



Women's Health Needs in Washington

2024

Introduction

Every 5 years, the Washington State Department of Health (DOH) assesses the health of children, parents and caregivers, and families to support the Maternal and Child Health Block Grant (MCHBG).

DOH collects information through a Discovery Survey, key informant interviews, and facilitated discussions. This information helps identify the priorities to guide our work. It also helps us better understand the needs and challenges impacting the health of women, birthing people, young people, children and youth with disabilities and their families.

The **Women and Maternal Health domain** focuses on improving health outcomes for women and birthing people by:

- Promoting annual wellness visits
- Expanding access to prenatal care and post-partum check-ups
- Supporting family planning services
- Increasing testing and treatment for sexually transmitted infections

Key Themes from Community and Partners

Community-based Discovery Survey themes:

- **Access to health care:** During all stages of life, reproductive-aged women and people need easy access to birth control, preventive screenings, abortion care and mental health services, prenatal and postpartum care.
- **Work and family support:** respondents shared the desire for better paid family leave, longer maternity leave, and workplaces that support parents with flexible schedules.
- **Resources for people experiencing domestic violence:** There's a need for more and easy to navigate trauma-informed services and resources for people experiencing intimate partner violence.
- **Child care access and employment:** While child care impacts many aspects of maternal and child health, it also directly impacts women's access to employment. Single and divorced mothers who are the primary caretakers of their child or children experience it the most.
- **Financial and housing barriers:** Housing costs and limited financial support make it more difficult for people, particularly those with lower incomes or on Medicaid, to access health care and family planning services.

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As a woman, finding care for myself has been a struggle. I've been trying to get into an OBGYN for 2 years. They will only take new patients who are pregnant.

(Discovery Survey participant)

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Key informant interviews, facilitated discussions, and local health partner reports:

- **Provider shortages:** There is a shortage of providers who focus on women's and birthing people's health. Sources shared about the need for behavioral health providers with experience serving women and birthing persons, and primary care and maternity care providers.
 - **Rural** communities noted there are **no OB-GYNs** in their counties.
 - Sources shared about the importance of access to **culturally matched care** for women and birthing persons. There is an urgent need to increase the diversity of the maternal health workforce to provide culturally and linguistically matched care.
- **STI (sexually transmitted infection) rates are rising:** There is an increase in syphilis and other STI cases, including among pregnant people. More access to testing and treatment is needed.

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With the closure of one local community clinic OB services, retirements, and relocation of local providers in the past 6 months, the number of OB providers in the county has decreased, limiting access to care.

(Local Health Jurisdiction Staff)

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Research Findings

In addition to listening to community members, local health champions, and program partners, we also conducted a literature review to identify top priorities and recommendations specific to women's and birthing people's health.

- **Disparities for women of color:** Women of color experience higher health disparities and worse health outcomes, including less access to care and increased mortality rates when compared to the general population.
- **Need for culturally responsive care:** Washington needs a more diverse health care workforce to improve and protect access to essential services, including mental and behavioral health, the right to make decisions about one's own body, and shared medical decision-making.
 - There is limited information available regarding women's access to culturally matched or responsive care. In the 2023 legislative session, the Legislature passed House Bill 1503. This bill allows the DOH to collect demographic information and practice locations of health care professionals when they first apply for a license and when they renew it. This information will help us understand the racial and ethnic identities, demographic factors, and geographic distribution of health care workers.
- **Gaps in Work, and Safety:** Women in Washington experience major challenges in staying financially secure and staying safe. These disparities affect their overall well-being.
 - **Wage differences and workplace experiences**
 - Women in Washington earn \$17,353 less than men each year, one of the largest pay gaps in the U.S. This pay gap is even wider for Latina, Native American and Alaska Native, Black and African American, and Native Hawaiian or Pacific Islander women.¹

- Lack of affordable childcare makes it hard for women especially single mothers to stay in the workforce.
- **High rates of violence**
 - In 2023, **70% of domestic violence victims** were women, and over **one-third of domestic violence homicides** involved a firearm.²
 - Research indicates that when an abuser has a gun, the risk of a woman being killed increases by 1000%.³

Women's and Maternal Health in Washington

Women respondents to the Behavioral Risk Factor Surveillance Survey (BRFSS) noted that Washington has lower access to medical care than most other states, but higher self-reported overall health. Other key highlights:

- Only 63% of women in Washington had a Wellness visit last year which is lower than the national average.
- Almost half of all women have experienced intimate partner violence at some point in their lives.
- Among all adults, Washington had lower STI rates than the national average for Chlamydia and Gonorrhea (CDC, data not shown).

Table 1. Washington State Compared with National Women's Health Indicators and Rankings

Indicator	Washington		State Rank	United States		Source
	%	95% CI		%	95% CI	
Well Women Visit in Past Year*	63.4	(60.6-66.1)	46	69.7	(69.0-79.5)	2021 BRFSS
Routine Check-up in Past Year	75.6	(74.6-76.7)	45	80.6	(80.2-80.9)	2022 BRFSS
Good or Very Good Health	84.0	(83.1-84.9)	14	81.4	(81.0-81.7)	2022 BRFSS
Ever Victim of Sexual Violence	61.2	(52.9-55.7)	45	54.3	(52.9-55.7)	2016-2017 NISVS
Ever Victim of Family/Partner Violence	47.7	(39.1-56.6)	23	47.3	(45.9-48.7)	2016-2017 NISVS

*Current MCHBG DOH National Performance Measure

1 What's the Wage Gap in the states? National Partnership for Women & Families. (2025, March 18). <https://nationalpartnership.org/report/wage-gap/>

2 Crime in Washington 2023 Annual Report Washington Association of Sheriffs and Police Chiefs. (2023)

3 Spencer, C. M., & Stith, S. M. (2020). Risk Factors for Male Perpetration and Female Victimization of Intimate Partner Homicide: A Meta-Analysis. Trauma, violence & abuse, 21(3), 527-540. <https://doi.org/10.1177/1524838018781101>

Women's Access to Care

The following map and tables explore patterns in women's access to care. The 2022 Survey of Physician Appointment Wait Times and Medicaid and Medicaid Accept Rates found that Seattle wait times for an obstetrician gynecologist (OB-GYN) appointment ranged from 3 to 54 days, with an average of 21 days. Figures 1 and 2 explore the availability of OB-GYN services access to care by race or ethnicity group.

Figure 1. OB-GYN Provider Rate (per 100,000 women) by County, 2020-2022

Health Resources and Services Administration's (HRSA) Maternal and Infant Health Mapping Tool provides an overview of OB-GYN provider rates by county.

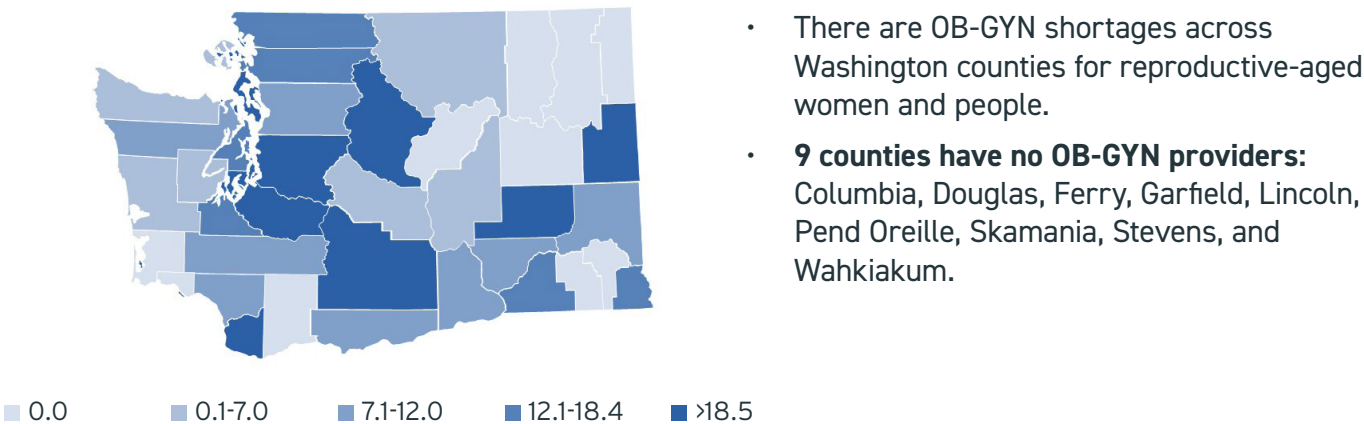
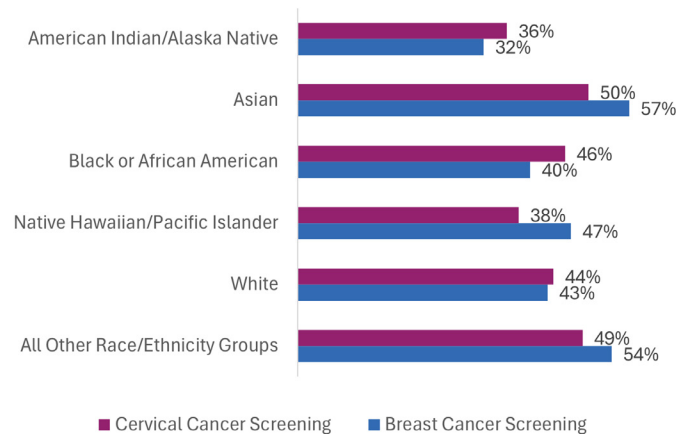


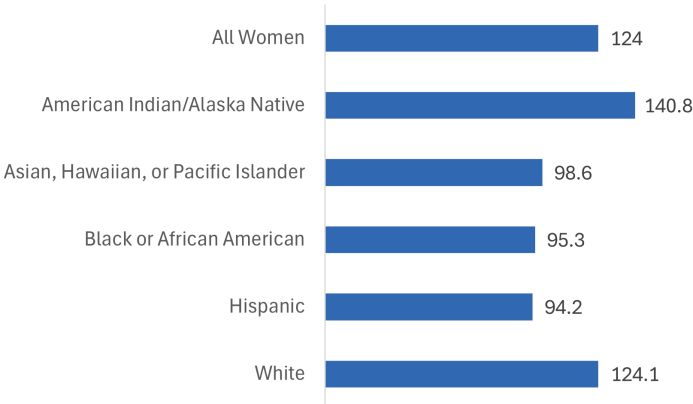
Figure 2. Breast and Cervical Cancer Screening⁴ and Breast Cancer Incidence⁵ by Race and Ethnicity

- Breast and cervical cancer screening can be viewed as an indicator of access to screening and preventative health care.
- American Indian and Alaska Native women have the lowest cancer screening rates, but highest rate of breast cancer of any racial or ethnic group.

Percent with Breast and Cervical Cancer Screening



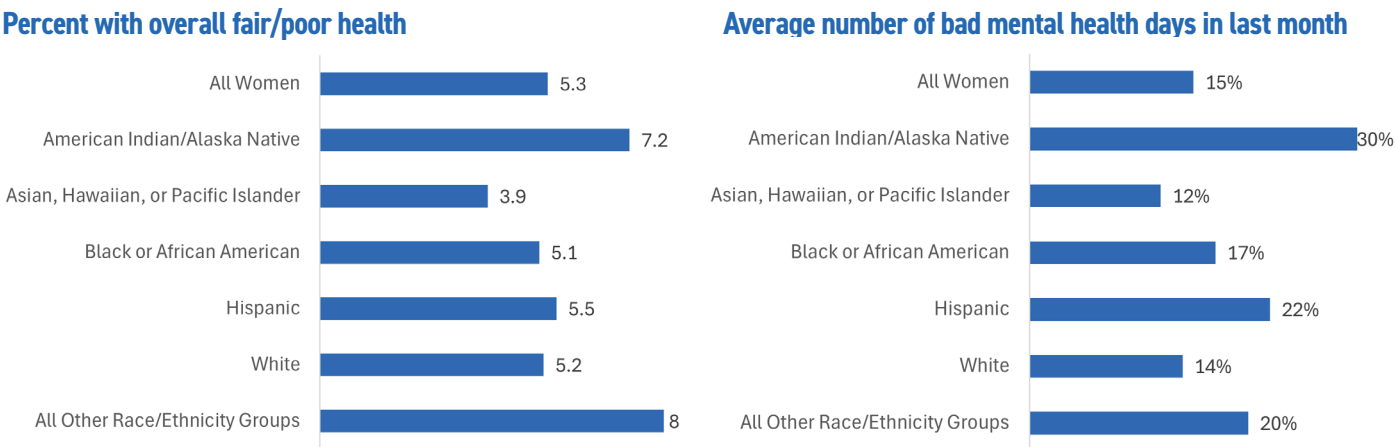
Breast Cancer Incidence per 100,000 Women



4 2022-2023 Breast and Cervical Cancer Screening percentages for Washington Women receiving Medicaid
5 2020 Breast Cancer Incidence per 100,000 Women, CDC and National Cancer Institute, WONDER Online Database

Figure 3. Overall and Mental Health Indicators by Race or Ethnicity for Washington Women⁶

American Indian and Alaska Native, Hispanic, and other race and ethnicity groups experience the highest disparities in overall health and mental health outcomes.

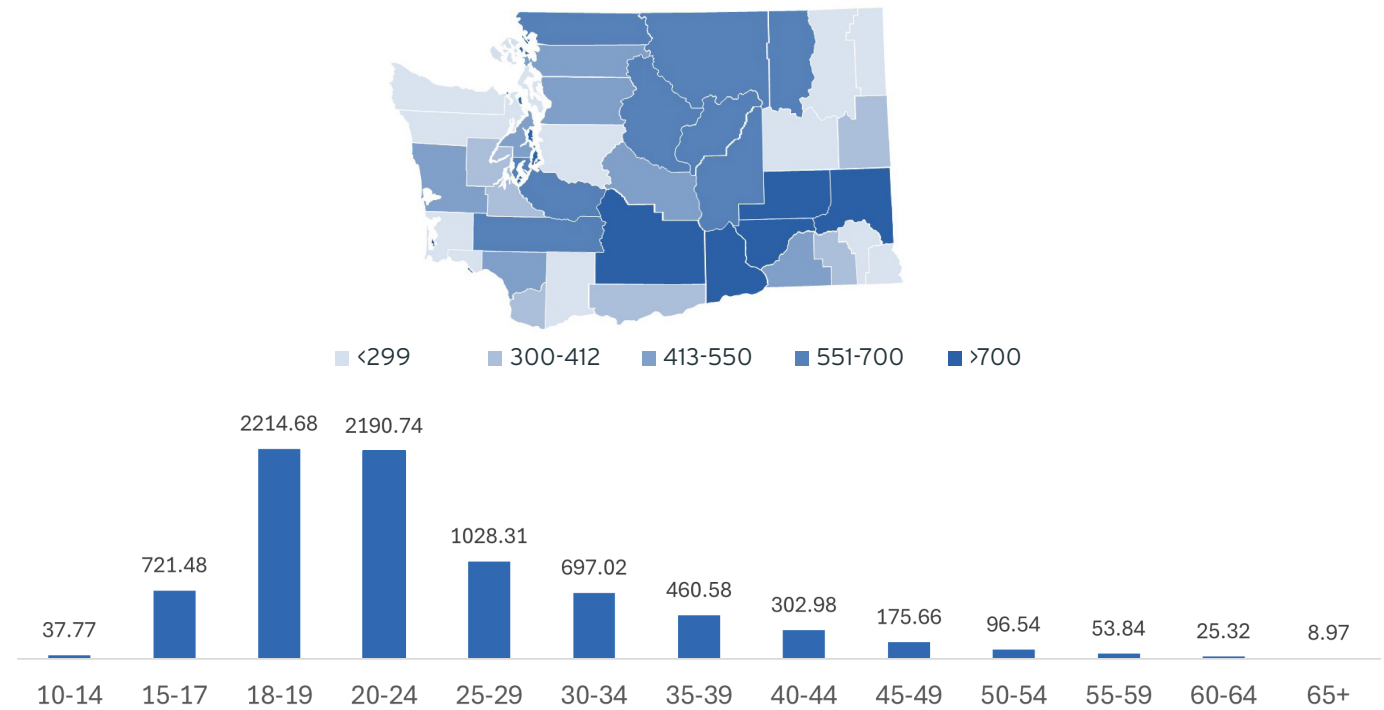


⁶ 2022 Behavioral Risk Factor Surveillance System (BRFSS), Female Washington respondents, KFF analysis of 2013-2023 BRFSS

Figure 4. Any STI Case Per 100,000 Women by County and Age Group, 2022⁷

While each STI has its own distribution patterns, Figure 4 highlights the distribution of all STIs combined among women in Washington.

- Southeastern Washington has higher STI rates.
- Age is strongly correlated with STI rates.
- 18- to 24-year-olds have the highest STI rates among all age groups. This rate decreases later in life.



⁷ Washington State Department of Health, STD Services Section, PHIMS-STD, 2022, Community Health Assessment Tool (CHAT)