HEALTH CARE FOR THE HOMELESS TESTIMONY
IN SUPPORT OF
HB 309 - PUBLIC HEALTH - DATA - RACE AND ETHNICITY INFORMATION

House Health and Government Operations Committee
January 26, 2021

Health Care for the Homeless strongly supports HB 309, which would require race and ethnicity data to be collected for all health care license and certificate holders in the state, not just physicians (which is the current requirement).

Health Care for the Homeless is deeply committed to deliberately addressing racial inequities, racial disparities and system racism. Our society is rife with both interpersonal and institutional racism, and our workplace is no different. The challenge now is to acknowledge this and then to address it in a deliberate and transparent manner. It is critical that our approach be grounded in data collection and analyses, policies and practices that replace systemic racialization with systemic equity. This bill speaks directly to those actions.

Addressing REI is a formidable, yet necessary task within the health care setting, where health disparities are highest among communities of color. Data can help guide how health care providers, like Health Care for the Homeless, approach its work and provide services. We must develop an understanding of the drivers of social determinants of health that drive, among other things, homelessness. Such an understanding is a critical step to understanding the health disparities that exist. For instance, patients in health care settings have raised concerns about the lack of diversity when it comes to choosing a health provider. They have expressed frustration around an inability to be genuinely transparent, convey true feelings, or be understood by white providers. This discomfort has readily led clients to vocalize a desire to transfer to different health care clinics. Clients have often stated that having a diverse provider pool can be life-changing. According to a Stanford study *Does Diversity Matter for Health? Experimental Evidence from Oakland* (2018),

> African American males are more likely to talk with a black doctor about their health problems and black doctors are more likely to write additional notes about the subjects. The results are most consistent with better patient-doctor communication during the encounter rather than discrimination or measures of doctor quality and effort. Our findings suggest black doctors could help reduce cardiovascular mortality by 16 deaths per 100,000 per year leading to a 19%

reduction in the black-white male gap in cardiovascular mortality (Alsan et al., 2018).[1]

The study indicates the role and importance communication, trust and familiarity plays in the field of health equity.

Research also indicates that the level of cultural mistrust of Black patients for the health care system significantly impacts their willingness to seek out care (Brooks and Hopkins, 2017).[2] A trustful patient-provider relationship is a strong predictor of both a positive patient experience and positive patient outcomes (Earl, et. al., 2013).[3]

This bill is a critical step to addressing these pervasive racial and ethnic disparities in our health care system. We urge a favorable report.

Health Care for the Homeless is Maryland's leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness. We work to prevent and end homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy, and community engagement. We deliver integrated medical care, mental health services, state-certified addiction treatment, dental care, social services, and housing support services for over 10,000 Marylanders annually at sites in Baltimore City, and in Harford, and Baltimore Counties. For more information, visit www.hchmd.org.

[1] Alsan, M., Garrick, O., & Graziani, G. (2018). Does diversity matter for health? Experimental evidence from Oakland. Stanford Institute for Economic Policy Research (SIEPR), 18–30.

[2] Brooks and Hopkins. (2017). *Cultural Mistrust and Health Care Utilization: The Effects of a Culturally Responsive Cognitive Intervention*. Journal of Black Studies 48(8) 816-834. https://journals.sagepub.com/doi/abs/10.1177/0021934717728454?journalCode=jbsa

[3] Bersin, J. (2013). *Why Diversity and Inclusion Will Be a Top Priority in 2016*. Forbes. https://www.forbes.com/sites/joshbersin/2015/12/06/why-diversity-and-inclusion-will-be-a-top-priority-for-2016/#6777d1942ed5