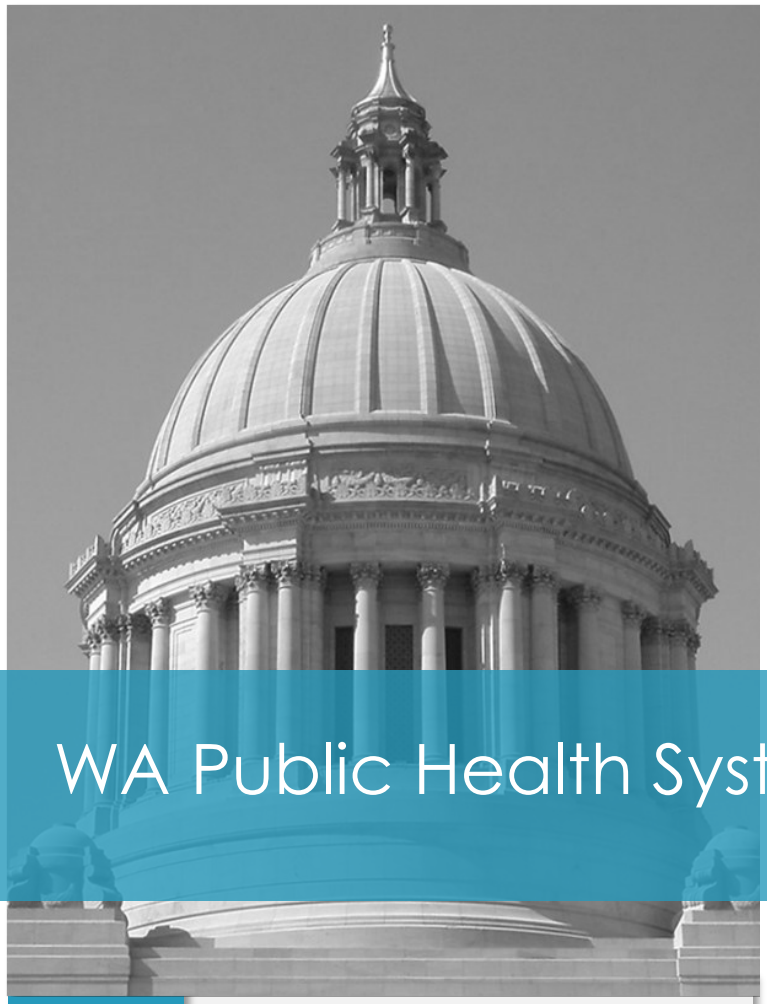

Washington State Department of HEALTH

July 2025

WA Public Health System Monthly Update

Meet DOH Secretary Dennis Worsham

Overdose Prevention

Behavioral Risk Factors Surveillance Systems

988 Suicide & Crisis Lifeline

The Washington State Department of Health (DOH) works diligently with Local and Tribal Health Jurisdictions to improve the health and well-being 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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Meet DOH Secretary Dennis Worsham

On July 7, 2025, Dennis Worsham officially assumed the role of Secretary of Health at the Washington State Department of Health. With more than 30 years of experience in governmental public health, Secretary Worsham, shown in Figure 1, brings a deep understanding of Washington's health systems, a strong network of relationships, and a commitment to uniting our public health sectors during a time of evolving federal policy and ongoing public health challenges. His leadership offers a vital opportunity to align efforts across the system and strengthen our collective response

Figure 1: DOH Secretary of Health Dennis Worsham

When asked what are some key points to his approach and expertise, Secretary Worsham provided the following points:

- **A Bridge Builder:** A lifelong Washingtonian, Secretary Worsham was raised in Othello and is a graduate of Eastern Washington University. His personal and professional roots in both rural and urban communities shape his inclusive approach to public health—one that values diverse perspectives and strives to meet the needs of all Washingtonians.

- **Seasoned Leadership**
  With 32 years of service to Washington's public health system, Secretary Worsham brings deep institutional knowledge. He previously served as DOH Deputy Secretary (2014–2016), working closely with Tribes, the State Board of Health, and local health jurisdictions. Most recently, he led the Snohomish Health District through its transformation into a full county health department. His career has included leadership roles such as Deputy Director, Chief of Policy, Regional Health Officer, and TB Control Program Manager.

- **Tested in Crisis**
  From the HIV/AIDS epidemic to COVID-19, Secretary Worsham has led major public health responses. During the pandemic, he served as both Division Director and Interim Director at Public Health—Seattle & King County, helping navigate one of the most challenging periods in recent history. His ability to lead through crisis and build stronger systems is well established.

- **A Partner in Progress**
  Secretary Worsham has long been a collaborative force in public health, actively serving on the boards and committees of organizations including the Washington State Public Health Association (WSPHA), the Washington State Association of Local Public Health Officials (WSALPHO), and the Foundational Public Health Services (FPHS) Steering Committee.

- **Grounded in Community**
  With a leadership style rooted in science and relationships, Secretary Worsham believes, "Our greatest work happens when we combine public health approaches that are grounded in science with the power of authentic relationships—both with those we serve and those we work alongside."

- **Looking Ahead**
  Secretary Worsham will begin his tenure with a statewide listening tour, connecting directly with communities to hear their stories and experiences. "Behind every data point is a story of someone's friend, a family member, or a loved one," he says. With this human-centered approach, he aims to build trust, deepen collaboration, and advance health equity across the state.

Overdose Prevention

In Washington state, unintentional injuries (accidents) are the leading cause of death among residents aged 1 to 44, and the majority of these deaths (68%) are from unintentional drug overdoses, as shown in Figure 2. Overdose prevention is a key priority for families and communities across the state, and requires sustained collaboration with local, state, and Tribal communities.

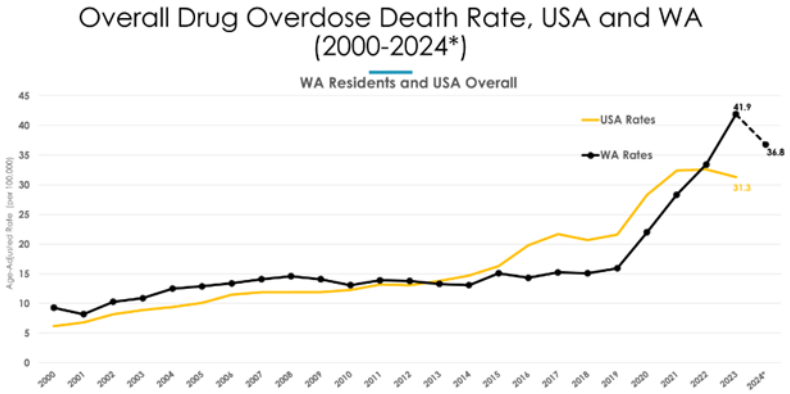


Figure 2: Overall drug overdose death rates in the USA and WA state

*2024 data is preliminary and will change.

While all communities across the state are impacted by drug overdose, the burden of overdose deaths is not equally distributed.

- American Indian and Alaksa Native (AI/AN) communities experience the highest overdose death rate in the state with 158 per 100,000 compared to 45 per 100,000 for White communities.
- Black communities experience the second highest overdose death rate (117 per 100,000).
- Geographically, King County experiences the majority of drug overdose deaths, but less populated counties experience higher rates, including Grey's Harbor and Clallam counties, as shown in Figure 3.

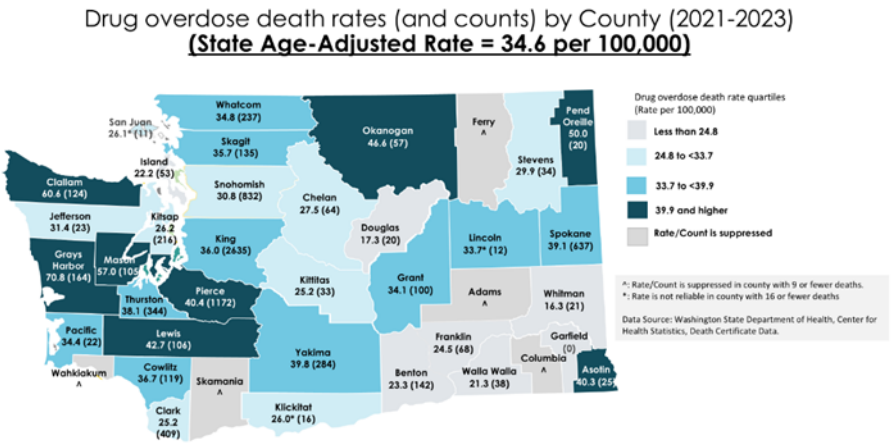


Figure 3: Drug overdose death rates in WA by county

Federal resources play a foundational role in Washington state's overdose prevention infrastructure. Support from the CDC's Overdose Data to Action in States (OD2A) Cooperative Agreement allows DOH to lead a comprehensive, evidence-based approach. DOH receives approximately $4 million annually through the OD2A award to bolster surveillance efforts and prioritize partnerships with local health jurisdictions and Tribes. Enhanced surveillance strategies enable jurisdictions to identify emerging drug trends, expand data infrastructure, and support data linkages across the states.

Overdose prevention efforts should be coordinated across systems in communities. OD2A funding supports critical collaborations with health care service providers, people with lived experience, and harm reduction teams to improve outcomes and save lives. OD2A is guided by a data-to-action framework. Data to action means using different types of data to select, improve, and scale up drug overdose prevention programs and policies. This key CDC program allows Washington state to respond quicker, more effectively, and more equitably to drug overdoses in the state.

Behavioral Risk Factors Surveillance Systems (BRFSS)

Since 1987, Washington state has participated in the Behavioral Risk Factor Surveillance System (BRFSS) program, the world's largest and longest-running health survey, coordinated by the CDC and administered by U.S. states and territories. The BRFSS is a cornerstone of the national and local public health systems, collecting data from over 400,000 adults nationally each year on important health topics ranging from chronic conditions to the use of preventive services.

States rely on this data to inform resource allocation, drive program improvements, and shape public health policy at all levels. The BRFSS and other population surveys allow states to respond quickly, invest wisely, evaluate impact, and measure community well-being, making them critical to the nation's public health infrastructure.

Washington BRFSS

- Statistical sample of Washington adults from all 39 counties
- 26,000 completed telephone interviews annually
- Mix of cellphone and landline

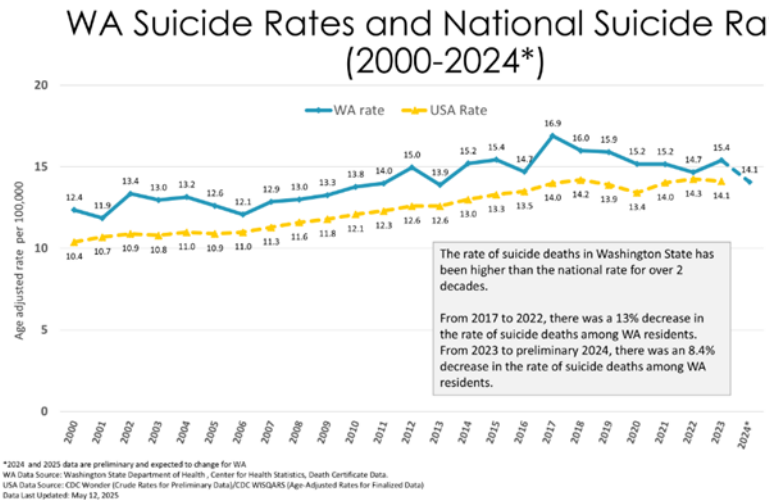
Data from the WA BRFSS have been used by a wide variety of public health, academic, and nonprofit organizations in our state. Results from the survey have been published in peer-reviewed journals, made available to the public through dashboards, and used to assess the health needs of our local communities. In recent years, WA has been celebrated for completing (by far) the largest number of BRFSS interviews of any jurisdiction nationwide and is known for including innovative questions on topics such as access to air-conditioning, telehealth use, and medical debt. Detailed demographic questions provide information essential to understanding health disparities in our communities and to promoting health equity through good public policy and programs. Public health programs across the region rely on BRFSS data to identify and respond to health issues, such as tobacco and alcohol use, workplace injuries, access to health care, and reliance on food stamps.

The BRFSS is funded by both the federal and state governments each year. CDC provides a portion of the overall budget ($495,000 annually). State funding to public health programs faced significant cuts this year, and WA BRFSS was heavily affected, losing a large portion of its operating budget. We already anticipate a dramatic reduction in the number of interviews completed in 2025 and 2026 as a result, and potentially in future years as well. At the national level, President Trump's proposed budget would eliminate the CDC's Center for Chronic Disease Prevention and Health Promotion, the center that houses the national BRFSS program. Continued, stable federal funding is essential for the WA BRFSS to maintain operations. With known cuts to the state's budget, the program's reliance on federal funding has grown, leaving the future of it in our state unknown.

988 Suicide & Crisis Lifeline

The rate of suicide deaths in the state of Washington has remained higher than the national rate for over 2 decades, as shown by Figure 4. However, we have made progress through data-driven strategies and culturally grounded interventions. From 2017 to 2022, the rate of suicide deaths among Washington residents decreased by 13%. This trend continues in more recent data - from 2023 to preliminary 2024, rate of suicide deaths decreased by 8.4% among Washington residents.

In 2020, Congress designated the new 988 Suicide & Crisis Lifeline to be operated through the existing National Suicide Prevention Lifeline, administered through the Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA later added a specialized 988 subnetwork option for lesbian, gay, bisexual, transgender, queer and questioning, intersex (LGBTQI+) teens and young adults between the ages of 13 and 24. Unfortunately, the 988 LGBTQI+ youth subnetwork shut down on July 17, 2025, following a federal decision announced in June to end this specialized service.



WA Suicide Deaths	
Year	Number of Deaths
2000	727
2001	710
2002	811
2003	801
2004	823
2005	814
2006	796
2007	857
2008	884
2009	915
2010	947
2011	992
2012	1035
2013	1008
2014	1110
2015	1136
2016	1123
2017	1292
2018	1254
2019	1263
2020	1211
2021	1228
2022	1234
2023	1278
2024*	1210
2025*	335

Figure 4: WA suicide rates compared to national suicide rates

Since its launch in 2022, the LGBTQ+ youth subnetwork line has received nearly 1.3 million contacts nationally. In Washington, the LGBTQI+ youth subnetwork line receives an average of 830 calls, 270 texts, and 224 chats each month, making up over 10,000 contacts per year. Despite improvements in recent years, mental health outcomes among Washington youth are highly concerning

- Sexually or gender diverse (SGD) 10th graders were about twice as likely to report persistent depressive feelings (51% vs. 23%) and 3 times as likely to have contemplated suicide (33% vs. 11%), compared to their non-SGD peers.
- Nineteen percent of SGD 10th graders said they did not have an adult to turn to when they felt sad or hopeless, compared to 10% of non-SGD 10th graders.

Table 1: Common Circumstances Related to Suicide by Age

Age Under 18	Age 18-24
• 37.1% had a family relationship problem • 21.5% had a recent argument/conflict • 40.8% had a history of a suicide thoughts or attempt • 25.8% had a school problem history of self harm • 10.1% had a non-alcohol related substance use problem	• 29.5% had an intimate partner problem • 39.3% had history of suicide thoughts or attempt • 20.8% had a non-alcohol related substance use problem
Data source: WA-VDRS, only includes those who injured in WA regardless of residency and location of death. Percentages are among decedents with known information Data last updated : July 24, 2024	

The federal shutdown of this specialized line has negative effects on LGBTQI+ youth in Washington and nationwide. In addition to providing support for mental health crises, thoughts of suicide, and substance use concerns, the LGBTQI+ youth subnetwork also played a critical role in helping youth with issues like discrimination and social isolation. Termination of the line at the federal level puts a burden on the 988 Lifeline in general as the number of contacts to the main line will likely increase.

DOH has not received additional funding to support the increase in calls, texts, and chats to the main 988 line. DOH is concerned about the potential for reduced support and resources for people who have historically been underserved by health and mental health care systems. Losing this line and the unique support it offers could compromise the health of LGBTQI+ youth in crisis.

Despite this federal decision, Washington 988 Lifeline crisis centers are ready to serve anyone who contacts 988 and are getting additional training to assist LGBTQI+ help seekers, especially youth. People who contact 988 can still get specialized services from three other subnetworks. These include:

- The Veterans Crisis Line (press 1), which provides tailored support to veterans and military families
- The Spanish Subnetwork (press 2), which provides support for Spanish-speaking help seekers
- The Native & Strong Lifeline (press 4), available only in Washington, which supports all Native and Indigenous people in the state.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

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Washington State Department of HEALTH