

The Social Determinants of Health: Man-Made and Publicly Elected

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According to the U.S. Department of Health and Human Services' Healthy People 2030 initiative, the "social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."¹ As medical students, we began learning about the SDOH early on. Before even starting our medical coursework, the Class of 2025 read and discussed a report titled "Worlds Apart: Gaps in Life Expectancy in the Indianapolis Metro Area". This report points out that only 25% of an individual's health is a result of individual genetics and biology, while the remaining 75% is influenced by the SDOH². Although I am so grateful that an increasing number of healthcare professionals are being educated on the fact that poor health outcomes are not necessarily due to patient failures but are instead significantly influenced by social factors, it is time to stop discussing these SDOH as if they are naturally occurring entities rather than the products of the people we elect and their policies.

One of my first patients on my internal medicine clerkship was a Spanish-speaking man who radiated joy. As I read up on his past notes to familiarize myself with the case, I stopped abruptly after reading a physician document something along the lines of "stressed the importance of not missing future appointments to patient. Patient understood." As I went down to the emergency department (ED) to admit the patient, I could not help but ruminate on the fact that any person who visits the ED monthly for the same life-threatening concern must know the gravity of the situation and therefore would not miss a doctor's appointment unless it was unavoidable. As I got to know my patient, I asked why he had missed his previous follow-up outpatient

appointments. I discovered that he did not have a personal vehicle and that he relied on his daughter for transportation. This theme has been apparent in many of my patient interactions regardless of demographic, hospital, or region of Indiana. Transportation falls under the Neighborhood and Built Environment category of the SDOH³. It would be easy to classify this patient as having numerous SDOH and move on to the next. However, if we were to address the underlying issue, without placing more responsibility on the patient by suggesting a ride-sharing app as we so often do as overworked healthcare professionals, we could better treat all patients with similar hindrances and reduce healthcare costs by decreasing ED visits.

Public transit should be accessible to all in our society. Indiana's public transit system logged over 20 million passenger trips in 2022 and has seen an upward trend in usage since the dramatic drop during the pandemic⁴. Public transit fosters economic growth, reduces the carbon footprint, and is 10 times safer than traveling by automobile⁵. IndyGo is Indianapolis' public bus system that was founded in 1975⁶. Portions of the bus system were privatized in the 1990s but this unpopular decision was quickly reverted⁶. A Blue Line was added in 2005 to circulate downtown but was discontinued in late 2007 due to a decline in federal funds⁶. From 2007 to 2009, IndyGo launched express routes to Indianapolis from Fishers, Carmel, and Greenwood⁶. All three routes were discontinued in 2010 due to lapsed federal funds⁶. In 2012, the Green Line that connected downtown Indianapolis to the international airport was discontinued after 5 years of operation – again due to expired federal funding⁶. While federal funding is often used to fund starter projects, local and state funds are expected to maintain them⁷. Unfortunately, Indiana has a history of attempting to cut

transportation funding. A 2014 state bill required IndyGo to raise private funds to continue operations⁸. When IndyGo inevitably failed to secure private donors, House Bill 1279 was introduced in 2020 which aimed to reduce local funding by 10%⁹. Not only have Indiana lawmakers tried to attack public transit financially, but they have also attempted to block public transit progress. Senate Bill 52, proposed during the 2024 Indiana State Legislature, sought to ban not-yet-existent dedicated bus lanes¹⁰. One of the bill's sponsors, an Indianapolis senator, stated, "I in 2024 see fixed modes of transportation as a 19th, 20th century way of looking at the world" during the committee hearing¹¹. Interestingly, this senator's campaign disclosures reveal over \$50,000 in contributions from the automotive industry since launching his career in politics¹¹. Though Indiana politics have made clear their opposition to public transit, their constituents strongly support expanding transportation options as evidenced by the 59% approval vote on the 2016 ballot measure proposing a 0.25% income tax increase to fund a transportation network^{11,12}.

My patient's inability to attend his scheduled outpatient appointments was not a personal failure and in no way reflected his understanding of his illness or motivation to be healthy. The SDOH that resulted in his poor health outcomes stem directly from the individuals we have elected to all levels of government and their policies. Every single SDOH is a calculated, debated, lobbied policy. Read up on the policies and laws proposed in your area via local newspapers or directly on the Indiana General Assembly government website¹³. Vote in every election possible. With our white coats, we are privileged to be prominent voices in our communities. Use your voice. Anyone can show up to local town hall meetings with your county officials or Indiana legislative committee hearings to be heard. Speak up for your patients who could not be there because the bus line to the building was discontinued.

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