Editorial Note

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The second issue of Health Empirics furthers its commitment to evidence-based research into the interconnected forces contributing to health and welfare. Its contributions encompasses a range of health concerns of life including childhood nutrition, management of chronic illnesses, financial vulnerability and longevity into older ages. Evaluation of household, institutional and policy environments together reveal that good health is a derivative of public-sector initiatives, socioeconomic conditions, migration, food conditions, healthcare systems and distribution of risk.

The issue opens with Singh's assessment of Supplementary Nutrition Programme under the Integrated Child Development Services resulting in improvement in minimum dietary diversity among children aged 6-23 months. The study observes that regular supplementation is associated with greater dietary diversity, particularly among rural, poorer, and nutritionally disadvantaged populations. Rinju explores the relationship between household mobility and child nutrition. It offers a differentiated account, demonstrating that child nutritional outcomes are shaped by migration streams as well as household wealth, parental education, and regional living environment.

Kumar and Joe build on the discussion on changing food environments by evaluating the potential effects of front-of-package warning labels on overweight and obesity among Indian adolescents. The warning labels are identified as a potentially low-cost, high-impact intervention, while the projected effects depend on behavioural assumptions and limited cost evidence.

Kulkarni et al. address chronic disease management through an innovative reconstruction of a diabetes cohort from electronic medical records and enabling analysis of diabetes incidence, transitions between glycaemic states, excess morbidity, and seasonal variation. The paper also illustrates the potential of electronic medical records to strengthen long-term community-based research where prospective cohorts are costly and difficult to sustain.

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Dasgupta and Mukherjee assessed the exposure of risk to poor resulting from health shocks in consecutive National Sample Surveys. The analysis transcends diseases and household financial stability to reveal consistently greater risk among households headed by women, households with inadequate sanitation access, less educated, rural, and the uninsured. The unanticipated observation that households included under public insurance schemes being more susceptible highlights the need to reassess the scope, structure and adequate protection offered by the insurance schemes.

John et al.'s study offers fresh evidence on account of the socioeconomic inequality in survival to older age. The study records shorter life expectancy among poorer households with Scheduled Tribes and Scheduled Castes documenting significant differences in longevity among economic and social groups. It conveys that ageing is shaped by social inequalities.

The issue concludes with Sethy and Das's review of the book entitled 'Paradigm Shifts in Population and Health in India: An In-depth Analysis of SDGs' edited by Sanghmitra S. Acharya, Sampurna Kundu, Sampurna Singh. The review notes the comprehensive analytical approach and emphasis laid on caste, gender, migration, spatial inequality, digital health and marginalised communities along with calling for a more robust theoretical foundation and clearer policy direction.

A shared theme highlighted across the studies relates to health disparities developing at the earliest stages of life, often altered through education, migration, wealth, government intervention, are manifested in chronic health conditions, economic vulnerability and has a ultimate bearing on individual longevity. The studies also underscore the broadening scope of research methodologies in healthcare, ranging from large-scale national surveys to electronic health records and microsimulation.

The mandate of Health Empirics is served by providing a platform for systematic evaluation, innovative research methods and policy relevant health research. We hope these studies foster continued investigation into institutional and social conditions that provide sustainable, equitable, and inclusive health and welfare. I extend my sincere appreciation to the authors, reviewers, Editorial Board, Associate and Managing Editors along with the Indian Health Economics and Policy Association, and the journal support team whose collective efforts made this issue possible.