

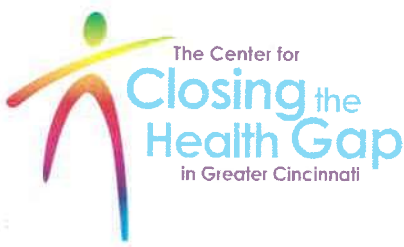
Proponent Testimony for HB 371

Good Morning Senate of the House Representatives Steve Huffman, Columbus Ohio, Vice Chair, Elizabeth Walters and Committee members of the Families, Aging and services Committee.

I am Renee Mahaffey Harris, President & CEO, the Center for Closing the Health Gap in Greater Cincinnati and Black Women's Health Movement, President, Ohio African American Health Disparities Coalition.

Here to provide Testimony on the importance of the HB 371 to improve the rates of mortality for all women in Ohio.

Although breast cancer occurs equally among black and white women in the United States, the death rate among black women is 40% higher than their white counterparts.

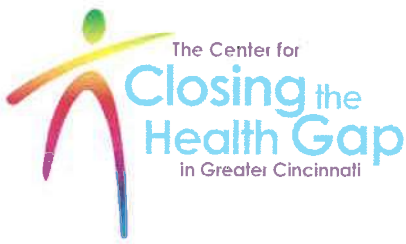


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Why?

Higher survival rates among white women are attributed to earlier detection. There are socio-economic and biological reasons for this disparity. For many reasons, active screening and follow-up care is less likely to be a part of black women's lives in this country. In addition, Black women are more likely to have *triple-negative*, which means that the three most common types of receptors known to fuel most breast cancer growth (estrogen, progesterone, and the HER-2/neu gene) are not present in the cancer tumor. Since the tumor cells lack the necessary receptors, common treatments like hormone therapy and drugs that target estrogen, progesterone, and HER-2 are ineffective.

We know early detection saves lives. Even when women adhere to the standard screening recommendations, sometimes the limitations in technology misses an early diagnosis. Today there are two main types of mammography: film-screen mammography and 2D digital mammography. Yes, these types of mammograms are



Proponent Testimony for HB 371

sufficient for many. But for some they are not. For some, including my friend Lynn Locke who was the mother of my Goddaughters, they were not. Lynn had gotten regular mammogram annual because of her family history. The October prior her next scan she experienced a shoulder injury that require her to get an MRI, which revealed breast cancer. She was diagnosed two months before her annual mammogram. 3D imaging would have likely diagnosed her cancer during her last film-screen mammogram.

The Center for Closing the Health Gap is here to provide proponent testimony for 3D mammography standard testing protocol for women. Make it available and affordable for all women to reduce the number of stories like my friend Lynn.

Additional Information:

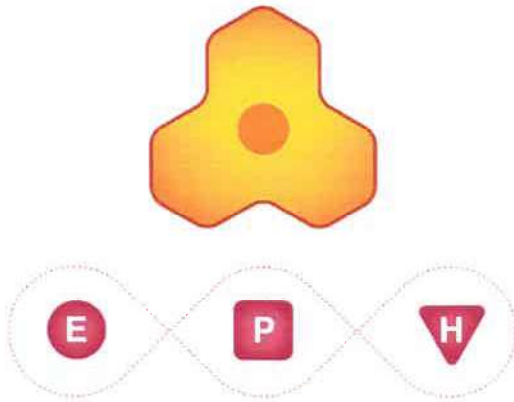
Black women must take the lead on their preventative care. Due to the greater prevalence Triple Negative Cell, Disproportionate in Black Women. Early detection can save lives.

More information

Proponent Testimony for HB 371

<https://www.forbes.com/sites/victoriaforster/2019/10/02/breast-cancer-death-rate-continues-to-drop-but-black-women-have-far-worse-chance-of-survival/#63bcc0a52205>

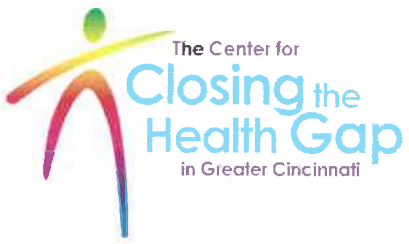
TRIPLE NEGATIVE CANCER CELL



Since the tumor cells lack the necessary receptors, common treatments like hormone therapy and drugs that target estrogen, progesterone, and HER-2 are ineffective.

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Your Health, Your Future.

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Leading the efforts to eliminate racial and ethnic health disparities

Breast cancer was one of the highest incidences and mortality rates no matter whether the county had a higher poverty rate or not. Breast cancer has the highest incidence rate in comparison to all other cancers (2017). The national incidence rate of 125.1 per 100,000 women; the Ohio incidence rate is 130.1 per 100,000 women. Disparities are evident by race, income and education level.

Percent of females aged 50-74 who had mammography within the past 2 years:

- 72.8% of women
- 73.1% of Non-Hispanic Whites
- 73.8% of Non-Hispanic Blacks
- 71.5% of Hispanics

In addition, Black women are more likely to have *triple-negative*, which means that the three most common types of receptors known to fuel most breast cancer growth (estrogen, progesterone, and the HER-2/neu gene) are not present in the cancer tumor. Since the tumor cells lack the necessary receptors, common treatments like hormone therapy and drugs that target estrogen, progesterone, and HER-2 are ineffective.



HR-/HER2-

aka "Triple Negative"

13% of all breast cancer cases

- Can be aggressive and difficult to treat
- Non-Hispanic blacks have the highest rate of this subtype



DIABETES

Mortality per 100,000

Black Women 32.2
White Women 14.9



MENTAL HEALTH

50% fewer blacks
receive treatment
and prescription drugs



BREAST CANCER

Similar incidence
mortality per 100,000

Black Women 30
White Women 22.5
(In Ohio: 30.8 vs 20.8)



OBESITY

United States 39.8%
Black Women 46.8%
White Women 37.9%



HEART DISEASE

Mortality per 100,000

Black Women 277.4
White Women 200.5



MATERNITY

Mortality per 100,000
live births

Black Women 42.8
White Women 13