



# Fair Healthcare for Delaware

*Eliminate implicit bias and disparities in healthcare*

## Overview

---

Eliminating implicit bias and disparities in healthcare will save countless lives and decrease Delaware taxpayer burden due to unnecessarily poor outcomes for black and brown people.

## Problem

---

According to the Delaware Division of Public Health Black mothers are 3-4 times more likely to die in childbirth than white mothers, Black babies are 2.5 times more likely to die than white babies and on average, life expectancy for Black people in Delaware is **three years less** than their white counterparts. IHI (Institute for Healthcare Improvement) says that “the total cost of racial/ethnic disparities in 2009 was approximately \$82 billion” and that “a substantial number of medical students and residents held false beliefs about biological differences between white and black individuals (such as believing that black skin is “tougher” than white skin), and found that these beliefs predict racial bias in pain treatment recommendations.”

## Policy Solutions

---

Require Delaware healthcare organizations to collect and report outcomes data by Race, Ethnicity, and Language.

Provide funding for implicit bias training (including the Implicit Association Test) for physicians, RN's, RT's, MA's and all other clinical personnel in healthcare organizations. Mandate implicit bias training for CEUs.

Establish a Delaware healthcare disparities task force including hospital and primary care administration leaders, clinical experts, state organizations, data experts, community groups, and non-profits to oversee data collection and subsequent implementation efforts.

## Resources for More Information

---

### Model legislation

Data Collection: Md. Health-General Code Ann. § 19-134- Requires the Maryland Commission on Health Care to compile data on Minority Health and Health Disparities and publish its findings in the "Health Care Disparities Policy Report Card" as required under § 20-1004(22).

Data Collection: Va. Code § 32.1-14- Requires the State Board of Health to submit an annual report to the Governor and General Assembly which includes, but is not limited to statistics and analysis regarding the health status and conditions of minority populations in the Commonwealth by age, gender, and locality

Education and Training: Md. Health-General Code Ann. § 1-216- The health occupations boards authorized to issue a license or certificate under this article shall develop collaboratively a training process and materials for new board members that include training in cultural competency.

Education and Training: Md. Health-General Code Ann. § 20-901 et. seq.- Encourages the inclusion of courses or seminars that address the identification and elimination of health care services disparities of minority populations as part of: curriculum courses or seminars offered or required by institutions of higher education; continuing education requirements for health care providers; and continuing education programs offered by hospitals for hospital staff and health care practitioners.

Task force: N.J. Rev. Stat. § 26:2-160 et. seq.- Establishes the New Jersey Office on Minority and Multicultural Health within the State Department of Health and outlines powers and duties.

Task force: Del. Code Ann. tit. 16 § 196- Establishes the Delaware Healthy Mother and Infant Consortium. One of the tasks identified for the Consortium is to coordinate efforts to address health disparities related to the health of women of childbearing age and infants.

### Additional resources

Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. *Achieving Health Equity: A Guide for Health Care Organizations*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. (Available at <http://www.ihl.org/resources/Pages/IHIWhitePapers/Achieving-Health-Equity.aspx>)

<https://www.apa.org/monitor/2019/03/ce-corner>

<https://www.dhss.delaware.gov/dhss/dph/mh/files/heg2nded.pdf>