THE COMMUNITY COLLABORATIVE

Washington State Department of HEALTH

January 14, 2025
Community Collaborative Meeting

Agenda

3:32 Welcome from Mulki Mohamed
3:35 Maria Hines, Blue Sky Minds, Thought Partner Charter Summary
3:55 Deborah Gardner, Anne McHugh, Cindy Gamble, JanMarie Ward--Washington State Maternal Mortality Panel Report and American Indian Health Commission Addendum
4:40 Jamilia Sherls—Office of Immunization, Changes to Immunization Schedule
4:55 Close

Meeting slides are available on WA Portal under the heading of the January 14 meeting: Community Collaborative Presentation Jan. 14, 2026

Meeting Recap

Welcome

Mulki Mohamed, a Community Thought Partner, welcomed everyone to the first Community Collaborative of the year and grounded the group with a land and labor acknowledgement. Mulki prompted participants to share what they plan to do to honor Martin Luther King Jr. Day. Participants responded with reflections and plans, including attending MLK marches, walks, and advocacy events, participating in community and cultural gatherings, volunteering or supporting others in their communities, spending time resting, reflecting, and learning, spending time outdoors and more.

Thought Partner Charter Summary

Maria Hines, founder and Executive Director of the nonprofit Blue Sky Minds, led discussion of the Thought Partner Charter, which will set the intention for the future relationship between community leaders acting as force multipliers for community, and DOH leadership. The draft mission is: "Acting as trusted messengers, our mission is to serve as community-rooted counsel to *counsel* to Washington State Department of Health leadership and programs, advancing health justice through lived experience, local insight, and shared accountability in statewide public health decision-making."

Thought Partner Goals

1. Community Connection & Trust. Cultivate authentic, two-way relationships between DOH and Washington's diverse communities by elevating lived experience and building shared accountability and trust.

2. Advocating the Root Causes of Health Injustices. Advance health justice by giving community leaders a seat at the table and a voice that allows them to weigh in on decisions that impact the root causes of health inequity. Advocate for community-led analysis and solutions that improve structural conditions to improve public health and health care systems.

3. Policy & Systems Influence. Ensure real-world community insight meaningfully informs DOH policy, budget, and program decisions so state health systems reflect community needs, promote healing relationships, repair harm, and advance equitable outcomes.

The draft charter was shared with DOH leadership and will be shared with Secretary Worsham on January 26. Maria was excited to report that DOH leadership thought the requests sounded do-able. Dr. Tao said that it was clear a lot of thought had gone into developing the charter, and he appreciated its emphasis on relationship among communities. DOH leaders also liked how the charter goals prioritize and center trust with the community, addressing the root causes of inequities, and helping to improve health justice. One leader said, "I can't think of a time in my career or our Nation's history when we need to be more focused on what we can do for our state and communities to protect people and position ourselves well to improve health..." Limited feedback was provided, though it can be shared with Community.Collaborative@doh.wa.gov.

Maternal Mortality Review Panel & AIHC Addendum

Deborah Gardner, Maternal Mortality Review Coordinator at the Department of Health, began discussion of the Department's 2025 Maternal Mortality Review Panel (MMRP) Report to the Legislature.

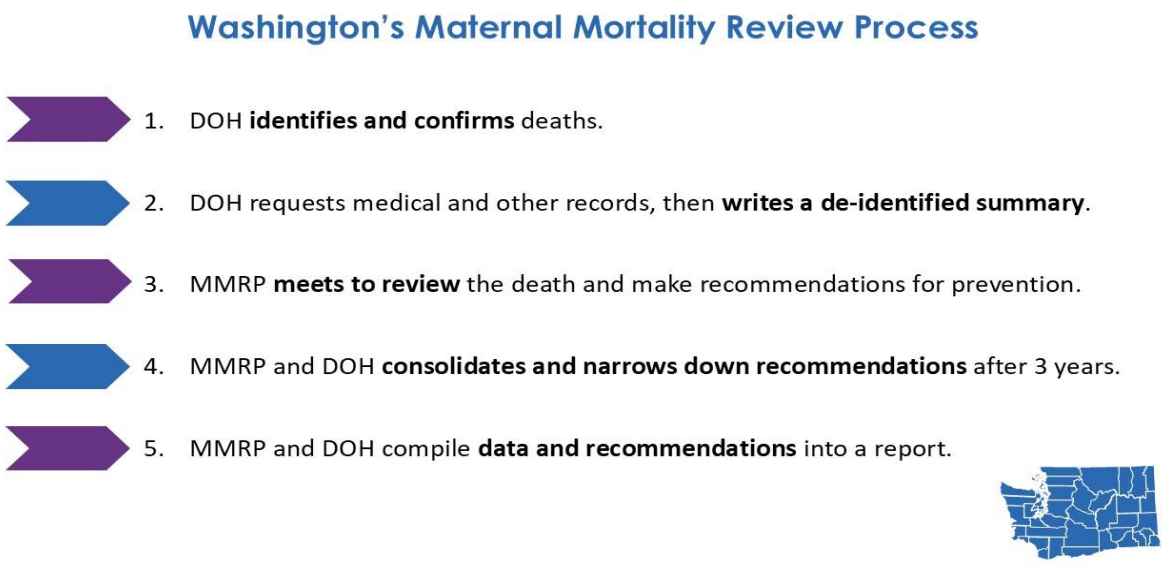
The state's vision is that any maternal death is unacceptable. Ultimately, the state hopes to prevent deaths, address inequities, and improve the wellbeing of adults and children in Washington.

Debs explained that maternal mortality is the death of anybody in pregnancy, birth, or postpartum. While that might sound like a narrow focus, maternal mortality highly intersectional, connecting to most fields and issue areas such as:

- Public health
- Health care and support, including mental health and substance use disorder treatment and support
- Addressing racism and inequities

- Support services, including culturally specific community support and basic needs (housing, food, transportation, child care, etc.)
- Environmental issues
- Violence prevention
- Education

The Washington State Maternal Mortality Review Panel (MMRP) reviews deaths of Washington residents during pregnancy through 1-year postpartum. The panel is convened by the Washington State Department of Health. It currently has 100+ members representing a breadth of expertise and backgrounds, including a priority focus on American Indian and Alaska Native communities. The graphic below outlines Washington's maternal mortality review process.



The MMRP produces a report to the legislature every three years. Below are highlights from the 2025 report, based on maternal death data from 2021-2022.

Key points from the presentation:

- Maternal mortality increased in 2021-2022—30.5 deaths per 100,000 births, up from 19 per 100,000 in 2017-2020.
- Behavioral health-related conditions were the leading cause for the increase, accounting for 45% of all pregnancy-related deaths. The majority of these were overdose deaths, most of which involved fentanyl.

- 82% of pregnancy-related deaths were preventable. The MMRP identified discrimination, bias, interpersonal racism, or structural racism in 76% of preventable pregnancy-related deaths.
- Structural racism and inequities in healthcare access continue to significantly shape maternal health outcomes, particularly for communities of color.
- The American Indian Health Commission addendum underscored the disproportionate impacts of maternal mortality on American Indian and Alaska Native communities and the importance of culturally grounded, community-led solutions.
- There were disparities and inequities in maternal mortality from 2014–2022 along lines of age, race and ethnicity (particularly for American Indian and Alaska Native communities), rural residency, and Medicaid coverage status—which reflects socioeconomic factors.

The MMRP report included 12 recommendations for the Washington State legislature (on pages 16-23) and 75 recommendations for other audiences (on pages 32-49) including:

- Health systems and facilities
- Health care and support providers
- State and local agencies
- Academic institutions
- Organizations
- Communities

MMRP priority recommendations included the following:

1. **Improve health care quality and access**. Ensure Washingtonians have access to high-quality health care—including mental health care, substance use disorder treatment, and preventive care—throughout pregnancy, birth, and postpartum by strengthening and funding care coordination, improving communication and protocols, and ensuring providers have the skills, training, and professional support they need to provide high-quality care.
2. **Strengthen Community Support Services**. Invest in, develop, and expand comprehensive community support services that address essential needs during pregnancy and postpartum. This includes strengthened home visiting programs, social work services, doula support, and wraparound support for mental health and substance use disorder.
3. **Provide Equitable, Culturally Responsive Care**. Ensure care and services throughout pregnancy, birth, and postpartum are culturally responsive, free from bias, grounded in trauma-informed practices, and actively address racial injustice.

Presenters stressed that while data is critical, meaningful progress requires sustained investment in systems change, trust-building, and culturally responsive care models. They acknowledged the

current context and emerging challenges, some of which are listed below, that simultaneously make implementing their recommendations both harder and more important:

- Medicaid cuts (Medicaid covers 45% of WA births; 70% in rural areas)
- Rural maternity care shortages
- Perinatal and reproductive care access challenges and fears
- Mental health care access
- State budget limitations
- Misinformation and disinformation
- Threats to immigrant, BIPOC, and LGBTQ+ communities
- Uncertainty about health, environment, and society in the future

The report includes recommendations to both protect existing services and take new steps.

American Indian Health Commission (AIHC) Addendum

JanMarie Ward, Senior Public Health Policy and Project Advisor/Consultant, and Cindy Gamble, Tribal Community Health Consultant, shared information from the American Indian Health Commission's addendum to the MMRP report concerning their efforts to develop a comprehensive, long-term, Maternal and Infant Health (MIH) strategy that is driving by tribal experiences. The American Indian Health Commission's addendum to the MMRP report provides data, historical context, impacts, and recommendations to DOH and the state legislature for addressing maternal and infant mortality in tribal communities. This approach relies on the wisdom and knowledge held by leadership and communities, integrates healing and trauma informed practices, acknowledges the impact of historical, genocidal and ongoing racism experiences, and applies Tribally developed tools such as the 7 Generation principle and the Pulling Together for Wellness (PTW) vision, values, principles, and framework.

"The highest risk factor for maternal mortality is to be American Indian or Alaska Native." -- MMRP member

To lay the groundwork for the addendum, the AIHC convened in 2022 five statewide virtual gatherings, "Conversations About the Health of Native Pregnant, Birthing and Postpartum Women and People." They also convened five statewide virtual meetings with Tribal and Urban Indian Health leadership for their input. The information gathered during these convenings resulted in seven leadership recommendations, which informed the 2023 MMRP Report to the Legislature. These are presented in the graphic below.

During 2024-2025, an additional 6 in-person convenings were held in Tribal and Urban Indian communities. Participants were invited to share their insights and wisdom around the same 9

questions/issues asked during the convenings in 2022 regarding the full spectrum of maternal health, including maternal morbidity and mortality.

As a result of these Community Conversations, 14 new leadership recommendations are included in the 2025 Addendum. Among these priorities, upholding Tribal sovereignty and addressing the crisis of maternal mortality among American Indian/Alaska Native (AI/AN) birthing people are emphasized.

2025 AIHC TRIBAL AND URBAN INDIAN LEADER MATERNAL MORTALITY RECOMMENDATIONS	
RECOMMENDATION 1:	Uphold Tribal Sovereignty – this is fundamental for all issues related to Tribes, as it is the law of the land.
RECOMMENDATION 2:	Prioritize elimination of Native Maternal Mortality until the disparity is eliminated.
RECOMMENDATION 3:	Acknowledge Maternal Mortality of AI/AN birthing people is a crisis.
RECOMMENDATION 4:	Work with DOH to change the review process to include pregnancy associated deaths for full examination in the review process by State MMRP.
RECOMMENDATION 5:	Continue efforts to facilitate discussions regarding MMR in each Tribal community and urban Indian community.
RECOMMENDATION 6:	Align with Opioid/Fentanyl Response Taskforce efforts as they relate to maternal mortality and morbidity.
RECOMMENDATION 7:	Explore development of Maternal Mental Health Behavior Health Aide provider type and a Maternal Health Support hotline.
RECOMMENDATION 8:	Continue investment in the people who experience the highest level of impact of social determinants of health, the highest mortality rates, and are most affected by discrimination.
RECOMMENDATION 9:	Support the implementation of the Pulling Together for Wellness framework at the Tribal/UIHO level.
RECOMMENDATION 10:	Support sustainable long-term implementation of the AI/AN PRAMS-like survey, State PRAMS survey, and ACEs questionnaire.
RECOMMENDATION 11:	Assess provider training and education within state systems to understand gaps in knowledge base in working with Tribes and AI/AN people.
RECOMMENDATION 12:	Utilize AIHC's MCHBG assessment data, Community Conversations data, other Tribally developed and led data sets for planning and policy development, in combination with the addendum recommendations.
RECOMMENDATION 13:	Continuously monitor the implications of recent federal actions and policy changes that impact State and Tribal funding, affecting AI/AN health and wellness systems, structures, and supports.
RECOMMENDATION 14:	Support the Washington State-administered Pregnancy Risk Assessment Monitoring Survey and Surveillance System (PRAMS), as well as the AI/AN Pregnancy Resilience and Risk Assessment and Action Monitoring Surveillance System (AI/AN PRRAAMSS).

> "The act of facilitating conversations in a participant's community is not only about gathering information, but also about building relationships and trust that demonstrates and affirms the importance of community wisdom and values."

The presenters noted that It was humbling to hear very personal stories from participants about the most concerning obstacles, challenges, and injustices Tribal community members are dealing with—but it also was uplifting and inspiring to hear their brilliant insights about their home communities, community members, and families, as well as their ideas about ways to make their lives and the lives of people in their communities better.

For more information, check out the American Indian Health Commission Addendum.

Resources Shared:

- About the Maternal Mortality Review Panel and Review Process.
- Maternal Morality Review Panel Report.
- American Indian Health Commission Addendum.
- Maternal Mortality Review Panel & Addendum Presentation.

Changes to Immunization Schedule

Jamilia Sherls, Director of the Office of Immunization, provided an update on recent federal changes to childhood immunization recommendations and discussed the implications for Washington communities. The graphic below summarizes some of what has changed recently; Jamilia noted that most of these changes are unsubstantiated by science.

What Changed: A Closer Look

Vaccine-Preventable Disease	AAP Recommendations	Changes in Recommendation
HPV (Human papillomavirus) Contagious viral infection spread by close skin-to-skin touching, including during sex	For all adolescents, 2 doses • dose one: starting at age 9 • dose two: 6 months later	1 Dose instead of 2, but still recommended for all children
RSV (Respiratory syncytial virus) Contagious viral infection of the nose, throat, and sometimes lungs; spread through air and direct contact	Recommended for all babies under 8 months of age	High Risk Groups Only
Hepatitis A Contagious viral infection of the liver; spread by contaminated food or drink or close contact with an infected person	2-dose series: 12–23 months of age	High Risk Groups Only
Hepatitis B Contagious viral infection of the liver; spread through contact with infected body fluids such as blood or semen	Birth	High Risk Groups Only *suggested to be given starting at 2 months of age
Meningococcal ACWY Contagious bacterial infection of the lining of the brain and spinal cord or the bloodstream; spread through air and direct contact	For all adolescents, 2 doses • dose one: starting at age 9 • dose two: 6 months later	High Risk Groups Only

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What Changed: A Closer Look

Vaccine-Preventable Disease	AAP Recommendations	Changes in Recommendation
Influenza (Flu) Contagious viral infection of the nose, throat, and sometimes lungs; spread through air and direct contact	6 months of age, minimum	No longer routinely recommended / Shared Clinical Decision-Making
COVID-19 Contagious viral infection of the nose, throat, or lungs; may feel like a cold or flu. Spread through air and direct contact	6 months of age, minimum	No longer routinely recommended / Shared Clinical Decision-Making
Rotavirus Contagious viral infection of the gut; spread through the mouth from hands and food contaminated with stool	6 weeks of age, minimum	No longer routinely recommended / Shared Clinical Decision-Making

Sources:
- American Academy of Pediatrics (AAP) Recommended Child and Adolescent Immunization Schedule
- Childhood Immunization Schedule by Recommendation Group | HHS.gov

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Jamilia said that insurance coverage is not expected to change this plan year. All child and adolescent vaccines recommended as of December 31, 2025, will continue to be available and covered by public and private insurers. DOH recommendations for vaccines are listed in the chart below. Additional information is available online (see ***Resources*** below).

Washington DOH Respiratory Virus Immunization Recommendations

Age/Condition	COVID-19	Influenza	RSV
Children	• All 6-23 months • All 2-18 years with risk factors or never vaccinated against COVID-19 • All who are in close contact with others with risk factors[1] • All who choose protection[1]	• All 6 months and older	• All younger than 8 months[2] • All 8-19 months with risk factors
Pregnancy	• All who are planning pregnancy, pregnant, postpartum or lactating	• All who are planning pregnancy, pregnant, postpartum or lactating	• 32-36 weeks gestational age[2]
Adults	• All 65 years and older • All younger than 65 years with risk factors • All who are in close contact with others with risk factors • All who choose protection	• All	• All 75 years and older • All 50-74 years with risk factors

Read: West Coast Health Alliance announces vaccine recommendations for COVID-19, flu, and RSV | Washington State Department of Health

The Washington State Department of Health (DOH) and the West Coast Health Alliance (WCHA) are closely monitoring rapidly evolving federal developments and are committed to transparency as updates arise. DOH is actively collaborating with immunization-related alliances, committees, and boards at both the regional and national levels to align strategy and response. DOH will continue to keep Tribes and partners informed.

Resources Shared:

- WCHA Press Release, January 5, 2026
- WA DOH Press Release, January 5, 2026
- Washington State Department of Health Statement on Federal Changes to Childhood Vaccine Recommendations.
- Vaccine Confidence Resource Library | Washington State Department of Health.
- Washington State Local Health Jurisdictions for public health information and resources in your area.
- DOH Office of Immunization Presentation.

For immunization-related questions, email OI@doh.wah.gov

Announcements and Close

The next Community Collaborative meeting will be held on February 11th and will feature a conversation with Dennis Worsham, DOH Secretary of Health, as he reflects on his first 100 days and the year ahead.

Closing Quote

"Only when it is dark enough can you see the stars."- Dr. Martin Luther King, Jr.