
Bree Collaborative | Reproductive and Sexual Health Workgroup

April 1st, 2020 | 2:00 – 3:30

Held Remotely Due to Covid-19

MEMBERS PRESENT

Charissa Fotinos, MD, (Chair) Deputy Chief
Medical Officer, Washington State Health
Care Authority
Colin Fields, MD, Kaiser Permanente
Leo Gaeta, Vice President of Programs, The
Columbia Basin Health Association
Heather Maisen, MPH, MSW, Family Planning
Program Manager, Seattle King County Public
Health
Adrienne Moore, Deputy Director of Quality
Improvement, Upstream
Cynthia Harris, Family Planning Program
Manager, Washington Department of Health

Angela Chen, MD, Obstetrics and Gynecology,
EvergreenHealth
Paul Dillon, Latinx Outreach & Organizing
Program, Planned Parenthood of Greater
Washington and North Idaho
Catherine West, JD, Staff Attorney, Legal Voice
Giselle Zapata-Garcia, Co-Director, Latinos
Promoting Good Health; Executive
Committee Co-Chair, Latinx Health Board

STAFF AND MEMBERS OF THE PUBLIC

Ginny Weir, MPH, Bree Collaborative
Alex Kushner, Bree Collaborative
Amy Etzel, Bree Collaborative
Cara Bilodeau, Public Policy Manager, Upstream

Yolanda Evans, MD, MPH, Clinical Director,
Division of Adolescent Medicine Seattle
Children’s Hospital
Bianca Hernandez, Legal Voice

CHAIR REPORT AND APPROVAL OF MINUTES

Charissa Fotinos, MD, Washington State Health Care Authority, and Ginny Weir, MPH, Bree Collaborative welcomed members to the workgroup and those present introduced themselves.

Motion: Approval of March 4th minutes

Outcome: Approved unanimously

PRESENTATION: PUBLIC HEALTH – SEATTLE & KING COUNTY (PHSKC) FAMILY PLANNING PROGRAM BY HEATHER MAISEN

Heather Maisen, MPH, MSW, Family Planning Program Manager, Seattle King County Public Health began her presentation.

- Ms. Maisen reviewed the needs of patients seeking family planning and the successes of FP programs in the US.
- She reviewed some national statistics with these two takeaways: poor women had more than five times as many unintended pregnancies as higher-income women. Women of color were roughly twice as likely to experience an unintended pregnancy as white women.
- Although King County has seen declines in unintended pregnancies, there are still serious disparities. Medicaid population has higher rates than the general population.
- She reviewed a graph showing teen birth rates across different racial populations in KC. There are major disparities between different populations—Pacific Islander rate (highest) is 14 times higher than Asian rate (lowest). American Indian and Hispanic teens also had rates that were 10 times that of Asian teens.

- Ms. Maisen reviewed populations served by PHSKC: people who have low-incomes or are uninsured, immigrant and refugee populations, adolescents and young adults, people experiencing homelessness, LGBTQ and non-binary gender identified people.
- PHSKC FP Clinics Patient Population slide: 1 in 4 women in KC are in need of publicly funded contraceptive services.
- Family Planning Clinical Quality Measures: Contraceptive care (not an outcomes measure), cervical cancer screening, and chlamydia screening
- PHSKC uses FLASH curriculum (medically accurate with affirmative consent). They are currently doing a rigorous evaluation of this curriculum as well.
- Ms. Weir asked what one service of PHSKC Family Planning would Ms. Maisen want to be spread across the state. Ms. Maisen answered that reproductive health is an urgent need and the workgroup should think about how its recommendations can help assure same-day access for sexual-reproductive health needs.

GENERAL DISCUSSION

- Ms. Weir transitioned the group to discussing the article “Racial and Ethnic Disparities in Obstetrics and Gynecology” published by ACOG. Ms. Weir thought the group could use some of the article’s actionable recommendations. She also liked the recommendations on page 3 which are divided up into Patient-Level Factors, Health Care System-Level Factors, and Practitioner-Level Factors.
- Ms. Weir asked the group for thoughts on any of the articles that were read.
 - Members expressed desire to make recommendations to medical schools asking for more curriculum on bias, racism, and on how white providers can better serve people of color.
 - Catherine West, JD, Staff Attorney, Legal Voice, mentioned Targeted Universalism as a way to deliver health care that would decrease racial disparities.
 - Colin Fields, MD, Kaiser Permanente mentioned the possibility of recommending that more people of color and other minority populations have research positions.

Action Item: Catherine West to share materials from a relevant training by the African American Policy Forum.

- Ms. Weir reviewed the draft of the recommendations so far and mentioned that any edits from the group are welcomed. She reviewed the framework for the recommendations—these are the four buckets that have been discussed in prior meetings. The workgroup felt that these buckets were still appropriate.
- Ms. Weir pointed the group to a grid in the draft recommendations that keeps track of which issues of the framework have been addressed with each different focus population.
- Ms. Maisen mentioned the Black Mama’s Matter toolkit and suggested including some of their specific language within the recommendations.
- Angela Chen, MD, Obstetrics and Gynecology, EvergreenHealth, asked about the possibility of recommending telehealth for the populations that the group is discussing—telehealth can improve access because it is lower-stakes than going into a clinic and better protects anonymity.
 - Dr. Fields agreed with this and related it back to the conversation at the last meeting regarding undocumented immigrants who are afraid to seek care in person due to ICE and the threat of detainment and deportation.

- Ms. Maisen added that there are risks and opportunities for equitable access when it comes to telehealth; telehealth needs correct framing in order to increase equity rather than decrease it.
- Giselle Zapata-Garcia, Co-Director, Latinos Promoting Good Health; Executive Committee Co-Chair, Latinx Health Board, mentioned the need for making sure that there are translation services available in telehealth.
- Ms. Maisen asked about the possibility of cross-over between the group's work and working with families during COVID; how can good reproductive and sexual health be provided when clients are afraid to go to clinics in person?
- Leo Gaeta, Vice President of Programs, The Columbia Basin Health Association, recommended including reproductive health as a performance measure for MCOs. Ms. Weir asked which specific metrics might fit well?
 - Recommendations for metrics: pregnancy intention screening questions should be added to contracts with MCOs; pre-pregnancy care metrics.
 - Dr. Chen said that it would be difficult to collect these kinds of metrics using billing data.
 - Another member mentioned collecting data via patient survey (a good example of one is being used at UCSF).
- Mr. Gaeta suggested thinking about screening for social determinants of health and accessing method of choice.
- Dr. Fields made a comment about the pregnancy intention screening for LGBTQ populations: gay men are often not asked these questions. Ms. Maisen suggested that the group recommend rephrasing the question to "do you want to become pregnant or a parent in the next 12 months?".

GOOD OF THE ORDER

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