

**Evaluating the Promotion of Health Equity by UPMC Hospital Systems to Improve
Black Maternal Health**

by

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Abstract

Black women experience health disparities in a number of areas, especially in maternal health outcomes, compared to other racial groups. This is an important public health issue because the level of health and wellbeing of Black mothers directly impacts their quality of life and their ability to lead fulfilled lives. Additionally, the health of the mother affects the entire family structure. If Black mothers are not healthy and thriving, then their children and other family members may experience poor health outcomes as well. The historical context of racism in the United States necessitates the promotion of health equity in hospitals and hospital systems as a method to mitigate poor maternal health outcomes of Black women. In Pittsburgh, Black women experience poorer maternal health outcomes than many other similar cities. This essay seeks to evaluate the promotion of health equity for Black women by the University of Pittsburgh Medical Centers (UPMC) health system by using an equity assessment tool. The assessment tool includes the indicators of build agency, incorporate structural change and policy recommendations, encourage shared responsibility, use endowments, prioritize Black maternal and child health through the reproductive lens, center Black experience, targeted outreach, be intersectional, reach to the diaspora, and board and staff composition. The evaluation was completed by reviewing publicly available resources and activities associated with UPMC. After reviewing the sources, a rating was given based on the extent to which the information presented aligned with the

description of the indicators. UPMC received low ratings for all the indicators assessed which indicates that the extent to which UPMC promotes health equity for Black women and femmes is very low. Considering the large disparities in maternal health outcomes experienced by Black women compared to women of other races, more programs and initiatives should be allocated to support Black mothers.

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1.0 Introduction

In October 2019, the Gender Equity Commission (GEC) of Pittsburgh released an alarming report indicating that Pittsburgh is one of the least livable cities for Black women based on the indicators of education, employment, income, and health. Some of the most daunting results uncovered by the GEC pertained to maternal health outcomes of Black women. The Black maternal mortality rate in Pittsburgh is higher than Black maternal mortality rates in 97% of similar cities.⁴ The list of similar cities in the GEC report comprised of 89 US cities whose race and size demographics were comparable to Pittsburgh. This statistic and parameters indicate that there were only three other cities on the list that had Black maternal mortality rates that were higher than Pittsburgh's. This information is consistent with trends across the nation. Black women in the United States, especially in cities like Pittsburgh, experience maternal health disparities more than any other racial or ethnic group.

The GEC also reported that in Pittsburgh Black women start prenatal care earlier than Black women in other cities and have lower rates of illness that commonly affect pregnant women, namely gestational diabetes, hypertension, and infection.⁴ If Black women in Pittsburgh are experiencing better pregnancy health indicators, the implication suggests that the high maternal mortality rates can in part, be associated with the quality of care received at the hospital, among other factors. Despite the presence of technologically advanced and innovative hospitals and hospital systems, Pittsburgh area hospitals do not seem to be serving Black women in ways that help reduce health disparities.

Quality of care received at hospitals is a large contributing factor to maternal health outcomes. Evidence from recent studies show that ethnic and racial minority women deliver at

hospitals of inferior quality compared to hospitals in which white women deliver.⁸ A study conducted within New York City hospitals discovered that if Black women delivered at the same hospitals as white women, nearly 1000 Black women could avoid mortality or severe morbidity outcomes.³ This points to the systems within hospitals as an area of investigation of the extent to which hospital settings impact Black maternal health. Hospital quality is associated with indicators related to hospital structure, processes, and outcomes. However, measures of hospital quality and efforts to improve hospital quality may not include racial equity considerations.

Racial equity in healthcare means that there are additional considerations afforded to specific racial and ethnic groups that experience disparities in health outcomes. In hospitals and hospital systems, equity can include programs specifically for Black mothers, hospital revenue being allocated specifically for purposes that serve black women, or even investing in Black prospective and current medical students and other health professionals. Few studies have characterized how equity measures across and within hospital systems are implemented and evaluated. More research is required to determine to what extent hospitals implement equity measures to alleviate health disparities.

Hospitals and hospital systems are responsible for providing quality health care services and procedures. Unfortunately, many U.S hospitals fall short, and in Pittsburgh, these shortcomings may contribute to maternal health disparities experienced by Black women. This project will use an equity assessment tool to measure the extent to which Pittsburgh area hospitals center Black women and their needs. The tool will provide ratings for various indicators relating to achieving health equity for Black women. Whether or not Pittsburgh area hospitals are implementing these indicators will be reflected in the score. The expectation is that if Pittsburgh area hospitals implement and adhere to these health equity indicators, the health disparities

experienced by Black women in Pittsburgh, specifically within the scope of maternal health, will decrease. While data highlights many factors that contribute to the health disparities experienced by Black women, this essay focusses on the equity practices – or lack thereof- in hospital systems and their impact on Black women’s health.

2.0 Background

The GEC report highlighted health disparities faced by Black women in Pittsburgh, especially within the scope of maternal health, which were consistent with reports of disparities in similar cities. However, the commission's report excluded the input from Black women in Pittsburgh and their personal lived experiences when considering intervention and policy recommendations. In response to the report by the GEC, the Black Women's Health Agenda (BWHA) grant proposal was initiated to analyze, develop, and execute solutions for the health disparities faced by Black women in Pittsburgh through the use of the reproductive justice framework and most importantly, centering the experiences of Black women through community based participatory research.⁷ The team is led by Black women with expertise in a number of areas and has two aims; to investigate how health systems may or may not address the health and wellbeing of Black women and femmes in Allegheny County, and to develop a strategic plan and health agenda focused on centering their health and well-being that include actions related to research, practice and policy.⁷ The grant proposal consists of three working groups focused on the domains of funding, policy and organization. The working groups will complete evaluations of a multitude of organizations, institutions, foundations, and policies in Allegheny county that impact the health of Black women and femmes in mid 2021.

Prior to completing an evaluation of the promotion of health equity within hospital systems, it is important to consider context and some concepts including racism, health equity, and hospital initiatives to improve health equity. Collectively, these topics create a foundation which researchers can use to recognize how health disparities among Black women are perpetuated and ways they can be mitigated.

2.1 Racism

There is a long and troubled history between Black women and medicine in the United States. This history includes abuse, neglect, unfair treatment, and exploitation that has both directly and indirectly negatively impacted the reproductive health of Black women. The historical context of racism against Black women throughout American history is relevant to the current disparities in Black maternal health because it explains the discriminatory health practices of the past that served as the foundation of the medical treatment of Black women today. Researchers consider three levels of racism that contribute to health disparities: institutional racism, personally mediated racism, and internalized racism.¹²

Originally characterized by Camara Jones, this framework classifies racism into three levels to explain the ways in which institutional racism, personally mediated racism, and internalized racism work together to create the racial climate in the United States.⁶ The framework also highlights how the racial climate (racism) in the United States directly impacts health.⁶

Institutional racism occurs when large governments or organizations enact practices that negatively affect access to health services for ethnic and racial minority populations.⁶ Institutional racism has been linked to disparities in health and healthcare experienced by Black mothers.¹⁰ During the Jim Crow Era, racially discriminatory policies prevented Black people from the access, treatment, and delivery of quality healthcare services¹¹. In addition, policies that negatively impacted housing, employment, and educational attainment were also enacted to prevent Black people from accessing these civil rights.¹¹ The implementation of these policies has caused Black populations to receive lower quality healthcare or no healthcare at all, in comparison to their white counterparts. Creating policies that are attentive to the health equity needs of Black women will improve Black maternal health outcomes.

Personally-mediated racism is demonstrated in healthcare when providers have pre-conceived notions about a specific race.⁶ Conscious and unconscious attitudes and beliefs held by healthcare professionals have been associated with disparities in treatment and treatment recommendations for Black patients.¹² The biases that healthcare providers have about Black women, may result in subpar treatment or unnecessary procedures. Current research suggests that regardless of socioeconomic status or educational attainment, Black women are more likely than White women to experience discrimination, receive substandard medical care, and undergo unnecessary surgeries such as cesarean sections or hysterectomies.¹² Of all the transgressions committed against Black women throughout American history, one of the most harmful to the physical and psychological health and wellbeing of Black women across generations may be the assertions of the different stereotypes used to characterize Black women. The stereotypes arguably may be the most harmful because they are baseless ideologies that have transformed into biases, misconceptions, and preconceived notions held by doctors and medical professionals that show up in the medical treatment given to Black women today. These stereotypes strip Black women of their individual identities, characteristics, or specific needs and plasters a generic label of “jezebel” or “angry/strong black woman” where their names should be.

Finally, internalized racism is the acceptance of stigmatizing messages from society by racially oppressed groups.⁶ Internalized racism is harmful because it informs how Black women interact with healthcare professionals. The awareness of certain stereotypes that are attached to being a Black woman is a consistent stressor. Additionally, knowledge of discriminatory practices from healthcare providers, and of the historical medical mistreatment of Black people causes mistrust towards providers.¹¹ Internalized racism is also related to increased psychological distress,

substance use, and physical health conditions,¹² all of which contributes to adverse maternal health outcomes.

The stressors caused by racism at its various levels has caused prolonged trauma that over time has contributed to adverse health outcomes experienced by Black women.¹¹ The socialization of racism throughout American history has led to the experience of racism as a stressor to be passed down generationally. Racist practices and policies leave lasting effects on families, such as perpetual poverty, low educational attainment, and other stress-inducing social factors which can be linked to negative health outcomes. As it stands, being born a Black woman in America is a disadvantage.

2.2 Health Equity

The constant experience of racism and discrimination by Black women may have contributed to the development of disparities in maternal health. Program implementation or policy recommendations alone may not eliminate maternal health disparities. An intersectional approach that considers the context of racism and the overwhelming disadvantages caused by generations of transgressions may better address the underlying causes of the disparities experienced by Black mothers. Establishing equity in hospitals and health care systems is an option to close the gaps in maternal health outcomes. WHO defines equity as “the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically”.¹⁸ The disparities in maternal mortality rates among White and Black women are avoidable; no woman should die during childbirth. Nonetheless, in the United States, Black women are dying from childbirth at a rate of four times more frequently than

White women. Black maternal mortality rates are an unacceptable disparity that can be remediated by holistically addressing the social, economic, and environmental factors that influence health.

Currently, the conceptual framework of the World Health Organization Commission on the Social Determinants of Health (CSDH) is widely being used by public health practices as a guideline to develop programs that promote health equity.² The CSDH framework outlines what they refer to as “the social determinants of health inequities” (SDHI) which consists of the indicators of income, education, occupation, social class, gender, and race/ethnicity.¹⁵ The CSDH framework deviates from other health equity frameworks by also conceptualizing the health system as a social determinant of health inequity, and the role that the health system plays in health outcomes of the population served. The health system as a SDHI is more so relevant when considering the issue of access. The issue of accessibility highlights the differences in those who receive health care and those who cannot, which magnifies the need for an intersectional approach from the health system to address the needs of vulnerable populations.¹⁵ However, the CSDH framework is a broad methodology to promoting health equity and does not outline specific approaches to promoting health equity among Black populations.

The Hogan/Rowley Institutional Measure of Equity (HRIME) is a scale developed by health equity researchers at the University of North Carolina at Chapel Hill, Vijaya Hogan and Diane Rowley. The scoring scale was developed as a measure to ascertain the extent to which institutions, organizations, or programs promote the attainment of health equity.² Hogan and Rowley also created the R4P racial equity framework which outlines five components that need to be considered in equity planning and can also be used to evaluate a programs progress towards achieving equity. The five components are repair, restructure, remediate, remove, and provide. Collectively, the five components provide guidelines for assessing different beliefs, experiences,

behaviors, and structures within an institution, program, or organization that contribute to disparities experienced by marginalized groups. Once assessed, the framework then provides guidelines to consider ways to remediate and remove those contributors to health disparities. Students at the university enrolled in the researcher's health equity course applied the HRIME scale paired with the R4P framework to evaluate an infant mortality reduction program in two adjacent counties.² After using the HRIME scoring scale and R4P racial equity framework to evaluate the programs implementation in both counties, the students uncovered differences in how racial equity was incorporated (or not incorporated) into the implementation of the program in each county.² The successful use of the R4P health equity framework and the HRIME scoring scale demonstrates how programs, organizations, or institutions can be assessed for their promotion of equity in the populations served. The evaluation enables researchers to identify gaps in health equity promotion which will subsequently inspire recommendations for improvement.

2.3 Hospital Initiatives to Improve Health Equity

Hospitals and hospital systems should be engaged in improving and maintaining the health and wellbeing of the communities they work in. As previously noted, the promotion of health equity may be an effective way to improve disparities. Recently, several incentivized initiatives and activities have been implemented to encourage health care systems to engage in activities that address the social determinants of health and achieve health equity within the communities they serve.

The Delivery System Reform Incentive Payment (DSRIP) is a state Medicaid program that provides Medicaid funding to eligible providers to address various social needs.¹ In California, DSRIP funding has helped to increase coordination between public hospital systems and social service agencies and county welfare offices.¹ The DSRIP funds can be allocated to address the various needs of Black mothers to decrease disparities.

The Affordable Care Act requires not-for-profit hospitals to complete a community health needs assessment (CHNA) once every three years.¹ Hospitals must also provide a plan to address the needs uncovered by the assessment.¹ A CHNA engages the community and all of its stakeholders to collect, analyze, and interpret information about health outcomes, determinants, and disparities. It then prioritizes community needs and allocates resources and identifies partnerships and collaborations to best address these needs.¹⁴ By completing a CHNA, hospital systems are directly engaging with the community they serve and identifying the true needs of the community, rather than arbitrarily choosing a charity service to provide to community residents that may not necessarily be needed.

The use of screening tools in hospital systems allows health care providers to identify some of the social needs of their patients. The Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) is a tool developed by the National Association for Community Health Centers. The tool helps providers collect data to understand the social, environmental, and economic needs of their patients and provide solutions for those needs.¹⁸ Another screening initiative called Health Leads (HL) uses undergraduate student volunteers to complete screenings in clinics and hospital waiting rooms.¹⁸ Students assess patients' needs regarding food, housing, heating, or other issues, and, once the assessment is complete, the students connect patients to resources by scheduling in person appointments or phone calls.¹⁸ This

program places action behind completing an assessment to ensure that patients take the first step to get their needs met. Screening tools in the context of maternal health can help improve outcomes such as post-partum depression. If mothers are screened for PPD at post-partum check-ups or baby wellness visits, mothers with positive screening results can be immediately connected to mental health resources.

Another method of increasing health equity is to diversify the healthcare workforce. The performance of an entire healthcare system can be increased by having a workforce that reflects the racial and ethnic diversity of the population it serves, research suggests.¹⁸ Further investigation indicates that racial concordance between the patient and provider has been associated with better communication between the patient and provider, higher levels of patient satisfaction and adherence to provider recommendations, and better overall health outcomes.¹⁸ Affirmative action policies are well known and often cited when discussing racial and ethnic diversity within institutional spaces. However, data indicates that affirmative action, throughout its years of implementation, has been more beneficial to women than it has been for racial and ethnic minority groups as a whole.¹⁸ In 2015, about 46% of medical school graduates were women, a 39% increase from data collected in 1965.¹⁸ Also, in 2015, 70% of medical school graduates were White compared to 5.7% of Black medical school graduates. Of the Black medical school graduates in 2015, Black women accounted for 65% of the group.¹⁸ These statistics demonstrate that affirmative action served White women more than it did Black populations. Additional policies need to be enacted to ensure more people of color are accepted and retained in medical school programs to increase diversity in the healthcare workforce. Hospital systems can contribute to this increase by providing funding through scholarships and grants to Black students.

2.4 Current Study

This essay aims to evaluate the extent to which UPMC hospital systems promote equity practices that benefit the maternal health of Black Women and Femmes through the use of an equity assessment tool. The significance of the tool is its intersectional approach that will allow for the evaluation of a range of equity indicators that combine to inform the resulting disparities in maternal health experienced by Black women in Pittsburgh and across the nation. The evaluation of the hospital system will allow the BWHA to identify gaps in the promotion of health equity for Black women where they are present, and highlight equity promoting efforts that are already implemented and offer adjustments for improvement if necessary.

3.0 Methods

The methodology used to complete this evaluation occurred in three phases; the selection of the organization to evaluate, the adaptation of the assessment tool, and the application of the assessment tool.

3.1 Selection of Organization

The BWA identified five large organizations to assess for their attentiveness to the health and wellbeing of Black women and femmes in Pittsburgh. The five organizations named were the University of Pittsburgh Medical Centers (UPMC), Allegheny Health Network (AHN), The University of Pittsburgh (UPITT), the Allegheny County Health Department (ACHD), and Allegheny County Department of Human Services (DHS). Each of these organizations are large health systems or health-related organizations with the capacity to influence health outcomes in Allegheny County. This essay will analyze publicly accessible information for UPMC. UPMC is a health system with a widespread network that has operated in Pittsburgh for the past 30 years.¹⁷ The health system boasts of innovative health care practices and solutions, top tier medical care, and emphasis on community engagement.¹⁷ The conglomerate hospital system has a large network within the city of Pittsburgh and serves a number of communities within the city and Allegheny County. Due to this health system's high capacity for impacting the health outcomes of various groups and communities, an evaluation of its efforts to promote health equity, particularly for

Black women, is an essential first step to informing policy recommendations and interventions that may close the gap in health disparities experienced by Black women in Pittsburgh.

3.2 Adaptation of Assessment Tool

Equity assessment tools support equity promotion by objectively evaluating whether a program or organization is attentive to the needs of the population being served. The combination of frameworks, theories, and conceptual models are essential to the development of a comprehensive assessment tool. The assessment tool used for this evaluation was adapted from a tool created for the funding flow group of the BWHA. The goal was to evaluate the extent to which foundations allocate funds towards the health and well-being of Black women.⁵ Components of the assessment tool were selected from other evaluation tools and frameworks; the HRIME, the Health Equity Measurement Framework (HEMF), Black Foundations Executives Request Action by Philanthropy on Anti-Black Racism, and the Power Move Philanthropy Assessment.⁵ The tool was created intentionally to be adaptable for the other work groups of the BWHA. For the organizational flow, each indicator was adjusted to fit processes of institutional organizations. Appendix A shows the assessment tool. Appendix B details the description of each indicator and index scale for the assessment tool.

3.3 Application of Assessment Tool

First, the assessment tool was used to evaluate various publicly available resources and activities associated with the UPMC health system. Publicly available resources and activities included publications from UPMC's websites and other related sources which were primarily statements, program plans, stated intentions, research proposals and summaries, assessments, articles, and educational materials. Publicly available resources and activities also included audio and visual media, and periodicals. 50 pieces of UPMC material were reviewed which included 9 webpages, 8 partnering organizations, 8 UPMC initiated programs, 7 flyers, 6 UPMC centers, 4 news articles, 3 sources for educational content, 1 periodical, 1 podcast, and 1 social media platform, in addition to the UPMC 2019 CHNA. Some of the materials reviewed were considered for multiple indicators. To achieve an understanding of how the health system rates on each indicator, several sources were reviewed per indicator category. Emphasis was placed on examining sources from UPMC Magee Women's Hospital (MWH), as this UPMC facility specializes primarily in women's health with a focus on obstetrics and gynecology. Each source that was reviewed contained information that was relevant to its associated indicator category. Because this study focuses on UPMC facilities and activities in Allegheny county, sources that pertained to UPMC facilities and activities outside of Allegheny county were excluded. Appendix C provides a description of each source that was reviewed and the link for access. Using the assessment tool, each source was given a rating (very poor, fair, average, above average, excellent), and the associated numerical score (1, 2, 3, 4, 5). Once each source was rated and scored, each indicator category was given an overall rating. The overall rating for each indicator category was determined by considering a combination of factors including the total average score for the indicator, and which ratings appeared consistently within the category. If

the average of the total score for an indicator category was a negative score, the indicator category most likely received a “very poor” or “fair” rating. If the average of the total score for an indicator category was a positive score, the indicator category most likely received an “above average” or “excellent” rating.

Next, an evaluation of UPMC’s 2019 Community Health Needs Assessment (CHNA) was completed. The CHNA provides a snapshot of UPMC activities conducted to increase health equity in the communities it serves. The CHNA focused on Allegheny county only, therefore it was included in this review. The entire publication was reviewed before each indicator was rated and scored based on the information presented in the CHNA. Additional information about the organizations that UPMC partners with was reviewed to determine the extent to which UPMC partners with Black-owned, Black-led, or Black-serving organizations. Organizations were considered Black-owned if the founder was Black. Organizations were considered Black-led if the founders were non- Black, but the leadership and administration is primarily Black. Organizations were considered Black-serving if the demographic of the service users were primarily Black persons. The primary demographic was considered Black if; the organization explicitly stated the demographic served was primarily Black people, the organization operates in a Pittsburgh neighborhood known to be populated by primarily Black residents, or the organization used targeted advertising to Black people.

4.0 Results

The following tables in this section show the results for the evaluation of the UPMC Hospital System. Each shaded box in the table designates the rating given to the associated indicator. The UPMC 2019 CHNA table shows the full rating scale shaded gray for the *board and staff composition* indicator because there was no available information to evaluate this indicator. The gray shading signifies no available information or “N/A”.

4.1 UPMC Hospital System

Table 1 UPMC Hospital System Assessment Results

	Very Poor (1) No evidence of meaningful action towards this goal	Fair (2) Acknowledgement of need, but no meaningful action has taken place	Average (3) Institution provides active and continuing support toward increased efforts	Above Average (4) Actions to address factors have been fully developed in collaboration with community	Excellent (5) Organizational efforts are firmly institutionalized and influence or work with other entities in community	Average Score
Build Agency Prioritized supporting, black-led organizations in building agency instead of dependency. Campaigns aimed at addressing structural racism are proportionate to the racial demographic of their service users						2.33

<p>Incorporate Structural Change and Policy Recommendations Has programs geared to combating structural change and policy reform.</p>						2.42
<p>Encourage Shared Responsibility Supports and partners with black-led organizations and engages black businesses.</p>						3
<p>Use Endowments Has its own funding to provide mini grants and /or sponsorships to other organizations / served population, making use of program related resources proportionate to the demographic makeup of service users</p>						2.33
<p>Prioritize Black Maternal and Child Health Through the Reproductive Justice Lens Utilize resources and funding to advocate and push for systemic change that seeks to improve the lived experiences of Black women, femmes, and girls</p>						1.62
<p>Center Black Experience Engages black leaders and communities in the process of developing programs geared towards supporting Black women, femmes, and girls</p>						2
<p>Targeted Outreach Organization uses digital communication methods that are representative of the Black women, femmes, and girls, and is proportionate to the service user racial demographic</p>						2

<p>Be Intersectional Utilizes Intersectionality Framework to prioritize designing programs and partnering with organizations that center the communities that are impacted by multiple intersections of oppression</p>						2
<p>Reach to the Diaspora Demonstrate thorough understanding of the diasporic differences within the black community and prioritizes partnering with organizations that serve populations that are of African descent</p>						1.67
<p>Board and Staff Composition Exhibits diversity and inclusion on their board and in their hiring patterns by ensuring an adequate representation of gender, race, and professional background. The board and staff makeup is proportionate to the end service user</p>						1

4.2 UPMC 2019 Community Health Needs Assessment

Table 2. UPMC 2019 CHNA Assessment Results

	<p>Very Poor (1) No evidence of meaningful action towards this goal</p>	<p>Fair (2) Acknowledgement of need, but no meaningful action has taken place</p>	<p>Average (3) Institution provides active and continuing support toward increased efforts</p>	<p>Above Average (4) Actions to address factors have been fully developed in collaboration with community</p>	<p>Excellent (5) Organizational efforts are firmly institutionalized and influence or work with other entities in community</p>
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<p>Build Agency Prioritized supporting, black-led organizations in building agency instead of dependency. Campaigns aimed at addressing structural racism are proportionate to the racial demographic of their service users</p>					
<p>Incorporate Structural Change and Policy Recommendations Has programs geared to combating structural change and policy reform.</p>					
<p>Encourage Shared Responsibility Supports and partners with black-led organizations and engages black businesses.</p>					
<p>Use Endowments Has its own funding to provide mini grants and /or sponsorships to other organizations / served population, making use of program related resources proportionate to the demographic makeup of service users</p>					
<p>Prioritize Black Maternal and Child Health Through the Reproductive Justice Lens Utilize resources and funding to advocate and push for systemic change that seeks to improve the lived experiences of Black women, femmes, and girls</p>					
<p>Center Black Experience Engages black leaders and communities in the process of developing programs geared towards supporting Black women, femmes, and girls</p>					
<p>Targeted Outreach</p>					

Organization uses digital communication methods that are representative of the Black women, femmes, and girls, and is proportionate to the service user racial demographic					
Be Intersectional Utilizes Intersectionality Framework to prioritize designing programs and partnering with organizations that center the communities that are impacted by multiple intersections of oppression					
Reach to the Diaspora Demonstrate thorough understanding of the diasporic differences within the black community and prioritizes partnering with organizations that serve populations that are of African descent					
Board and Staff Composition Exhibits diversity and inclusion on their board and in their hiring patterns by ensuring an adequate representation of gender, race, and professional background. The board and staff makeup is proportionate to the end service user	N/A	N/A	N/A	N/A	N/A

5.0 Discussion

University of Pittsburgh Medical Centers (UPMC)

UPMC received an overall *very poor* rating for the indicators of *prioritize Black maternal and child health through the reproductive justice lens, reach to the diaspora, and board and staff composition*. Based on the information reviewed from UPMC's website, and other publicly available materials, the hospital does not seem to center the Black experience through activities that are specific to Black women and femmes. While UPMC partners with some immigrant serving groups, little to no information was available to determine which groups serve Black women of the diaspora. Many of the programs available at UPMC are geared towards broad groups of individuals like cancer patients, or women's health, or children; there does not seem to be programs for specific groups. One document that was reviewed was a briefing from the UPMC Center for High Value Health Care about an upcoming project that aims to improve digital and in-person access to behavioral healthcare for moms on Medicaid. The document plainly states that focus would be placed on Black women, because of disparities that exist in the experience of perinatal depression between low-income Black women and their White counterparts.¹³ The briefing further describes intended collaborations with other Black women-centered organizations. The upcoming project is an example of what it means to center Black experiences and prioritize Black maternal and child health among other indicators. Unfortunately, this example is one of only a few other similar projects or programs discovered while completing the evaluation that addresses the needs of Black mothers.

The board and staff composition of UPMC and some of its offices do not demonstrate diversity in leadership. The makeup of the board of directors for the hospital were primarily

white men, which was consistent across the company with leadership roles at different locations and for different projects. The maternal mortality review committee established by physicians and researchers at MWH for UPMC does not have a Black woman on the committee. Very few of the resources reviewed for the indicators of *prioritize Black maternal and child health through the reproductive justice lens, reach to the diaspora, and board and staff composition* explicitly state considerations for Black mothers or Black women in general, nor do they include Black women in spaces of leadership. A *very poor* rating on the scale for the assessment tool signifies that there is primarily no evidence of meaningful action towards this goal.

UPMC received a *fair* rating for the indicators of *build agency, incorporate structural change and policy recommendations, use endowments, center black experience, targeted outreach, and be intersectional*. There were a number of organizations and businesses that UPMC partners with that aligns with the indicators of *build agency* and *center black experience*, however there was no specification that the partnerships were intended specifically for Black women, and the extent to which the partnerships have impacted Black women and femmes is unknown. The Center for Diversity and Inclusion is an example of a UPMC organization that highlights many activities that aim promote diversity and inclusion, however specific data on how these programs are being implemented and the outcomes were not available. One resource reviewed for the indicator of *targeted outreach* was UPMC health plan's recently launched podcast called "Good Health, Better World". The podcast focuses on discussions about the social determinants of health and underlying health inequities. It currently has eight episodes discussing these topics with a health professional as a featured guest on each episode. Currently, most of the guests have been White men or women, with no Black female representation. While this podcast identifies inequities in health and

healthcare, it does not demonstrate actions to reduce those inequities, such as promoting representation of marginalized groups, for instance.

UPMC is often referred to as a hospital enterprise because of its numerous facilities, partnerships, programs, and organizations, and being such the hospital system receives many donations, contributions, and endowments. Based on the information retrieved from the UPMC website, there are very few financial resources allocated to prioritize the maternal health of Black women. Magee's 2020 Philanthropy report does not make mention of any endowments or other financial resources used specifically for the advancement of Black maternal health, but instead financial resources were mainly allocated to the advancement of all women's health.

A number of policies, statements, and values that pledge non-discriminatory hiring practices for employees and care practices for patients were reviewed for the indicator of *incorporate structural change and policy recommendations*. Reports from the Center for Social Impact were also reviewed for this indicator. The Center for Social Impact was established at UPMC to serve the community by focusing on social and economic conditions that affect health. The initiative has plans for various activities that exemplify the hospital's commitment to promoting health equity in the ways of performing research to make policy recommendations, however a collective list of programs is not available to confirm the extent to which focus is placed on the health of Black women and femmes. A *fair* rating on the scale for the assessment tool signifies that there may be acknowledgement of need, however, no meaningful action has taken place.

UPMC received an *average* rating for *encourage shared responsibility*. UPMC champions a supplier diversity program with pledges to provide minority, woman-owned, and disadvantaged businesses, LGBTE, and Veteran owned vendor equal access to procurement

opportunities.¹⁶ This is an important prioritization because it provides visibility to marginalized businesses and allows the opportunity for partnership with such a large company. At the intersection of minority and women-owned business and possibly LGBTE, Black women and femmes can possibly access this opportunity. However, this is one of few examples of how UPMC encourages shared responsibility by supporting and engaging Black businesses, also the organization fails to mention the prioritization of Black women specifically. For this indicator, three resources were reviewed. Considering this, there needs to be a deeper review of more activities that encourage shared responsibility that may have been overlooked to achieve a more accurate snapshot of UPMC's efforts to engage Black businesses. An *average* rating on the scale for the assessment tool signifies that the institution provides active and continuing support towards increased efforts.

The UPMC hospital system did not receive a rating of *above average* or *excellent* for any of the indicators. A rating of *above average* on the scale for the assessment tool signifies that the organization's actions to address factors have been fully developed in collaboration with community. A rating of *excellent* on the scale for the assessment tool signifies that organizational efforts are fully institutionalized and influence or work with other entities in the community. UPMC received a *fair* rating for six of the ten indicators. After reviewing various sources relevant to UPMC's practices, there seems to be no prioritization of the health of Black women and femmes, specifically for Black maternal health.

UPMC Community Health Needs Assessment

UPMC's CHNA received a *very poor* rating for the indicators of *build agency, incorporate structural change and policy recommendations, use endowments, prioritize Black maternal and child health through the reproductive justice lens, center Black experience, and*

targeted outreach. These scores were given because the CHNA did not demonstrate any evidence of meeting these indicators. The first three indicators; *build agency, incorporate structural change and policy recommendations, and use endowments*, all received a *very poor* rating because the CHNA did not detail collaborations that centered Black women and made investments that would go towards research for policy change or recommendations. For the indicators *prioritize Black maternal and child health through the reproductive justice lens*, and *center Black experience*, there were no programs or activities completed that prioritized Black women, although many maternal health programs exist through UPMC Magee. *Targeted outreach* received a *very poor* rating because the CHNA document itself displayed different pictures but was not very diverse, and moreover did not have many representative images of Black women. A *very poor* rating on the scale for the assessment tool signifies that there is primarily no evidence of meaningful action towards this goal.

The CHNA received a *fair* rating for the indicators of *be intersectional and reach to the diaspora*. The CHNA used elements of intersectional frameworks to address overall community health needs, some of which will affect Black women in a “trickle down” way, yet there was no prioritization of Black women and the multiple intersections of oppression that impacts their health. The CHNA made mention to a few organizations that serve populations of African descent; however, the extent of the partnership is not detailed, therefore a *fair* rating for *reach to the diaspora* was given. A *fair* rating on the scale for the assessment tool signifies that there may be acknowledgement of need, however, no meaningful action has taken place.

Finally, the report received an *average* rating for the indicator of *encourage shared responsibility*. The CHNA mentioned community organizations that provided input and participation in creating the assessment. A considerable amount of the participating organizations

were Black owned or Black serving. However, the *average* rating was given to this indicator because there was no further detail of the activities and the level of contribution that these Black organizations had in the creation of the CHNA. Additionally, many of the participating Black organizations did not center Black women as the primary population served. An *average* rating on the scale for the assessment tool signifies that the institution provides active and continuing support towards increased efforts.

The *board and staff composition* indicator was not rated because the CHNA did not detail the individual members who worked on the report. The CHNA did not receive *above average* or *excellent* ratings for any of the indicators. After reviewing UPMC's CHNA, it appears the assessment was completed without the consideration of racial equity. Racial demographics were not specified to address which racial populations experienced the most disparity in the targeted health areas chosen to be focused on. Words like "underserved", "minority", and "low-income" were used in place of specifying racial groups or labeling a racial group that are most likely to be placed in one of those categories. It is well known that health disparities exist between racial groups, the CHNA could be improved by noting the racial groups in the community that experience certain health disparities the most.

5.1 Limitations

There were limitations that presented during the application of the assessment tool to complete the evaluation of the hospital system. One limitation of this evaluation is related to the magnitude of UPMC. Because the hospital system is so large, with multiple enterprises, projects, and activities, this organizational assessment was not able to completely evaluate all sources of

information for UPMC. Hospital systems with such a large scope require a larger team to create a more thorough systematic review of the hospital's publicly available resources and activities to fully understand the commitment to promoting health equity. Additionally, indicators for the assessment may need to be phrased using less specific language. Because the hospital system is so large, and serves hundreds of individuals, groups, and communities, the language used in publicly available information about the hospital is generalized and summarized to give brief overviews of hospital activities. Another limitation that presented while completing the evaluation was related to the available resources that were reviewed. These sources did not detail the observed outcomes and impact of UPMC's activities. For example, MWH has a partnership with the ELECT teen parenting program, a program funded by the state of Pennsylvania that aims to provide support services to teen parents and encourages continuation of education.⁹ The program does not specify Black teenage girls and femmes as primary targets; however, the website specifies a list of nine school districts where the program operates. The nine school districts include the neighborhoods of Wilkinsburg, Penn Hills, and Clairton – neighborhoods known to be populated by primarily Black residents. Data that would reveal the impact of this program for teenage girls in those neighborhoods could potentially provide further insight into how the program serves Black women. Additionally, while completing the evaluation there were more resources available that related to some indicators more than others. While most indicators had about seven different associated resources for review, the indicators of *encourage shared* responsibility and *reach to the diaspora* both had only three different associated resources for review. This may have had an effect on the average score given to both indicators. Finally, there was only one reviewer completing this evaluation instead of having at least two, which would allow the reviewers to compare and establish concordance in ratings. These limitations should be

considered for future evaluations using this assessment tool. Considering the outcomes and impact of the hospital's activities may be a more comprehensive evaluation of a hospital's commitment to promoting health equity for Black women and femmes.

5.2 Strengths

Just as there were limitations while completing this evaluation, there were also strengths. One strength of this evaluation is that it highlights the need for specific equity considerations for Black women within UPMC's hospital system. For example, UPMC's maternal mortality review committee was established to monitor maternal mortality and consider best practices to reduce the occurrence of maternal mortality and to reduce the apparent disparities in maternal mortality rates. However, after completing this evaluation and using the assessment tool, it became evident that the maternal mortality review committee itself does not have a Black woman on the committee. Representation is a large component of health equity that seems to be missing within the UPMC hospital system, this evaluation was able to reveal that.

Another strength of this evaluation is that the assessment tool itself provides a rigorous yet succinct summary of important equity factors that can be used to track and increase the promotion of health equity within organizations. The ten indicators included in the assessment tool create a comprehensive checklist of several factors that intersect and are all indicators that may improve the health and wellbeing of Black women if considered and implemented by organizations throughout their policies, structures, programs. A final strength of this evaluation is that it can easily adapted and applied to assess a variety of activities. The adaptability of this tool is such that the indicators remain the same, however the language used to describe each

indicator can be adjusted to fit a specific purpose. This tool has been used to assess philanthropic groups as well as large organizations, such as UPMC. It can also be applied to thoroughly assess smaller organizations, and national or statewide policies that impact the health of Black women.

6.0 Conclusion

This project attempts to characterize UPMC's attentiveness to Black women, specifically related to maternal health, in its publicly available resources and activities. Building upon a prior project, this evaluation contributes to a larger environmental scan of resources in Allegheny County and if they are attentive to the needs of Black women and femmes in the community. Based on the results, UPMC has a low rating of most indicators that convey the promotion of equity practices that are attentive to the needs of Black women and femmes, specifically related to Black maternal health. UPMC's magnitude as a hospital system presents difficulties when attempting to examine the activities and services the hospital provides. However, considering the large disparities in maternal health outcomes experienced by Black women compared to women of other races, more programs and initiatives should be allocated to support Black mothers. If these programs and initiatives do exist within the UPMC hospital system and were overlooked when completing this evaluation, then UPMC should increase the visibility of those efforts to the community by making the resources more readily available and easily accessible.

Given the state of Black maternal health in the United States, there is a rush to implement policies, update programs, and create interventions that intend to reduce the disparities in maternal health outcomes. To achieve this, it is important to address contributing factors in an intersectional way. This assessment tool addresses structural and policy change, representation, understanding diasporic differences, allocation and disbursement of financial resources, prioritizing and supporting black-owned and black-led business, and most importantly centering the Black woman and her lived experience. Using this tool allows evaluators to assess the extent

to which policies, programs, or interventions are meeting those intended goals through the promotion of health equity practices.

Future research should consider evaluating the impact of UPMC's practices and activities for Black women and Femmes in Allegheny county, rather than documents that provide overviews of activities. In addition to evaluating impact, future investigators can include non-publicly available information and resources to the assessment, which will provide a broader scope of evidence to examine.

Appendix A Assessment Tool of Black Women’s Health Project for the Organization Flow

Group

	Very Poor (1)	Fair (2)	Average (3)	Above Average (4)	Excellent (5)
	No evidence of meaningful action towards this goal	Acknowledgement of need, but no meaningful action has taken place	Institution provides active and continuing support toward increased efforts	Actions to address factors have been fully developed in collaboration with community	Organizational efforts are firmly institutionalized and influence or work with other entities in community
Build Agency Prioritized supporting, black-led organizations in building agency instead of dependency. Campaigns aimed at addressing structural racism are proportionate to the racial demographic of their service users					
Incorporate Structural Change and Policy Recommendations Has programs geared to combating structural change and policy reform.					
Encourage Shared Responsibility Supports and partners with black-led organizations and engages black businesses.					
Use Endowments Has its own funding to provide mini grants and /or sponsorships to other organizations / served population, making use of program related resources proportionate to the demographic makeup of service users					

<p>Prioritize Black Maternal and Child Health Through the Reproductive Justice Lens Utilize resources and funding to advocate and push for systematic change that seeks to improve the lived experiences of Black women, femmes, and girls</p>					
<p>Center Black Experience Engages black leaders and communities in the process of developing programs geared towards supporting Black women, femmes, and girls</p>					
<p>Targeted Outreach Organization uses digital communication methods that are representative of the Black women, femmes, and girls, and is proportionate to the service user racial demographic</p>					
<p>Be Intersectional Utilizes Intersectionality Framework to prioritize designing programs and partnering with organizations that center the communities that are impacted by multiple intersections of oppression</p>					
<p>Reach to the Diaspora Demonstrates thorough understanding of the diasporic differences within the black community and prioritizes partnering with organizations that serve populations that are of African descent</p>					
<p>Board and Staff Composition Exhibits diversity and inclusion on their board and in their hiring</p>					

patterns by ensuring an adequate representation of gender, race, and professional background. The board and staff makeup is proportionate to the end service user

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Appendix B Description of Scale with Index and Indicators

Row: Adapted from HRIME: Hogan/Rowley Institutional Measure of Equity.

- **Very Poor:** No evidence of meaningful action towards this goal – Organization has not acknowledged need to build equity for targeted communities
- **Fair:** Acknowledgement of need, but no meaningful action has taken place – Organization has acknowledged the need to build equity but has not made any effort to do so.
- **Average:** Institution provides active and continuing support toward increased efforts – Organization has developed a plan and strategic goals to increase goal of meeting the need to create equity.
- **Above Average:** Actions to address factors have been fully developed in collaboration with community –Organization has included community collaboration to meet the equity needs found through strategic plan
- **Excellent:** Organizational efforts are firmly institutionalized and influence or work with other entities in community – Organization has executed strategic plans that incorporate community stakeholders and adequately reform the institutional values. Organization has now begun influence other entities of power to improve equity on a systematic level.

Column: Adapted from National Committee for Responsive Philanthropy

1. **Building Agency** - Prioritizes supporting, black-led organizations in building agency instead of dependency. Campaigns aimed at addressing structural racism are proportionate to the racial demographic of their service users.

- 2. Incorporate Structural Change and Policy Recommendations** – Has programs geared to combating structural change and policy reform.
- 3. Encourage Shared Responsibility** – Supports and partners with black-led organizations and engages black businesses.
- 4. Use Endowments** – Has its own funding to provide mini grants and /or sponsorships to other organizations / served population. Making use of program related resources proportionate to the demographic makeup of service users
- 5. Prioritize Black Maternal and Child Health through the Reproductive Justice Lens** - Utilize resources and funding to advocate and push for systematic change that seeks to improve the lived experiences of Black women, femmes, and girls
- 6. Center Black Experience** – Engages black leaders and communities in the process of developing programs geared towards supporting Black women, femmes, and girls
- 7. Targeted Outreach** – Organization uses digital communication methods that are representative of the Black women, femmes, and girls, and is proportionate to the service user racial demographic
- 8. Be Intersectional** – Utilize Intersectionality Framework to prioritize designing programs and partnering with organizations that center the communities that are impacted by multiple intersections of oppression
- 9. Reach to the Diaspora** – Demonstrate thorough understanding of the diasporic differences within the black community and prioritizes partnering with organizations that serve populations that are of African descent

10. Board and Staff Composition – Exhibits diversity and inclusion on their board and in their hiring patterns by ensuring an adequate representation of gender, race, and professional background. The board and staff makeup are proportionate to the end service user

Appendix C Images of Reviewed Sources and Scores

The following two images depict the working excel document that was used to compile UPMC health system resources and activities. The images include a brief description of the source reviewed and the score given to each source. An average was calculated at the end of the column for each indicator, and the associated rating based on the average number.

Appendix C.1 Image 1 of Reviewed Sources and Scores

UPMC Equity Assessment: UPMC Sources Reviewed									
Build Agency	Score	Incorporate Structural Change and Policy Recommendations	Score	Encourage Shared Responsibility	Score	Use Endowments	Score	Prioritize Black Maternal and Child Health Through the Reproductive Justice Lens	Score
The trade Institute of Pittsburgh		1 employee and patient non-discrimination s	3	inclusion statement		2 magee philanthropy report		1 PCORI Award-access to digital i	5
Neighborhood Improvement		4 mission, vision, values	1	activities of center for engagen		3 Children's Current Endowments		1 Virtual classes offered at magee	1
Pathways to Work		3 quality, safety, innovation	1	Supplier diversity program		4 Freedom House 2.0		5 How magee donations are usec	1
Partnership with ELECT Program		2 message from the office of the chairman	3			Hilltop Alliance		5 pregnancy recovery center at M	1
Center for Diversity and Inclusion 2015 annual report		2 Policy and Advocacy Page	3			Children's Hospital Foundation		1 Magee Clinical Translational Re	1
supplier diversity program		2 Anti-racism resources	3			Hilman \$20 million contributi		1 Partnership with ELECT Program	2
		UPMC Center for Social Impact	3					Keystone 10	1
								Lactation Center at Magee	1
Average	2.33	Average	2.42	Average	3	Average	2.33	Average	1.625
	FAIR		FAIR		AVERAGE		FAIR		VERY POOR

Appendix C.2 Image 2 of Reviewed Sources and Scores

Center Black Experience	Score	Targeted Outreach	Score	Be Intersectional	Score	Reach to the Diaspora	Score	Board and Staff Composition	Score
maternal mortality and review	1	magee magazine publications	1	social impact initiative	2	Change Agency Partnership	2	leadership	1
Listening Closely to our Neighb	3	insight, inovation, and inclusior	3	Center for engagement and inc	2	Literacy Pittsburgh Partnership	2	meet the maternity health coal	1
		Good Health, Better World Pod	2	community fast facts flyer	2	Womens Association of Pittsbu	1	UPMC Appoints new leaders	1
		UPMC Health Plan Instagram	1	race based continuing educatio	3			maternal mortality and review	1
		UPMC My Health Matters Home	3	community treatment team	2			UPMC Health Plan Leadership	1
				tracking of covid vaccine admin	1			Magee Wome's Research Insti	1
Average	2	Average	2	Average	2	Average	1.67	Average	1
	FAIR		FAIR		FAIR		VERY POOR		VERY POOR

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