

Testimony of Samira Deeb, MPH-HPM

Public Health Advocate

Ethiopian Tewahedo Social Services (ETSS)

Before the Ohio Senate Health, Human Services, and Medicaid Committee

Supporting SCR 14

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 Samira Deeb and I'm here to testify in support of Senate Concurrent Resolution 14 (SCR 14) declaring that racism is a public health crisis. In recent years, Ohio has faced and addressed the reality of infant mortality as a health disparity that disproportionately affects Black Ohioans. Today, I bring to your attention, a health disparity Black women in Ohio suffer and die disproportionately from.

In the U.S, heart disease is the number one cause of both death and disability in women – but heart disease disproportionately affects Black women. Black women, have higher rates of cardiovascular disease (CVD), higher mortality rates from heart disease—and at a younger age—compared to White women. The American Heart Association (AHA) states that **49% of African American women over age 20 have some form of heart disease** which includes clogged arteries in the heart, arms, or legs; stroke; high blood pressure; and angina (chest pain) – and Black women have almost two times the risk of stroke than White women. That means, 1 in 2 Black women, this - half the Black women in any room, suffer from a form of heart disease. This is a public health crisis.

Why do Black women suffer and die disproportionately from heart disease compared to White woman in the U.S? Health disparities go beyond lifestyle factors and genetics and are generally driven by social factors, known as social determinants of health. Social determinants of health are the economic and social conditions that influence individual and group differences in health status. According to the American Public Health Association (APHA), racism is a driving force of social determinants of health (like housing, education and employment) and is a barrier to health equity, and has been associated with increased risk of health problems such as heart disease, clinical depression, low birth weight infants, poor sleep, obesity, and even mortality. Psychosocial stressors, such as daily exposure to institutional and/or interpersonal racism, have a significant effect on cardiovascular health. Furthermore, research from The Ohio State University has indicated that poor health outcomes exacerbated by racism among Black Americans transcend socioeconomic status - as educated Black Americans with higher earnings are still suffering from poor health outcomes. In order to address Black women's heart health – racism must be acknowledged and addressed institutionally by public leaders. SCR 14 would address health disparities within the context of persistent inequities in societal institutions and relations – and the resolution will alleviate suffering among Black Ohioans and save lives.

I am proud to call Ohio home, and I believe this resolution will make Ohio a national public health leader. I thank each of you for your consideration of this important measure, and I urge you to support SCR 14 – please consider all the Black lives that will be saved by this measure. Please reach out if you have any questions.