



Andrea Williams-Muhammad, Co-Chair

443-452-7283

andnic.williams@gmail.com

Ashley Black, Esq., Co-Chair

410-625-9409, ext. 224

blacka@publicjustice.org

SB 5

Public Health- Implicit Bias Training and the Office of Minority Health and Health Disparities

Hearing of the Senate Finance Committee

February 2, 2021

1:00 PM

SUPPORT

The Reproductive Health Equity Alliance of Maryland is a cohort of community-based birth workers, policy and legal advocates, and organizations focusing on reproductive justice, pregnancy and infant health. We aim to reduce pregnancy and infant health disparities in Maryland's Black, Brown and immigrant communities by advocating for evidence-based legislative and policy solutions that expand access to quality reproductive, pregnancy and infant health options designed to build healthy and stable families of color. Among our advocacy priorities is implicit-bias training for professionals and community support specialists along all spectrums of maternal and infant health. We strongly support SB 5, which is another step forward in our state's efforts to dismantle health disparities, particularly for those who continue to face challenges with systems and institutions with both implicit and explicit racially discriminatory practices and policies.

We believe that understanding how personal biases on the part of those supporting birthing persons has a direct impact on outcomes is vital to reducing disparities. As a coalition, we've supported legislation in previous General Assembly sessions to address birth disparities among Black and Brown communities. In our society, implicit bias has become an umbrella term that puts a name to preconceived beliefs that impact how we view people who may be different from us. When considering how this term relates to race, it is an acknowledgement of how much work there is left to be done in order to produce equity among all races and ethnicities. Our alliance members have committed countless hours to learning about, advocating for, and educating others on how to create safe, equitable spaces. During that time, our team has come to learn that, to date, there is a critical need for accurate and aggregate data to understand not only the impact of implicit bias, but also the effectiveness of proposed interventions. However, there is so much more work needed to grasp the attention of those exercising implicit bias.

By requiring the Office of Minority Health and Health Disparities (OMHHD) to collect vital data on race and ethnicity, SB 5 will allow other key stakeholders across the state to access data that is currently not available. The collection, analysis, and publication of such data allows for transparency in the effectiveness of current efforts to eliminate health disparities as well as targeting key areas within the state in which more attention and programming should be focused. In order to solve the challenges of systemic racism, we must know where target populations reside and how current programming is addressing their needs and challenges.

Data, the driving force in any system analysis, should be done efficiently and through a lens and scope of practice specifically designed to capture key data sets and trends. SB 5 will strengthen the capacity to develop programming and policy on the local and state levels, as well as community-based public health entities currently working with these communities. Understanding the correlation between race, ethnicity and the effectiveness of implicit bias training is crucial to our understanding of the challenges to improving health outcomes. Providing OMHHD with sustainable funding to continue their efforts to improve health for minorities is needed for the state of Maryland to fulfill its commitment to improving health outcomes for all of its residents.

For these reasons, we urge this committee to issue a **favorable** report on **SB 5**. Thank you for your time and consideration. Please do not hesitate to contact Andrea Williams-Muhammad at 443-452-7283 or andnic.williams@gmail.com or Ashley Black at 410-625-9409, ext. 224 or blacka@publicjustice.org if you have any questions about this testimony.