Shibani Chettri, MPH
Proponent
Senate Concurrent Resolution 14 (SCR 14)
Ohio Senate Health, Human Services and Medicaid Committee

Thank you Chairman Burke, Vice Chair Huffman, Ranking Member Antonio, and members of the Ohio Senate Health, Human Services and Medicaid Committee. My name is Shibani Chettri and I am representing the Public Health Graduate Student Association and the Public Health Interest Group in the College of Medicine at The Ohio State University. I am here to testify in support of Senate Concurrent Resolution 14 (SCR 14) declaring that racism is a public health crisis.

The root cause of the many health disparities we see in this country can be traced back to how deeply entrenched racism is in our society. This is nothing new. This issue has been a part of our system since before the founding of this nation and has continued after abolishing slavery and through the civil rights era of the 1950s and 60s. Rather than putting the onus completely on the individual and promoting behavioral changes, we must focus on disrupting the wider system and dismantling structural barriers. The current system that disproportionately oppresses Black Americans can only be overhauled through extensive policy change.

My research focuses on racial disparities in maternal and infant outcomes. This is just one example of an area of research in which the impact of racial discrimination on health outcomes is striking. Although the overall trend in infant mortality in the United States shows improvement, a large and persistent gap exists between infant mortality rates in white and Black populations. Nationally, Black infants have two times the rate of infant mortality, compared to white infants.[1] This gap is even wider in Ohio where the Black infant mortality rate is almost three times higher than the white infant mortality rate.[2] Social and economic factors that are traditionally protective such as education, socioeconomic status, and age are not protective for Black women. In fact, Black women with graduate and professional degrees actually have higher infant mortality rates than white women who did not finish high school.[3]

Poor birth outcomes among Black women have been linked to the high levels of stress they experience throughout their lives, including during pregnancy, because of racism and discrimination. Implicit and explicit biases held by healthcare providers lower the quality of care received by the patient.[4] Racial biases also exist in pain perception;[5] for example, providers are less likely to believe Black women about illness and pain.

---

[1] Mathews TJ, Driscoll AK. Trends in infant mortality in the United States, 2005–2014. NCHS data brief, no 279. Hyattsville, MD: National Center for Health Statistics. 2017.
[2] Ohio Department of Health. (2017). 2017 Ohio Infant Mortality Data: General Findings. Retrieved from https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/infant-and-fetal-mortality/reports/2017-ohio-infant-mortality-report-final
[3] Smith, Imari & Bentley-Edwards, Keisha & El-Amin, Salimah & Darity, William. (2018). Fighting at Birth: Eradicating the Black-White Infant Mortality Gap Report.
[4] FitzGerald, C., & Hurst, S. (2017). Implicit bias in healthcare professionals: a systematic review. *BMC medical ethics*, *18*(1), 19.
[5] Hoffman, K. M., Trawalter, S., Axt, J. R., & Oliver, M. N. (2016). Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. *Proceedings of the National Academy of Sciences of the United States of America*, *113*(16), 4296–4301.

The only way to address health inequity and reduce racial disparities is to eliminate systemic racism through evidence-based policy. Declaring that racism as a public health crisis is just the start of this change.

Thank you to the committee and the sponsors of the resolution (Sen. Sandra Williams and Sen. Hearcel Craig). I am open for questions.