



April 2025

# WA Public Health System Monthly Update



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The Washington State Department of Health (DOH) works diligently with Local and Tribal Health Jurisdictions to improve the health and wellbeing of Washington residents. The **WA State Public Health Systems Monthly Update** provides an overview of the key health issues impacting Washington State, and the progress we are making in addressing them.



Question about the WA State Public Health Systems Monthly Update?

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# DOH Title X Program

The US Department of Health and Human Services (HHS) administers the Title X family planning program, the only federal grant for sexual and reproductive health services in the United States. Title X is a critical part of the reproductive health safety net, serving more than 195 million people over the program's more than 50-year history.

Title X services include:

- Breast and pelvic exams
- Pap smears and other cancer screenings
- STI or HIV testing and treatment
- Access to contraceptives
- Pregnancy testing and all-options counseling
- Basic infertility services, pre-conception services

DOH administers the state's Title X program in Washington State, receiving approximately \$4.5 million in Title X funding in FFY 2024. With this funding, DOH coordinates a statewide network of clinics to provide comprehensive, confidential, and affordable family planning and reproductive health services, with a focus on serving low-income and uninsured individuals who would otherwise not have access. Title X grant sub-recipients ensure reproductive health services are available on a sliding fee scale or free for those who qualify. DOH maintains a [map](#) of clinics by location and type of services, as shown in Figure 1, for residents to find and access services.



Figure 1: Image of the clinic maps

In FFY 2024, almost half of clients served (49%) were at or below poverty level, and 41% were a racial or ethnic minority. DOH contracted with 14 grant sub-recipients serving more than 84,000 clients at 95 clinics across the state. Investments in Title X services save money and improve health outcomes over the long term. DOH estimates the health benefits and costs savings from Title X resulted in an estimated net savings of over \$86 million related to maternal and birth-related care, miscarriages, and averted abortions. FFY 2024 key highlights include:

- 59,000 women received contraceptive care, preventing over 16,000 unintended pregnancies, 7,600 unplanned births, and 5,460 abortions
- 122,000 STI tests were administered, preventing 960 chlamydia infections and 150 gonorrhea infections
- 17,000 PAP and HPV tests prevented 10 cases of cervical cancer

## DOH Lead Poisoning Prevention

Lead exposure can harm anyone, but young children, infants, and pregnant women are especially vulnerable to the long-term impacts of lead poisoning. There is no known safe level of lead exposure; even minimal amounts can cause lasting, irreversible harm. Children six years old and younger are the most affected by lead exposure, causing severe impacts to their developing brains and nervous systems, behavior, hearing, and speech.

For years, [CDC's Childhood Lead Poisoning Prevention Program](#) has provided state health departments with technical expertise, guidance, and support to enhance state level surveillance and prevention efforts. DOH plays a central role in preventing lead poisoning across the state, with efforts focused on protecting children and other vulnerable populations from exposure.

In FFY24, DOH received approximately \$615,000 from CDC's lead poisoning prevention grant to support statewide efforts to strengthen blood lead testing, reporting and surveillance, and linkages to recommended services. DOH is also partnering with the WIC Program to incorporate lead testing inquiries during annual visits, and maintains the Washington Tracking Network (WTN) which provides data on blood lead testing rates, elevated blood lead levels, and

housing-related risk factors. DOH uses this data to identify communities at risk and focus public health interventions accordingly.

CDC’s grant support has been critical to Washington State’s success. Childhood lead testing rates for children under six-years of age in Washington, as seen in Table 1, have shown consistent improvement over the last three years. 2024 preliminary estimates showing the largest increase to date, with 9.4% of children under six-years of age tested for lead, compared to the 7.1% testing rate in 2023, and 5.3% in 2022. This is an encouraging trend compared to 2016 – 2021 when annual testing rates for children under six-years of age ranged from 4.25% – 4.7%.

Recent layoffs in the CDC’s Lead Poisoning Prevention and Surveillance Branch have raised concerns about the continuity of lead prevention efforts, potentially reversing progress and increasing risks to vulnerable populations. Sustained investment in state lead poisoning prevention and testing efforts will allow DOH to continue to build upon recent successes and improve health outcomes across Washington State.

Year	% Tested for Lead	% Increase
2024*	9.4%	2.3% Increase
2023	7.1%	1.8% Increase
2022	5.3%	1.1% Increase
2016 -2021	4.25%- 4.7%	N/A
*Estimated 2024 rate is based on 2023 under six-years child population data		

Table 1: Childhood lead testing rates for children under six-years in Washington State

## Data Modernization Efforts at DOH

An effective public health system relies on accurate and timely data. DOH collects many types of public health data from sources such as laboratories that test for diseases, healthcare records, birth records, health surveys, environmental data, and more. Collecting this data and delivering accurate information is critical to protecting people’s health.

DOH currently uses approximately 50 surveillance data systems, each developed independently over many years and largely in response to specific grant funding requirements. CDC’s Data Modernization Initiative (DMI) supports DOH efforts to create a holistic health data ecosystem, ready to respond to the threats of tomorrow with improved analytics, informatics, system integration, data governance, public health engagement, and visualization.

DOH has received approximately \$12 million in DMI funding over the past five years from the Coronavirus Aid, Relief, and Economic Security Act and the American Rescue Plan. This support has allowed DOH to transform our public health data systems improving interoperability across various health data platforms. Project spotlights include:

- **Transformational Repository & Analytics Exchange (TRAX) Project:** Supports tracking and analysis of [chronic comorbidities](#), creating a repository to allow health care partners and public health professionals access to timely, actionable chronic disease surveillance information.
- **Electronic Case Reporting (eCR)** Captures critical clinical and demographic data in a more efficient and timely way. As of the launch in fall 2023, the electronic case reporting team has onboarded three of the largest health care organizations, representing more than 1,100 facilities across the state, with plans to onboard over 20 additional health care organizations. Washington has successfully completed their TECCA pilot for eCR and is in production with AIMS and Legacy Health to enhance the efficiency and timeliness of case reporting, enabling Washington to respond more effectively to health events.
- **Data Democratization:** Streamlines data sharing with external partners and improves how DOH communicates guidance with the public. In January 2025, DOH and Tulalip Tribes made history by signing the first data sharing agreement of its kind in our state. The agreement promotes Tribal Data Sovereignty, which refers to the inherent right for Tribes, as public health authorities, to have access to data to best serve their communities. For Tulalip, this means their Tribe will have greater access to and ownership of their public health data, including how it is collected, stored, and used in DOH datasets.
- **Opioid and Drug Use Dashboard Deployment:** Washington has completed major updates to their Opioid and Drug Use and SUDORS Dashboards which has led to 5,951 and 1,938 views, respectively. These dashboards now include demographic data.

- **Data Lakehouse:** A data lakehouse has been established to help DOH begin to un-silo our many surveillance systems so we can use data from multiple systems more effectively in our work. We are nearly through finalizing a data catalog tool for our lakehouse to improve data access and efficiency and are also working to add a data analytics tools suite to the environment.
- **Geographic Information System (GIS):** The agency has an internal GIS portal, as well as a public facing site called the Washington Tracking Network. Functionality was limited by the outdated GIS tools used to develop them. The GIS team has rebuilt the internal GIS portal using modern capacities supporting data automation, improved analytic tools, and functionality for mobile data capture and other tools. Work is in progress to modernize the external data portal.

Sustained data modernization funding is critical to the statewide data and informatics infrastructure that enables all 35 local health jurisdictions and 29 federally recognized Tribes to carry out core public health functions. These partners rely on state-supported systems for timely data, surveillance capacity, analytics, and communication. Continued investment in DMI is key.

## Washington WIC

Congress created the [Special Supplemental Nutrition Program for Women, Infants, and Children](#) (WIC) more than 50 years ago. WIC provides supplemental foods, breast feeding support, health screenings, referrals, and nutrition education for low-income pregnant and postpartum people, and children up to age five. WIC improves health outcomes for Washington families, reducing premature births, fetal and infant deaths, and incidence of anemia, while improving the diet quality of pregnant women, increasing immunization rates, and supporting healthy childhood growth and development.

WIC is a critical food and nutrition program for Washington families. DOH operates WIC programs in all 39 Washington counties, serving over 208,000 families at 200 WIC clinics in FFY 2024 alone. WIC participation continues to grow in Washington State, increasing more than 10% between January 2022 and January 2024, as more Washingtonians needed access to these vital benefits.

Online ordering can help increase access for WIC participants who experience barriers such as lack of transportation and living in areas with very few WIC approved stores. With funding from the [Center for Nutrition & Health Impact](#), Washington WIC is one of 11 states piloting online WIC ordering, joining Massachusetts as the only two states working with Walmart as a national retailer.

The pilot project runs through Dec. 31, 2025, with the goal of expanding online ordering for WIC participants to other retailers in Washington after an evaluation period. Currently, Walmart operates 67 stores across the state. The pilot program with Walmart also provides WIC participants with better options for finding items that may be out of stock locally but can be shipped from another store.

Inflation-related increases in the cost of food, along with increased case load require DOH to continue to innovate for WIC participants. DOH is evaluating the online ordering program and engaging in ongoing work with pilot partners to refine and strengthen the pilot, with the intention of serving as a model for a nationwide online ordering program for WIC.

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