EDITORIAL

BRIDGING THE GAPS IN HEALTH: RECENT TRENDS IN ACCESS AND SOCIAL DETERMINANTS

INTRODUCTION

Health is shaped not just by medical care, but by the social conditions in which people live and work. In recent years, especially in the wake of the COVID-19 pandemic, this reality has gained global prominence. More than half of the world's population still lacks essential health service coverage, and about 2 billion people face severe financial hardship from out-of-pocket healthcare costs (World Health Organization & World Bank, 2023). The pandemic further exposed how social determinants of health (SDH) such as poverty, housing, education, and gender can dictate who gets sick and who recovers, often widening existing health inequities (Institute of Health Equity & World Health Organization, 2021). These challenges are acute in low- and middle-income settings, including India and other parts of the Global South, where resources are constrained and social disparities pronounced. Yet they have also spurred a flurry of policy initiatives, research, and community efforts to improve healthcare access and address the "causes of the causes" of ill-health. This editorial examines recent developments in healthcare access and SDH highlighting emerging trends, policy responses, and research findings from roughly the past 2–3 years, and discusses what they mean for social work practice. In line with the mission of the Indian Journal of Health Social Work, we call for collaborative action to tackle barriers to access and advance health equity, with social workers playing a crucial role as change agents.

Recent Trends: Inequities Laid Bare and New Priorities

Contemporary data and research paint a mixed picture of progress. On one hand, health indicators in India have steadily improved: for example, the infant mortality rate fell from 58 per 1,000 live births in 2005 to 30 by 2019-21, with gaps between rich and poor, urban and rural, and different states narrowing over time (Kaur et al., 2025). Child malnutrition rates have moderately declined as well, recent national surveys show slight drops in stunting, wasting, and underweight prevalence among under-5 children (Bhattacharya, 2022). On the other hand, entrenched inequities persist across socio-economic, gender, and caste lines (Kaur et al., 2025). Poverty, rural isolation, and social marginalization continue to translate into poorer health outcomes and limited access to care for millions. A critical appraisal of India's equity-oriented policies noted that despite many initiatives, "inequity in socio-economic, rural-urban, gender, wealth, and caste groups persists" in health status (Kaur et al., 2025). In plain terms, the benefits of development have not reached all segments of society equally.

Recent crises and research have also brought new determinants and disparities into focus. The COVID-19 pandemic, for instance, disproportionately impacted disadvantaged communities, those living in crowded housing, working informal jobs, or lacking social support, thereby widening health gaps (Institute of Health Equity & World Health Organization, 2021). It underscored that health emergencies hit hardest where social safety nets are weakest. Similarly, the climate crisis is now recognized as a health crisis: extreme heat, polluted air, and floods are amplifying disease risks in vulnerable populations (Bhattacharya, 2022). Mental

health, long neglected, is garnering attention as a determinant of overall well-being; however, stigma and scant services in many areas mean mental illness often goes untreated (Bhattacharya, 2022). Another evolving trend is the digital divide in healthcare. Telemedicine surged during the pandemic, revolutionizing access by bridging geographic gaps, yet communities without internet or devices were left behind (Arora et al., 2024). Thus, while technology offers new ways to reach patients, it also risks excluding those on the wrong side of the digital gap.

Crucially, research in the past few years has reinforced that social factors can outweigh medical care in determining health outcomes. For example, a recent analysis highlighted that in some rural Indian communities, lack of clean water and sanitation contributes to nearly 200,000 deaths annually from preventable disease (Bhattacharya, 2022). Large swaths of the workforce remain in low-paid, insecure jobs with hazardous conditions, lacking healthcare and insurance, conditions linked to higher rates of illness and malnutrition (Bhattacharya, 2022). Such findings echo global patterns: inequalities tied to income, education, gender, and geography are major drivers of who gets access to healthcare and who doesn't (Magno & Ogungbe, 2025). They also align with calls to "decolonize" global health knowledge, recognizing that solutions for the Global South must address local social realities rather than importing one-size-fits-all models (Benach & Muntaner, 2023). In sum, the current landscape compels us to view healthcare access not just as a matter of building more clinics, but of tackling the root social determinants that keep people from living healthy lives.

Policy Initiatives: Toward Equity and Inclusion in Health

Policymakers in India (and many peer countries) have responded to these challenges with a slate of ambitious programs in recent years. At the national level, there is a clear drive toward universal health coverage (UHC) and multi-sectoral action on social determinants. Notable initiatives and achievements include:

Ayushman Bharat (Health for All): Launched in 2018, this flagship program has two components addressing access. First, over 160,000 Health and Wellness Centres have been established (now rebranded as Ayushman Arogya Mandirs) to deliver comprehensive primary care close to communities (Ministry of Health & Family Welfare, Government of India, 2023). These centers offer services ranging from maternal-child health and management of chronic diseases to mental health counseling and health promotion. Importantly, they leverage telemedicine, over 170 million tele-consultations have been facilitated so far, to connect rural patients with doctors (Ministry of Health & Family Welfare, Government of India, 2023). Second, the Pradhan Mantri Jan Arogya Yojana (PM-JAY) insurance scheme under Ayushman Bharat provides cashless hospital coverage of ₹ 5 lakh per family for the poorest 40%. As of late 2023, it has enrolled roughly 55 crore (550 million) individuals, making it the world's largest public health assurance program (Ministry of Health & Family Welfare, Government of India, 2023). By covering costly treatments, PM-JAY seeks to reduce catastrophic out-of-pocket spending, which remains a major barrier to access in India (Economist Impact, 2023; World Health Organization & World Bank, 2023).

Sanitation and Water Programs: Recognizing the foundational role of clean water and sanitation in health, India mounted massive campaigns in the past decade. The Swachh Bharat Mission built over 100 million

toilets and declared 600,000 villages open-defecation-free by 2019 (Bhattacharya, 2022). This has direct health benefits in reducing infectious diseases. Complementing it, the Jal Jeevan Mission has expanded piped drinking water – as of August 2024, about 78% of rural households have tap water access, up from negligible coverage a few years ago (Bhattacharya, 2022). These efforts address long-standing rural health hazards and represent large-scale investment in social infrastructure. Early evidence links improved sanitation to reduced diarrhea and parasitic infections, though quality and sustainability of services remain areas for vigilance.

Social Protection and Poverty Alleviation: To tackle the economic determinants of health, India has bolstered social welfare programs. The Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), for instance, provided waged public work to over 7.5 crore (75 million) rural households in 2020–21 alone (Bhattacharya, 2022). By injecting income into poor communities, MGNREGA helps reduce poverty, improve nutrition, and curb distress migration, all of which have downstream health benefits. In addition, new labour codes (2019–2020) have extended workplace protections (like safety, social security, and minimum wages) to 50 crore (500 million) workers, including those in the informal sector (Bhattacharya, 2022). These measures aim to mitigate exploitative conditions that harm health and to ensure a basic social safety net. Other interventions, such as the National Food Security Act (2013) which provides subsidized food grains to about two-thirds of the population, address hunger and malnutrition though undernutrition remains a stubborn challenge (Kaur et al., 2025).

Education and Gender Interventions: Improvements in education and gender equality are also part of the health equity agenda. The Right to Education Act made schooling free and compulsory, boosting literacy (though rural female literacy still lags at 65% vs 82% for males) (Bhattacharya, 2022). Schemes like Beti Bachao, Beti Padhao promote girls' education and health. Meanwhile, the National Policy on Women's Empowerment and initiatives like e-Shram (2021) have identified and registered over 290 million informal workers (53% of them women) to link them with welfare schemes (Bhattacharya, 2022). Such efforts are gradually chipping away at cultural and gender barriers, for example, women now utilize health services (including PM-JAY insurance benefits) almost on par with men, accounting for ~48% of authorized hospital treatments (Ministry of Health & Family Welfare, Government of India, 2023). Reducing gender disparities in healthcare access is an essential step toward broader social equity.

Early analyses suggest these multi-pronged policies are bearing fruit, though not without shortcomings. Maternal mortality in India has dropped by 83% since 1990, thanks in part to initiatives under the National Health Mission that deploy frontline health workers and incentivize facility births (Bhattacharya, 2022). The expansion of primary health centers and insurance has begun to ease the burden of out-of-pocket payments on families (Bhattacharya, 2022). Yet, rural areas still report service shortages and workforce gaps (Bhattacharya, 2022), and quality of care varies widely between states. The world is watching closely as India's experiment in achieving "health for all" unfolds, given that solutions developed here (like large-scale digital health platforms or community health worker programs) could inform approaches across the Global South. Indeed, a recent WHO–World Bank report underscores that globally most countries are off-track on UHC goals, and calls for aggressive investment in

primary care and financial protection to avoid leaving billions behind (World Health Organization & World Bank, 2023). India's policies are bold, but sustained political will, funding, and monitoring will determine whether they truly level the playing field or simply patch the gaps.

Implications for Social Work Practice: A Key Role in Advancing Equity

For social workers, these trends and policies have profound implications. As professionals positioned at the intersection of individuals and social systems, social workers are essential in translating lofty health reforms into on-the-ground reality. In healthcare settings, medical social workers provide psychosocial support and case management, helping patients navigate complex hospital procedures, linking families to financial aid or community resources, and ensuring continuity of care after discharge. They often make referrals and interventions to address barriers that hinder patients from accessing treatment, such as lack of transportation, unstable housing, or food insecurity (United States Bureau of Labor Statistics, 2023). By doing so, they fill the crucial gap between medical advice and a patient's ability to follow it, recognizing that a prescription is useless if the patient cannot afford it or lacks support to adhere to it.

In the community, social workers and community health workers are on the frontlines of health education and outreach. They build trust in marginalized neighborhoods, combat misinformation, and promote healthy behaviors sensitive to local culture. For example, during India's COVID-19 vaccination drive, community-based workers were instrumental in overcoming vaccine hesitancy among underserved groups, an illustration of how social relationships can be as important as syringes in delivering public health. Social workers' training in group facilitation and community organizing allows them to convene village health committees, women's support groups, or youth clubs that can identify local health problems and craft solutions. These empowerment approaches give voice to those who are often unheard in policy circles, whether its slum dwellers advocating for clean water or tribal communities seeking mobile clinics in remote areas.

On a systemic level, social workers act as advocates and policy champions for health equity. Through research, documentation, and engagement with policymakers, they highlight injustices such as caste-based discrimination in healthcare or the plight of migrant laborers falling through the cracks of health insurance. The social work profession's commitment to human rights aligns closely with the movement for health in all policies, which argues that sectors like housing, agriculture, education, and labor must all consider health impacts. Social workers can push for stronger implementation of laws (for instance, ensuring benefits under schemes like PM-JAY or NFSA actually reach the poorest families) and for new interventions where gaps persist (such as mental health services integrated at primary care level). In interdisciplinary teams, they bring a holistic perspective that looks beyond a patient's immediate clinical needs to the "social prescription" connecting patients with job training, legal aid, or support groups as part of the healing process.

Importantly, the values and skills of social work cultural competence, empathy, community trust-building, and advocacy are exactly what is needed to address social determinants of health. Healthcare access is not merely about opening more clinics; it's about ensuring people can and do utilize those services. Here, social workers serve as bridge-builders: between healthcare systems and communities, between policy intent and real-life uptake. For instance, as the government rolls out thousands of Health and

Wellness Centres in rural India, social workers can help mobilize local participation, ensure marginalized groups know their entitlements, and feed community feedback to authorities. As one analysis noted, communities must be *"informed and guided to access the benefits of government schemes"* and bureaucratic hurdles must be minimized (Bhattacharya, 2022) a challenge tailor-made for social work intervention. By partnering with healthcare providers, NGOs, and local leaders, social workers amplify the impact of health programs and help translate equity on paper into equity in practice.

Conclusion: A Call to Action for Health Equity

The recent developments in healthcare access and social determinants of health offer hope that closing the health gap is possible, but they also remind us how much work remains. Moving forward, a concerted effort is required from all stakeholders, and social workers should see themselves as pivotal contributors in this journey. As we chart the path ahead, several priorities stand out:

Strengthen Public Health Systems: Experts emphasize that *"vulnerable people can only receive universal care through the public system"* Economist Impact, 2023). Governments must invest in robust public healthcare infrastructure (clinics, health workers, essential medicines) so that the poor and remote are not left to subpar services. Social workers can advocate for adequate budgets and equitable resource distribution, holding leaders accountable to the promise of "health for all." Indeed, accountability at every level of the health system is vital, without it, achieving inclusivity will be difficult Economist Impact, 2023).

Integrate Services and Social Support: Healthcare should not operate in silos. Greater integration of services is needed, for example, embedding mental health counseling into primary care, or offering nutrition support and social care alongside medical treatment. Multisectoral programs are already in motion (such as collaborations between health, nutrition, and rural development ministries), but these must be expanded. Social workers, with their broad perspective, can help design and implement such comprehensive, person-centered models that treat a patient's social needs along with their illness.

Address Emerging Determinants: The coming years will demand attention to issues like climate change and urbanization, which are reshaping health risks. Making healthcare systems climate-resilient able to withstand floods, heatwaves, and other shocks is crucial, as is extending care to climate migrants and disaster-hit populations. Similarly, as cities grow, slum health needs (sanitation, pollution, overcrowding) must be tackled through urban policies. Social workers should be at the table in disaster planning and urban health projects, ensuring that interventions remain equitable and leave no one behind.

Empower Communities and Grassroots Workforce: Real progress in SDH requires empowering the very communities affected. This means supporting community health workers, volunteers, and local NGOs through better training, fair compensation, and inclusion in decision-making. It also means educating citizens about their health rights and how to demand them. When people know about schemes like PM-JAY, or about free services at wellness centers, they are more likely to utilize them. Social workers can spearhead these grassroots empowerment efforts *"the path to a healthier India begins not only in hospitals but also in classrooms, homes, workplaces, and communities"*, as one commentary noted (Bhattacharya, 2022). By fostering community leadership and participation, we make solutions more

sustainable.

Promote Policy and Research for Equity: Finally, a continued focus on pro-poor policies and evidence-based action is needed. This entails regularly collecting data on health inequities, monitoring who is being left out, and researching what interventions work best in local contexts. International cooperation among Global South countries to share best practices (rather than one-way learning from the North) can accelerate progress (Magno & Ogungbe, 2025). Social workers in academia and policy roles should contribute to this knowledge and champion equity-oriented reforms whether it's advocating for universal social protection floors, or pushing health ministries to explicitly factor in social determinants when crafting programs.

In conclusion, the mission to achieve equitable healthcare access is far from complete, but it is gaining momentum. The recent years have taught us that health and social justice are two sides of the same coin. As India and other nations implement bold health reforms and social programs, the role of social workers will be central in ensuring these efforts truly reach the last mile. An academic journal editorial is traditionally both reflective and aspirational and so we echo that spirit here: now is the time for collective action. Let us leverage the lessons of research and the energy of policy initiatives to create a health system that is inclusive and responsive to all. Social workers, alongside healthcare professionals, policymakers, and community leaders, must unite to address not only the diseases that afflict people, but the social conditions that underlie them. Only by doing so can we hope to fulfill the vision of health equity, where one's access to care and chance at a healthy life do not depend on who they are, or where they come from, but are the rightful inheritance of every human being. The challenge is great, but so is the resolve. The call to action is clear: it's time to bridge the social gaps in health, and build a future where no one is left behind.

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