

TESTIMONY IN OPPOSITION TO S.B.1
Advance Ohio Higher Education Act
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Stanley Goldfarb, the chairman of Do No Harm, testified on January 29th. In favor of this bill. His testimony was incorrect and had no research or data verification. The most egregious of it was this statement: “Black patients want the best doctors and when confronted with the opportunity to choose between the best available physician and one that look like them, over 80% of them choose to have the best physician.”

This is not only prejudicial but also incorrect.

Please note in his entire testimony, not one research study was quoted, and there were no actual substantive conclusion that can be drawn from his rhetoric.

There are a vast number of research studies that negate his arguments. I have links throughout my written testimony for an even greater number of them. My testimony includes some qualitative research studies, compiled by renowned organizations.

As background to consider, the Harvard Business Review, in 2018, looked at major studies and wrote that in the U.S. [racial and ethnic minorities](#) have higher rates of chronic disease, obesity, and premature death than white people. Black patients in particular have among the worst health outcomes, experiencing higher rates of hypertension and stroke. And black men have the [lowest life expectancy](#) of any demographic group, living on average 4.5 fewer years than white men.

Karey Sutton, PhD, scientific director of health equity research at the MedStar Health Research Institute wrote “Can we say that if you [a Black patient] have a Black doctor, you’re going to have better health outcomes? Yes, we can, because the evidence shows Black doctors provide better care for Black patients.” Previously, as director of health equity research workforce at the AAMC (Association of American Medical Colleges), Karey oversaw review of **3,000 studies on the impact of physician and patient race.**

In much of the research I've reviewed, a common factor is patient perceptions of interactions with their doctors, reflected in measures of trust, satisfaction, and understanding. A few examples are:

- A study led by Takeshita at the Perelman School of Medicine at the University of Pennsylvania, looked at the scores that more than 117,000 patients gave their doctors on the [Press Ganey survey](#) of patient experiences. Doctors who cared for patients of the same race were far more likely to [get the highest scores](#). Other studies [have found similar links](#) between racial concordance and patient satisfaction.

The implications go beyond feelings. Studies find that Black patients are more likely to follow medical recommendations after visiting Black doctors.

- In a study led by researchers at Stanford University School of Medicine, more than 1,300 Black men in Oakland, California, were recruited to fill out a health questionnaire, after which they could get a free physician consultation and health screenings. The men assigned to a Black doctor were [significantly more likely](#) to bring up specific health concerns to the doctors and to go through screenings for diabetes and cholesterol after the consultation.
- A study from New York University Grossman School of Medicine and NYU Langone Health found that patients with hypertension and symptoms of cardiovascular disease were more likely to [adhere to the medication guidelines](#) when they were treated by doctors of the same race, **including Black, Hispanic, and Asian.**

To be sure, such findings can be affected by numerous factors, including the health conditions of the patients, their previous experiences in health care, and various elements of the doctor–patient visit (such as waiting time) — which the studies attempted to take into account. And the impact of outright racism (both individual and structural) on patient care has been documented in [numerous studies](#), such as those showing health care workers minimizing [Black patients' complaints of pain](#) and Black patients [experiencing racism in emergency departments](#).

For these reasons, and numerous others that are too great to mention during this short time, I am vehemently opposed to SB-1.