

The Bree Collaborative **Reproductive and Sexual Health Care Charter and Roster**

Problem Statement

The World Health Organization defines reproductive health as “*a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes...impl[ing] that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.*”¹ Minority populations are disproportionately affected by unintended pregnancy and sexually-transmitted diseases and have lower rates of screening for common cancers.^{2,3} Further, reproductive and sexual health services can serve as an entry point into the health care system, helping to decrease health disparities broadly.

Aim

To improve quality, equity, and cultural appropriateness of reproductive and sexual health care services across the lifespan in Washington State.

Purpose

To propose evidence-informed recommendations to the full Bree Collaborative on:

- Culturally sensitive mechanisms to improve the standard of reproductive and sexual health care especially for people of color, immigrants and refugees, victims and survivors of violence including of human trafficking, people with disabilities, American Indians/Alaska Natives, and those who are Lesbian, Gay, Bisexual, Transgender, and/or Questioning or Queer (LGBTQ)
- Addressing and reducing stigma around reproductive and sexual health care issues in clinical care
- Addressing equitable and low-barrier (e.g., language, literacy) access to high-quality reproductive and sexual health care
- Confidentiality around sexual and reproductive health especially for adolescents and those experiencing intimate partner violence
- Standard patient evaluation and assessment in reproductive medicine

Duties & Functions

The Reproductive and Sexual Health Care workgroup will:

- Research evidence-informed and expert-opinion (including from consumers themselves) informed guidelines and best practices (emerging and established).
- Consult relevant professional associations and other stakeholder organizations and subject matter experts for feedback, as appropriate.
- Meet for approximately ten-twelve months, as needed.
- Provide updates at Bree Collaborative meetings.
- Post draft report(s) on the Bree Collaborative website for public comment prior to sending report to the Bree Collaborative for approval and adoption.
- Present findings and recommendations in a report.
- Recommend data-driven and practical implementation strategies including metrics or a process for measurement.
- Create and oversee subsequent subgroups to help carry out the work, as needed.
- Revise this charter as necessary based on scope of work.

Structure

The workgroup will consist of individuals confirmed by Bree Collaborative members or appointed by the chair of the Bree Collaborative or the workgroup chair. The chair of the workgroup will be appointed by the chair of the Bree Collaborative. The Bree Collaborative director and program assistant will staff and provide management and support services for the workgroup.

Less than the full workgroup may convene to: gather and discuss information; conduct research; analyze relevant issues and facts; or draft recommendations for the deliberation of the full workgroup. A quorum shall be a simple majority and shall be required to accept and approve recommendations to send to the Bree Collaborative.

Meetings

The workgroup will hold meetings as necessary. The director will conduct meetings along with the chair, arrange for the recording of each meeting, and distribute meeting agendas and other materials prior to each meeting. Additional workgroup members may be added at the discretion of the workgroup chair.

Name	Title	Organization
Charissa Fotinos, MD (Chair)	Deputy Chief Medical Officer	Washington State Health Care Authority
Paul Dillon/Lili Navarrete	Latinx Outreach & Organizing Program	Planned Parenthood of Greater Washington and North Idaho
Janet Cady, ARNP	Medical Director, School Based Program	Neighborcare
Angela Chien, MD	Obstetrics and Gynecology	EvergreenHealth
Colin Fields, MD	Chief, Gender Health program	Kaiser Permanente Washington
Leo Gaeta	Vice President of Programs	Columbia Basin Health Association, Othello Clinic
Cynthia Harris, PhD	Family Planning Program Manager	Department of Health
Rita Hsu, MD, FACOG	Obstetrics and Gynecology	Confluence Health
Heather Maisen, MPH, MSW	Family Planning Program Manager	Seattle King County Public Health
Adrienne Moore	Deputy Director of Quality Improvement	Upstream
Claire Tierney	Healthy Relationships Program Manager	ARC of King County
Ivanova Smith	Patient Advocate	
Mandy Weeks-Green	Senior Health Policy Analyst	Officer of the Insurance Commissioner
Catherine West, JD	Staff Attorney	Legal Voice
Giselle Zapata-García	Co-Director	Latinos Promoting Good Health

¹ World Health Organization. Reproductive Health. Available: <https://www.who.int/westernpacific/health-topics/reproductive-health>

² Haider S, Stoffel C, Donenberg G, Geller S. Reproductive health disparities: a focus on family planning and prevention among minority women and adolescents. *Glob Adv Health Med.* 2013;2(5):94–99. doi:10.7453/gahmj.2013.056

³ Centers for Disease Control and Prevention. STDs in Racial and Ethnic Minorities. Accessed: <https://www.cdc.gov/std/stats17/minorities.htm#ref1>