
Bree Collaborative | Reproductive and Sexual Health Workgroup

August 5th, 2020 | 2:00 – 3:30

Held Remotely

MEMBERS PRESENT

Charissa Fotinos, MD, (Chair) Deputy Chief Medical Officer, Washington State Health Care Authority	Washington State Coalition Against Domestic Violence
Cynthia Harris, Family Planning Program Manager, Washington Department of Health	Paul Dillon, Latinx Outreach & Organizing Program, Planned Parenthood of Greater Washington and North Idaho
Angela Chien, MD, Obstetrics and Gynecology, EvergreenHealth	Heather Maisen, MPH, MSW, Family Planning Program Manager, Seattle King County Public Health
Mandy Weeks-Green, Senior Health Policy Analyst, Officer of the Insurance Commissioner	Catherine West, JD, Staff Attorney, Legal Voice
Janet Cady, ARNP, Medical Director of School Based Program, NeighborCare	Colin Fields, MD, Kaiser Permanente
Leigh Hofheimer, Program Coordinator,	Cara Bilodeau, Public Policy Manager, Upstream
	Kara Nester, MPH, Health Policy Analyst, Washington Health Benefit Exchange

STAFF AND MEMBERS OF THE PUBLIC

Vicki Lowe, Executive Director, American Indian Health Commission of Washington State (AIHC)	Amy Etzel, Bree Collaborative
Jan Ward Olmstead, MPA, Public Health Policy and Project Consultant, AIHC	Yolanda Evans, MD, MPH, Clinical Director, Division of Adolescent Medicine Seattle Children's Hospital
Cindy Gamble, MPH, Tribal Public Health Consultant, AIHC	Beth Tinker, PhD, MPH, MN, RN, Washington State Health Care Authority
Ginny Weir, MPH, Bree Collaborative	Leslie Edwards, Public Policy Analyst, Planned Parenthood Votes Northwest and Hawaii
Alex Kushner, Bree Collaborative	

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 July 1st minutes

Outcome: Approved unanimously

PRESENTATION AND DISCUSSION: VICKI LOWE, JAN WARD OLMSTEAD (MPA), AND CINDY GAMBLE (MPH) OF THE AMERICAN INDIAN HEALTH COMMISSION OF WASHINGTON STATE

Jan Ward Olmstead, MPA, Public Health Policy and Project Consultant, American Indian Health Commission of Washington State (AIHC); Cindy Gamble, MPH, Tribal Public Health Consultant, AIHC; and Vicki Lowe, Executive Director, AIHC introduced themselves to the workgroup. Each of them spoke briefly about their connection to this group's work.

- Ms. Weir summed up the workgroup's work so far and asked the three presenters how they would like to see the workgroup enact change.
- Ms. Olmstead: we need to ensure that there is historical and cultural context required as part of training for healthcare professionals and providers.

- Historical context is important because of the genocide that has occurred against American Indians in the past and how that continues to affect their health today.
- Also, a history of sterilizations and families being forcibly separated. Especially important given epigenetics and how trauma is embodied.
- Providers need to have a frame of reference for the past. History has a concrete impact on modern health: for example, elders being vaccinated at a lower rate than in other populations.
- Provider education also needed to address the stigma of not being intelligent that is associated with many marginalized groups. American Indians feel this stigma from their healthcare providers.
- Ms. Lowe: knowing history is part of being culturally humble—cannot be humble without knowing the historical fear of having children removed from parents.
 - As such, it is very important to build a trust-relationship to help parents know that their children are not at risk of being taken away; home visiting can be very helpful for this.
- The American Indian healthcare system gets 32 cents per every dollar that they need: access is heavily impacted by funding. Many American Indian patients do not have access to an American Indian healthcare provider.
- Ms. Gamble: trust is a huge issue among young people who are in the pregnant/parenting experience right now. Having a universal approach and universal standards of care is important because at some point patients will have to be referred outside of an American Indian health care system.
 - One big recommendation is needing patient navigators to help young parents who are going outside of the American Indian healthcare system—might not be plain navigation, but simply emotional support given the history of the American Indian community.
 - Another way to increase trust is to build healthcare capacity within American Indian communities. These communities need resources to train up their own people because they historically have trouble retaining healthcare professionals who come from outside the community.
 - Community health aids of various kinds are an important resource for American Indian communities because they will be trusted within a community.
- Multiple members and attendees discussed the difficulty of teaching providers to provide trauma-informed care and/or learn important history. Ms. Gamble commented that the for-profit nature of health care in the United States is a large impediment.
 - Trauma-informed care takes more time than regular care, and if it takes more time then it does not make as much money.
 - A huge component of trauma-informed care is spending the time to get to know people.
- Ms. Weir asked how the group can help make trauma-informed care happen given that there is not a quality metric that is easily measurable and it is difficult to write into contracts.
 - Start using patient-reported outcomes measures or surveys; start asking people about their experience of their health care.
 - Survey questions could include ones such as:
 - “do you feel better?”
 - “do you trust your provider?”
 - “do you think your provider has your best interest at heart?”
 - Leigh Hofheimer, Program Coordinator, Washington State Coalition Against Domestic Violence also encouraged asking, “do you have more information about your options for safer planning?”

- Ms. Gamble also suggested surveying medical staff about the culture of their office: prejudices amongst staff can easily be felt by patients and are sometimes only expressed behind closed doors.
- Ms. Weir pivoted discussion to how the group might want to make recommendations for people who are incarcerated. The group agreed that this is an important issue. Members expressed a desire to solicit input from experts working in the criminal justice system.
 - Dr. Fotinos asked that the group get opinions from people working in both correctional facilities and jails.

Action Items: Paul Dillon to connect Ms. Weir with a contact at the Bail Project. Collin Fields offered to connect the group with a relevant contact working with persons in correctional facilities. Two attendees recommended contacting NW Surge for Reproductive Justice.

- Ms. Lowe mentioned that American Indian patients and providers often have a difficult time working with insurance companies, and this also perpetuates a sense of the system mistrusting them.
- Ms. Weir offered the idea of collecting data on race to better understand health disparities. Could this workgroup make suggestions about how questions on race and ethnicity are asked on surveys?

GOOD OF THE ORDER

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