

Public Health Advocacy: A useful Tool of Social Workers in the Control of Neurological Emergencies in Rural Sub-Saharan African Communities

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Abstract

Public Health Advocacy has been a major tool use by social workers and its importance in the control of local epidemics cannot be overemphasized as many reports have been made on the impact on different health advocacy strategies on health outcomes in different communities. This article critically reviews how social workers have been judiciously using this great tool in fostering healthy living and practices among people living with their communities. How public health advocacy has helped in the control of some diseases and getting desired behavioral changes was also reviewed using different research articles that reported such successes. Inspire the great importance of public advocacy carried out by social workers there are still some limitations and challenges being faced in doing this, although these challenges carried between communities but this article reviewed it from a generalized perspective and suggestions were made on possible ways of overcoming such challenges and it's hoped that if implemented it will go a long way in improving the current health advocacy done by social workers. The concluding part of this article made some recommendations on ways public health advocacy can be done better laying emphasis on the need for evaluation of every health advocacy program so as to measure progress made by such program and this can be done if social workers can get themselves involved in researches that critically review such programs. It also recommended that social workers should be integrated into decision making.

Keywords: Public health advocacy; Social workers; Health promotion; Public health awareness; Mass media; Neurological emergency

Introduction

Public health advocacy refers to the act of educating, organizing and mobilizing system change in population health [1]. This is a major tool in the control of disease as it institutes primary prevention of disease outbreak through public enlightenment on ways in which they can live an illness-free life by some modifications in the lifestyles and adoption of a healthy lifestyle. Health advocacy is important in ensuring the total well-being of the community and also a "Best buy" disease management tool because it ensures more economical gain and reduces the damage the burden of a disease would have cost on the global economy.

Schneider and Lester in 2001 recommend that the underlying foundations of health advocacy can be followed to the profession's ideal of aiding people, gatherings and populations who can't help themselves [2]. So professions that fit in better to public health advocacy are those that see to helping people, fostering their health even to the grass root not just at the clinical setting alone. Social Work fits in to this category of profession and public health advocacy has been one of the major functions carried out by health social workers as it's regarded as their response in carrying out social justice [3].

Public health advocating is the hallmark of social work. The different ways in which social workers participate in public health advocating and there are two major types of public health advocating carried out by social workers, which are case advocacy and cause advocacy. Case advocacy involves individuals or families requiring some kind of changes so as to ensure control of a single case. The main goals of case advocacy are to meet the individual absolute needs and other basic goods and services that offer that support women survivors such as sanitation, basic medical housing and others over the course of a short period. An example of case advocacy includes a control of tuberculosis among school children which required a social worker to go to the school with the reported case of tuberculosis and advise, advocate and carry out necessary actions requires

in the control of the disease entity among the school children. Cause advocacy is the advocacy to a larger population which involves systematic efforts in changing policies, common practices, way of lives, procedures, law in order to ensure positive outcome in the general health of the entire population involves. This is done through series of health campaigns done by social workers who see to it that the goals of the health advocacy such as impacting and promoting the health and wellness of the entire population over a longer period of time is achieved.

The importance of public health advocacy done by social workers to improvement of health cannot be overemphasized. Some researches look into the impact of social workers and the role they played during the COVID-19 pandemic and also during Ebola outbreak [4-7]. Social work and public health advocacy are needed in any community that take health of the people important as this goes a long way in curbing and preventing some disease outbreak which in a long run has positive impact on the global economy [8]. Community health advocacy ensures that the well-being of the people in the community are taken care of and also go a long way in seeing that the goal of primary health care are being achieved. A collaboration between social workers and other public health workers will be synergistic in realizing those aims of public health advocacy and also helps government in making appropriate health decisions and also in implementation of health policies been made.

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Literary Review

Public health advocacy and control of neurological emergencies

Public health advocacy is one of the key ways in the control of local outbreak of diseases through promotion of healthy lifestyle access to good health care and improvement of public health services at individual and community level. This involves gaining social acceptance, political commitment, system support and policy support in order to achieve a specific public health goal which requires the combination of individual and social actions so as to effect decided change. Public health advocacy achieves the control of local epidemics through mass and multi-media, direct political lobbying and community mobilization [9].

Common neurological emergencies in Sub-Saharan African Communities includes crises of myasthenia gravis, Guillain-Barré syndrome, acute poliomyelitis, meningitis, Meningoencephalitis, epileptic seizure, brainstorm encephalitis, acute intoxication with puffer poison, botulinium toxin [10]. Some of these neurological emergencies could be prevented if the people in the communities could be educated on measures they could take to reduce the incidence of these conditions. The World Health Organization highlighted the importance of primary prevention of neurological disorders in the reduction not the global burden of such disease and public advocacy was mentioned as a great tool of such primary prevention even in Sub-Saharan Africa [11]. Management outcome of neurological emergencies has been poor due lack of or reduced number of specialist in neurological care such as neurologists, neurosurgeons, neuropsychiatrists, and neurological nurses [12]. This poses risks to lives of people affected with any of the common neurological emergencies on Sub-Saharan African communities; the best but will be ensuring primary prevention. The ways by which public health advocacy has proven in the control of some diseases are highlighted below:

One of the most striking examples of health advocacy in control of diseases is the HIV and AIDS control initiative which includes reduction in cost of antiviral drugs and increasing the access to many people and reducing the stigma and discrimination associated with the disease condition through public enlightenment which in turn reduces the burden of disease. Another research evaluates the use of mass media awareness campaign which is a tool of public health advocacy in the prevention of spread of Lassa fever infection in a rural community of Ebony State in Nigeria [13]. A similar research shows effect of mass media campaigns in effecting change in health behaviors [14].

Hornik et Al works on the research that reveals the effects of national youth anti-drug media campaign on youth, a cohort study done on US youths ages 9 to 18 between the year of 1999 to 2004 [15]. A similar research also proves the effectiveness of national control policy's marijuana initiative campaign on high and low-sensation seeking adolescents [16]. United States national cancer Institute it publishes the role of Media in promoting and reducing of tobacco use [17]. Similarly, studies on mass intervention for prevention or cessation of smoking were conducted which reveal reduction in prevalence as a result of these interventions [18-21]. The monthly adult smoking in the United States was evaluated in a study that compares impacts of tobacco control policies and mass media campaigns on its prevalence [22]. Some studies also look into the consequences of reducing the fund on such media campaigns on tobacco control [23,24].

Community awareness and participation plays a major role in the control of disease which serves as a method of primary prevention of disease entities. A cross sectional study done to assess the level of public

awareness on three infectious disease, HIV, tuberculosis and hepatitis B infections among the people of Zhejiang province of China between the period of December 2010 to April 2011 suggested that effective and comprehensive health education campaigns to increase the public health awareness of the diseases should be emphasized in the rural communities of China [25]. Another research shows that the increase incidence of HIV infections among men that have sex with men in China was due largely to lack of proper health awareness among these set of people [26]. A national survey on tuberculosis in China recommended that future programmes to increase public awareness on symptoms, control and free detection treatment policy of tuberculosis should target farmers and people with low level of education [27]. Literacy and media exposure have been indicated as factors determining the community awareness of HIV infection among youth in India [28]. Conclusion drawn from a US national health interview survey done on knowledge and risk perception on tuberculosis was that a renewed tuberculosis educational efforts are needed for all population but should be targeted at those population disproportionately affected [29].

From above we can deduct the importance of public health advocacy in the control of local epidemics and even global pandemic, public health advocacy should be adopted for other health condition in which behavioral changes are very such as abnormal use of local herbs, effects of working postures and conditions on health and even gaming disorders [30-33]. Public health advocacy increase the knowledge of the concern population on the preventive and control of measures of a disease entity which will go a long way in the control of local epidemics and also reducing the endemicity of a disease condition even in its endemic region. This will not help in reducing the incidence but also the prevalence of such disease condition making public health advocacy a key tool in the global disease control. Controlling disease outbreak at its local level is very crucial as it plays an important role in reducing the burden of the disease also the cost of controlling disease at its local outbreak is relatively cheaper compare to when it's escalated. It also enhances eradication of such disease condition and limits the amount of damage caused by the disease.

The deduction above could also be applied to the control of neurological emergencies, since public health advocacy has proven to be of great importance in the control of both communicable and non-communicable diseases as highlighted above. Education of the masses will go a long way in ensuring primary prevention of most of the neurological emergencies in Sub-Saharan African communities. Meningoencephalitis, poliomyelitis are caused by some organisms that are transmitted through feco-oral route which are gotten through drinking contaminated water or taking contaminated food or swimming in contaminated river [34-37]; which can be prevented through lifestyle modifications.

Some of these researches reveals that some of the health advocacy do not fully achieve the purpose of enlightening and educating the masses or some get the masses aware but does not adequately effect the desired changes [13,17] due to inappropriateness in the mode such advocacy were carried out and suggested that people should not only be educated but must be seen to that they make the desired behavioral changes.

Roles of social workers in public health advocacy

Social workers play great roles in public health advocacy. Public health social workers who are social workers that focus on prevention and identification of children, adults, families and communities with needs; and provision of intervention services that help these people in identify ways of meeting their needs and prevention of future problems. They do this by helping individuals and families make some something

behavioral situational life changes so as to improve their overall health and well-being. A public health social worker helps in dealing with health related issues among people living within a community through identification of people within the community where who have issue with health, assessment of health needs of the people in the community, working with government authorities to improve access to health facility and evaluating health care services to ensure it is sufficient to cater for the needs of the people within that community.

Harry L. Hopkins a former director of the New York Tuberculosis Society wrote "The fields of social work and public health are inseparable, and no artificial boundaries can separate them. Social work is interwoven in the whole fabric of the public health movement, and has directly influenced it at every point." in his report in 1926 [38]. This shows the interconnection between social work and public health advocacy.

John D Stoeckle influenced the field of social work trying to create a synergy by social workers and others health workers in advocating public health [39]. Social work is dedicated to improving human well-being using quanic ecological and bio psychological approaches [40]. Health administration, prevention, promotion, research, advocacy and policy are part of the practices of social worker carried out at macro level [41].

In Homer Folks presentation to the American Public Health Association in 1912, he noted that collaboration between public health and social work will help in improving public health advocacy in areas such as infectious disease control, maternal and child health and prevention of poverty [42]. Establishment of federal Children's Bureau in the United States advocated by Lillian Wald and Florence Kelley both social workers with the purpose of drawing attentions to issues affecting children and women such as increase maternal and infant mortality rate, orphaning if children, widespread of child labour and lack of birth registration system [43] is a great example of how social workers impacted on public health advocacy. Social work grew more into public health when it was integrated to the United States Public Health Service (USPHS) in 1920 giving birth to today's public health social worker capable of carrying out case finding, clinical service, consultation, training, prevention and research in public health field; which has expanded the scope in the control of infectious diseases, venereal diseases, mental illness and others [44].

A study emphasized the important if social worker shifting focus from secondary prevention of disease to primary prevention thought public health advocacy [45]. Another called for the development of preventive social work that seeks to the prevention of diseases in the society using the skills of social workers [46]. In 1985, a conference on Public Health Social Work was held by USPHS's Division of Maternal and Child Health do as to facilitate the integration of public health into social work [47]. Moreover, in building a synergetic relationship between the public health and social work and to strengthen the public health advocacy by social worker the Master of Social Work-Master of Public Health (MSW-MPH) program was introduced. Community prevention through community outreaches, cultural responsiveness and capacity development which led to the emergence of prevention researches [48,49]. Social workers can ensure primary prevention of disease in the community as it is of great importance over secondary prevention both economically and health wise.

Discussion

Limitations and challenges of public health advocacy by social workers

There are limitations to full participation of social workers in public

health advocacy as listed in a research which includes lack of health policy training in social work education curriculum, lack of visibility and clarity are the roles of social workers and their potential impact and insufficiency of resources within the social workers professional organizations [50]. Another challenge is the confusion or lack of understanding of social worker role by other public health professionals [51]. In Africa lack of organization to oversee the training of social work professional had been one of the most indicated challenges [52]. Midgley et Al in 1981 identified that the limited of social workers in so region such Africa compared to gravity of public health issues causes a major drawback in the realization of public health advocacy [53].

General limitations to public holiday promotion or advocacy may also applies to social workers which include: the lack of consensus on public health, describe the decision making without necessary data to backup, inadequate capacity to carry out some essential public health functions, iniquity and inequitable distribution of public health services and others which generally affect public health advocacy done by any public health professionals not excluding the social workers. Collected below are some challenges facing public health advocacy in Africa: underdeveloped sectorial collaboration, ambiguity of health promotions policy, inadequate resources and capacity to develop and evaluate health promotion programs, inadequate investment in public health advocacy, lack of or no political ways to wash public health advocacy programs [53]. Also these factors may be contributory barriers to propagation of health advocacy especially in rural communities which are language barrier, bad cultural beliefs and practices, high poverty rate, low health literacy level, lack of basic social amenities and others.

The limitations and challenges highlighted above have lot of hindering effect on effectiveness of public health advocacy carried out by social workers. Social workers should be trained in a way to overcome these challenges in carrying out their duties and effort should be made in ensuring that this training caters for its needed for the social work to thrive in that particular community. And another way forward when policy makers gives enough support needed for the fostering of the work of social workers ad at when needed. Also, a proper and well established structure should be made stating clearly the role of each health workers involves in public health advocacy so as to reduces the rate of clashes between different sector of health workers and to Foster intersectional collaboration so as to improve the quality of health services delivery. The populace should be enlighten on ways by which they can corporate with the social workers and to also see them as people in health services saddle with the responsibilities of fostering healthy living and maintenance of abstinence from ill health. Also, Social workers should be trained to at least communicate in the language of the locality they find themselves so as to ease the relationship between them and the members of the community in order to achieve the goals of public health advocacy. The community should be provided with essential social amenities such as electricity supply, portable water and mass media and others.

Social workers should try working on following up the community on the initial campaign made to see to it the desired change in lifestyle was achieved and properly maintained and long term evaluation about the impact of any public health advocacy program should be done to measure progress made and to determine if there will be need for re addressing the strategies used if desired result is not gotten. With everything being set a positive outcome and greater improvement in public health advocacy will be achieved by social workers.

Conclusion

This work systematically reviews the role of public health advocacy

as an important tool of a social worker although there is a sub field of social work the public health social work but I believe that public health advocacy should be a function of every social workers because it's a very great impact in the control of disease outbreak so as to refrain it to the local epidemics and also to eradicate it. In the control of some diseases such as tuberculosis the social worker shouldn't only focus on the contact tracing alone but should advocate for societal change in the way people live their life's so as to reduce the incidence of such disease through appropriate education giving to the public on ways such disease condition could be presented. The impact of such advocacy during the COVID-19 pandemic cannot be over emphasized as the entire populace were adequately informed on preventive measures such as watching of handing, usage of face mask and social distancing really help in long way in curbing the damage done by the pandemic and this can also be channel to the control of neurological emergencies even in the region of Sub-Saharan Africa.

The social workers should be careful on the way they address the people and the kind of information they give out during their health advocacy programs as every misinformation giving out goes a long way in disrupting the actualization of the goals of public health advocacy and also may instigate some false beliefs in people which may take a serious and prompt action on the erasing the false information from people's mind. Social Workers should help in policies and appropriate decision making through accurate and proficient data gotten from disease surveillance, registration of vital information and researches carried out to ensure appropriateness of the policy, equity in allocation of resources and to make sure that every health needs of all population including the minority or the disproportionately neglected ones are taking care of.

This research also critically examine how diseases are being controlled through public health advocacy and how certain behavioral changes are being made, showing the importance of public health awareness. This is to encourage every country to adopt and promote appropriate public health advocacy to meet the needs of their people and also to encourage many social workers to see public health advocacy as part of their basic responsibilities and way of giving back to the community and also see to it that conclusions drawn from such programs get to appropriate decision making quarters and are being adopted so as to make the purpose of such programs effective.

Social workers should also engage themselves in researches that look into the beneficial impact of any public health advocacy program being instituted and those that measure the rate at which such programs are achieving their purpose. This will help in the evaluation of the program and in knowing the appropriate steps to take in improving the program and making sure that entire target population benefitted from it.

Social workers should be included into decision making as this will facilitate proper integration of social work in to public health and improve the decision making process and also allow the interest of people in the grass root to be included and considered when making any decision as social workers are more closer to the communities and they interact more with people in the community than most of other health care worker so it will be appropriate that these set of individuals knowing the needs and wishes of the people are included at that the decision making level, this will gives room for the actual representation and reflection of people's health needs in the decision made.

Social workers should see public health advocacy as an important tool they can use in the control of the neurological emergencies in the region of Sub-Saharan Africa, especially in places where there are limited access to health care and increase number of fatalities of such cases. Social

health workers should with community health extension workers in such areas to see to it that cases of neurological emergencies are primarily prevented.

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Conflict of Interest

Authors declared no conflict of interest.

References

1. Regina AGU (2012) Public health advocacy. Oxford bibliography.
2. Gilbert N, Specht H (1976) Advocacy and professional ethics. *Soc Work*. 21(4):288-293.
3. Okafor A (2021) Role of the social worker in the outbreak of pandemics (A case of COVID-19). *Cogent Psychol*. 8(1): 48-53.
4. Solomon A (2020) Social work and covid-19 pandemic: An action call. *Advance*. Preprint.
5. Cifuentes-Faura J (2020) The role of social work in the field of education during COVID-19. *Int Soc Work* 63(6):795-797.
6. Bess A, Collins A (2014) Social service workers address ebola's widespread social impacts. *Capacity Plus*.
7. Loue S (2006) Community health advocacy. *J Epidemiol Community Health* 60(6):458-463.
8. ECDC (2009) Joint ECDC/EUPHA Meeting on Health Communication For Innovation in EU: A Focus on Communicable Disease. ECDC.
9. Jaiteh LES, Helwig SA, Jagne A (2017) Standard operating procedures improve acute neurologic care in a sub-saharan african setting. *Neurol* 89(2):144-152.
10. World Health Organization (2006) Neurological disorders: Public health challenges. W.H.O.
11. World Health Organization (2004) Atlas of country resources for neurological disorders. W.H.O.
12. Wogu JO (2018) Mass media awareness campaign and the prevention of the spread of Lassa fever in the rural communities of ebonyi state, nigeria: Impact evaluation. *J Public Health Afri* 9(3):882- 885.
13. Wakefield MA, Loken B, Hornik RC (2010) Use of mass media campaigns to change health behaviour. *Lancet* 376(9748): 1261 – 1271.
14. Hornik R, Jacobsohn L, Orwin R, Piesse A, Kalton G (2008) Effects of the national youth anti-drug media campaign on youths. *Am J Pub Health* 98(12): 2229- 2236.
15. Palmgreen P, Lorch EP, Stephenson MT, Hoyle RH, Donohew L (2007) Effects of the office of national drug control policy's marijuana initiative campaign on high-sensation-seeking adolescents. *Am J Pub Health* 97(9):1644–1649.
16. National Cancer Institute (2008) Tobacco Control Monograph No 19. Bethesda, MD: US Department of Health and Human Services, National Institutes of Health, National Cancer Institute. The role of the media in promoting and reducing tobacco use. NIH Pub No 07-6242.
17. Bala M, Strzeszynski L, Cahill K (2008) Mass media interven-

- tions for smoking cessation in adults. *Cochrane Database Syst Rev*. 1:CD004704.
18. Carson KV, Ameer F, Sayehmiri K, Hnin K, van Agteren JE, et al. (2017) Mass media interventions for preventing smoking in young people. *Cochrane Database Syst Rev*. 6(6):CD001006. PMID: 28574573
 19. Brinn MP, Carson KV, Esterman AJ, Chang AB, Smith BJ (2010) Mass media interventions for preventing smoking in young people. *The Cochrane database of systematic reviews*. 11:CD001006.
 20. Sowden AJ, Arblaster L (2000) Mass media interventions for preventing smoking in young people. *The Cochrane database of systematic reviews*. 2:CD001006.
 21. Wakefield MA, Durkin S, Spittal MJ (2008) Impact of tobacco control policies and mass media campaigns on monthly adult smoking prevalence. *Am J Public Health* 98:1443–1450.
 22. Sly DF, Arheart K, Dietz N (2005) The outcome consequences of defunding the Minnesota youth tobacco-use prevention program. *Prev Med* 41:503–510.
 23. Niederdeppe J, Farrelly MC, Hersey JC, Davis KC (2008) Consequences of dramatic reductions in state tobacco control funds: Florida, 1998–2000. *Tob Control* 17:205–210.
 24. Liu H, Li M, Jin M (2013) Public awareness of three major infectious diseases in rural zhejiang province, china: A cross-sectional study. *BMC Infect Dis* 13: 192-196.
 25. Choi K, Lui H, Guo Y, Han L, Mandel JS (2006) Lack of hiv testing and awareness of hiv infection among men who have sex with men, beijing, china. *AIDS Education and Prevention*. 28(1):33-34.
 26. Lu SH, Tian BC, Kang XP, Zhang W, Meng XP, et al. (2009) Public awareness of tuberculosis in China: A national survey of 69 253 subjects. *The international journal of tuberculosis and lung disease: The official journal of the International Union against Tuberculosis and Lung Disease*. 13(12):1493–1499.
 27. Yadav SB, Makwana NR, Vadera BN, Dhaduk KM, Gandha KM (2011) Awareness of HIV/AIDS among rural youth in India: A community based cross-sectional study. *J of Infection in Developing Countries* 5(10):711–716.
 28. Marks SM, Deluca N, Walton W (2008) Knowledge, attitudes and risk perceptions about tuberculosis: US national health interview survey. *The international journal of tuberculosis and lung disease: The official journal of the international union against tuberculosis and lung disease*. 12(11):1261–1267.
 29. Alare K, Alare T (2020) Review of toxicity of allicin in garlic. *Open Acc J of Toxicol* 4(5): 132-133.
 30. Alare K, Alare T, Luviano N (2020) Medicinal importance of garlic and onions on autonomic nervous system. *Clin Pharmacol Biopharm* 9(4): 204-206.
 31. Alare K, Omoniyo T, Adekanle T (2021) Postural predisposition to cervical spondylosis among housewives, teachers, computers and smart phones users. *Intern J of Neurologic Phys Therapy* 7(2):14-19.
 32. Aderinto N, Opanike J, Alare K (2021) The Nigerian picture of gaming disorder in adolescents. *International Journal of Psychological and Brain Sciences* 6(6): 82-85.
 33. Rosenau MJ (1913) The mode of transmission of poliomyelitis. *Boston Med Surg J* 169:337-341.
 34. Ohri LK, Marquess JG (1999) Polio: Will we soon vanquish an old enemy? *Drug Benefit Trends* 11 (6): 41–54.
 35. Kew OM, Sutter RW, de Gourville EM, Dowdle WR, Pallansch MA (2005) Vaccine-derived polioviruses and the endgame strategy for global polio eradication. *Ann Rev Microbiol* 59: 587–635.
 36. Oncel K, Karaagac L, Dagci H, Aykur M (2022) Real-time pcr confirmation of a fatal case of primary amoebic meningoencephalitis in turkey caused by naegleria fowleri or brain-eating amoeba. *Acta Parasitologica*.
 37. Hopkins HL (1926) The place of social work in public health. Paper presented at: National Conference of Social Work May 26–June 2, 1926. Cleveland, OH.
 38. Waitzkin H (2016) John D. Stoeckle and the upstream vision of social determinants in public health. *Am J Public Health* 106(2): 234 - 238.
 39. Ruth BJ, Marshall JW (2017) A history of social work in public health. *Am J Public Health* 107(3): 236-242.
 40. Browne T (2012) Social work roles and health-care settings. *Handbook of Health Social Work*. 2nd ed. Hoboken, NJ: Wiley; pp. 20–40.
 41. Folks H (1912) Points of contact between the health officer and the social worker. *Am J Public Health* 2(10):776–781.
 42. Almgren G, Kemp SP, Eisinger A (2000) The legacy of hull house and the children's bureau in the american mortality transition. *Social Service Review* 74(1):1-27.
 43. Leukefeld CG (1989) National health line. *Health & Social Work* 14(1): 9–11.
 44. Rice EP (1959) Social work in public health. *Social Work* 4(1):82–88.
 45. Wittman M (1961) Preventive social work: A goal for practice and education. *Social Work* 6(1):19–28.
 46. Ruth BJ, Sisco S, Marshall JW (2016) Public health social work. In: Franklin C, editor. *Encyclopedia of Social Work*. New York, NY: NASW Press and Oxford University Press; 2016. Accessed November 20, 2021.
 47. Marshall JW, Ruth BJ, Sisco S, Bethke C, Piper TM, et al. (2011) Social work interest in prevention: A content analysis of the professional literature. *Social Work*. 56(3):201–211.
 48. Ruth BJ, Velásquez EE, Marshall JW, Ziperstein D (2015) Shaping the future of prevention in social work: An analysis of the professional literature from 2000 through 2010. *Social Work*. 60(2):126–134.
 49. Holtzman D (2017) Public health social work: An uncertain future. *Am J Pub Health*. 107(3): 221-222.
 50. Ashcroft R, McMillan C, Ambrose-Miller W, McKee R, et al. (2018) The emerging role of social work in primary health care: A survey of social workers in ontario family health teams. *Health Soc Work*. 43(2): 109–117.
 51. Mwansa LKJ (2010) Challenges facing social work education in af-

- rica. Int Soc Work. 53(1): 129-136.
52. Midgley J (1981) Professional imperialism. London: Heinemann Educational Books.
53. Edlyne EA (2020) Health promotion and its challenges to public health delivery system in africa. Public Health in Developing Countries - Challenges and Opportunities, Edlyne Eze Anugwom and Niyi Awofeso. Intech Open.