



May 2025

WA Public Health System Monthly Update



**Federal Hot Topic:
SNAP ED**



**Building Resilient Rural
Health Systems**



Maternal Child Health



HELMS



**Partner Highlight:
Northwest Center for
Public Health**

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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Federal Hot Topic: Supplemental Nutrition Assistance Program Education (SNAP-Ed)

SNAP-Ed is a 100% federally funded program administered by the United States Department of Agriculture (USDA) that uses evidence-based nutrition education, health promotion, and public health strategies to improve dietary behaviors and physical activity among individuals eligible for SNAP (Basic Food) and other income-based federal programs.

In Washington State, SNAP-Ed has a wide-reaching and meaningful impact. In 2024, over 60 providers—including local health jurisdictions, Tribal nations, Washington State University (WSU) Extension offices, nonprofit organizations, and healthcare partners—delivered direct nutrition education to 4,403 youth and 373 adults. SNAP-Ed providers conducted 329 activities at schools, childcare settings, retail stores, food banks, and other community settings that resulted in 1,310 changes to environments, systems, and regulations and made it easier for 1,393,907 people with limited income to eat nutritious food and engage in physical activity.

This success is made possible by strong statewide collaboration. Nearly 700 partner agencies help ensure SNAP-Ed reaches people where they live, learn, work, and play. The program receives approximately \$11.5 million annually in federal funding, administered by the Department of Social and Health Services, the Department of Health (DOH), and Washington State University Extension. Across the state, SNAP-Ed coordinates with the Team Nutrition Program on initiatives in 35 eligible schools. At DOH, SNAP-Ed coordinates with the Supplemental Nutrition Program for Women, Infants, and Children (WIC) to expand policies that support WIC and SNAP recipients.

At WSU, the SNAP-Ed and Expanded Food and Nutrition Education Program (EFNEP) teams work in close coordination at both state and county levels. EFNEP utilizes a para-professional model to deliver nutrition education and provide outreach, which is effective in relationship building and behavior change at the individual level. SNAP-Ed staff are a combination of professional educators and professionals with expertise in nutrition and public health, which is effective in influencing change at a broader community level. The coordination of these two approaches amplifies the impact of both and is the reason for close coordination between the programs.

Together, these agencies support approximately 186 staff, either partially or fully, with SNAP-Ed funds to carry out nutrition education and community-level health promotion in underserved areas across the state. SNAP-Ed is an essential investment in the health and well-being of low-income communities in Washington and across the country.

The elimination of the SNAP-Ed program would result in the loss of jobs and services that provide access to healthy food and physical activity for approximately 16% of the Washington state population. Maintaining full funding for SNAP-Ed recognizes the program's role in addressing food insecurity, preventing chronic disease, and making America healthy.

Building Resilient Rural Health Systems

More than 1.1 million Washingtonians live in rural areas, as shown in Figure 1. Continued investment in the federal rural health safety net is vital to the health and economic well-being of rural communities across Washington. These communities rely on a fragile network of critical access hospitals, rural health clinics, public health agencies, and workforce programs to meet basic health care needs. Federal programs such as the Rural Hospital Flexibility (Flex) Program, State Offices of Rural Health (SORH) Program, and the National Health Service Corps have enabled Washington State to build local capacity, expand access, and improve health outcomes despite ongoing challenges.

These challenges, including workforce shortages, rising operational costs, and facility closures, are not theoretical in Washington. Rural healthcare providers have increasingly been forced to scale back

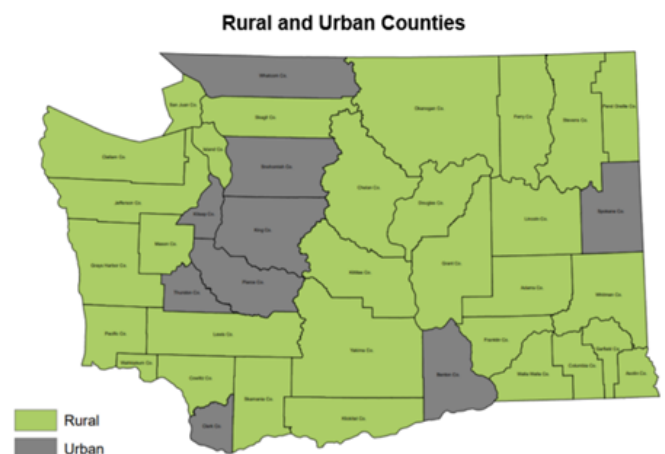


Figure 1: A Washington State map with rural and urban counties.

services or close departments due to financial strain; most notably, multiple hospitals within the state have shuttered labor and delivery units in recent years. While full hospital closures have been rare, over 85% of hospitals in the state reported operating losses in 2023, putting essential rural services like maternity care and diagnostics at risk. Without continued federal investment, Washington State risks losing essential care in some of our most vulnerable communities.

Continued investment for rural health programs is not just a health care issue, it's a matter of community stability, public health, and economic strength. The Washington Rural Health Collaborative estimates an average return of \$8.21 for every dollar spent, meaning the return on investment for rural health dollars is clear: healthier communities, stronger local economies, and lives saved.

The potential loss of rural health funding in Washington is urgently pressing, as shown in Table 1. The grant cycles for the Small Rural Hospital Improvement Program (SRHIP) and State Office of Rural Health (SORH) end on 5/31/25 and 6/30/25 respectively. DOH has yet to receive an updated notice of award for these grants which puts grant activities and staff at risk. Loss of these funds would result in significant disruption to DOH's public health work in rural areas.

Grant/Award	Summary of Activities	Award Amount	Notice Of Award Received?
Small Rural Hospital Improvement Program	<ul style="list-style-type: none"> Provides funding to small rural hospitals to implement quality improvement initiatives, enhance patient safety, and adopt health information technology. Helps hospitals meet changing healthcare standards and remain viable in rural areas. 	\$594,776 Annual	No (Grant cycle ends 5/31/25)
Medicare Rural Hospital Flexibility	<ul style="list-style-type: none"> Supports Critical Access Hospitals by improving quality of care, strengthening financial and operational performance, and enhancing rural emergency medical services. Helps sustain access to essential healthcare services in rural communities. 	\$1,040,530 Annual	No (Grant cycle ends 8/31/25)
State Office of Rural Health	<ul style="list-style-type: none"> State Offices of Rural Health serve as key connectors between rural communities and state and federal resources. Support rural health providers through technical assistance, coordination, and partnerships aimed at improving access, quality, and sustainability of rural health services. 	\$246,843 Annual	No (Grant cycle ends 6/30/25)

Table 1: Grant information for grants ending in the summer of 2025.

Maternal Child Health

Preventing deaths in pregnancy and postpartum is a critical public health issue in Washington and across the country. The Department of Health (DOH) has made significant progress in identifying and addressing the factors that contribute to maternal mortality and severe maternal complications through our work with the Maternal Mortality Review Panel (MMRP) and the Washington State Perinatal Collaborative (WSPC). For over six years, CDC has supported this work through the **Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM)** and **Perinatal Quality Collaborative (PQC)** grant programs.

"As a member of both the Maternal Mortality Review Panel and the Washington State Perinatal Quality Collaborative, it is clear how valuable this simultaneous work is for reducing or preventing maternal deaths. As we gain an understanding of why maternal deaths happen, we are able to use this data to promote system level change and drive prevention efforts. The support from ERASE MM and PQC funding is essential to reducing maternal deaths."

—Gretchen Thaller

Community Health Division Director for Parent Child Health | Nurse Family Partnership, Thurston County Public Health and Social Services

The Department received approximately \$820,000 in CDC funding in FFY 2024 (ERASE MM: \$495,000, PQC: \$325,000). These grants have allowed Washington to become a national leader in maternal mortality review and prevention. With CDC ERASE MM and PQC funding, Washington is undertaking a comprehensive strategy to improve maternal and infant health statewide through a range of innovative initiatives. Highlights of the work currently underway include:

- **Expanding the [Maternal Mortality Review Panel \(MMRP\)](#)** to comprehensively review maternal deaths and provide actionable recommendations to prevent future deaths.
- **Strengthening data infrastructure and quality improvement efforts** across the state to identify trends, address disparities, and inform system-level improvements.
- **Implementing the [Blue Bands initiative](#)** with 49 hospitals across the state, which raises awareness of preeclampsia among healthcare teams and communities—a program recognized at both the state and national level.
- **Launching the [Center of Excellence for Perinatal Substance Use](#)**, which was recently awarded as a “cutting-edge practice” by the Association of Maternal & Child Health Programs (AMCHP). DOH has certified five birthing hospitals across the state, with more applying for certification regularly.
- **Improving hospital transfer protocols through the [Smooth Transitions](#) initiative**, which enhances coordination and continuity of care during hospital transfers – and has gained national recognition as a model approach.

Recent layoffs, proposed budget cuts, and reorganization efforts in the CDC’s Division of Reproductive Health have caused increasing concern about the continuity of maternal mortality prevention programs, potentially unravelling progress to date by increasing maternal morbidity and mortality in high-risk populations and eliminating our ability to respond to the evolving needs of pregnant and postpartum women across the state at a critical time. Continued investment at consistent levels of funding will ensure DOH can maintain momentum and build upon the last six years of success to reduce preventable deaths of both mothers and infants in Washington State.

Healthcare Enforcements & Licensing Management System (HELMS)

Did you know that DOH licenses more than 500,000 licensed healthcare professionals and healthcare facilities? When the licensing process does not go smoothly, sometimes Washingtonians may contact their Congressional member for assistance. DOH had been relying on an IT system nearly 20 years old to process these applications. Thanks to state funding, DOH has launched a new system for all licensing and enforcement of health professionals and facilities is a critical part of the public health infrastructure. DOH launched a new system for all healthcare professionals and facilities called [HELMS](#) (Health Enforcement and Licensing Management System). HELMS brings applications and credentialing online with a modern, self-service user portal. This custom tool improves processing and provides a more secure, transparent experience.

HELMS expands the online capabilities for healthcare providers, facility operations, educational programs, and the public through greater access to department data as well as faster transmission of information using electronic mail and websites. HELMS will support the licensing and regulatory needs of:

- Almost 500,000 healthcare professionals practicing in 86 professions across 413 credential types.
- About 2,500 educational and training programs across four educational and training program types.
- Nearly 12,000 facilities across 21 facility types.

The HELMS project is being released across three phases:

- **Phase 1 April 2024:** Expanded online application functionality for an additional 138 professions
- **Phase 2 April 29, 2025:** Credentialing for all professionals and facilities added, expanded user portal functionality
- **Phase 3 December 2025:** Integration of enforcement functionality for investigations and adjudication

Partner Highlight: Northwest Center for Public Health

Public health is a shared responsibility. Serving the Pacific Northwest's Region 10, the [Northwest Center for Public Health Practice](#) (NWCPHP) is celebrating its 35th anniversary as a core component of Washington State's public health system. NWCPHP partners closely with DOH and Washington's local and Tribal health jurisdictions by providing valuable **training, research, and evaluation** support for the public health workforce. Current examples of NWCPHP efforts with DOH and local and Tribal public health:

- Co-developing and implementing the **Washington Assessment Community of Practice**, which includes a suite of training activities for local and Tribal epidemiologists and community assessment staff. This very well-received [learning community](#) supports implementation of **Foundational Public Health Services** and addresses data- and assessment-related skill gaps among the state's many new public health workers.
- DOH [partnered with NWCPHP](#) to tailor the CDC's **Project Firstline** training materials to meet specific needs regarding infection control in Washington's long-term care facilities.
- NWCPHP supports student field placements in rural and [Tribal](#) health organizations to prepare them for the next phase in their careers.

NWCPHP relies heavily on federal dollars for funding core activities including:

- The **Health Resources and Services Administration (HRSA)** has funded NWCPHP as the Region 10 Public Health Training Center (PHTC) since the 1999 inception of the PHTCs. The ten Regional PHTCs are funded to strengthen the workforce through tailored training, experiential learning, and technical assistance.
- CDC **Public Health Infrastructure Grant (PHIG)** funding as [Region 10 Hub](#) for technical support to public health grantees in the region.

Budget cuts at both the federal and state level have impacted public health programs and strategies across the state, and the climate of funding uncertainty has left many critical programs in limbo. For NWCPHP, a 65% reduction in CDC PHIG funding from the previous two years will mean increased response times for technical assistance requests. Potential national HRSA cuts will impact the data and analysis used by practice leaders to guide strategic and staffing plans, along with mentorship support, management training, and leadership development that has been key to building leaders in the state's public health system. Stable, consistent funding allows for critical partners like NWCPHP to sustain public health gains made over the past 35 years of practice.

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