

Senate Health, Human Services & Medicaid Committee

Proponent Testimony SCR 14

Good Morning, Chair Burke, Vice Chair Huffman, Ranking Member Antonio, and Members of the Health, Human Services & Medicaid Committee:

I would like to thank Senator Craig and Senator Williams for introducing SCR 14 to declare racism a public health crisis in the State of Ohio. As a member of Columbus City Council I am here to support this resolution.

Government at the federal, state, regional, and local level, has played a part in creating and maintaining racial inequity. We are currently presented with an opportunity to create systems change, meaning not just developing individual programs, but changing the policies and institutional practices that have created, and continue to perpetuate, the system of inequity.

Last week Columbus City Council joined with me to pass a resolution to declare racism as a public health crisis in the City of Columbus and recommit our full attention to improving the quality of life and health of our minority residents.

As I remark on the issues brought on by Race in this Country it is fitting to think of leaders such as Dr. Martin Luther King Jr. so I would like to offer a quote by Dr. King.

“Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.”

It is my firm belief that we must eradicate racism for all communities Black, Latino, Asian, Indian, Native American – we must do away with racism in any form to any group of people in order to truly make progress as the human race.

Columbus City Council’s Resolution focused on African Americans because of our experience in this country which has had a profound impact on our quality of life.

The toxic stress of the Black experience in America began with slavery, continued through Jim Crow and expanded with segregation. Today, it has manifested into new forms.



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African Americans are disproportionately impacted by challenges and inequities, including the social determinants of health which consist of housing, crime, incarceration, education, employment, healthcare and public safety. The emotional, financial and health toll has generational implications. In addition, Racism has allowed preferential opportunities for some while subjecting people of color to hardships and disadvantages in every area of life.

The negative repercussions of historical racism, including but not limited to discriminatory lending practices of the 20th century known as “redlining” and the current limitations and access to healthy, nutritious food, reduced life expectancy, increased rates of lead poisoning, limited access to clean water, and higher rates of infant mortality demonstrate the impact of racism.

The privileges that other Americans experience inhibits them from fully understanding how racism impacts Black people in America - for example the performance of simple tasks like driving while Black, walking in neighborhoods or just going to a park come with certain risk not experienced by others - life events like getting a job, purchasing a home, buying a car, or just raising a family come with barriers that other cultures don't experience.

Life expectancy and mortality rates are often used as indicators of the health status of the population. A 2017 Community Health Assessment for Columbus indicated that the homicide rate is highest among non-Hispanic black males which is almost 10 times higher than that of non-Hispanic white males. The report also indicated that Non-Hispanic Whites have a longer life expectancy (at birth) than non-Hispanic Blacks - 73.9 years for Blacks vs. 77.6 years for whites. A 2019 online Health Assessment by the Ohio Department of Health reflected very similar data - the average life expectancy for the state is 76.5 years. The life expectancy for Whites is 77.2 years and Blacks have a lower life expectancy at 73.3 years.

Further, Black people may be more acutely impacted and aware of racism; however, it has a rippling effect throughout our community and country so this is not an issue for just Black people; it is problematic for America so we must be united in addressing this in Columbus, in our State and across the Country.

In order to begin to make changes we have to acknowledge that racism exist. It should not be treated as a taboo word or topic. This is about racial justice. We have to be able to openly discuss racism to understand how it is operating in our society and develop solutions. SCR 14 is a step in the right direction and will allow our state to recognize racism is impacting communities of color.



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Both our state and local governments are doing work to address disparities. The City of Columbus has implemented aggressive strategies to address infant mortality in the Black Community; and Columbus Public Health has established the Center For Public Health Innovation under the leadership of Mayor Andrew J. Ginther and our Health Commissioner Dr. Mysheika Roberts with the recognition that not everyone in Columbus has the same opportunities to be healthy; there are differences in health based on race, ethnicity, sex, neighborhood, income, education, sexual orientation, gender identity, and other factors. In 2018, I created the Commission on Black Girls to enhance the quality of life of Black Girls in Central Ohio. The Commission is scheduled to release its report including recommendations later this summer.

At the state level The Ohio Commission on Minority Health is dedicated to eliminating disparities in minority health; and recently the Governor convened The Minority Health Strike Force which created an action plan targeting COVID-19 disparities. Both our state and local governments must maintain our existing initiatives. Considering, the health disparities in our state and in the City of Columbus there is much more work to be done.

We have to recognize that racism is real and as a community we have to work together to promote equity and eradicate racism. Moreover, it is now time to declare racism a public health crisis in our state; because the disparities that I have outlined represent a public health crisis which affects us all, and we as a civil society have an obligation to raise awareness and make sure that every sector of our society work to reverse this crisis.

It will take systematic changes as well as education and awareness concerning racial bias. As I mentioned previously, I understand SCR 14 is the first step in this process for the state.

As I conclude, I would like to thank Chair Burke, Vice Chair Huffman, Ranking Member Antonio, and Members of the Health, Human Services & Medicaid Committee for putting this resolution on the agenda and hearing my testimony. I stand in full support of SCR 14 and urge this Committee to pass the Resolution.



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