

ADVANCING HEALTH EQUITY IN INDIA: THE INTERSECTION OF SOCIAL WORK AND POLICY PRACTICE

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ABSTRACT

This paper examines the pivotal moment of how social work has become a policy practice for improving equitable health in a contrarily socioeconomically atypical state such as India. The Government of India addresses the dynamic health issues of poor accessibility of health care services for the people of that country and the problems due to diverse cultural and social factors. This paper proposes that in light of grave institutional gaps, the much-promoted services of social workers should play a crucial role in strengthening both community outreach and service provision support through effective translation. It also points to the role of policy practice in meeting the needs for policies promoting universal health coverage, improving infrastructure at a public health level, and dealing with social determinants of health. This paper, therefore, calls upon social work and policy practices in terms of their responsibility for a call to collaborate, putting forward some of the strategies that may involve engagement with policymakers, participatory research, and an interdisciplinary approach. It argues for the need to advance health equity in the country by assuring maximum utilization of strengths from social work and policy practice in discarding systemic barriers that stand in the way of such inclusive policy and ensuring proper access to healthcare by all people.

Keywords: Health equity, Social work, Policy practice.

INTRODUCTION

Health equity, a cornerstone of social justice (Carter, 2023), is an essential attribute of social justice and is still a dream for many in India, showing sharp socio-economic disparities. The struggle for health equity has to be multi-pronged, where professional practice and policy formulation must go hand in hand (Heyman & MSW, 2018). The following article highlights the critical intersection of social work and policy practice for advancing health equity in India. Deep-seated social and economic inequities pose

formidable challenges for India in attaining health equity. Socioeconomic variables of income, education, and geography are the dominant factors influencing health status. Hence, the significant causes of disease and early deaths descend upon the most vulnerable population groups. The people of India are spread out across a wide income distribution curve, with a majority living below the poverty line. Poverty is, therefore, inextricably tied to poor health outcomes since food, water, and waste management are

strongly associated. Education plays a fundamental role in health literacy and proper self-care practices. Yet, educational attainment remains unequal, with lower literacy rates among the marginalized populations in India. This makes it an issue for them to independently make conscious decisions about their health or seek accessible healthcare services. Another important cause of health disparities is the rural-urban divide. The rural population usually does not have as much access to healthcare facilities, qualified medical professionals, or essential medicines as their urban counterparts.

METHODS

This study uses a systematic literature review approach to explore the India-specific intersection of social work and policy practice in the health equity domain. The initial focus of our research was on specific questions related to the role of social workers in reducing health disparities, the socio-economic drivers of those disparities, and how the policy practice work can strategically enhance health equity initiatives. This search allowed for a systematic and comprehensive review of the relevant literature through academic databases with a pragmatic approach undertaken through the use of focused and relevant keywords across peer-reviewed articles, policy documents and scholarly reports published in the last 10 years. Inclusion criteria were applied to extract sources directly related to health equity in India and the contribution of social work.

The next stage of the review was a framework analysis approach, where relevant information from each source was extracted and thematically arranged issues that were identified as socio-economic determinants, the role of social work with respect to community engagement and advocacy, policy development and intersectoral collaborations.

All sources were subjected to critical appraisal to support their academic robustness and appropriateness. Data were synthesized and thematically analysed to identify patterns and coherent narratives that highlighted existing literature gaps, focusing on a lack of empirical evidence regarding strategy implementation, collaborative efficacy, and integration of policy practice within social work education. Such a rigorous methodology lends us an excellent basis to understand this issue based on the current health equity landscape in India and to demarcate the pressing need for evidence-driven, interdisciplinary practices to further the cause of sustainable change.

RESULTS

In India, most health disparities across different population groups are closely related to socioeconomic disparities. The maternal and child health indicators of the country remain suboptimal compared to many other countries of the world, with high rates of maternal and infant mortality, especially among marginalized groups (Roychowdhury et al., 2022). There is a significant contribution to the country's health burden by the emergence of non-communicable diseases like cardiovascular diseases, diabetes, and chronic respiratory diseases. Such conditions are significantly experienced among the poorest and most deprived populations as a result of unhealthy lifestyle habits, unhealthy environmental exposures, and lack of access to services for preventive care (Prabhakaran et al., 2017). Lastly, mental health disorders in India are mostly under-recognized and undertreated. The pervasive stigma around mental health and lack of public awareness result in obstructed help-seeking and disastrous outcomes among people with poor mental health, especially for the most vulnerable groups (Tripathi & Alva, 2020). Social workers are uniquely positioned to help improve health equity, both through their

work on the social determinants of health and in their support of vulnerable populations. Specialized training also allows them to play a valuable role in some of the thorniest areas of public health. The social work profession participates at the local level in raising awareness among people about their health issues, disease prevention, and the availability of healthcare. They help foster trust and build rapport within vulnerable communities to ensure timely access to care and the adoption of healthy behaviours (Gehlert & Browne, 2019). Social workers also advocate for the rights of these marginalized groups and for the development of inclusive policies that address their health needs. This they do through lobbying for increased access to health services and challenging discrimination within health systems. Most of the time, social workers do team with the health care services provider on ways of delivering coordinated services by integrating physical and mental aspects into social dimensions. Such comprehensive services, for example, meet clients' specific needs, impacting overall health equity (Islam, 2024). Health equity is a fundamental configuration of social justice that reflects the equal ability of all to health services, resources, and opportunities essential for good health. Nonetheless, the status of health outcomes reveals critical inequities among people in various socioeconomic groups because of complex interplays like caste, gender, geography, and socioeconomic status (Prasad & Jesani, 2018). The socioeconomic determinants of health are the factors that describe how the social and economic circumstances of a person's life influence his or her health conditions. Some of the very important socio-economic determinants that affect health inequity in India would include income. Income is one of the basic determinants of health, as one's ability to purchase enough nutritious food, clean water,

proper sanitation, and access to healthcare greatly depends on this parameter. The connection between poverty and poorer health is strong; economic deprivation restricts a household's ability to meet even just basic needs and defend health (Nambiar & Muralidharan, 2017). Education has stood out as another critical determinant. It equips persons better with knowledge, appropriate communication skills, and even assuredness in making health-promoting/protective decisions and engaging further in care. There are also inequalities in the extent of schooling received by women, Dalits, and Adivasis in India. Such inequalities in education contribute to poor health literacy, thereby decreasing the capacity to access healthcare services appropriately (Murugan & Manimekalai, 2019). Occupation class may affect health through differences in on-the-job hazards, conditions of work, and physical demands, as well as through differing levels of access to health insurance. A large share of the population in India is engaged in low-paid and informal jobs, which usually lack good safety and health provisions. Gender roles and norms can also have a significant bearing on health outcomes. Most women in India suffer from discrimination in various ways, even at the level of healthcare services. Such discrimination often leads to a lack of autonomy for women over their bodies and reproductive health, adding to the high maternal mortality rate and complications arising due to reproductive health (Ramesh & Bali, 2021). Caste is a deeply entrenched social hierarchy in India, and its effects on health outcomes remain unabated. Discrimination based on caste may lead to unequal access to health care services, lower utilization of preventive care, and poor health outcomes among marginalized caste groups. The socio-economic equity of health in India can only be understood by responding to these factors' interrelated effects on diverse

populations (Borooah, 2018).

The socio-economic disparities in India reflect numerous health inequities across different population groups. The maternal and child health indicators in India still compare very unfavourably with most countries, with unacceptably high rates of maternal and infant mortality, particularly in disadvantaged populations. The report by UN MMEIG 2020 states that India's MMR has come down from 384 in the year 2000 to 103 in 2020, which is higher than the average rate of decline for the global level. The leading causes of maternal death include obstetric haemorrhage, infection related to pregnancy, and hypertensive disorders of pregnancy. Contributing to these disparities are poverty issues, inadequate educational attainment, and restricted access to healthcare services. The burden of most NCDs, such as cardiovascular diseases, diabetes, and chronic respiratory conditions, is very high and increasing in this country. According to data from the Ministry of Health and Family Welfare 2022, in 2017 alone, 60% (4.7 million of all deaths) of deaths over a total of 226.8 million DALYs in India were under the control of NCDs (WHO, 2019). More specifically, in 1990 it was estimated that 37.9% of mortalities occurred due to or because of NCD-related diseases. These diseases mostly affect the poorer and underprivileged sections of society and are the result of poor lifestyle choices, bad environmental conditions, and lack of access to efficient prevention of such health concerns. Equally too, the Indian healthcare system is negligent and highly inadequate in the management of mental health disorders. Stigma and ignorance largely prevent individuals from seeking care, with severe consequences for mental health, especially in vulnerable populations such as women, sexual minorities, and people with disabilities (Thapliyal, 2020). Further, the rural-urban gap is a critical cause that exacerbates health

disparities. It is commonplace to realize more significant barriers in accessing health facilities, medical specialists, and prescribed drugs among people dwelling in rural areas as compared to their urban counterparts. In addition, the disparity is a cause for concern in most unpeopled and remote areas; as indicated, the healthcare resources here are highly limited (Baisakh, 2022).

Key Health Challenges in India

Continued health inequities in India persist and are significantly accentuated by existing barriers to providing access to the essential services of healthcare for the most vulnerable marginalized group of individuals. According to specific rural communities, the lack of health infrastructure, the few facilities and the problems with transportation lead to delays in the treatment. Like, slum dwellers living in informal settlements miss out on access because of poverty, documentation deficit and systemic discrimination. It also further perpetuates caste-based discrimination at the healthcare level, which still deprives lower castes of accessing healthcare, in particular Dalits, leading to damningly poor health outcomes. Individuals, as well as these resulting factors, work together to exacerbate health disparities and require targeted interventions to increase equitable access to services and outcomes (Bharat & Sethi, 2019). Systemic deficiencies in India's healthcare quality compromise, particularly in public facilities. The infrastructure is inadequate, with not enough beds, obsolete medical equipment and drug deficiency, which hamper service delivery and lead to poor diagnosis and sub-optimal outcomes. Pervasive staffing shortages in rural and underserved regions have already made dire pressures worse. The resulting dearth of highly qualified medical personnel strains wait times to see the doctor, denies patients access to speciality healthcare and undermines patient care quality. What's

more, a dearth of education among healthcare providers in underserved communities in situations of marginalized individuals will often lead to misdiagnosis and incorrect treatment of diseases specific to these individuals, therefore undermining health equity (Ramesh & Bali, 2023).

Cultural and social determinants create serious impediments to healthcare access and use in India because societal norms and beliefs constitute deep barriers. Gender discrimination deprives women of their autonomy over their health, allowing them lesser access to services and its consequences, including long delays in care, limited ability for reproductive control and elevated maternal mortality. In addition, people suffering from certain health conditions, such as HIV and AIDS, mental illness and leprosy, suffer from pervasive stigma that discourages them from seeking timely medical advice as well as potential social assistance. Traditional beliefs and practices also play a huge role, and a big conflict is between what the old and rural people believe and say and what modern medicine says and what they are supposed to do, which gets delayed or fought and aborted, mainly among those who are very old or are in rural areas. The combined effect of societal and cultural interplay is exerted within interwoven barriers to further describe the complexity of health equity in India. These are the major challenges in the attainment of health equity in India. Each of these requires a holistic approach to be mounted with regard to access to quality health services, infrastructure of healthcare facilities, social determinants of health, and sociocultural barriers to healthcare-seeking behaviour (Nambiar & Muralidharan, 2017).

DISCUSSION

The Role of Social Work in Advancing Health Equity in India

Social workers represent a key force for change in health equity within an Indian context; hence, they apply specialized training through their multi-faceted role to address the social determinants of health, determine specific needs that differ among different populations, and advocate for systemic reform aimed at improvements in the health of all citizens. Addressing Social Determinants of Health Social workers are particularly prepared to understand and address social determinants of health-the social and economic factors that impact health outcomes. In India, toward the creation of a plan of action to address these determinants, social workers undertake several interventions: Social workers engage in community outreach programs that aim to educate people about health concerns, disease prevention methods, and available facilities within the healthcare system. Their work targets tackling health illiteracy, advocating for life-healthy behaviours, and making people responsible for themselves over health matters. Case management services provided by the social worker are meant to direct individual clients and their family cases dealing with multiple adversities with health complications in livelihood. They assist active participants in accessing services that are relevant and available to them. Sometimes, they assist these needy persons in developing an integrative care plan for improving their living standards regarding their social, economic as well as health conditions. Social workers are very active in advocating for policies that would address social determinants of health. They work with policymakers to prioritize funding for healthcare, education, housing, and other social services critical to improving health outcomes for diverse populations (Thomas, 2024).

India's social workers are vital for identifying and satisfying the multitude of health needs of India's diverse and distinct society with

diverse cultural, linguistic and socio-economic categories of people. Social workers are trained specifically to identify the particular challenges faced by vulnerable populations, including Dalits, Adivasis, LGBTQ+ people, women, children, and persons with disabilities who face greater discrimination and barriers to receiving healthcare on account of systemic issues. Covering advocacy around such communities' human rights as well as specialized targeted services addressing the particular health needs related to gender discrimination, reproductive health, nutritional deficiencies and disabilities, and active engagement in addressing the systemic inequalities so as to achieve equitable health outcomes in a range of populations. Speaking to social justice and advocacy principles, social work practice works to cajole the larger system towards bringing about change towards stemming the root causes of health inequities in India. Evidence of practice for social work goes into evidence-based policy advocacy to influence decision-makers on health equity and resource allocation to directly challenge discriminatory practices that sustain inequalities in marginalized groups. They are also invaluable in the area of community empowerment by supporting community-led initiatives and partnerships that catalyse sustainable change and empower communities to advocate for their own health needs. These integrated functions and unique training allow social workers to work on the social determinants of health, understand the needs of many populations differently, and are important agents in building a just and equitable healthcare system for everyone (Nayak & Robbins, 2018).

Key Areas of Intervention for Social Work in Advancing Health Equity in India.

Community Outreach and Education

Social workers play a pivotal role in community outreach initiatives aimed at

educating individuals about health issues, disease prevention, and available healthcare resources. Social workers encourage vulnerable populations to seek timely medical care by fostering trust and rapport with community members. Social workers organize and participate in health education campaigns designed to raise awareness regarding prevalent health concerns, such as malnutrition, infectious diseases, and non-communicable diseases. Utilizing a variety of channels—including community meetings, workshops, and social media. They disseminate accurate health information to enhance public understanding. Community Mobilization: Social workers facilitate community mobilization efforts that empower individuals to take ownership of their health and well-being. Organizing community meetings, establishing health committees, and supporting community-led initiatives promote healthy practices and improve access to essential healthcare services (Choolayil & Diwakar, 2024).

Advocacy for Marginalized Groups

Social workers are highly instrumental in ensuring that the voices of marginalised populations are heard by advocating to influence the formulation of inclusive policies addressing their healthcare needs. It involves working at local, state, and national levels to create policy advocacy to influence and convince decision-makers to move toward addressing the health concerns of these marginalized groups. They support their initiatives in policy implementation to promote access to health care, reduce discrimination, and advance health equity by using research, data, and evidence-based practice. Social workers provide legal services and support to vulnerable individuals and groups with barriers to accessing health care. Social workers assist the client in understanding the legal process; they may draft and file a

complaint of discrimination and assist the client in advocating to have his or her rights protected. Social workers empower poor communities through their organization and advocacy around health needs. They would train community members in skills advocacy and mobilize people to take collective action and demand better healthcare services and policies (Kuttiatt et al., 2025).

Integrated Service Delivery

Social workers and healthcare providers must collaborate to deliver integrated services that address physical, mental, and social health needs. The social worker actively collaborates with physicians, nurses, psychologists, and other health professionals in developing integrated care plans to address the biopsychosocial needs of the clients. They facilitate communications between various healthcare providers so that information and the services provided can flow smoothly from one point to another. Social workers support persons or families with complicated illnesses in the case management process through referral, linking them to the various relevant services. They help their clientele interact with the health sector and obtain resources, and further help create an integrated care package that meets the social, financial, and health needs of the patient and his or her family (Stanhope & Straussner, 2018).

Mental Health Support

It also remains a very important yet highly neglected feature of health equity in India. Social workers play an influential role in providing counselling and support services to persons who are at risk owing to mental health challenges. Social workers give individual and group counselling to the mentally ill. Evidence-based therapeutic approaches for helping clients manage their symptoms to learn to cope better in order to improve their lives. Social workers work

toward increasing awareness about good mental health in the community, reducing the stigma that comes with having mental illnesses. Through the use of media, meetings with community leaders, or workshops, they raise public awareness regarding issues on mental health and encourage people to come forward for help (Ginneken et al., 2017).

The Role of Policy Practice in Advancing Health Equity in India

Health equity promotion in India involves appropriately adopting policies that take the challenge of reducing systemic barriers to accessing health care. Policy practice, embracing everything from advocacy and development through the evaluation of health policies themselves, is essential in giving form to a fair and more equal health system. Policy Advocacy Social workers are at the forefront of policy advocacy, which is a very vital factor in eliciting change in the conception and execution of health policy promoting equity. Social workers carry out extensive research and data collection on health disparities and root causes of health inequities. A rigorous analysis of policy proposals is done to examine the potential impact on marginalized populations and inform evidence-based advocacy. Social workers, through their studies, develop evidence-based policy recommendations to help reduce health disparities and increase equity. Such recommendations are then addressed to policymakers, government officials, and other relevant stakeholders to elicit systemic change. Social workers engage in lobbying and advocacy to persuade policymakers to pass policies that support health equity. They build relationships with policymakers, testify in front of legislative committees, and work to garner public will for changes that promote health equity (Yang, 2024).

Policy Development

Apart from advocacy, social workers are also important in the development of health policies and programs. Social workers work with policymakers and other stakeholders to draft new health policies and programs. They add depth to that drawn from social work practice, empirical research, and community assessment to ensure that policies reflect an inclusive approach to addressing health needs. Social workers facilitate the implementation process of health policies and programs in concert with community organizations, health providers, and other partners. From that perspective, their involvement ensures that efforts reach target populations and intended health outcomes (Chapin & Lewis, 2023).

Policy Evaluation

The evaluations of health policies and programs are other important areas where large contributions come from social workers; their roles in this area also include measuring outcomes. These are designed and then applied by the social worker for the execution of mechanisms that measure outcomes regarding the effect of health policy and programs on health equity. They collect data on health outcomes, service utilization, and other relevant indicators in order to track the progress and identify further scope for improvement. Through the systematic analysis of policy outcomes, social workers identify factors that help or hinder the success of health initiatives. They put forward evidence-based recommendations for the revision of policies that would enhance the effectiveness of health equity efforts (McDavid et al., 2018).

Collaboration and Partnerships

Good policy practice to achieve health equity has a strong need for collaborative and strategic partnerships across diverse sectors.

Government agencies, through social workers, engage with government agencies responsible for health policy formulation and program development and also work with social workers who use their evidence-based research and expertise to lobby for policies that promote health equity. NGOs are critical for working to implement health equity initiatives, particularly because they are a source of important community input as well as a supportive community action network for needed policy reform. Moreover, community organization partnerships are crucial so that the voices and needs of underrepresented people are listened to in policy discourse, and so that community participation in policy development and evaluation can improve policy relevance and effectiveness of health interventions (White-Williams et al., 2022).

Areas of Policy Focus for Health Equity in India Universal Health Coverage

India's progress towards Universal Health Coverage (UHC) that ensures equal access to essential health services at little or no cost has been made steadily. Through their daily face-to-face interactions with underserved populations, social workers provide valuable information that informs public policy around UHC discourse. Key areas of focus for social work advocacy within the UHC framework include the expansion of health insurance coverage to encompass currently excluded populations, the reduction of regressive out-of-pocket health expenditures through mechanisms such as increased government subsidies and price controls on essential medicines, and the strategic enhancement of access to healthcare facilities, particularly in rural and underserved regions, through infrastructure development and the deployment of qualified healthcare professionals (Ravindran & Seshadri, 2018).

Public Health Infrastructure

In India, strengthening public health

infrastructure and advocating and supporting social workers to change policy and practice is vital in the struggle to achieve health equity, and this hitherto overlooked domain deserves increased investment. Particularly, social workers strive to guarantee policies that ensure the modernization and improvement of a range of health institutions; especially those situated in rural and poorly serviced settings, essentially to guarantee that these institutions have spacious machines of the highest standard in storage, details, and well-improved maintenance system for flawless practise of health within all the institutions. In addition, they promote policies to broaden healthcare workforce training, particularly in areas of significant shortages, especially in rural areas, and include professionals such as physicians, nurses, and community health workers. Social workers are also essential since they are able to advocate for policies and laws that will help in building strong health information systems. They know that strong health information systems are very important in monitoring health trends and evaluating the effectiveness of their interventions through good data collection, appropriate analysis and use of good health data (Kaur, 2020).

Social Determinants of Health

We know the deep impact the social determinants of health play in determining one's health outcomes, from education to housing to employment, and it is on that foundation that we are advancing health equity. Advocating for and shaping policy framing those broader societal factors, social workers are a critical part of the equation. In particular, they are particularly dedicated to seeing education get all the attention, especially in tutoring girls and marginalized groups, since their statistics showed that education is strongly correlated with better health, such as decreased infant mortality and higher life expectancy. Moreover, social

workers support policies intended to enhance housing conditions and ameliorate the injurious health consequences of substandard and dangerous housing through measures of housing affordability, availability, improved sanitation and decreased residential density. They promote employment creation, especially for those facing systems barriers to employment, given the association between unemployment, poverty and poor health. Data-driven research informs social workers and contributes to creating effective healthcare interventions through data generated. Social workers do crucial work through research to explore and understand health disparities, discern the origins of health disparities that lead to health inequities, and gauge the impact of health interventions. Additionally, social workers help bridge the gap between research and policy by presenting findings at conferences and publishing research in academic journals so policymakers can use research evidence to assist in their policy decision-making. Social workers also end up monitoring and evaluating immunity and giving back to policymakers on how policies work or recommending changes to improve healthcare outcomes. Social workers help develop and implement such policies that contribute to the advancement of health equity and its concomitant improvement of health outcomes for all Indians through these key policy focus areas (Alphonse et al., 2008).

Collaboration Between Social Work and Policy Practice for Health Equity in India

The promotion of health equity in India may be possible through engendering a very formidable alliance between social work and policy practice. Such may require close collaboration between the social workers and policymakers as well as professionals in the public health sectors to make it to a national comprehensive development strategy aimed at eliminating health disparities and improving

health outcomes of the marginalized populations. As such, strategic approaches also have great potential for promoting effective collaboration between social workers and policymakers for promoting health equity. Policymakers should engage with social workers to identify the needs of marginalized populations, and social workers should share how such populations garner food, using policy briefs and reports as vehicles for providing actionable recommendations for policy changes. Additionally, social workers can create testimony and presentations to legislative hearings and policy forums to enact policy choices, utilizing first-hand experiential knowledge of systemic barriers and advocating for policy alterations in an effort to address health inequities. Also, collaboration and partnership with other organizations can increase the social workers' voices and the social workers' ability to affect policymakers and, as a result, lead to more significant and potential long-term improvements for health equity (Choolayil & Diwakar, 2024).

Community voices in participatory research can add strength to the evidence base for articulating policy advocacy. Participatory research processes prioritize marginalized communities at the core of the research agenda. Channelling of community participation in data collection and analysis by social workers allows research to truly reflect people's actual experiences. Holistic approaches to health equity can only occur if social work, public health, and policy analysis must go hand in hand. Therefore, interdisciplinary teams may invent solutions to difficult health challenges that require a multi-dimensional approach. This research will enable social workers to contribute to interdisciplinary research and policy development ventures around knowledge of social determinants of health, community engagement, and advocacy. In fact, the

number of social workers has indeed increased as a result of the strengthening of the social workers' capacity in policy advocacy and research issues training programs. For example, the need for curriculum incorporation of policy practice as an integral part of schooling beyond the undergraduate stage at higher education institutions training social work students such that when they leave the institution to take on this role this critical function sits on their list of work responsibilities. As with the training programs offered, policy analysis, means of advocacy, as well as research methods, are incorporated into the training programs offered (Monaco et al., 2021).

The convergence of social work and policy practice can bring substantial gains to social work practice for promoting health equity in India, for example, by increasing policy impact, evidence-based policy-making and sustainable solutions. Collaboration helps social workers gain invaluable insights into the needs of marginalized populations and helps policymakers facilitate access from the decision-makers and resources to enhance the scale of social work interventions. Additionally, participatory research and interdisciplinary collaboration can enhance the evidence base for policy-making and create social work and policy partnerships to invent and craft the policies and policy choices that draw sustenance from best practice and encompass systemic factors for health disparities leading to sustainable health solutions for the marginalized populations (Drisko & Grady, 2012).

CONCLUSION

Addressing health inequity in India, therefore, requires a collaborative effort wherein the best of social work practice is combined with policy practice. The efforts of the allied forces to ensure equity in access to health services and break all socioeconomic barriers will lead

the efforts of social workers and policymakers toward paving the way for an equitable healthcare system. While community outreach advocacy and service integration that social workers do are immensely important, sound policy practice would ensure healthcare reforms are sustainable and inclusive in nature. A call toward collaboration across such domains, participatory research, and capacity building to support data-informed policy goes a long way in fostering health equity. Such combined efforts are bound to ensure that the people of India, irrespective of the social determinants, will get equal access to quality healthcare services.

Future research and potential innovative approaches to addressing health inequities Future research endeavours at addressing health inequities in India need to be multi and multidisciplinary in nature and focus on participatory research methodology, collaborative approach in an interdisciplinary space, advocacy of policies, technological innovations and cultural competence. In terms of studies, that includes experimenting with specializing community engagement through digital platforms and the use of mobile health units, alongside models for integrated service delivery that combine in one place healthcare, social services and policy practice. Investigating the role of policy advocacy training in social work education, assessing the efficacy of technological innovations, and evaluating the sustainability and scalability of joint efforts with the social workforce, policymakers and healthcare providers are all necessary. Robust evaluations of policy interventions, culturally sensitive interventions, and longitudinal studies of the outcomes of these approaches will lend themselves to a comprehensive understanding of solving complex health inequities in India that will inform evidence-based policymaking and promote health equity in India.

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