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Healthcare Navigation by Slum School Teachers

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ABSTRACT

Healthcare navigation has emerged as a critical strategy to bridge the gap between underserved communities and the healthcare system. In slum settings, where access to healthcare is impeded by social, economic, and infrastructural barriers, teachers in slum schools can play a pivotal role as healthcare navigators. This article reviews how teachers facilitate healthcare access for children and their families in urban slum areas, examining their contributions, challenges, and opportunities for integration into broader public health strategies.

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INTRODUCTION

The turn of the millennium has witnessed tremendous socioeconomic changes, with two major forces shaping the modern world: rapid industrialization and explosive urbanization. Urbanization, in particular, fuels industrialization by providing inexpensive and informal labour, creating a synchronized growth dynamic. Today, over 50% of the global population lives in urban areas, and more than 30% of these individuals reside in urban slums. These rapidly expanding informal settlements are characterized by high population density, poverty, informal economies, crime, and a lack of access to basic amenities, including housing, healthcare, and education.[1-4]

In India, approximately 36% of the population reside in urban areas, with nearly 40% of this group living in slums. Overcrowding, poverty, malnutrition, poor hygiene, and limited access to healthcare make slum dwellers highly vulnerable to poor health outcomes. The healthcare system, though extensive, is largely divided between government-run facilities (accounting for about 10% of hospitals) and private or charitable organizations. To address healthcare gaps, Accredited Social Health Activists (ASHAs) and Anganwadi Workers play a crucial role in connecting underserved communities to the healthcare system.[1-14]

In slum settings, where socioeconomic and infrastructural barriers limit access to care, teachers in slum schools may play a pivotal role as healthcare navigators. This article explores the contributions of teachers in facilitating healthcare access for children and their families in urban slums, examining their potential for integration into broader public health strategies.

CASE SERIES

Vision Unlimited operates five After School Clubs (ASCs) in the urban slums of Badshahpur, Gurgaon. These integrated learning centers serve as safe spaces for 643 children aged 3–17 years, focusing on basic literacy and numeracy, with the goal of mainstreaming students into the public education system and supporting their learning journey. Additionally, the ASCs provide

Table 1: Nature of illnesses requiring healthcare visits.

Nature of Illness	2023	2024
Fever	97	81
Chickenpox	7	13
Fractures	4	3
Stomach pain	4	1
Kidney stone	0	1
Conjunctivitis	0	37
Total	112	136

supplementary nutrition, mid-day meals, and assistance with immunizations and other health-related concerns.

Between January 1, and December 31, 2024, ASC records documented 136 unique doctor visits. Of these, 117 visits were to the local Primary Health Centre (PHC), 17 to local practitioners, and two to a private nursing home. This marked a notable shift from the previous year, during which only 112 unique doctor visits occurred: 23 visits to the PHC, three to a nursing home, and 86 to local practitioners. Table 1 summarizes the nature of illnesses prompting healthcare visits.

A conjunctivitis epidemic in February 2024, affecting over 70 children at the ASCs, likely influenced this shift toward PHC usage. During the epidemic, teachers accompanied parents—mostly mothers—and children to the PHC, assisting with registration and coordinating with PHC staff to minimize wait times. Teachers preemptively called the PHC to confirm the availability of eyedrops and communicated that the ASC founder (an eye doctor) had contacted the PHC doctor to ensure priority care for the children.

Of the 70 affected children, 36 visited the PHC, one went to a local practitioner, and the remaining 33 shared eyedrops prescribed to classmates. All children recovered promptly due to timely intervention and the self-limiting nature of viral conjunctivitis. As they were also given the medication at the PHC, their out-of-pocket expenditure, often a deterrent, was zero. The positive experience at the PHC generated significant goodwill within the community, which had previously perceived government facilities as inferior to private practitioners. Subsequently, the PHC, via the teachers, became the first point of contact even for emergencies, including fractures and an acute renal colic case. All ethical criterias and patient privacy has been followed as per the the research ethics protocols.

DISCUSSION

Barriers to healthcare access in slums include cost, distance, lack of information about available services, and the opportunity cost of lost wages. While public healthcare is significantly cheaper or free, it faces challenges such as long wait times, perceived low quality of care, unavailability of medicines, and previous unpleasant experiences.[6-14] These factors drive many slum dwellers to seek care from private clinics, often run by informal or untrained practitioners.

Children, the elderly, and immunocompromised individuals in slums are particularly vulnerable, with poor health outcomes exacerbating existing gender and socioeconomic inequalities. For many slum households, a single illness can result in catastrophic impoverishment.[15-17] Informal healthcare providers, while accessible, often deliver suboptimal care, further endangering patients.[15-21]

Decision-making around healthcare providers is communal, with families consulting kin, community members, and trusted local groups. This communal decision-making can encourage formal care-seeking but may also perpetuate harmful myths and non-compliance with medical advice.[23]

Teachers in slum schools hold a unique position as trusted members of the community, making them potential healthcare navigators. They can influence positive health-seeking behaviours, administer basic healthcare programs, and guide families through the healthcare system. This case report, though anecdotal, highlights the potential of teachers to improve health literacy, identify health needs early, and facilitate access to appropriate care.[23-32]

Teacher Empowerment

Their involvement can be systematically supported through partnerships with NGOs, government initiatives, or corporate social responsibility (CSR) programs. Pilot programs can be developed to train slum school teachers in identifying and responding to common health conditions, such as respiratory infections, malnutrition, and skin diseases. Training modules on basic health literacy, first aid, and referral systems can empower teachers to act as first-line responders, health advocates and health ambassadors.[22-24] Additionally, periodic workshops could ensure teachers stay updated on local healthcare resources and protocols.

Under the Aegis of the Ayushmann Bharat Program, the School Health and Wellness Programme (AB-SHWP), a joint initiative by the Ministry of Health and Family Welfare and the Ministry of Education, Government of India, designates two teachers, preferably one male and one female, as "Health and Wellness Ambassadors" in every government aided school.[32] These teachers are responsible for promoting health and wellness among students, integrating health education into the school curriculum, and facilitating access to healthcare services. The same can be extended to non-formal schools in the slums as well.

Intersectionality

Healthcare disparities in urban slums are compounded by factors such as gender, age, and disability.[16,17,24,25]

Women and girls often face additional barriers to accessing healthcare due to societal norms, caregiving responsibilities, socioeconomic vulnerability, and financial dependence. Children with disabilities are particularly vulnerable due to stigma and inadequate infrastructure. Teachers can address these vulnerabilities by fostering inclusive health education and advocating for public healthcare services, and whenever possible, guiding the sick to the public health facilities. Moreover, teachers can identify children requiring specialized care and connect their families with relevant services, ensuring no child is left behind.

Comparative Effectiveness

While ASHAs and Anganwadi workers are integral to India's healthcare system, their reach may be limited by the sheer volume of underserved populations. Teachers, by virtue of their daily interactions with children and families, offer a complementary approach. The cost-effectiveness of teacher-led healthcare navigation can be significant, as it leverages existing human resources without creating additional infrastructure. Collaborative efforts between teachers and community health workers could maximize the efficiency of healthcare delivery, reducing overlaps and addressing service gaps.[26-28]

Technology Integration

Digital tools can enhance the efficiency and effectiveness of teacher-led healthcare navigation. Mobile apps can provide teachers with quick access to health guidelines, referral systems, and patient tracking systems. For example, a simple app could allow teachers to log student health concerns, track referrals, and receive real-time updates on healthcare resources. Telemedicine platforms could further enable teachers to connect students with healthcare professionals, reducing the need for physical visits and minimizing associated costs.[29-32]

CONCLUSION

Teachers in slum schools are invaluable assets in bridging healthcare gaps for underserved communities. To harness their full potential, systematic training, supportive policies, and partnerships with healthcare providers are essential. Training & development, proper remuneration assessment, and integration with ASHA/Anganwadi networks may also boost the overall impact. Integrating healthcare navigation into teacher education programs and fostering collaborations between schools and healthcare facilities could create a robust, community-based approach to improving health outcomes. Strategic interventions tailored to the urban poor are imperative to addressing health inequities. By empowering teachers and leveraging their trusted role in the community, we can build a more inclusive, responsive, and resilient healthcare system for vulnerable populations.

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