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

HB 28
Public Health- Implicit Bias Training and the Office of Minority Health and Health Disparities
Hearing of the House Health and Government Operations Committee
January 26, 2021
1:30 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 believe that the ways individuals who support birthing persons recognize—and recon with—their personal biases have a direct impact on health outcomes. Our coalition supported efforts during previous General Assembly sessions to address birth disparities among Black and Brown communities, including the passage of legislation which requires implicit bias training for medical professionals. We believe HB 28 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.

Data, the driving force in any system analysis, should be collected and distributed through a scope of practice which explicitly allows for the comparison and contrast of essential elements and trends. Requiring the Office of Minority Health and Health Disparities to collect certain data on race and ethnicity will allow other key stakeholders across the state access to data that is currently not available. The analysis and publication of such data allows for transparency in the effectiveness of current efforts to eliminate health disparities. It also allows organizations, agencies, and individuals the ability to target key areas within the state where more attention and programming must 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.

The correlation between race and ethnicity, health outcomes, and the prevalence and effectiveness of implicit bias training and efficacy is crucial not only to our understanding of health disparities but on the effectiveness of the training itself. Providing the Office of Minority Health and Health Disparities with a sustainable funding source is vital to continue their efforts to improve health for minorities and furthers the state's commitment to improve health outcomes for all of its residents.

For these reasons, we urge the Health and Government Operations Committee to issue a **favorable** report on **HB 28**. 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.