
Bree Collaborative | Reproductive and Sexual Health WorkgroupJanuary 8th, 2020 | 2:00 – 3:30**Foundation for Health Care Quality**705 2nd Avenue, Suite 410 | Seattle, WA 98104

MEMBERS PRESENT

Charissa Fotinos, MD, (Chair) Deputy Chief
Medical Officer, Washington State Health
Care Authority

Heather Maisen, MPH, MSW, Family Planning
Program Manager, Seattle King County Public
Health

Adrienne Moore,* Deputy Director of Quality
Improvement, Upstream

Janet Cady, ARNP, Medical Director of School
Based Program, Neighborcare

Robin Tatsuda (filling in for Claire Tierney),
Director of Information & Family Support,
The Arc of King County

Catherine West, JD, Staff Attorney, Legal Voice

Cynthia Harris,* Family Planning Program
Manager, Washington Department of Health

Rita Hsu, MD, FACOG, Obstetrics and
Gynecology, Confluence Health

STAFF AND MEMBERS OF THE PUBLIC

Ginny Weir, MPH, Bree Collaborative

Alex Kushner, Bree Collaborative

Zara and Diana, Legal Assistants, Medical Legal
Partnership, Northwest Justice Project

Cara Bilodeau, Public Policy Manager, Upstream

Mary Robertson, sociologist and author

Courtney Chapel, Advocacy Director, Legal
Voice

Kim Clark, JD, Senior Attorney for Reproductive
Rights, Health and Justice, Legal Voice

E.N. West, Surge Reproductive Justice

* By phone/web conference

BREE COLLABORATIVE OVERVIEW

Charissa Fotinos, MD, Washington State Health Care Authority, and Ginny Weir, MPH, Bree Collaborative welcomed members to the workgroup and those present introduced themselves and gave a short summary of their background.

Ms. Weir gave a short overview of the Bree Collaborative, covering:

- Roberts Rules of Order.
- Why the Bree Collaborative was formed and how it chooses its members and workgroup topics.
- How recommendations are developed.
- The proposed plan and timeline for this workgroup.

Ms. Weir also directed the group to view a summary Senate Bill 5602 which sets out the mandate for this workgroup.

WORKGROUP PERSONNEL DISCUSSION

Dr. Fotinos asked everyone in the workgroup to consider the clinical setting for this topic in a broad sense—the group should not confine its thinking to only the doctor’s office. Ms. Weir asked the group who needs to be added to the workgroup who is not there presently.

- Suggestions that the workgroup needs greater diversity in terms of race and disability specifically.
- A suggestion to include someone from the Somali Health Board.

- There was a suggestion for the workgroup to create a matrix identifying the key voices that the group needs to hear from. This would help the group assess where there are gaps.

CHARTER DISCUSSION

- One member of the workgroup argued that sexual health needs to be included in the scope of this group's charter.
 - This notion was seconded by others and adopted by the workgroup.
 - Ms. Weir encouraged everyone to look at the previous workgroup that focused on sexual health to make sure that this group's work is not duplicative.

Ms. Weir asked the group how they see care improving in the next 10 years due to the workgroup's recommendations:

- Members expressed a desire to address racism in medical school and racial biases in doctors. Are there ways that the health care system can address this problem?
 - Better training for working with immigrant populations.
- Reduction of barriers to accessing reproductive health care. Patients should be able to get the care they need in one visit.
- Improving reproductive and sexual health for people with developmental disabilities. Current care is often poor for this population.
 - There are many biases and misconceptions in the medical community about how to treat and care for these individuals.
 - A lack of skills for supporting this community in the medical field.
 - Those with developmental disabilities usually do not have access to sex education; they are more likely to be abused; and they are often told not to have children by health care professionals who are heavily biased on this issue.
 - Parents are often told to terminate pregnancy if the child is identified as having a developmental disability.
 - Challenges for this community on issues of legal guardianship and medical decision making—need better training for professionals to promote individuals' ability to make decisions.
 - Forced or coercive decision making in reproductive and sexual health is something that, historically, applies to all of the marginalized communities that this workgroup will be considering.
- Thinking of sexual health across a patient's lifespan—not just in relation to pregnancy or one age group. Also, in discussions around sexual and reproductive health, including all of the places outside of medical offices where care is delivered.
- Overall, improvement of the patient experience. More training for providers in bringing up issues of reproductive and sexual issues with patients.
- Improvements around confidentiality, especially among minors, minorities, and victims of sexual violence who are especially vulnerable if confidentiality is breached.
 - Example given of adolescents who want to take preventative medications for HIV, but fear the consequences of reaching out.
- Destigmatizing sexual and reproductive health by including it as part of regular exams and checkups.
- A large overall theme is addressing bias, assumptions, and historical trauma. Helping the system become more comfortable talking about issues that are sometimes uncomfortable.

The group revisited who else needs to be added to the workgroup.

- Suggestion to contact the UW LEND and LEAH Programs at the Center on Human Development and Disability. A leadership program for medical health providers to help build understanding around those with developmental disabilities.

Action Item: Two group members will connect Ms. Weir with contacts from LEND and LEAH.

- The group also needs to involve tribal groups. Urban Indian Health Institute is floated as a possibility.
- More members from Eastern Washington. More rural representation.
- Suggestion to contact King County Promotora program.

Action Item: Two other contacts to be provided from Upstream who are experts in reproductive health care in tribal communities. Contact from Sea Mar also to be provided. Contact for Leo from Colombia Basin to be provided as a good rural contact. For domestic violence, contact to be provided from Washington State Coalition Against Domestic Violence’s (WSCADV) reproductive justice arm (Lee Hofheimer is the leader).

- Suggestion to contact other community health clinics, ICHS or ACRS. Dr. Rayburn Lewis given as possible contact.
- API Chaya suggested as another contact.
- Washington Health Equity Stakeholders suggested.

Ms. Weir returned the group to a discussion of the scope of the workgroup’s charter.

- There was a suggestion that the “Aim” section should be to develop best practices for sexual reproductive health in Washington State with a particular focus on the 4 groups specified in the charter, rather than only for the four specified groups.
 - If the group could imagine a system that would best serve the most marginalized groups, then that system would certainly work for everyone.
- Change “Educational standards for primary care” to be broader—it should include everyone involved in the clinical side of reproductive and sexual healthcare.
- Dr. Fotinos asked that the group be open to having discussions about broader changes to the current healthcare system. For example, does the group need to address the fact that contraception still cannot be bought over the counter in America?
- Reducing stigma around sexual and reproductive issues should be called out specifically in the charter.
- Final suggestions regarding group composition:
 - More LGBTQ representation. Contact City of Seattle LGBTQ commission and Dr. Kevin Hatfield.
 - More black women in the group as they have a high rate for mortality in childbirth.
- Question asked about the scope of recommendations—is it possible to make large systemic suggestions that fall outside the scope of our current health care system?
 - Dr. Fotinos and Ms. Weir advised that the group needs a spectrum of suggestions. The group can call out larger problems with our system, but the recommendations will largely need to be pragmatic and applicable to the current system.
 - The group can also encourage more drastic changes by encouraging health plans to provide differential rates for providers who excel in certain areas.

GOOD OF THE ORDER

Dr. Fotinos thanked all for attending and adjourned the meeting.