

Call for Papers

Social Work for Health Equity among Disadvantaged Communities

The Universal Declaration of Human Rights (1948) invariably declares health as a human right, and the constitution of the World Health Organisation (1946) considers the highest attainable standard of health as a fundamental right of every human being. However, despite the global efforts to ensure health as a fundamental right of all individuals, the violation of this right is rampant. The social work profession has, from the days of its inception, played a crucial role in eradicating health inequalities that are shaped by broader social systems. Social workers often work across the boundaries of policy, healthcare settings, community and families to attain the goal of health equity (Martinez, 2019). While most healthcare professionals work with specialised areas of expertise, social workers “are uniquely positioned across the healthcare system—in hospitals, primary healthcare, public health, community settings, non-profit organisations and elsewhere” (Ashcroft et al., 2021, p.2) to facilitate interventions that cut across micro, macro and meso levels. This cross-boundary nature of the social work profession ensures the judicious combination of methods and materials to attain the goal of health equality.

However, health social work often is limited by the medical models that predominantly apply the ‘individualistic behavioural paradigm’ that disproportionately emphasises the role of individual behaviour in inducing adverse health outcomes (Blue et al., 2016). Also, the medical models often employ a ‘single axe approach’ to health inequality that addresses health inequality from independent axes, downplaying the impact of overlapping intersectional disadvantages (Holman et al., 2021; Lundberg, 2020). The diagnosis is often the end product of intersecting disadvantages and discriminations that individuals and groups are subject to. These disadvantages and discriminations that were present prior to the diagnosis and persisting even after the discharge from the hospital setting make individuals vulnerable to the condition recurrently. Hence, health social work that solely focuses on hospital-based service delivery does not often address the issue of health inequality and health outcomes comprehensively. However, the scope of health social work expands far beyond the medical setting.

Health social work among communities that are disadvantaged requires a critical social work outlook that employs intersectional approaches, integrating elements of community and medical social work. This is particularly true for marginalised communities who end up in a cycle of health and poverty, wherein poverty induces poor health outcomes, leading to diminished income, which again leads back to poverty, and this cycle recurs (Wagstaff, 2002).

Employing cross-sectional interventions at the time-point of medical diagnosis or medical treatment need not necessarily result in long-term positive health of the individuals in such cases. Only social work interventions that span across multiple settings and levels can result in long-term results in such cases.

Social workers face immense challenges in reconciling the incongruence of traditional medical models and social work values (Mitchell, 2012). In fact, social workers often have to work within a healthcare system that does not “acknowledge the value of social work services as a component in the provision of comprehensive healthcare” (Mitchell, 2012, p. 4). Given the fact that health is a universal human right and social workers are one of the key players in ensuring the attainment of this objective, scholarship on the role of the social work profession in this regard needs to be documented. With this aim, this special issue in [*Social Work and Society*](#) seeks submissions that highlight the importance of health social work in diverse settings that are directed towards the attainment of health equality.

We encourage submissions including, but not limited to, the following topics:

- Teaching health equity/inequity in social work classrooms
- Health social work for addressing nutritional deficits
- Health social work with diseases of poverty
- Health social work with neglected tropical diseases
- Health social work for social justice during health emergencies and pandemics
- Ensuring equity in health services in hospital settings through social work interventions
- Case reports of successful social work interventions for health equity
- Social action for health equity
- Innovative research methods for health equity research
- Health equity and homeless individuals
- Health policy and equitable health service delivery
- Intersectionality informed social work practice for health equity
- Political economy and health inequity
- Structural violations of the right to health
- Urban poverty and health
- Indigenous communities and health equity
- Right to health of migrants and refugees

Abstracts are now being accepted for submission. The deadline for submission is September 15 2023. Please send the abstract as an attachment to anoopcchoolayil@gmail.com with the subject line 'Social Work for Health Equity'. Authors of the selected abstracts will be notified by September 30 2023. The full paper should reach the editorial office by November 30 2023. Authors who are not interested in having their abstracts reviewed can also submit full manuscripts by September 30 2023. The tentative date of publication of the special issue will be April 2024.

If the authors need information on the special issue, please get in touch with any of the guest editors:

Anoop C Choolayil

anoopcchoolayil@gmail.com, anoopc.choolayil@icmr.gov.in

Dilip Diwakar G

dilipignou22@gmail.com

References

- Ashcroft, R., Lam, S., Kourgiantakis, T., Begun, S., Nelson, M. L., Adamson, K., ... & Craig, S. L. (2021). Preparing social workers to address health inequities emerging during the COVID-19 pandemic by building capacity for health policy: A scoping review protocol. *BMJ open*, *11*(11), e053959
- Blue, S., Shove, E., Carmona, C., & Kelly, M. P. (2016). Theories of practice and public health: understanding (un) healthy practices. *Critical Public Health*, *26*(1), 36-50.
- Holman, D., Salway, S., Bell, A., Beach, B., Adebajo, A., Ali, N., & Butt, J. (2021). Can intersectionality help with understanding and tackling health inequalities? Perspectives of professional stakeholders. *Health research policy and systems*, *19*(1), 1-15.
- Lundberg, O. (2020). Next steps in the development of the social determinants of health approach: the need for a new narrative. *Scandinavian Journal of Public Health*, *48*(5), 473–479. <https://doi.org/10.1177/1403494819894789>
- Martinez, L. S. (2019, October 28). Health Equity, Social Determinants of Health, and the Role of Social Work. *Health City: Boston University Center*. Retrieved from <https://healthcity.bmc.org/population-health/social-work-health-equity-social-determinants>

- Mitchell J. A. (2012). Integrating Education on Addressing Health Disparities into the Graduate Social Work Curriculum. *Journal of teaching in social work*, 32(5), 471–486. <https://doi.org/10.1080/08841233.2012.725458>
- United Nations. (1948). Universal Declaration of Human Rights. Retrieved from <https://www.un.org/en/about-us/universal-declaration-of-human-rights> (Accessed: June 9, 2022).
- Wagstaff, A. (2002). Poverty and health sector inequalities. *Bulletin of the world health organisation*, 80, 97-105.
- World Health Organisation. (1946). Constitution of the World Health Organization. Retrieved from <https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1> (Accessed: May 13, 2022).