

Testimony in Opposition of SB 1
Delivered to the Senate Higher Education Committee
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at the University of Cincinnati
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Chair Roegner, Vice Chair Cirino, Ranking Member Ingram, and members of the Senate Higher Education Committee, thank you for the opportunity to testify today. My name is Jodi Whitted, and I am an Assistant Professor of Social Work at the University of Cincinnati in Cincinnati, Ohio. This testimony is my own and I am not here as a representative of my place of employment. I have worked in higher education for the last eleven years. In addition to my work in academia, I have worked with vulnerable and diverse people in the community through my work as a clinical social worker in medical settings where I worked to reduce readmission rates for patients who were chronically ill and experiencing diagnoses such as Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Acute Kidney Injury, and Cerebrovascular Accidents. I have also worked as a political social worker, most recently serving eight months in the Ohio House of Representatives.

Today, I stand firmly in opposition of SB 1. The signing of this bill into law would not only impact me as an academic, but also impact the education my colleagues and I provide to future social workers, mental health professionals, and healthcare providers across the state. It would also negatively impact health outcomes of minoritized Ohioans.

While many academic leaders are here today and will provide important statistics, I want to start with my own personal experience. I grew up in a small rural town in Indiana, not much different from the towns right here in Ohio. I grew up in a white family, went to an all-white high school, and never had much exposure to racial, cultural, religious, or identity diversity. I had a wonderful childhood and enjoyed many privileges that go along with being raised in a middle-class household. Upon graduation, I went to college. My experience at a large state university was transformative as I was able to learn about people who were different than myself. I grappled with new ideas that often conflicted with my own ways of thinking. I realized the reason for this internal conflict was not due to indoctrination or a professor trying to make me feel guilty, but because my own privileged white lens had not provided me with the opportunity to learn the perspectives of others and the history of racial oppression that often allowed me to experience the privileges I had taken for granted. I did not need an educator to provide both sides of racism and oppression because as part of the dominant culture, I already inherently have that perspective.

Now as an educator myself, I subscribe to the facts laid out by entities such as The National Institute of Health. The NIH¹ recognizes these social and cultural factors as direct determinants of wellbeing. So, without the ability to teach students about Human Diversity in our Social Environment, they will be ineptly prepared to impactfully work with ALL Ohioans.

The U.S. Department of Health and Human Services identify issues related to race, ethnicity, and gender (also known as social determinants of health) as directly leading to health disparities². A

health disparity is defined as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage” and “Differences in health outcomes by social, demographic, economic, environmental, or geographic attributes that are thought to reflect historic or current disadvantage³(OASH, p. 14)” In addition, according to the Office of Disease Prevention and Health Promotion’s report published in 2022, these factors account for 40% of what will determine an individual’s health outcomes⁴. Statistically, we know infant mortality is higher amongst black babies, black women experience pre-term childbirth at disproportionately higher rates. In minoritized groups, heart disease, cancer, homicide, diabetes, and perinatal conditions are more prevalent, leading to earlier death for black and brown Americans⁵. All these factors are related to race and rooted in systemic issues.

As educators, our job is not to prepare the next generation by protecting their personal feelings by not “challenging them too much”. My job is not to dance around the fact that oppression exists because it is clearly demonstrated by the health outcomes I already named above. My job is not validating views of a post racial world because that is simply not true. My job is to prepare students to work with marginalized and vulnerable people and if they are not educated, how will they do that?

Thousands of Ohioans understand the negative implication that this will have on students, educators, and the health outcomes of Ohioans. I urge you to please vote no on SB 1.

Thank you for your time.

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¹ See <https://www.ncbi.nlm.nih.gov/books/NBK19924/>

²<https://odphp.health.gov/healthypeople/priority-areas/health-equity-healthy-people-2030>

³<chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://odphp.health.gov/sites/default/files/2022-04/HP2030-HealthEquityEnvironmentalScan.pdf>

⁴<chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://odphp.health.gov/sites/default/files/2022-04/HP2030-HealthEquityEnvironmentalScan.pdf>

⁵<chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.cdc.gov/nchs/data/databriefs/db125.pdf>