

TO: The Honorable Shane Pendergrass, Chair
House Health and Government Operations Committee

FROM: Dr. Sherita Hill Golden, M.D., M.H.S.
Hugh P. McCormick Family Professor of Endocrinology and Metabolism
Vice President, Chief Diversity Officer, Johns Hopkins Medicine

DATE: January 26, 2021

Johns Hopkins University and Medicine supports **House Bill 28 – Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities**. This bill would authorize the Office of Minority Health and Health Disparities (“Office”) to publish on its website health data that includes race and ethnicity information that would be updated, at least, every six months. It would also require the Governor to include in the annual budget bill an appropriation for the Office in the amount of, at least, \$1,788,314 or 1.2% of the total funds appropriated to the Department for the fiscal year, beginning in fiscal year 2023 and thereafter. This bill will also mandate the Cultural and Linguistic Health Care Professional Competency Program (“Program”), in collaboration with the Office, to identify and approve implicit bias training programs that an individual may complete to satisfy the requirements of the various state health occupations boards. An applicant for a new license or the renewal of a license or certificate issued by the state health occupations board will have to attest to having completed an implicit bias training program approved by the Program.

Diversity and inclusion is a core value of Johns Hopkins Medicine. As an institution it remains dedicated and committed to reducing health disparities that are present throughout the State of Maryland. Health disparities, unfortunately, have been a long-standing systemic problem in the Black, Hispanic, and Indigenous communities. The COVID-19 pandemic has only further exacerbated these disparities and has heightened the need for this and other legislation aimed at reducing this blight in our communities. Nationally, Black and Indigenous Americans continue to suffer the highest mortality, with both groups experiencing a COVID-19 death toll exceeding 1 in 750. Latino, Black, and Indigenous Americans all have COVID-19 death rates of double or more that of White and Asian Americans (<https://www.apmresearchlab.org/covid/deaths-by-race>). In Maryland African Americans/Blacks are 29% of the population but account for 33% of COVID-19 cases and 36% of COVID-19 deaths; Latinx account for 10% of our state’s population but 19% of COVID-19 cases (<https://covidtracking.com/race/dashboard#state-md>).

Unfortunately, implicit biases likely play a significant role in perpetuating these health disparities and inequities that have plagued the Black and Brown communities for generations. Implicit bias in health care must be addressed. These biases prove to be a barrier to patient care and may negatively impact access to important resources. Implicit biases may affect treatment through the effects on interpersonal communication and medical decision making. Those negative interactions may then contribute to a lack of trust in the health care system by certain communities, leading to poor outcomes or creating barriers to treatment plan

Government and Community Affairs

adherence. For real change to occur, these biases must be exposed, challenged, and mitigated. Mandating unconscious or implicit bias training is an initial step in the right direction to address this enormous problem. Assurance that proactive steps are being taken to eliminate implicit bias among health care providers brings a level of trust that enables all patients to take responsibility for their health care needs in partnership with their care providers.

Eliminating health disparities is critical **now!** While the measures included in this bill are not a panacea to these challenges, this bill is the first of many necessary steps, in reducing health disparities. At Johns Hopkins Medicine, we recognized the critical need for this type of training and we will execute mandated unconscious and implicit bias training for managers and above starting in February 2021. We will require unconscious bias training for health professionals, every two years, and are using an evidence-based approach shown to reduce bias, improve climate, and increase hiring of diverse health care providers. House Bill 28 would create another opportunity for creating an equitable, inclusive environment for health care delivery to which all of our patients are entitled. Johns Hopkins University and Medicine urges a **favorable report on House Bill 28 – Public Health – Implicit Bias Training and the Office of Minority Health and Health Disparities.**

cc: Members of the House Health and Government Operations Committee
Delegate Joseline Pena-Melnyk