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# 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 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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## Title V Maternal and Child Health Block Grant

Maternal mortality rates in Washington State have historically been lower than national rates, but critical disparities persist by race/ethnicity, geography, and age. American Indian and Alaska Native (AI/AN) people experience higher pregnancy-related maternal mortality rates than any other race and ethnic group in Washington State; people living in rural areas are more likely to die from pregnancy-related causes than in urban areas; and teens who are pregnant and give birth are less likely to receive adequate prenatal care than pregnant adults

DOH receives support from key federal programs including [Title V Maternal and Child Health Block Grant \(MCHBG\)](#) administered by the Health and Human Services (HHS) to improve maternal and child outcomes across the state. MCHBG is the only federal program of its kind devoted solely to improving the health of all women and children. The flexible nature of the MCHBG makes it an invaluable resource for states to use to address the most pressing needs of MCH populations, including supporting children with special health care needs through system-level improvements and addressing our rising maternal and infant mortality rates, while maintaining high levels of accountability and utilizing evidence-based strategies.

Between 2023 – 2025, DOH received \$9,189,709 through the MCHBG. Local health jurisdictions (LHJs) receive 55% of Washington’s Title V funding, supporting unique community-based needs from pregnancy and doula care to postpartum health screening and universal development screening for children. MCHBG activities are data-driven, enhancing state and local public health’s abilities to target funding where there is demonstrated need and where disparities in maternal health persist.

As part of the MCHBG funding, DOH completes the Maternal and Child Health Block Grant Needs Assessment every 5 years on the health of children, parents and caregivers, and families in the state. DOH’s MCHBG staff utilize the needs assessment to improve public health systems where barriers exist to ensure women and children receive preventive health services and screening. For example, the needs assessment identified gaps where the demand for services is more than the supply, such as perinatal and genetic services in rural areas. MCHBG staff then developed agreements with providers to better serve those regions. Three key themes, which emerged from the needs assessment, included: (1) meeting basic needs of families, (2) improving access and quality of care for all people , and (3) promoting social and emotional well-being and support among families.

Washington’s MCHBG program plays a vital role in funding diverse maternal child health programs. While Washington state has made notable improvements in infant and maternal health outcomes, persistent disparities require sustained, stable funding from federal partners like HHS.

## Infectious Disease Prevention and Control

The CDC’s National Center for HIV, Viral Hepatitis, STD, and Tuberculosis Prevention provides core funding and technical expertise to state health departments across the country. Grants from this center support key DOH surveillance and prevention efforts including detecting and responding to outbreaks, collecting and analyzing data, and maximizing access to screening and prevention.

Sustained funding to detect and prevent infectious disease spread is critical. Between 2004 and 2023, Washington state experienced a [substantial rise in STIs](#) including chlamydia, gonorrhea, and syphilis. The number of STI cases has generally increased across most populations, but there have been some shifts in the populations experiencing a disproportionate burden of STIs.

- ◆ Between 2014 and 2023, chlamydia rates were consistently highest among females, persons aged 15-to-24 years, and non-Hispanic Black persons.
- ◆ Reported case counts were highest within King, Pierce, Spokane, Snohomish, and Yakima counties.

Federal funding enables Washington state to enhance and sustain critical detection and prevention efforts. Between FY23-FY26, DOH will receive approximately \$4.4 million from CDC's flagship program Strengthening STD Prevention and Control for Health Departments, or [STD PCHD](#). This cooperative agreement supports DOH efforts to prevent and control 3 major STDs: chlamydia, gonorrhea, and syphilis. Funds support staff who conduct surveillance and manage data systems, identify potential transmission clusters and conduct appropriate public health action. Funds also support HIV surveillance and coordination of HIV prevention activities among contracted partners. The majority of funds are passed through to LHJs.

In FY25, DOH received approximately \$640,000 from the [CDC's](#) Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments. This award allows DOH to develop, implement, and maintain a plan to rapidly detect and respond to outbreaks for hepatitis A, B, and C. The majority of this award is passed through to support LHJs and Tribes to establish a jurisdictional framework for outbreak detection and response. Core surveillance efforts are supported through this award including collecting laboratory and case reports, building capacity of health care workforce to diagnose and treat the hepatitis C virus (HCV), especially primary care settings, and improving access to services for people who inject drugs or are affected by drug use.

In April, HHS Secretary Kennedy announced a restructuring of HHS including consolidating the CDC's National Center for HIV, Viral Hepatitis, STD, and Tuberculosis Prevention, and reducing staffing levels through a reduction in force. These reductions would potentially weaken Washington state outbreak detection and response. More recently, the CDC announced plans to rehire 400 employees, about half of whom worked at the National Center for HIV, Viral Hepatitis, STD, and Tuberculosis Prevention. The technical expertise and guidance offered through this center are critical to Washington state public health efforts.

## Vaccine Access in Washington State

Immunizations are a safe and effective way to keep people of all ages from getting many serious, and sometimes deadly, diseases. Federal immunization funding is vital for state health departments to protect public health and prevent the spread of vaccine-preventable diseases. This funding supports vaccine purchasing, distribution, and administration, especially for Medicaid, uninsured, and underinsured populations. Federal funds also allow DOH to maintain immunization information systems including the [immunization dashboard](#), monitor vaccine coverage and safety, conduct outreach to providers, and implement public education programs and community driven strategies to increase immunization rates.

National conversations around vaccine policy are evolving quickly. DOH is monitoring the federal landscape related to vaccine recommendations and remains committed to science-based vaccine policy and recommendations while promoting equitable access. DOH has updated our [COVID-19 vaccine webpages](#) and issued clear [guidance to healthcare providers](#) reaffirming our commitment to science-based recommendations, vaccine access, and the health of every Washingtonian. At this time, we are not making any changes to our programs or recommendations and will continue to monitor federal guidance as it evolves. Our agency priority remains ensuring equitable access to COVID-19 vaccines. The changes to regulation of the COVID-19 vaccine may set a precedent and create a pathway for changes to regulation of other routine vaccines, jeopardizing health and increasing vaccine preventable illnesses across the state.

Importantly, the COVID-19 virus continues to pose serious health risks in Washington state, including hospitalizations, long COVID, and preventable deaths. These risks are most prominent in pregnant people, young children, older adults, people with chronic conditions, and those who remain unvaccinated. DOH continues to recommend that everyone 6 months and older, including pregnant people, receive the current COVID-19 vaccine to protect against severe illness. COVID-19 activity continues to cause illness and death in

Washington. During the past year, there was an average of:

- ◆ 632 (1.1%) emergency department visits that had a COVID-19 diagnosis
- ◆ 192 (1.4%) hospitalizations per week that had a COVID-19 diagnosis
- ◆ 783 COVID-19-associated deaths reported in Washington, with an average of 15 deaths per week (range 4-33)

Generally, data show the cost of vaccines can be a barrier to vaccination, and when the cost is removed, vaccination rates increase. DOH receives support from the CDC to ensure access to vaccines across the state. Washington's Childhood Vaccine Program (CVP) and the federally funded Vaccine for Children (VFC) program provide no-cost vaccines to all children under 19, regardless of insurance status. The Adult Vaccine Program extends this support to uninsured adults 19 and older. Critically, CDC's [Strengthening Vaccine-Preventable Disease Prevention and Response](#) grant builds upon the ongoing work of the VFC Program. Despite increased costs and program need, the FY26 notice of award recently received by DOH represents an approximately 15% reduction from the requested amount and is in-line with FY19 funding levels. These programs are central to Washington state's immunization program infrastructure and allow the state to achieve high vaccination coverage, low incidence of vaccine-preventable disease, and access to all Washingtonians.

## J-1 Visa Waiver Interview Pause

The U.S. is projected to face a shortage of up to 124,000 physicians by 2034. Washington already ranks in the bottom half of states for primary care and physician availability with a projected shortage of 6,037 physicians. Notably, 32.7% of Washington physicians are currently within retirement range, and rural and safety-net systems will feel the effects of physician retirements more acutely over the next decade.

In the last 5 years, nearly 150 J-1 physicians were placed at clinics and hospitals in HPSAs for a minimum of 3 years through the Washington State J-1 Visa Waiver Program. DOH administers the J-1 Physician Visa Waiver program for Washington state. The goal of the program is to increase the number of physicians available to work in rural and underserved areas of Washington. The program places international medical graduates in rural and medically underserved areas and is considered a secondary tool in recruitment when effort to recruit U.S. trained physicians have been unsuccessful for an extended period.

J-1 waiver physicians often serve as the only consistent provider in some Washington communities and are a crucial source of stability for both care continuity and economic resilience. The current administration has ordered U.S. embassies and consulates worldwide to pause the scheduling of new visa interviews for international students and exchange visitors, including physicians applying for J-1 visas. This order, tied to the implementation of new permanent [social media screening protocols](#), was communicated to physicians by the Educational Commission for Foreign Medical Graduates (ECFMG).

This pause will cause delays for physicians starting their residency and fellowship programs on July 1, 2025, and will lead to delayed placement of physicians on J-1 visa waivers.

- ◆ Washington state sponsors up to 30 J-1 Visa waivers per federal fiscal year (October 1 through September 30).
- ◆ Washington state has provided letters of attestation to support the placement of an additional 40 primary care physicians through the U.S. Department of Health and Human Services (HHS) waiver program. The HHS waiver program offers a similar waiver for J-1 visa holders, but it is only offered to primary care physicians.

These physicians commit to practicing for at least 3 years in federally designated Health Professional Shortage Areas (HPSAs) where communities are already experiencing gaps in care due to shortages of providers.

The Health Resources & Services Administration (HRSA) [Map Tool](#) displays the areas of Washington state that are designated primary care and mental health HPSAs, both of which are used for placing J-1 physicians. As shown in Figure 1 and 2, most of Washington state has a designated primary care HPSA status. As shown in Figure 3 and 4, most of the state also has a mental health HPSA status.

HPSA score reflects the severity of a provider shortage. The higher the HPSA score, the greater need for health care providers in that area. Factors such as population-to-provider ratio, poverty level, travel time to nearest clinic/hospital influence scores.

Visa processing delays increase administrative burden and will result in significant workforce impacts disproportionately affecting rural and underserved communities. The pause on visa appointments will amplify the shortage of providers and decrease access to care across the state. Clinics and hospitals scheduled to onboard J-1 physicians in July will experience an increased burden on existing staff and larger gaps in care coverage.

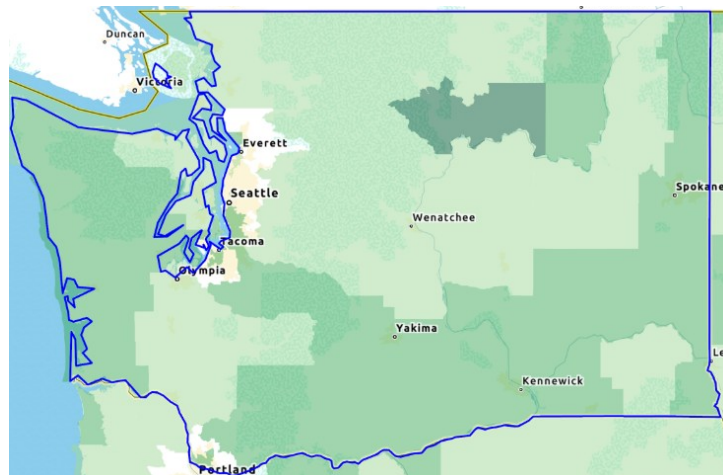


Figure 1: The HRSA Map for Washington State Primary Care Areas HPSA Score

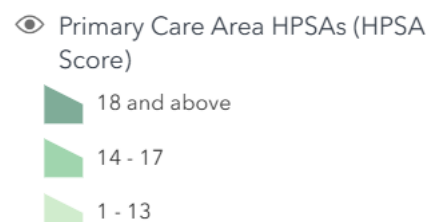


Figure 2: The HRSA Map Key

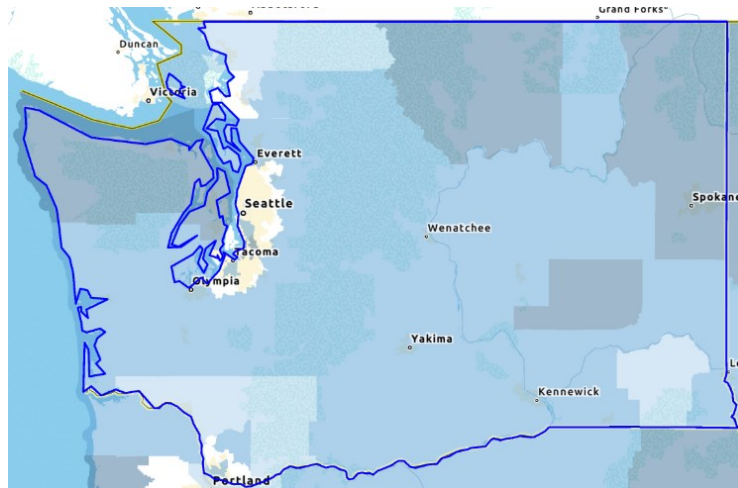


Figure 3: The HRSA Map for Washington State Primary Care Areas HPSA Score

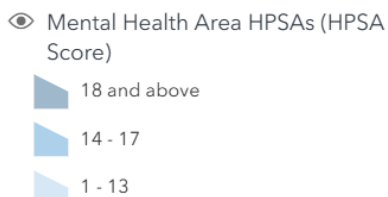


Figure 4: The HRSA Map Key

Additionally, the instability of the ongoing visa review process may discourage future international medical graduates from applying to U.S. residencies and fellowship programs. If not addressed quickly, this visa backlog could compound Washington's rural health challenges and widen healthcare disparities across the state. Even if appointments re-open, the bottleneck created by this pause will create additional delays in moving physicians through the process and getting them out to communities to provide care.

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