## **FACT SHEET**



## **Unconscious Bias Training Licensing Criterion**

Problem: Virginia's maternal mortality rate more than doubled between 2018 and 2020, from 37.1 deaths to 86.6 deaths per 100,000.1 In Virginia, Black women experience higher rates of pregnancy-associated deaths compared to their White counterparts.2 Black infants are dying before their first birthday at a rate almost double the rate of other babies3. High quality care is integral to improving maternal and infant mortality. Unconscious/implicit bias is directly correlated with lower quality of care.4 Virginia's rural maternity care deserts compound the problem.5

Policy solution: Virginia must make evidence-based unconscious bias and cultural competency training a criterion for licensing for all health care professionals licensed by the Virginia Board of Medicine and the Virginia Board of Nursing. Unconscious bias is a bias that is present but not consciously held or recognized. It has long been identified as a

factor contributing to lower health care quality for Black Americans. In 2003, the Institute of Medicine Report acknowledged the existence of unconscious bias. The National Coalition to Address Racism in Nursing acknowledges the prevalence of unconscious bias and includes identifying and addressing unconscious bias in the workplace.<sup>6</sup>

**Costs:** VICPP recommends one part-time consultant to work with the Board of Medicine and the Board of Nursing for 6-9 months (\$20-\$25,000) to facilitate the process to comply with this legislation. The consultant will schedule and convene the meetings, take minutes, and produce a report to document the process.

Who benefits: This Virginia Board of Medicine and Virginia Board of Nursing collaboration to affirm the dignity of care for all patients sends the message that Virginia is ALL in for ALL birthing families.

 $<sup>^{1}</sup>$  Virginia Maternal Morality Review Team Triennial Report 2018-2020":  $\underline{https://www.vdh.virginia.gov/content/uploads/sites/18/2} \\ \underline{023/07/VDH-32.1-283.8G-Maternal-Mortality-Team-FINAL.pdf}^2$  Ibid.

<sup>&</sup>lt;sup>3</sup> March of Dimes, Mortality and Morbidity Data for Virginia, Retrieved October 9, 2023 from

 $<sup>\</sup>frac{https://www.marchofdimes.org/peristats/data?reg=99\&top=6\&s}{top=92\&lev=1\&slev=4\&obj=1\&sreg=51}$ 

 $<sup>^{\</sup>rm 4}$ Bani Saluja and Zenobia Bryant. How Implicit Bias Contributes to Racial Disparities in Maternal Morbidity and Mortality in the

United States. Journal of Women's Health. 2021 30:270-273. <a href="https://www.liebertpub.com/doi/epdf/10.1089/jwh.2020.8874">https://www.liebertpub.com/doi/epdf/10.1089/jwh.2020.8874</a>
<sup>5</sup> March of Dimes (2023) Where You Live Matters: Maternity Care in Virginia.

 $<sup>\</sup>frac{https://www.marchofdimes.org/peristats/assets/s3/reports/mc}{d/Maternity-Care-Report-Virginia.pdf}$ 

<sup>&</sup>lt;sup>6</sup> National Commission to End Racism in Nursing, Racism in Nursing Report Series, May 2022, <a href="https://chietaphi.org/wp-content/uploads/2022/08/racism-in-nursing-report-series.pdf">https://chietaphi.org/wp-content/uploads/2022/08/racism-in-nursing-report-series.pdf</a>