



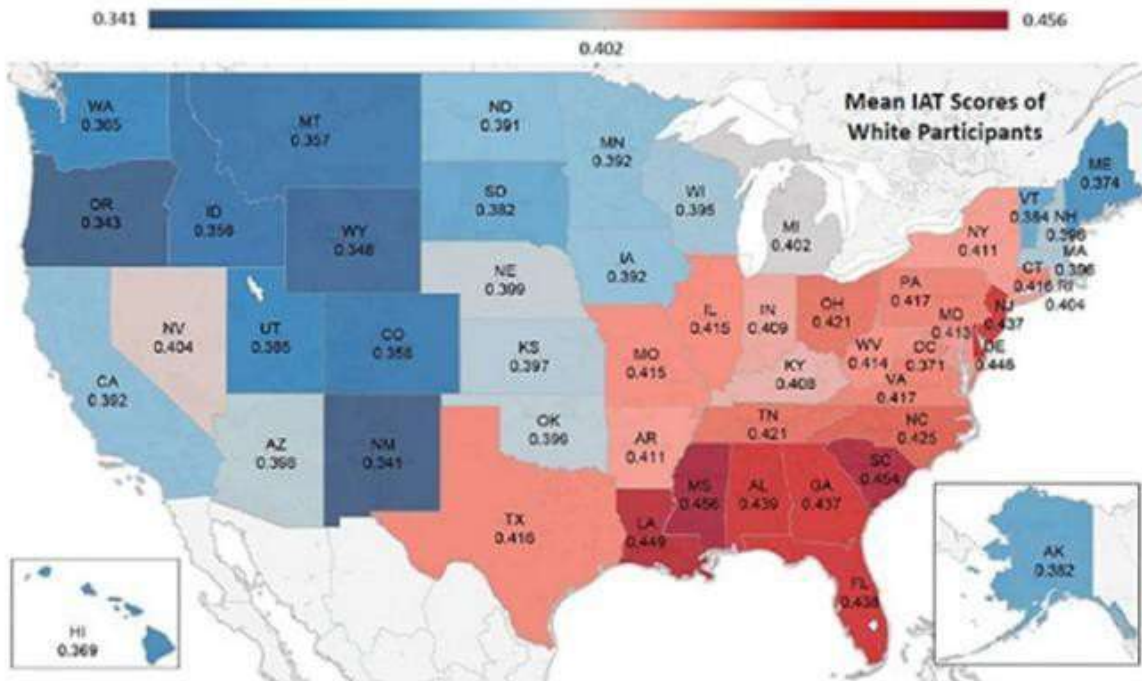
SB0005 - Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities
 Presented to the Hon. Delores Kelley and Members of the Senate Finance Committee

February 2, 2021 1:00 p.m.

POSITION: SUPPORT

NARAL Pro-Choice Maryland urges members of the Senate Finance Committee a favorable report on **SB0005 Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities**, sponsored by Senator Melony Griffith.

Considering the [disparities in health outcomes between white and non-white \(particularly Black\) people](#) in the United States, a growing body of academic research has been dedicated to studying the presence and impacts of implicit bias.ⁱ Implicit bias (also referred to as unconscious bias) can be defined as “thoughts and feelings that exist outside of conscious awareness.”ⁱⁱ Systematic reviews have found implicit bias to be significantly related to [patient-provider interactions, treatment decisions and adherence, and patient health outcomes](#).ⁱⁱ According to 2014 Implicit Association Test (AIT) data from Harvard’s “Project Implicit,” white people in Maryland may demonstrate higher levels of implicit bias compared to white people in other states, as can be seen on the map below. Note that a [score of 0.35](#) is the cutoff point between ‘slightly prefer white’ and ‘moderately prefer white.’ While not taken from a random sample, Maryland’s score of 0.413 is higher than the average score (Michigan) of .402. More information on Project Implicit can be found [here](#).



Courtesy of <https://implicit.harvard.edu/implicit/> Project Implicit

There are multiple short- and long-term projects that can be undertaken at the local, state, and national level to address implicit bias. [Less than 9% of physicians](#) in the United States identify as Black, Native American, Alaskan Native, Hispanic or Latino/a.^v In the long run, we as a state need to support people of color entering the medical work force. In the short term, it is our responsibility — particularly as a state with such a diverse population — to pass legislation like SB0005 and begin to proactively address implicit bias in Maryland while putting in place protective structures to reduce such instances. Just like any other public health issue, more research is needed to understand and ultimately reduce implicit bias, and the passage of SB0005 will do just that. Indeed, the health and well-being of our state’s minority populations depend on it.

Implicit bias impacts providers and patients in all realms of medicine, and the reproductive health and justice field is no exception. Both implicit and explicit bias impact pregnancy, maternal morbidity, family planning, and contraceptive decision-making. In the United States, Black women are [three to four times](#) more likely than non-Hispanic white women to die of pregnancy-related complications.ⁱⁱⁱ The fact that a higher maternal mortality persists for Black women across educational and socio-economic statuses strongly supports the existence of implicit bias and the need to address its costly consequences through legislation such as SB0005.

A state [Health Care Disparities Policy Report Card](#) ^v is an important tool for evaluating and promoting state policies to reduce health disparities. It raises awareness and signals a call to action for the collection of disaggregated data, especially among medically and systemically underserved populations. Its format promotes multi-sector collaboration because it is a user-friendly tool that succinctly conveys key disparities findings. The civil sector, the private sector and general public will be able to understand key data on racial and ethnic disparities in the state and set their priorities to advance the well-being of the most vulnerable population. By promoting data collection, SB0005 encourages evidence-based policies which is cost effective because scarce resources will be going to where they are needed the most.

The inequities in morbidity and mortality from the current COVID-19 pandemic in Maryland offer a lens for long-standing racial and ethnic health disparities in the state. In Maryland, [minorities have higher disease prevalence for several relevant high-risk COVID comorbidities](#) (high blood pressure, diabetes, asthma) ^{vii}. Creating a mechanism that ensures health data will be published at least once every 6 months enhances the trust of the public in the office. It is critical to provide [evidence based information to policymakers](#) ^{viii} on a regular basis, in easy-to-digest formats that highlight key findings, and easily translate to budget and policy decision-making. There is a need to explore the communicative and ideological barriers between researchers and policymakers. SB0005 will make evidence-based research more accessible to policymakers through a Health Care Disparities Policy Report Card which enhances communication between these too often isolated silos. For these reasons, NARAL Pro-Choice Maryland **urges a favorable committee report on SB0005**. Thank you for your time and consideration.

ⁱ Fitzgerald, Chloë, and Samia Hurst. “Implicit Bias in Healthcare Professionals: a Systematic Review.” *BMC Medical Ethics*, vol. 18, no. 1, 2017, doi:10.1186/s12910-017-0179-8.

ⁱⁱ Hall, William J., et al. “Implicit Racial/Ethnic Bias Among Health Care Professionals and Its Influence on Health Care Outcomes: A Systematic Review.” *American Journal of Public Health*, vol. 105, no. 12, 2015, doi:10.2105/ajph.2015.302903.

ⁱⁱⁱ Black Mamas Matter Alliance, & Center for Reproductive Rights. (2018). *Black Mamas Matter: Advancing the Human Right to Safe and Respectful Maternal Health Care*.

^{iv} Benson Gold, Rachel. “Guarding Against Coercion While Ensuring Access: A Delicate Balance.” *Guttmacher Policy Review*, vol. 17, no. 3, 2014.

^v Osseo-Asare, Aba, et al. “Minority Resident Physicians’ Views on the Role of Race/Ethnicity in Their Training Experiences in the Workplace.” *JAMA Network Open*, vol. 1, no. 5, 2018, doi:10.1001/jamanetworkopen.2018.2723.

^{vii} Maryland Office of Minority Health, Health Care Disparities Policy Report Card, *Maryland Office of Minority Health and Health Disparities and Maryland Health Care Commission*, 2010.

^{viii} David A. Mann, “Health Equity and COVID-19 Data in Maryland”, *Office of Minority Health and Health Disparities Maryland Department of Health*, 2020.

^{viii} Pew-MacArthur Results First Initiative, “Evidence-Based Policymaking, A guide for effective government, *The Pew Charitable Trusts*, 2014.