



Written Testimony in Support of SCR14
Senate Health, Human Services, and Medicaid Committee
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Chair Burke, Vice-Chair Huffman, Ranking Minority Member Antonio, and members of the Committee, thank you for the opportunity to provide proponent testimony on Senate Concurrent Resolution 14.

Many racist laws and policies, including slavery and redlining, were eliminated years ago, but the long-term consequences of the policies remain. As a result, communities of color experience inequities that lead to large disparities in health outcomes.

The Ohio Poverty Law Center's mission is to reduce poverty and increase justice by protecting and expanding the legal rights of Ohioans living, working, and raising their families in poverty. We support the Senate Concurrent Resolution 14 and ask that you do the same.

Without acknowledging the role that racism has and continues to play in economic and health disparities, we will not close the gap.

Racism and segregation in Ohio have exacerbated a health divide resulting in Black Ohioans having lower life expectancies than white Ohioans and Black Ohioans being far more likely than other races to die prematurely and to die of heart disease or stroke.ⁱ In Ohio Black babies have lower birth weights and have a nearly three times higher rate of infant mortality. Black Ohioans also are more likely to be overweight or obese, have adult-onset diabetes, and experience long-term complications from diabetes.

Racism also causes disproportionately high rates of homelessness, incarceration, inadequate education, and economic hardship for African Americans, all of which impact health outcomes.

Social determinants of health are the conditions in which people are born, grow, live, work, and age that shape health. Social determinants of health include:ⁱⁱ

- Employment
- Income
- Debt
- Housing
- Transportation
- Safety
- Literacy
- Education levels
- Hunger and access to healthy food options
- Discrimination
- Stress
- Health coverage
- Provider availability
- Cultural competency of providers
- Quality of care

Please consider the inequities in these social determinants of health:

- One in seven Ohioans lives in poverty. For Black Ohioans, the rate is nearly one in three.ⁱⁱⁱ
- African-Americans comprised only 12.3 percent of Ohio's population in 2017 but 48.3 percent of the homeless population for the same year.^{iv}

- 28.6 percent of white Ohioans over the age of 24 have a college degree; for Black Ohioans, it is 16.9 percent; 9 percent of white Ohioans do not have a high school diploma; for Black Ohioans, it is 14.7 percent.^v
- Black Ohioans are more likely to be uninsured. In 2018, 10 percent of non-elderly Black Ohioans were uninsured compared to 7 percent of white Ohioans.^{vi}

Disparities for Black Ohioans start at a young age. Nationally, Black children are more likely to experience Adverse Childhood Experiences (ACEs), according to a report issued by Groundwork Ohio.^{vii} These experiences can severely impact a child’s physical, mental, and behavioral health leading to future healthcare issues. The report also found that Black children had less access to high-quality childcare and were less likely to be prepared for kindergarten than their white counterparts.

These are just a few of the measures that are behind the disparities that are apparent with COVID-19. Black Ohioans are over-represented in COVID-19 cases, hospitalizations, and deaths.^{viii}

The status quo has failed Black Ohioans. We can no longer ignore the issues that have for so long plagued communities of color. In addition to declaring racism a public health crisis, SCR14 asks the Governor to establish a working group to promote racial equity and commits to look at Ohio’s laws through a racial equity lens. We need to acknowledge that policies are not inherently race neutral; failure to consider race when creating laws often leads to unintentional and outsized impacts on communities of color.

Racism is not an issue for Black Ohioans to solve, we all must be committed. If all Ohioans do not have an equal opportunity to succeed, then Ohio cannot succeed. Ohio is at its strongest when residents of all backgrounds can contribute their diverse experiences to improve our state. We can no longer avoid the topic of racism and the role it has played shaping the Ohio we all live in. SCR14 represents a good first effort, but there is much work to be done if we are to build an Ohio where everyone is able to achieve their given potential. We can delay no longer; the time is now.

We ask you to support SCR14 and state this General Assembly’s intent to promote racial equity in Ohio.

ⁱ Health Policy Institute of Ohio.

ⁱⁱ <https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

ⁱⁱⁱ <https://www.welfareinfo.org/poverty-rate/ohio/>

^{iv} <https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjNhbeuxO3pAhXOB80KHZVIAOAFjACegQIARAB&url=https%3A%2F%2Fcohhio.org%2Fwp-content%2Fuploads%2F2019%2F04%2FRace-equity.pdf&usg=AOvVaw1Ro6QXqrdvUhmCr34HcKOH>

^v <https://www.towncharts.com/Ohio/Ohio-state-Education-data.html>

^{vi} [https://www.kff.org/uninsured/state-indicator/rate-by-](https://www.kff.org/uninsured/state-indicator/rate-by-raceethnicity/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D)

[raceethnicity/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D](https://www.kff.org/uninsured/state-indicator/rate-by-raceethnicity/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D)

^{vii} <https://www.groundworkohio.org/equityreport>

^{viii} <https://www.healthpolicyohio.org/ohio-covid-19-disparities-by-race/>