

Strengthening Social Workers' Participation in Local Health Program

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Abstract- For the purpose to evaluate social workers' contributions to community health initiatives, this endeavor examined their program participation and demographic profile in Pozorrubio, Pangasinan. Data from 125 respondents, mostly female, mid-career, and college educated, representing both internal and external stakeholders were collected using a descriptive research design. The findings showed that social workers consistently participated in outreach, education, counseling, referral systems, breastfeeding awareness campaigns, maternal and child health, reproductive health and family planning, and PhilHealth registration, with mean scores across indicators characterized as "involved." The results, which support academic findings, confirm that when social workers are incorporated into regional health systems, they increase access to healthcare, boost trust, and improve adherence to preventive measures. Nevertheless, there are still gaps in leadership development, institutional recognition, and continuous education, which restrict their ability to have an impact on program and policy design. Therefore, to optimize their influence, strengthening involvement necessitates professional development, structural integration, and empowerment techniques. Social workers, local governments, and communities stand to benefit from more sustainable, egalitarian, and culturally sensitive health initiatives.

Index Terms- Community, Healthcare, Involved, Optimize, Social Workers

I. INTRODUCTION

With the goal to advance universal health coverage (UHC) and address socioeconomic determinants of health, social workers and community health professionals are essential, according to Chen, et. al (2021). Their relevance in bridging cultural divides, encouraging preventative care, and guaranteeing fair access to health services is highlighted by research conducted in low and middle-income nations. The performance of community health worker programs in decentralized systems, for instance, depends on institutional support and incorporation into health councils, which enhances the sustainability and accountability of health initiatives (Shao, et al., 2025). Global assessments also confirm that when social workers actively participate in program

delivery, they improve community trust, reproductive health awareness, and maternal and child health outcomes (Islam, 2026); Ndambo, et al., 2022; Pac, e. al., 2023; and Raghunandan, 2026).

Social workers are heavily active in community health programs in the Philippines, especially in rural and isolated towns (Fitriana and Galiatsatos, 2026). Their tenacity, inventiveness, and identity as frontline actors who adjust to resource limitations while preserving close relationships to the community are highlighted by research. It has been demonstrated that their involvement in maternal care, family planning, and reproductive health programs increases service uptake and adherence, particularly when they interact with barangay health professionals. However, obstacles like unclear roles, a lack of training opportunities, and inadequate money sometimes limit their participation to supportive or administrative duties rather than leadership positions.

In the study of Alperin, et. a; (2026) looked at municipal social workers' participation in regional health programs at the provincial level which results showed that the majority were female, had a college degree, worked as welfare assistants or area managers, and actively participated in the execution and oversight of the program. Despite having a significant institutional presence, the study found gaps in possibilities for professional growth and leadership recognition, which hindered their ability to have an impact on program and policy design.

Inadequate institutional recognition of social workers' expertise, few opportunities for leadership positions, and insufficient funding for ongoing training are among the deficiencies identified across various levels. To fully realize their potential in bolstering regional health initiatives, these deficiencies must be filled. Local governments will benefit from more successful and long-lasting health programs; social

workers themselves will gain professional development and empowerment; and, most importantly, communities will have better access to equitable, culturally sensitive, and preventive health services. This study highlights the critical need to increase social workers' involvement as a cornerstone of community health governance by placing the study within global, national, and local settings.

II. METHODOLOGY

To enable to profile respondents and gauge their participation in health programs, the study employed a descriptive research approach. Descriptive research is an exploratory study that provides a systematic, fact-based account of a group, their circumstances, or any event. It describes their characteristics without controlling the relevant variables or testing theories. It uses surveys, observations, and case studies, and handles data in both quantitative and qualitative ways. It also searches for and assesses data comparisons to develop knowledge, thoughts, or ideas and to address significant questions. It consistently provides answers to the following queries regarding every circumstance or phenomenon: what, how, when, and where it occurred. The study, which took place in Pozorrubio, Pangasinan, yielded a representative sample of 125 social workers, the majority of whom were female, mid-career, and had a college degree. Frequency counts, percentages, and weighted averages were used to analyze the data, and descriptive equivalents were used to interpret participation levels. By using this method, the study was able to establish a connection between program participation and demographic traits, demonstrating consistent participation in breastfeeding campaigns, PhilHealth registration, reproductive health, and maternal and child health. The design successfully pinpointed weaknesses and strengths, bolstering judgments based on solid facts.

III. RESULTS AND DISCUSSIONS

Profile of the Respondents

According to the data, Pozorrubio's social workforce is primarily made up of internal stakeholders, is primarily female, and is concentrated in the mid-career age range. A solid, educated, and institutionally integrated population that can support

regional health initiatives is represented by the majority of college graduates, many of whom are married.

Profile	<i>F</i>	%
Stakeholder		
External	53	42.40%
Internal	72	57.60%
Age	<i>F</i>	%
18 – 25	9	7.3
26 – 30	23	18.5
31 – 35	28	22.6
36 – 40	31	25.0
41 – 45	12	9.7
46 – 50	11	8.9
51 – 55	3	2.4
56 – 60	3	2.4
61 and above	4	3.2
Sex	<i>F</i>	%
Male	18	14.4
Female	107	85.6
Civil Status	<i>F</i>	%
Single	40	32
Married	80	64
Separated	3	2.4
Widowed	2	1.6
Highest Educational Attainment	<i>F</i>	%
Elementary Graduate	4	3.2
High School Graduate	33	26.4
Vocational Graduate	19	15.2
College Graduate	64	51.2
Post-Graduate	4	3.2
Others	1	0.8

The majority of social workers in Pozorrubio are internal stakeholders (57.6%), according to data, indicating excellent institutional integration within local government structures, a crucial component for maintaining health services. The age distribution reveals that the majority of respondents are between the ages of 31 and 40, indicating a mid-career cohort that blends professional maturity with flexibility in response to advancements in the provision of health services. This is consistent with research showing that mid-career social workers are especially successful at bridging the gap between health services and community realities because they have

the expertise and adaptability to spearhead programming efforts. With 85.6% of respondents being female, the gender composition matches global trends in social work and emphasizes the significance of gender-sensitive policies that empower women in leadership roles within health programs as well as frontline roles. The need for supporting workplace practices that balance work and family commitments, minimize burnout, and ensure ongoing engagement in community health efforts is highlighted by civil status statistics, which shows that 64% of people are married. The results show that even while staff members gave their involvement in innovation a high rating, they are nevertheless unhappy with the hospital's orientation and information distribution processes, which has a detrimental effect on incremental innovation. Additionally, some employees continue to have difficulty adjusting to changes that occur throughout program implementation. This problem is exacerbated by obstacles like poor decision-making, a lack of trust in their abilities, a lack of resources and assistance, and trouble reacting to system changes.

The profile is further reinforced by educational achievement, with 51.2% of the population having completed college and a sizable percentage having only completed high school or a vocational program. Although research highlights the need for postgraduate training and ongoing education to advance practitioners into strategic and leadership positions, this suggests a workforce capable of participating in evidence-based health efforts. The necessity for capacity-building programs is shown by studies conducted in the Philippines, which show that social workers with college degrees are more likely to take part in planning and monitoring, while those with vocational or high school backgrounds are frequently restricted to implementation responsibilities. Van Niekerk, et al. (2023) also highlights that institutional integration, interprofessional collaboration, and recognition of social workers' expertise in addressing social determinants of health are critical to strengthening their participation. Alperin, et. al (2026) support this viewpoint by emphasizing the significance of organized planning and ongoing observation in promoting hospital innovations. Their study emphasizes that to guarantee successful

implementation and advancements in healthcare delivery systems, innovations must be routinely assessed. When it comes to transformative innovation, the most frequently mentioned obstacles to staff involvement are the absence of incentives and rewards, the lack of motivation in particular, and the delay in receiving user input ($\bar{x}=2.55$). Employee commitment to these advancements is also reportedly lacking.

When combined, the Pozorrrubio data and supporting studies (Pac, et al. 2023; Perry and Sachs, 2024; Simen-Kapeu, et al. 2021; Tyuse, et al. 2023; and Van Niekerk, et al. 2023) indicates that the local social workforce is in a good position to significantly impact health initiatives. Their educational foundation, mid-career preparedness, female-driven workforce, and institutional presence offer a solid platform for community engagement and leadership. Nonetheless, there are also issues with guaranteeing fair recognition at all educational levels, enabling women to assume leadership positions, and offering ongoing training to optimize their influence. To ensure that social workers can fully contribute to more equitable, culturally sensitive, and successful local health initiatives, strengthening involvement necessitates structural integration, leadership routes, and continuous investment in professional development.

Table II: Involvement of the MSWs in the Delivery of DOH Local Health Programs

An in-depth understanding of social workers' active participation in mother and child health, reproductive health and family planning, PhilHealth registration, and breastfeeding awareness campaigns can be found in the table on their involvement in local health programs. The data demonstrates their varied role in outreach, education, counseling, and referral networks, with consistently high mean scores suggesting involvement. This general profile highlights the fact that social workers are heavily involved in frontline service delivery and advocacy rather than being limited to administrative duties, which highlights their significance in bolstering community-based health programs. By looking at these metrics, the study lays the groundwork for comprehending how their contributions fit with

academic research on enhancing program efficacy and health equity.

Indicators	Mean	Description
Maternal and Child Health Program	3.63	Involved
1. Conduct daily home visits related to maternity and child health.	3.85	Involved
2. Provide health education to mothers after clinic consultations	3.70	Involved
3. Distribute informational pamphlets on DOH maternal and child health programs.	3.63	Involved
4. Discuss program details with community members.	3.66	Involved
5. Promote maternal and child health teachings.	3.71	Involved
6. Conduct surveys to identify women needing Pap smear screening.	3.32	Involved
7. Implement and practice an effective referral system.	3.56	Involved
8. Submit reports related to maternal and child health (weekly/monthly)	3.64	Involved
Reproductive Health and Family Planning Program	3.51	Involved
1. Conduct daily home visits regarding reproductive health.	3.55	Involved
2. Educate mothers after clinic consultations.	3.50	Involved
3. Distribute pamphlets on reproductive health and family planning.	3.44	Involved
4. Discuss reproductive health and family planning program details.	3.56	Involved
5. Promote health teachings on reproductive health.	3.57	Involved
6. Deliver family planning supplies to service provider outlets.	3.50	Involved
7. Inform clients of supply availability and distribution points.	3.47	Involved
8. Refer clients to appropriate	3.57	Involved

family planning services.		
9. Conduct counseling sessions for couples in family planning.	3.53	Involved
10. Submit reports related to reproductive health and FP (weekly/monthly).	3.38	Involved
PhilHealth Registration Program	3.61	Involved
1. Inform the public about PhilHealth registration venues.	3.76	Involved
2. Conduct house-to-house visits to inform residents about PhilHealth registration.	3.76	Involved
3. Disseminate information about PhilHealth benefits and requirements.	3.59	Involved
4. Gather lists of eligible residents for PhilHealth membership.	3.51	Involved
5. Submit reports related to PhilHealth registration activities.	3.42	Involved
Breastfeeding Awareness Campaign	3.51	Involved
1. Distribute pamphlets about breastfeeding awareness	3.49	Involved
2. Assist Barangay Health Workers in house-to-house campaigns	3.57	Involved
3. Conduct individual or group counseling sessions on breastfeeding.	3.48	Involved
4. Participate in training and breastfeeding-related health education activities.	3.50	Involved
5. Practice referral system for breastfeeding concerns.	3.52	Involved

With mean scores ranging from 3.32 to 3.85 and all classified as "involved," the data on social workers' participation in various local health programs in Pozorrubio shows a consistent level of engagement across maternal and child health, reproductive health and family planning, PhilHealth registration, and breastfeeding awareness campaigns. This suggests that social workers are not passive participants but

actively contribute to program implementation through home visits, health education, distribution of informational materials, counseling, and referral systems. Maternal and child health activities, especially daily home visits, with a mean of 3.85 and health education following consultations, with a mean of 3.70, exhibit the highest level of involvement, indicating their crucial significance in early intervention and preventive care. This inference is supported by Sala-Torrent and Plans-Llado (2024), which highlights how social workers integrated into maternal and child health programs increase community trust and improve adherence to preventative measures, particularly in rural and semi-urban settings where access to medical specialists may be restricted. With a mean score of 3.51, their involvement in family planning and reproductive health programs is also consistent with the study of Mansour, et al. (2021) indicating social workers are successful in raising awareness of family planning, offering counseling to couples, and guaranteeing fair access to reproductive health supplies. Studies conducted in Southeast Asia show that the integration of social workers into reproductive health efforts boosts the use of family planning services because of their capacity to address social determinants impacting reproductive decisions and communicating in a culturally relevant manner (Ayoub, et. al, 2023; Torbjornsen and Zhao, 2026; Perry, et al. 2021; and Sumitro and Sukma, 2026.

With a mean score of 3.61, PhilHealth registration activities further highlight social workers' administrative and advocacy roles. They close gaps in health insurance enrollment and awareness by making house-to-house visits and distributing information about requirements and benefits. This is in line with research on health policy in the Philippines, which shows that social workers play a crucial role in increasing PhilHealth coverage among underprivileged groups and bolstering financial protection in healthcare. In a same vein, their participation in trainings, counseling, and helping barangay health professionals during breastfeeding awareness campaigns, with a mean of 3.51 demonstrates their contribution to long-term health outcomes. Musoke, et al. (2021) confirms that social workers' involvement in breastfeeding promotion increases community acceptance and maternal

confidence, especially when paired with referral mechanisms for specific issues.

Overall, the data shows a workforce that is regularly involved in a variety of health programs, which is supported by academic findings that demonstrate how social workers can improve health outcomes through lobbying, outreach, and education. Their involvement in administrative reporting and referral systems, in addition to frontline care delivery, highlights their diverse role in local health governance. To ensure that their efforts result in long-lasting improvements in mother, child, reproductive, and community health, strengthening their involvement further calls for institutional recognition, ongoing training, and leadership opportunities. As long as their functions are effectively supported and incorporated into local health systems, this synthesis shows that social workers in Pozorrubio are strategically positioned to enhance health equity and program effectiveness.

V. CONCLUSION

According to the profile data, the workforce is centered in the mid-career age range, is predominately female, and has a college degree, making them capable and flexible participants in community health programs. Their capacity to maintain programmatic initiatives is further demonstrated by their excellent institutional integration as internal stakeholders. In the meanwhile, mean ratings continuously indicate "involved" participation in maternity and child health, reproductive health and family planning, PhilHealth registration, and breastfeeding awareness programs, according to program involvement data. Similarly, their role in PhilHealth registration demonstrates their capacity to bridge gaps in health insurance awareness, and their engagement in breastfeeding campaigns supports maternal confidence and child health outcomes. Taken together, the data and scholarly outputs affirm that strengthening social workers' participation requires institutional recognition, leadership pathways, and continuous professional development to maximize their impact. By harnessing their demographic strengths, educational foundation, and demonstrated program involvement, local health programs in

Pozorrubio can become more equitable, culturally responsive, and sustainable, thereby fulfilling the research aim of empowering social workers as vital partners in community health governance. This indicates that social workers are heavily involved in frontline service delivery, outreach, education, counseling, and referral systems rather than being limited to administrative positions. These conclusions are supported by the study of Agonafer, et al. (2021) and Van Niekerk, et al. (2023), which highlights how social workers who are integrated into regional health systems increase access to healthcare, boost trust, and improve adherence to preventive measures. Their participation in reproductive health efforts demonstrates their efficacy in encouraging family planning and addressing socioeconomic determinants of health, while their involvement in mother and child health programs is consistent with international research emphasizing the significance of early intervention.

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