

The Bree Collaborative LGBTQ Health Care Workgroup Charter and Roster

Problem Statement

Approximately 3.5% of Americans identify as lesbian, gay, or bisexual and 0.3% of American adults are transgender,¹ with distinct healthcare needs.² In particular, men who have sex with men (MSM) and transgender persons who have sex with men are at elevated risk for HIV and other sexually transmitted infections. Additionally, lesbian, gay, bisexual, transgender, and questioning or queer (LGBTQ) persons can experience elevated rates of depression, sexual abuse, smoking, and other substance use.^{3,4} Stigma and lack of provider training and competency serve as barriers to providing consistent, high-quality medical care.⁵

Aim

To align care delivery with existing evidence-based, culturally sensitive standard of care for LGBTQ people in Washington State while decreasing health disparities.

Purpose

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

- Age-appropriate screening and standard questions for clinicians to ask all patients about sexual behaviors, sexual orientation, and gender identity, with responses documented in medical records.
- An inventory of health equity practices and competencies that improve care of sexual and gender minorities.
- Protocols, policies, and practices to improve medical care, including receipt of preventive services, among LGBTQ patients.
- Implementation of Washington's MSM STD Screening and PrEP Implementation Guidelines including for health care organizations, purchasers, payers, and medical professionals.
- Indicators and outcomes that health care organizations should monitor to evaluate success in improving the care of LGBTQ patients.
- Identifying other areas of focus or modifying areas, as needed.

Duties & Functions

The LGBTQ Health Care workgroup will:

- Research evidence-based 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 nine months, as needed.
- Provide updates at Bree Collaborative meetings.

¹ Gates G. How many people are lesbian, gay, bisexual, and transgender? The Williams Institute University of California, Los Angeles. April 2011. Available: <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf>

² Purcell DW, Johnson CH, Lansky A, et al. Estimating the population size of men who have sex with men in the United States to obtain HIV and syphilis rates. *The open AIDS journal* 2012; 6:98-107.

³ Russell ST, Fish JN. Mental Health in Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth. *Annu Rev Clin Psychol.* 2016 Mar 28; 12: 465–487.

⁴ Mayer KH, Bradford JB, Makadon HJ, Stall R, Goldhammer H, Landers S. Sexual and Gender Minority Health: What We Know and What Needs to Be Done. *American Journal of Public Health.* 2008;98(6):989-995.

⁵ Whitehead J, Shaver J, Stephenson R. Outness, Stigma, and Primary Health Care Utilization among Rural LGBT Populations. Newman PA, ed. *PLoS ONE.* 2016;11(1):e0146139.

- 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.
- 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 program director 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 program 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 to be added at the discretion of the chair.

Name	Title	Organization
Dan Lessler, MD, MHA (Chair)	Chief Medical Officer	Washington State Health Care Authority
Olivia Arakawa, MSN, CNM, ARNP, RN	Parent Advocate	
Scott Bertani	Director of Policy	Lifelong AIDS Alliance
Kathy Brown, MD	Provider	Kaiser Permanente
LuAnn Chen, MD, MHA, FAAFP	Medical Director	Community Health Plan of Washington
Michael Garrett, MS, CCM, CVE, NCP	Principal	Mercer
Matt Golden, MD	Professor, Director, PHSKC STD Control Program	University of Washington
Tamara Jones, MPH	End AIDS Washington Policy and Systems Coordinator	Department of Health