
Bree Collaborative | Reproductive and Sexual Health Workgroup

September 2, 2020 | 2:00 – 3:30

Held Remotely

MEMBERS PRESENT

Cynthia Harris, Family Planning Program Manager, Washington Department of Health
Angela Chien, MD, Obstetrics and Gynecology, EvergreenHealth
Mandy Weeks-Green, Senior Health Policy Analyst, Officer of the Insurance Commissioner
Janet Cady, ARNP, Medical Director of School Based Program, NeighborCare
Leigh Hofheimer, Program Coordinator, Washington State Coalition Against Domestic Violence

Paul Dillon, Latinx Outreach & Organizing Program, Planned Parenthood of Greater Washington and North Idaho
Heather Maisen, MPH, MSW, Family Planning Program Manager, Seattle King County Public Health
Catherine West, JD, Staff Attorney, Legal Voice
Colin Fields, MD, Kaiser Permanente
Cara Bilodeau, Public Policy Manager, Upstream
Kara Nester, MPH, Health Policy Analyst, Washington Health Benefit Exchange

STAFF AND MEMBERS OF THE PUBLIC

Ginny Weir, MPH, Bree Collaborative
Amy Etzel, Bree Collaborative
Yolanda Evans, MD, MPH, Clinical Director, Division of Adolescent Medicine Seattle Children's Hospital

Beth Tinker, PhD, MPH, MN, RN, Washington State Health Care Authority
Leslie Edwards, Public Policy Analyst, Planned Parenthood Votes Northwest and Hawaii

CHAIR REPORT AND APPROVAL OF MINUTES

Ginny Weir, MPH, Bree Collaborative welcomed members to the workgroup and those present introduced themselves.

Motion: Approval of August 5th minutes

Outcome: Approved unanimously

FINAL CHANGES TO RECOMMENDATIONS PRIOR TO PUBLIC COMMENT

The workgroup reviewed the draft document and discussed:

- The framework of the recommendations still fitting the population groups of interest. Focus areas:
 - Cultural humility:
 - Adding the role of the state or the medical establishment in causing harm or oppression
 - Adding engage with the community
 - Access: Adding “offer enhanced access to care (e.g., same-day access, after hours, telehealth)” and language around transportation
 - Person-centered care:
 - Moving Understand a person's individual needs to the top
 - Adding confidentiality around medications, appointments, and communications
 - Appropriate care:
 - Adding that the parenting question is for all people
 - Changing family planning to contraceptive counseling

- Some in the field are moving away from the term “family planning” to just sexual and reproductive health.
- How to incent gender inclusive language
- Authentic community engagement
- How to increase access through:
 - Continuing telemedicine parity after the pandemic
 - Access to contraception
 - Medicaid-covered transportation services
- The difficulty of standardizing tools of accessing gender identity.
- The framework of reproductive justice and adding this as a goal for the workgroup to the definitions.
- Language around weathering causing systematic inflammation and poor outcomes especially for black parents.
- Adding more language around those who are transgender and around where violence occurs.
- Revising the language for clinics on information collected
- Adding that people have a right to see another clinician if they desire
- Changing trauma-informed to person-centered in many places and adding trauma-informed to the definition of person-centered
- Changing the language around breast cancer screening to include USPSTF breast cancer screening and for transgender men and for transgender women who have had more than 5 years of gender affirming therapy with estradiol on or after 50 years of age
- Adding that clinics should Ensure that people are informed they can access reproductive and sexual health care services through providers other than their assigned primary care provider
- For employers adding that Health plan network provides full scope of reproductive health care including contraception, peripartum care, pregnancy termination
- Adding for those who are imprisoned that newborns not be separated from their parent

GOOD OF THE ORDER

Ms. Weir thanked all for attending and adjourned the meeting.