

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 Abigail Hecht and I'm here to testify in support of Senate Concurrent Resolution 14 (SCR 14) declaring that racism is a public health crisis.

I am a medical student at The Ohio State University College of Medicine, and I would like to discuss the deleterious effect that racism has on the health and wellbeing of minority populations. Specifically, I would like to address the prevalence of obesity in the Non-Hispanic Black communities in comparison to the Non-Hispanic White population. As I am sure we are all aware, the medical risks of obesity are broad and serious, contributing to an increased prevalence of cardiovascular disease, diabetes, cancer, arthritis, pancreatitis, liver disease, pulmonary disorders, depression, and, ultimately, mortality. Moreover, obesity leads to increased healthcare costs and lower overall quality of life ratings – all bad things.

However, obesity does not affect populations in the United States equally. According to data collected by the CDC, Non-Hispanic Black individuals are more likely to be overweight or obese but less likely to receive recommendations for exercise from a health provider. Specifically, Non-Hispanic Black women are 1.5 times as likely to be obese compared to Non-Hispanic White women. Additionally, 23.5% of Non-Hispanic Black adolescents between 6-17 years of age were found to be obese as compared to 15.5% of Non-Hispanic White children. Non-Hispanic Black adults were found to be 1.3 times less likely to meet the federal physical activity guidelines as compared to Non-Hispanic white adults. These findings, among many others, demonstrate the unequal division in obesity according to race. These differences in obesity are a result of racism, not race. Fast food restaurants and a lack of supermarkets are more common in black communities, thus making healthy food unaffordable and more difficult to access for those living in these areas. Moreover, a lower proportion of stores in redominately black communities carry fresh produce as compared to predominately white neighborhoods. Thus, eating healthy can be more difficult in these areas as a result of these food deserts, redlining, and other systematic racism. Additionally, there are often more barriers to exercise for many African American communities which range from issues such as a lack of exercise facilities in some of these areas, personal safety, lack of sidewalks, hair care and limited exercise-intervention from health

providers among other things. These examples are just a few of the various issues that contribute to the unequal division in obesity among Non-Hispanic Black and Non-Hispanic White populations. As mentioned above, obesity in itself is a public health crisis – racist policies and systems are contributing factors to this epidemic and should be treated as such.

Lastly, as a white woman, I have been privileged to always have access to healthy food and safe spaces to exercise. I run every single day, often in different neighborhoods – yet I have never once worried about looking suspicious and have never been reported to the police for running. I am capable of making decisions about my health without having to think about the consequences of my race. The murder of Ahmaud Arbery while jogging serves to further emphasize that even exercise is a dangerous activity for black men and women – why would someone risk their life for 150 minutes a week (the recommended physical activity for adults)? The systematic racism within our society is a multi-layered public health crisis and we must address it now to improve minority health in the future.

I would like to thank the committee and the sponsors of this resolution, Senator Sandra Williams and Senator Hearcel Craig. I am happy to answer any questions you may have.

Sincerely,

Abigail Hecht

The Ohio State University College of Medicine