

# Take Charge Of Your Health Today. Be Informed. Be Involved.



CARLOS T. CARTER

## Reproductive healthcare

The Urban League has been deeply committed to the health and well-being of children and families, and this can be seen in the work we do through the Family Support Centers.

**How do the Family Support Centers and other initiatives in our region help to address greater equity in reproductive health?**

We leverage our centers as a hub to connect our families to resources that address the needs of the whole person.

The Family Support Centers provide to each visitor in need (individuals, parents, or families) a variety of services. These services include transportation to any type of medical care appointment and one-on-one support and guidance to each person seeking reproductive healthcare.

This support extends to assisting in and engaging with healthcare concierge services provided by their healthcare provider, as well as finding providers in, or surrounding, their community.

Our staff is trained to educate our visitors on their healthcare options, such as informing them what is 100% covered and what may require a copayment. Our team guides and supports our visitors to be their own advocate: for their bodies, their health, and, ultimately, their children and families.

If an individual does not have healthcare coverage, we work to connect them with resources. Additionally, our team educates families about the importance of prenatal appointments and makes sure their children and babies have regularly scheduled checkups.

Throughout their visit, the Family Support Center staff connects each visitor to resources that help them meet their basic needs and opportunities for economic self-sufficiency.

**What can we all do to promote reproductive health for Black Women?**

I believe the most important thing we can do is to listen to Black women. We must understand their — and their families' — needs and offer unconditional support.

Too often, medical professionals and the broader community refuse to give our Black women the same attention and concern that others receive. That must change.

We need to ensure that our women feel loved, heard, respected, and supported. We must guarantee that they are equipped with the knowledge needed to make informed decisions about their bodies and holistic wellbeing.

Our Black women are the rock of our community and deserve to live long, healthy, and productive lives! Black women matter and it is time that they get the chance to thrive!

Carlos T. Carter is president and CEO of Urban League of Greater Pittsburgh

## Building reproductive health equity upstream

The term “reproductive health” holds great meaning. It includes the ability to have safe, healthy relationships. It involves being able to afford and use health services that educate and provide inexpensive contraception. It covers access to prenatal and postnatal care, as well as services for unplanned pregnancies.

Good reproductive health is about well-being and autonomy. It's about making your own decisions about family type and size. It's about having support for those decisions, not only from your family and community, but also from your healthcare system — including the decision not to have children.

As with other healthcare areas, reproductive health is unequal for Black birthing people compared to their White counterparts.

For example, the latest national care rates for pregnant women show that Black mothers were twice as likely to receive late or no prenatal care compared with white mothers. National fetal death rates were also 2.3 times higher for Blacks vs. Whites. (Health & Human Services)

In Pittsburgh, infant death rates be-

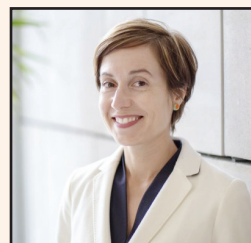
fore the age of one year are especially grim. They're more than four-and-half times more likely among Black versus White women. (Pittsburgh Equity Indicators)

Black maternal death rates in Pittsburgh are also higher than 97% of similar cities. That's especially alarming when you consider two things. First, prenatal care in Pittsburgh begins earlier than it does for Black women in similar cities. Second, Black women here have lower rates of gestational diabetes, high blood pressure, and infection.

At the University of Pittsburgh, Dr. Marian Jarlenski, Associate Professor, Health Policy and Management, is working to change these and other reproductive health inequities.

Dr. Jarlenski and her associate Dr. Dara Méndez, Associate Professor, Epidemiology, recently received a grant to see how three equity-based policies in Pennsylvania's Medicaid program could promote racial equity and justice for Black pregnant persons and young children.

The duo's work focuses on tackling social determinants of health upstream at the policy level, which will help to



DR. JARLENSKI

dismantle structural racism and improve health inequities completely.

The idea is to reshape policy with structures and processes that help to cancel out the unfair conditions in which underserved people are born, live, work, and play. This involves partnering with community organizations so that healthcare outcomes are the same for all populations.

When systemic racism is confronted and corrected within programs like Medicaid, CHIP, TRICARE, and the ACA (Obamacare), the change is meaningful and advances healthcare equity more rapidly.

“By building equity into healthcare policy, underserved people will have better coverage and care that's easier to access regardless of where they live,” Dr. Jarlenski explains.

That type of equitable care looks like this: Health clinics are staffed with pro-



DR. MENDEZ

viders who recognize and address structural racism and its impact on a person's reproductive health.

There's ready access to pharmacies for contraceptives, as well as abortion services and support.

In an equitable healthcare system, there are Black doctors, nurses, medical researchers, and support staff in numbers that echo population percentages. Black people are also included in — and the focus of — more health research and information gathering processes.

Black birthing people receive more information and support that encourage them to take good care of their reproductive health before, during and after pregnancy.

“It doesn't sound scientific, but there is a lot of ‘energy’ behind this focus on policy structure,” Dr. Jarlenski states. “Changing policies ‘upstream’ to address injustice is happening for many reasons.”

Some of those reasons are due to the startling inequities highlighted during the pandemic, as well as our country's high infant mortality rate and the Dobbs decision, with states banning abortions after the Roe overturn — even though voters disagree.

“The past 3-5 years have been a flashing red light about the inequities of our public health system,” says Dr. Jarlenski. “However, those negatives are leading to positives.”

Dr. Jarlenski is referring to the resilience and leadership in Black communities that's helping to dismantle inequitable systems and create policies that reward inclusivity.

“In Pittsburgh, we're seeing equitable politics and policy advocacy in organizations like New Voices for Reproductive Justice which fights for the health of Black women, girls and gender-expansive people, including abortion access, maternal and child health, and more.”

“We're seeing it on the Pitt campus with a student-led Planned Parenthood Generation Action group that's raising awareness and engagement about reproductive rights.”

“There's also Healthy Start Pitts-

burgh which advocates for women, children, fathers, families, and communities to have good, inexpensive maternal and child health care and quality of life.

“Those are just three examples,” Dr. Jarlenski continues. “There are many more organizations in our city that are leading the way for reproductive health justice.”

Dr. Jarlenski's most recent research project is part of that advocacy. The three programs she and Dr. Méndez are studying include paying Medicaid health plans that have excellent outcomes for Black pregnant persons and young children, rewarding providers who reduce racial inequities, and creating local health councils whose members design equitable community interventions.

“It's a human right to control your own body, sexuality, and gender, including having access over when — and if — you'll become pregnant, give birth, and form a family,” says Dr. Jarlenski. “We're hopeful our research at Pitt will be part of a renewed effort to extend that human right to everyone equally.”

## How concussion affects female sexual and reproductive health

Over the last 20+ years, medical research about concussion (temporary unconsciousness or confusion caused by a blow to the head; also called “mild Traumatic Brain Injury”) has resulted in better treatment of and equipment for athletes and people who work in jobs where concussion is a risk.

In this country, however, most of the research is done on men.

That disparity doesn't sit well with Dr. Martina Anto-Ocrah, a Reproductive Epidemiologist in Pitt's School of Medicine.

“There is a great deal of research about concussion in men, especially young athletes,” says Dr. Anto-Ocrah. “That includes how concussion affects their sexual and re-

productive health.”

She continues, “For example, we know that concussion has been associated with changes in sexual functioning in men. Because we know this, we can now try to understand why and how that happens; and develop ways to treat the dysfunction. However, there are very few of such studies on women — especially non-athletes.”

One of the first researchers in the U.S. to tackle this bias, Dr. Anto-Ocrah believes representation matters — especially in medical research. She and her colleagues set out to evaluate the impact of concussions on female sexual functioning.

After recruiting females visiting the Emergency Room for their research, and



DR. ANTO-OCRAH

analyzing data on two types of patients — those needing concussion care and those needing care for other physical, non-head injuries — Dr. Anto-Ocrah found that those with concussions were 70% more likely to report sexual dysfunctions compared to their study counterparts.

“We're talking about things like diminished desire and interest in sex, trouble having sex due to pain, as well as decreased sexual pleasure; even changes in their relationship dynamics with their

partners” Dr. Anto-Ocrah explains.

In her latest research, Dr. Anto-Ocrah and colleagues studied pregnancy and concussion, including what impact, if any, concussion has on a female's reproductive health.

The team looked at the data of more than 240 women aged 18 to 45. Some had concussions and others had physical, non-head injuries.

“What we found is that women with concussions were 76% less likely to become pregnant than women in the other group,” Dr. Anto-Ocrah notes. “That includes taking into account things like obstetric history and birth control use.”

This information, she feels, serves as a loud-and-clear call for researchers to do

more studies on the long-term reproductive effects of concussion on women, including developing effective treatments.

Studying this data closely is validating for Dr. Anto-Ocrah personally as a researcher and as a woman. “Concussion can happen to anyone. Now women can go to their healthcare providers with proof that the pain they're having during sex or the trouble their experiencing getting pregnant may be related to the fact that they've had a concussion,” she states. “The data demands we take their symptoms seriously.”

Why has it taken so long for the research to begin to catch up? “It goes back to social determinants of health,” she says. “In many countries, including

my own birthplace in Ghana, West Africa, gender and socio-cultural norms around reproduction often determine one's socio-economic status, and their access to healthcare.”

“Ghana is not that far from the United States (US). Women who live in underserved communities in the U.S. still find it difficult to access good healthcare simply because of the circumstances of where they're born, live, and work.”

Dr. Anto-Ocrah also believes the unequal representation of female outcomes in this line of research has to do with the taboo of sexuality. “We need to treat women's sexuality in the same way we treat men's — as an essential part of our health as human beings.”

## Holistic health for Black women, girls, and gender-expansive people

In Pittsburgh, New Voices for Reproductive Justice is lifting up and celebrating Black voices on issues like race, gender, and environmental justice.

The organization is dedicated to dismantling patriarchal anti-Blackness using tools and programs that focus on voter engagement, community organizing, and leadership development in Pittsburgh and throughout the state.

Three key strategies

Voter Engagement  
Increase voter registration and ensure that Black women

and gender-expansive people have the information and knowledge they need to cast their vote on behalf of themselves, their families, and their communities.

Community Organizing

Provide training, workshops, and events that support a communal and shared commitment to create a future where Black women and gender-expansive people enjoy lives free from violence, abuse, and neglect.

Leadership Development  
Create and sup-

port youth projects that equip the next generation of advocates, policymakers, activists, and change makers, including expanding Black girls, femmes and gender-expansive people's understanding of reproductive justice.

Black Women, Green Future

One of the organization's most unique leadership development programs is Black Women, Green Future, which supports and promotes Black women and femmes who are environmental justice leaders acting upon a share vision.

“Reproductive and environmental justice are linked,” explains Hannah Litchfield, External Affairs Manager. “For example, environmental degradation has a profound impact on Black birthing people and their children's quality of life. We like to point out that your first home is the womb, but it's not your last.”

Recently, the organization held its annual Black Women, Green Future awards ceremony where it celebrated five Black leaders for their environmental justice work.

Reach out! You can follow New Voices for Reproductive Justice on Facebook, Twitter, and Instagram @newvoicesrj. The organization's website also includes information about abortion access.

What you can do right now: Vote and educate yourself

Hannah encourages all Black women and gender-expansive people to educate themselves about candidates that support body autonomy. “Find out which candidates believe in the right for people to make their own bodily