integrated service delivery. Programs like the Philippine Health Agenda and 4Ps (Pantawid Pamilyang Pilipino Program) offer strong examples of multisectoral collaboration where social work and public health intersect to support vulnerable populations [23,24].

Challenges and Limitations

Implementing social work principles in public health in the Philippines faces key challenges such as limited integration of social workers in healthcare teams, especially in rural and underserved areas where health resources are already strained. Despite the synergies, challenges exist in integrating social work principles into public health, including differing terminologies, scopes of practice, and institutional silos.

Budget constraints, inadequate staffing, and fragmented coordination between agencies like the Department of Health (DOH) and the Department of Social Welfare and Development (DSWD) hinder the application of holistic and rights-based approaches. There is also a need for clearer frameworks and training programs that support cross-disciplinary competencies. Further research is needed to assess the outcomes of integrated models and identify best practices for implementation.

Lastly, there is a lack of awareness among healthcare professionals about the role and value of social work, leading to underutilization of social workers in public health programs. These challenges limit the full realization of core principles such as advocacy, empowerment, and community participation in health service delivery.

Conclusion

The integration of social work principles into public health will enhance the profession's ability to address complex, multilevel health challenges. Advocacy, empowerment, cultural competence, and client-centered care are not only compatible with public health goals but also essential to achieving equity and improving population health. Strengthening the interface between the two disciplines through education, policy, and practice can lead to more effective and sustainable health outcomes.

References

1. Almanzor, A. C. (1966). The profession of social work in the Philippines: Historical background. *International Social Work*, 9(4). <https://doi.org/10.1177/002087286600900407>
2. Doromal, G. M. (2023, March 20). Medical social workers provide vital support to Filipino healthcare with quality patient services. *BusinessMirror*. <https://businessmirror.com.ph/2023/03/20/medical-social-workers-provide-vital-support-to-filipino-healthcare-with-quality-patient-services/>
3. Department of Health. (2025). Medical social service general information. <https://bmc.doh.gov.ph/patient-care/medical-social-service/general-information>
4. Cabico, G. K. (2024, January 10). Social workers to assess medical aid for poor — DOH. *Philstar Global*. <https://www.philstar.com/headlines/2024/01/10/2324833/social-workers-assess-medical-aid-poor-doh>

5. Belandres, E. B., Choi, A. R. S., Naoe, B. S., & Sanchez, J. D. (2024). Social workers' involvement in the barangay health programs in the Municipality of Pozorrubio. *International Research Journal of Engineering and Technology (IRE)*, 8(6). <https://www.irejournals.com/formatedpaper/1706627.pdf>
6. Farmer, P., Nizeye, B., Stulac, S., & Keshavjee, S. (2013). Structural violence and clinical medicine. *PLoS Medicine*, 3(10), e449.
7. Ruth, B. J., & Marshall, J. W. (2017). A history of social work in public health. *American Journal of Public Health*, 107(S3), S236–S242. <https://doi.org/10.2105/AJPH.2016.303628>
8. Bharadwaj, Y., & Koujalgi, S. R. (2024). Exploring the role of medical social workers in teaching and non-teaching hospitals: A study on the potential establishment of a department of medical social work. *International Journal of Social Health*, 3(4). <https://ijsh.ph/index.php/rp/article/view/173>
9. Wallerstein, N. (2006). What is the evidence on effectiveness of empowerment to improve health? WHO Regional Office for Europe.
10. Rashwan, Z. I., Khalil, H. A., Khonji, L. M., Narayanan, G., Altheeb, M. K., Pradeep, R., Krishnasamy, R., & Bayoumi, M. M. (2024). Effect of empowerment-based interventions on self-efficacy and self-care capacity among patients with sickle cell disease: A randomized controlled trial. *International Journal of Nursing Sciences*, 12(1), 42–50. <https://doi.org/10.1016/j.ijnss.2024.12.011>
11. Aperocho, M. D. B., Drajido, K. A., Diansay, I. Z. Z., & Najjal, D. L. M. E. (2022). Medical social workers' social well-being: Tales from the frontlines. https://www.researchgate.net/publication/370498366_Medical_Social_Workers'_Social_Well-being_Tales_from_the_Frontlines
12. Newfoundland & Labrador College of Social Workers. (2022). Cultural competence in social work practice. <https://nlcsw.ca/wp-content/uploads/2023/10/cultural-competence-in-social-work-practice-explanatory-document.pdf>
13. Virginia Commonwealth University. (2019). Why cultural competence in social work is a vital skill. <https://onlinesocialwork.vcu.edu/blog/cultural-competence-in-social-work/>
14. Sue, D. W. (2001). Multidimensional facets of cultural competence. *The Counseling Psychologist*, 29(6), 790–821. <https://doi.org/10.1177/0011000001296002>
15. Betancourt, J. R., Green, A. R., Carrillo, J. E., & Ananeh-Firempong, O. (2003). Defining cultural competence: A practical framework for addressing racial/ethnic disparities in health and health care. *Public Health Reports*, 118(4), 293–302. <https://doi.org/10.1093/phr/118.4.293>
16. Yao, L., & Kabir, R. (2023). Person-centered therapy (Rogerian therapy). In *StatPearls [Internet]*. StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK589708/>
17. Saybrook University. (2021). What is integrative social work? UNBOUND. <https://www.saybrook.edu/unbound/what-is-integrative-social-work/>
18. Gehlert, S., & Browne, T. A. (2012). *Handbook of health social work*. Wiley.
19. van Breda, A. D. (2022). Person-centred approaches to social work practice. In *Social work theory and ethics* (pp.

-
- 1–26). Springer. https://doi.org/10.1007/978-981-16-3059-0_8-1
20. Levine, C. (2021). Social workers on the frontlines of COVID-19. *Social Work*, 66(2), 95–96. <https://doi.org/10.1093/sw/swab007>
21. Dayrit, M. M., Lagrada, L. P., Picazo, O. F., Pons, M. C., & Villaverde, M. C. (2018). The Philippines health system review. WHO Regional Office for the Western Pacific.
22. Department of Health. (2021). Universal Health Care Act implementation guidelines. Department of Health, Manila, Philippines.
23. Department of Social Welfare and Development. (2020). Pantawid Pamilyang Pilipino Program (4Ps) implementation report.
24. World Health Organization (WHO) Philippines. (2022). Primary health care in the Philippines: Bridging gaps through integration.