King County

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Meeting Agenda

Board of Health

Metropolitan King County Councilmembers: Teresa Mosqueda, Chair; Reagan Dunn, Rhonda Lewis, Pete von Reichbauer
Alternate: Vacant

City of Seattle Members: Dionne Foster, Vice Chair; Debora Juarez, Alexis Mercedes Rinck
Alternate: Rob Saka

Sound Cities Association Members: Amy Falcone, Victoria Schroff, Vacant;
Alternates: Hugo Garcia, Satwinder Kaur, Cheryl Paquette

Public Health, Facilities, and Providers: Butch de Castro, PhD, MSN/MPH, RN, FAAN; Lisa Chew, MD, MPH; Katherine Gudgel, MS Alternate: Karen Hartfield

Consumers of Public Health: Quiana Daniels, BS, RN, LPN, Vice Chair; Mustafa Mohammed, MD, MBCHB, MHP, LAAC, AAC Alternate: LaMont Green (Gullah), DSW

Community Stakeholders: Christopher Archiopoli, Victor Loo Alternate: Francoise Milinganyo

Muckleshoot Indian Tribe: Jaison Elkins; Alternate: Andrea N. Thomas, MHA

Snoqualmie Indian Tribe: Jolene R. Williams, MMC, or Steve de los Angeles; Alternate: Quintina Bowen

Seattle Indian Health Board: Esther Lucero; Alternate: Meriah Gille

Dr. Sandra Valenciano, Health Officer and Acting Director, Seattle-King County Department of Public Health
Staff: Joy Carpine-Cazzanti, Board Administrator - KCBOHAdmin@kingcounty.gov

1:00 PM **Thursday, June 18, 2026** **Hybrid Meeting**

Sign language and interpreter services can be arranged given sufficient notice (206-848-0355).
TTY Number - TTY 711.
Council Chambers is equipped with a hearing loop, which provides a wireless signal that is picked up by a hearing aid when it is set to 'T' (Telecoil) setting.

Hybrid Meetings: Attend Board of Health meetings in person in Council Chambers (Room 1001), 516 3rd Avenue in Seattle, or through remote access. Details on how to attend and/or provide public comment remotely are listed below.

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Join by Telephone
Dial: US : +1 253 215 8782
Meeting ID: 836 2614 2088

If you do not wish to provide public comment, please help us manage the callers by using one of the options below to watch or listen to the meeting.

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1) Stream online via this link https://king county tv.cablecast.tv/ or input the link web address into your web browser.

2) Watch King County TV on Comcast Channel 22 and 322(HD) and Astound Broadband Channels 22 and 711(HD).

To show a PDF of the written materials for an agenda item, click on the agenda item below.

1. **Call to Order**
2. **Roll Call**
3. **Announcement of Any Alternates Serving in Place of Regular Members**
4. **Approval of Minutes of May 21, 2026** pg 4
5. **Public Comments**

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6. Chair's Report

7. Director's Report pg 9

Briefings

8. BOH Briefing No. 26-B16

Board membership and recruitment for 2027

Joy Carpine-Cazzanti, Board Administrator, Public Health – Seattle & King County

9. BOH Briefing No. 26-B15 pg 14

Innovations in Sexual Health

Christopher Archiopoli, Member, King County Board of Health
Dr. Chase Cannon, Assistant Professor, University of Washington Dept. of Medicine; Medical Director, Sexual Health Clinic, Public Health – Seattle & King County; Medical Officer, HIV/STI/HCV Program, Prevention Division, Public Health – Seattle & King County

10. BOH Briefing No. 26-B17 pg 31

Findings and Recommendations from Washington's Maternal Mortality Review Panel Report

Quiana Daniels, Vice Chair, King County Board of Health
Deborah Gardner, Maternal Mortality Review Coordinator, Washington State Dept. of Health
Anne McHugh, Maternal Mortality Review Coordinator, Washington State Dept. of Health

11. Board Member Updates

12. Other Business

Adjournment

If you have questions or need additional information about this agenda, please call (206) 263-0365, or write to Joy Carpine-Cazzanti, Board of Health Administrator via email at KCBOHAdmin@kingcounty.gov

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Meeting Minutes

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Dr. Sandra Valenciano, Health Officer and Acting Director, Seattle-King County Department of Public Health
Staff: Joy Carpine-Cazzanti, Board Administrator - KCBOHAdmin@kingcounty.gov

1:00 PM | **Thursday, May 21, 2026** | **Hybrid Meeting**

DRAFT MINUTES

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1. Call to Order

The meeting was called to order at 1:01 p.m.

2. Roll Call

Present: 15 - Archiopoli, Chew, Daniels, de Castro, Dunn, Falcone, Foster, Gudgel, Loo, Lucero, Mohammed, Mosqueda, Schroff, von Reichbauer and Williams

Excused: 5 - Elkins, Juarez, Lewis, Rinck and de los Angeles

3. Announcement of Any Alternates Serving in Place of Regular Members

Boardmember Green served in place of Boardmember Mohammed.

Boardmember Garcia, Boardmember Kaur, Boardmember Paquette, Boardmember Milinganyo, and Boardmember Thomas were also in attendance.

4. Approval of Minutes of March 19 and April 29, 2026

Boardmember Foster moved approval of the minutes of March 19 and April 29, 2026. The motion carried.

5. Public Comments

The following people spoke:
Alex Tsimerman
Katherine Chen
Zoom
Tom Bird
Evelyn
Grace
Julia
Red
iPhone
Butterfly
Lisa
Rachel Sun
Meiling
Amanda De Lisio

6. Chair's Report

The Chair briefed the Board on the upcoming agenda.

7. Director's Report

Dr. Sandra Valenciano, Director, Department of Public Health - Seattle & King County, gave an overview on hantavirus, unpermitted food vendors, Health and safety information for international visitors to Seattle and King County for the upcoming FIFA Men's World Cup activities, and online resources.

Briefings

8. BOH Briefing No. 26-B12

PHSKC Preparations for the FIFA Men's World Cup

Dr. Sandra Valenciano, Director, Department of Public Health - Seattle & King County, briefed the Board and answered questions.

Nick Solari, Preparedness Director, Public Health - Seattle & King County, briefed the Board and answered questions.

Nate Weed, MPH, Chief of Resilience, Washington State Department of Health, briefed the Board and answered questions.

This matter was Presented

9. BOH Briefing No. 26-B13

Impact of inequitable access to massage licensure on workers and public safety

JM Wong briefed the Board and answered questions.

JH Chen briefed the Board and answered questions.

D Dian briefed the Board and answered questions.

This matter was Presented

10. BOH Briefing No. 26-B14

Overdose Prevention and Response

Brad Finegood, Strategic Advisor, Department of Public Health - Seattle & King County, briefed the Board and answered questions.

Julia Hood, Epidemiologist, Department of Public Health - Seattle & King County, briefed the Board and answered questions.

Semone Andu, Regional Health Administrator, Health Care for the Homeless Network, Department of Public Health - Seattle & King County, briefed the Board and answered questions.

David Sapienza, Pathways Clinic, Lead Physician, Department of Public Health - Seattle & King County, briefed the Board and answered questions.

Rachel Marhill, Medical Department Senior Operations Manager, Downtown Emergency Service Center, briefed the Board and answered questions.

Callan Fockele, Lead Physician, Downtown Emergency Service Center, briefed the Board and answered questions.

This matter was Presented

11. BOH Briefing No. 26-B15

Innovations in Sexual Health

This matter was Deferred

12. Board Member Updates

No updates were given.

13. Other Business

No other business was presented.

Adjournment

The meeting was adjourned at 3:27 p.m.

If you have questions or need additional information about this agenda, please call (206) 263-0365, or write to Joy Carpine-Cazzanti, Board of Health Administrator via email at KCBOHAdmin@kingcounty.gov

Approved this _____ day of _____

Clerk's Signature

Date: June 18, 2026
Prepared by: Dr. Sandra J. Valenciano, Health Officer and Interim Director, Public Health – Seattle & King County

Stay current on Public Health trends and news:
I invite King County Board of Health Members and Alternates to stay updated on important news, local health trends and funding opportunities through Public Health – Seattle & King County's blog, social media and online dashboards:

The Public Health Insider blog:
PUBLIC HEALTH INSIDER – Official insights from Public Health - Seattle & King County staff

Social media: Instagram, Facebook, YouTube, X (Twitter), LinkedIn, Condado de King en Facebook, King County en Instagram

Data dashboards:

- Public Health data - King County, Washington – Explore population-level health outcomes, communicable disease data and more
- Data dashboard: The impact of firearms in King County - King County, Washington
- Overdose data dashboards - King County, Washington
- Medical Examiner's Office data
- Climate Impacts on Health - King County, Washington
- Food inspections and safety rating system - King County, Washington
- Search restaurant safety ratings - King County, Washington
- Food establishment closures by area in King County - King County, Washington
- Unpermitted food businesses - King County, Washington
- Foodborne illness outbreaks - King County, Washington

Funding opportunities – RFPs, RFQs, RFAs and others:
Funding opportunities - King County, Washington

Please share these stories with your networks:

Hundreds of thousands of people are coming to Seattle for the World Cup. Here's what it means for your health.

With six World Cup matches and many fan events in Seattle planned in June and July, up to 750,000 people are expected to come to the region! Public Health and our partners have compiled tips to help people going to the events and exploring King County stay safe and healthy, whether you're new to King County or already live here.

Please share this information if you are hosting or working with visitors during the World Cup: **Hundreds of thousands of people are coming to Seattle for the World Cup. Here's what it means for your health. – PUBLIC HEALTH INSIDER**

Health and safety information for international visitors to Seattle and King County

Ahead of hundreds of thousands of people coming to our region for FIFA Men's World Cup activities, Public Health's website shares health and safety information on these topics:

1. Top five health and safety tips
2. How to get health care in King County
3. Paying for health care in the U.S.
4. Language and interpretation help
5. Food safety in King County
6. Severe weather and outdoor safety
7. Keep children safe
8. How to avoid getting sick during your visit
9. Illegal drugs and fentanyl
10. Sexual health resources
11. King County health resources
12. More resources for visitors

Learn more online: Health and safety information for international visitors to Seattle and King County - King County, Washington

Maintaining Medicaid Retention in King County

As you may know, federal Medicaid changes mandated by Congress in the HR-1 bill are being implemented on a rolling basis, and threaten the coverage of more than 200,000 King County residents. In its role as the lead health insurance navigator for King County, Public Health's Access & Outreach team is working closely with state agencies and community partners to help as many Medicaid (Apple Health) clients as possible maintain their coverage and access to care. They are working closely with state agencies. Already, some immigrant populations are losing access to federal programs, and currently our teams are focused on upcoming changes for two key populations:

- On Oct. 1, refugees and asylees (not including children & pregnant women) will no longer be eligible for Medicaid, despite having legal status. However, there are other programs that can help them access health care. On June 26, Public Health is hosting a training to prepare community organizations to help clients enroll in programs if eligible and understand other pathways to accessing health care.
- This fall, adults ages 19-65 will begin getting notifications about new work requirements for Medicaid that go into effect Jan. 1, 2027. There are many exceptions to this requirement, including for anyone on Pregnancy Medical, and there are exemptions for enrolled students and for those caring for others. Public Health and other health care providers are identifying impacted clients and preparing strategies to help them demonstrate their eligibility. A convening and training related to the work requirements is scheduled for Aug. 28.

Of concern, over the past few weeks, the new federal guidance for implementing the work requirements appears to make it much more difficult for clients to secure an exemption. If this guidance stands, it will increase the numbers of people who will become uninsured.

Read Public Health's report to the King County Council on maintaining Medicaid retention (click on Attachment 1): King County - File #: 2026-0111

Watch the video of the June 2 Health, Housing and Human Services Committee, with briefings on Public Health's Fiscal Outlook and Medicaid retention: Health, Housing, and Human Services Committee 20260602-REVISED

Learn more online about Public Health's Access and Outreach program: [Access and Outreach program - King County, Washington]

Recovery moves forward together – hosted by Boardmember Reagan Dunn, Public Health and partners

The 6th Annual King County Substance Use Recovery Conference will bring together policy makers, advocates, providers, recovery experts, and community members for a day of collaboration, learning, and meaningful conversation.

Come to Renton Technical College on **Thursday, July 23** to:

- Learn about local recovery efforts and resources
- Engage in policy discussions
- Build partnerships across sectors
- Explore new ways to support recovery in King County
- Hear from keynote speaker Regina LaBelle.

Complimentary lunch and refreshments will be provided for registered attendees.

Register here:
[2026 King County Substance Use Recovery Conference - Keynote Regina LaBelle Tickets, Thursday, July 23 • 9 AM - 3 PM | Eventbrite]

It's swimming season! Answers to your top questions about beach closures & reopenings

There's nothing quite like relaxing on a beach by the lake in the summertime. Here in King County, we're lucky to have dozens of great beaches to choose from, and the Lake Swimming Beach Program works hard to make sure the water is safe for people to swim.

Every week during the summer (typically from mid-May through mid-September) we test the water at popular swim beaches in King County for bacteria. If there's a high risk that people could get sick from swimming or playing in the water, we recommend closing the beach. Once there's less risk that people will get sick, we recommend reopening the beach.

Learn more online: It's swimming season! Answers to your top questions about beach closures & reopenings – PUBLIC HEALTH INSIDER

How drowning risk is different since the 2025 floods: What you need to know before heading to the river

Preventable drowning deaths have been rising over the past several years. In 2025, there were 25 drowning deaths, part of a steady increase since 2018, More than half happened in our open-water rivers and lakes where conditions can change quickly and hazards are often hidden. Many of these tragedies were preventable with life jackets, supervision, and safer choices around water.

December 2025 floods dramatically reshaped many Washington rivers. Channels shifted, debris moved, and new hazards formed.

Learn more online: How drowning risk is different since the 2025 floods: What you need to know before heading to the river – PUBLIC HEALTH INSIDER

Working together with communities and partners to improve health: Update on King County's Community Health Improvement Plan

In partnership with over 90 organizations from across King County, King County's first-ever Community Health Improvement Plan, or CHIP, was launched in October 2025. The Board of Health was briefed on October 16, 2025, and Boardmembers Loo, Daniels, and Mohammed serve on the CHIP Steering Committee. By working across sectors and with numerous partners to amplify efforts, reduce redundancies, and inclusively engage diverse perspectives, the CHIP is working to collectively improve the health of King County communities.

This community co-created plan is informed by data and community-identified priorities in the 2024/2025 Community Health Needs Assessment (CHNA), as well as over 55 recent community and organizational reports. Representatives from local organizations then identified **housing & homelessness** and **income & employment** as priorities for the 2025-2030 CHIP. Partners went on to identify goals, objectives, actions, and implementing partners.

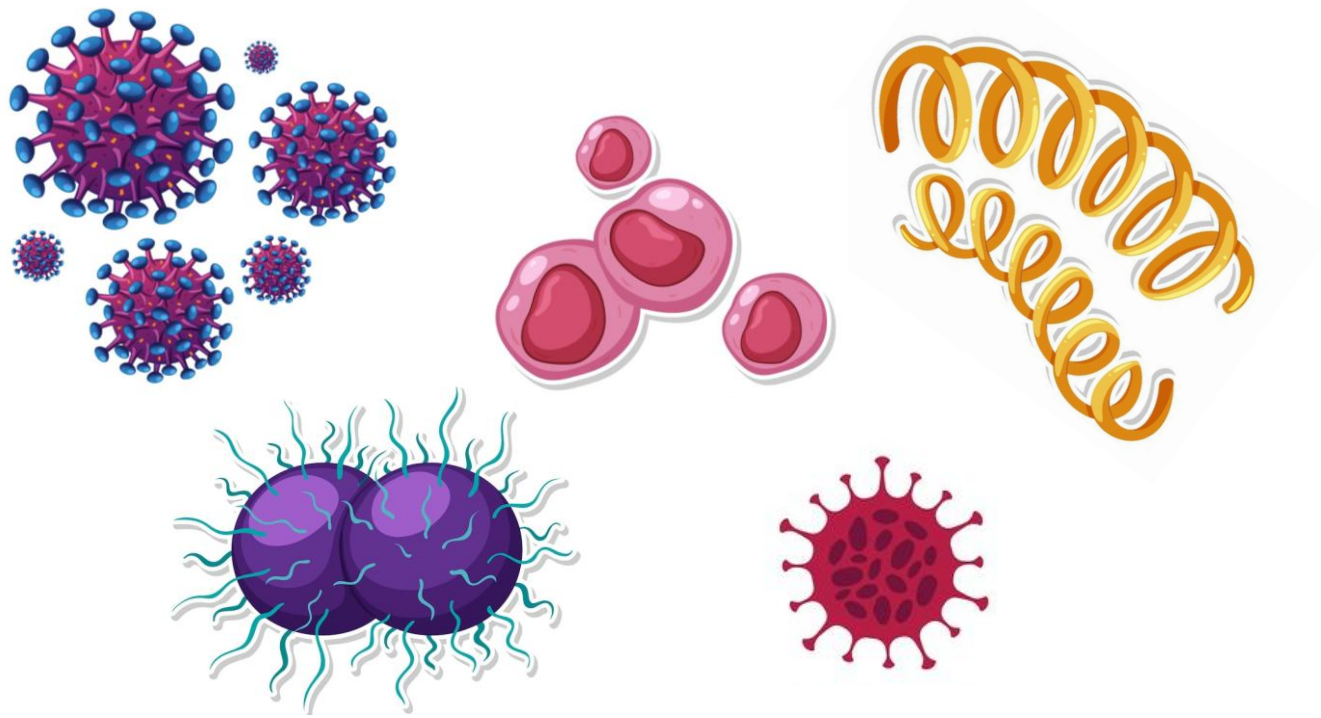
Over these first 6 months of implementation, these two workgroups have worked to set a strong foundation for the coming years, recognizing these complex issues will require long-term, multifactorial solutions. In addition, the cross-cutting need to de-silo led partners to identify the need for a relationship-building workgroup that supports and underpins the work. Together, partners have worked to ensure the work leads with equity at every decision, developing a shared understanding of equity, identifying who else needs to be at the table, understanding existing community assets on these topics and potential gaps, and developing resources to help new partners understand what the CHIP is and why it's a unique opportunity here in King County. On June 9, new

and existing partners met to learn and share their work, and to prioritize their shared work for the next 6 months.

I want to particularly thank Boardmembers Loo, Daniels, and Mohammed for their contributions, representing the Board on the CHIP Steering Committee. Public Health and all the CHIP partners appreciate the support of the Board. The Board of Health can continue to be supportive by sharing CHIP information, engaging other organizations, and working to advance the goals and actions in the CHIP.

For more information about the CHIP, please see kingcounty.gov/CHIP or a blog about why partners feel the CHIP is unique King County Community Health Improvement Plan: Building relationships, removing barriers, and centering community voice – PUBLIC HEALTH INSIDER

INNOVATIONS IN SEXUAL HEALTH



Chase Cannon, MD, MPH
Assistant Professor, Dept. of Medicine, University of Washington
Medical Director, PHSKC Sexual Health Clinic
Medical Officer, HIV/STI/HCV Program, PHSKC Prevention Division

Christopher Archiopoli, MBA
King County Board of Health
Community Stakeholder

UW POSITIVE RESEARCH

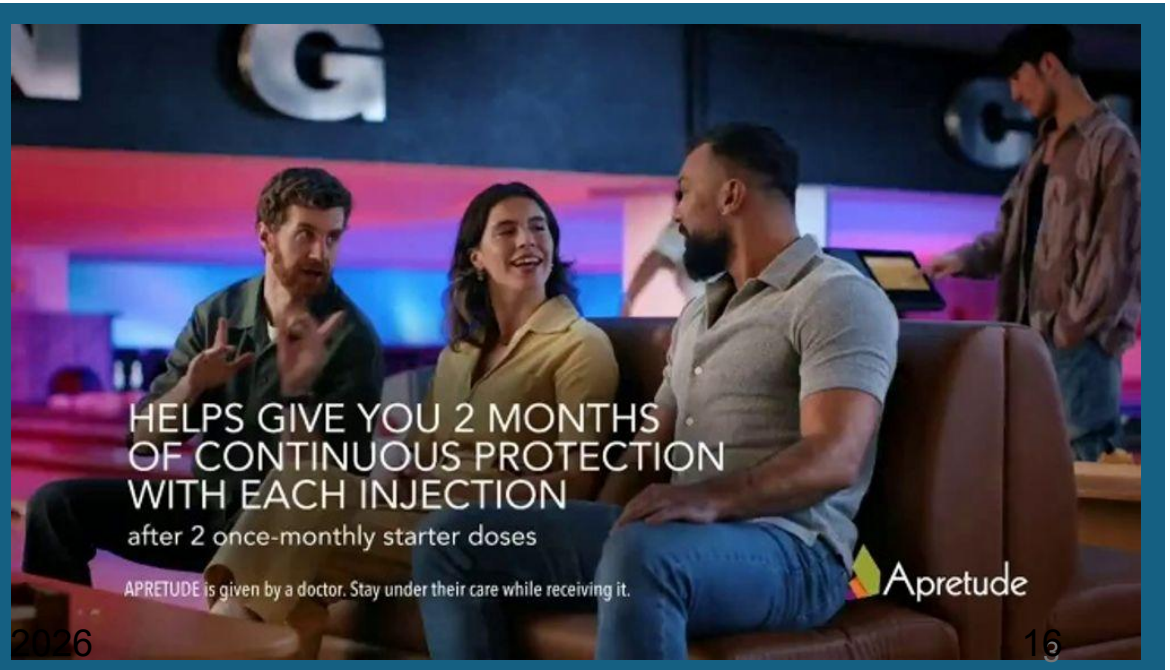
ACTG

NATIONAL HEALTH CARE for the HOMELESS COUNCIL


yeztugo
463.5mg/
(lenacapavir) injection 1.5mL

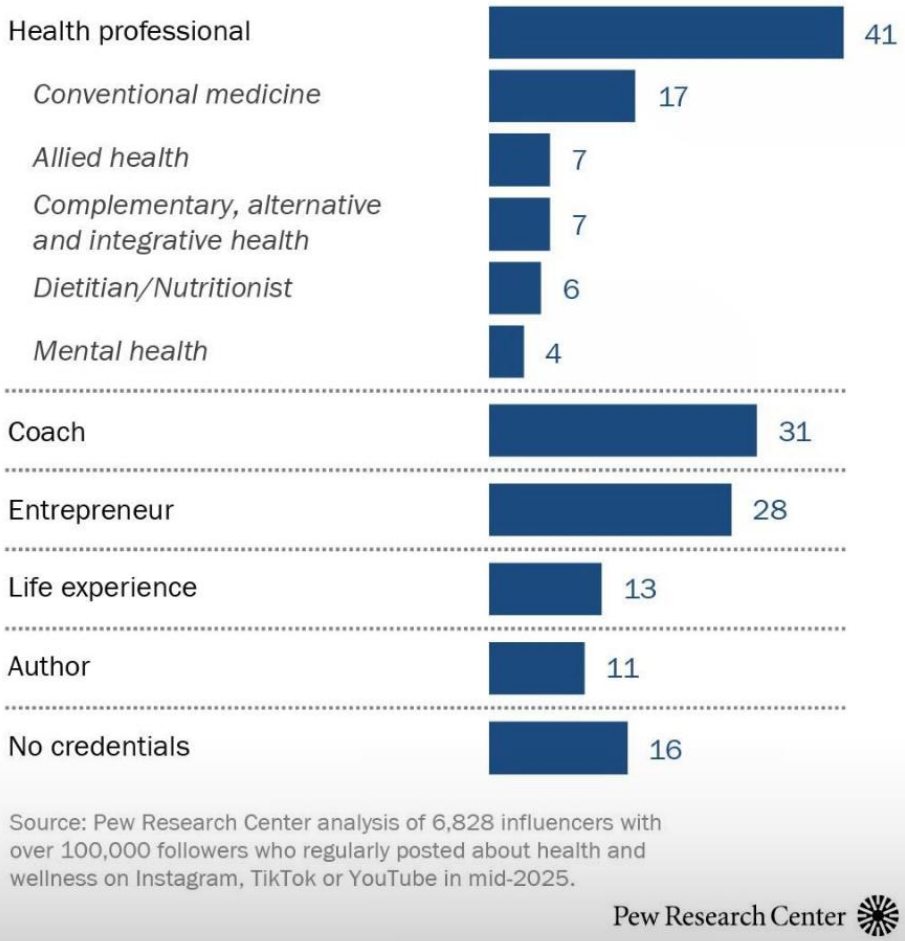

CABENUVA
cabotegravir 200 mg/mL; rilpivirine 300 mg/mL
extended-release injectable suspensions
Kimanie
On CABENUVA
since 2023
Prescription CABENUVA is given as 2 injections by a healthcare provider at each visit.


mistr
FREE ONLINE PrEP, DoxyPEP & STI TESTING
mistr.com


HELPS GIVE YOU 2 MONTHS
OF CONTINUOUS PROTECTION
WITH EACH INJECTION
after 2 once-monthly starter doses
APRETUDE is given by a doctor. Stay under their care while receiving it.
Apretude

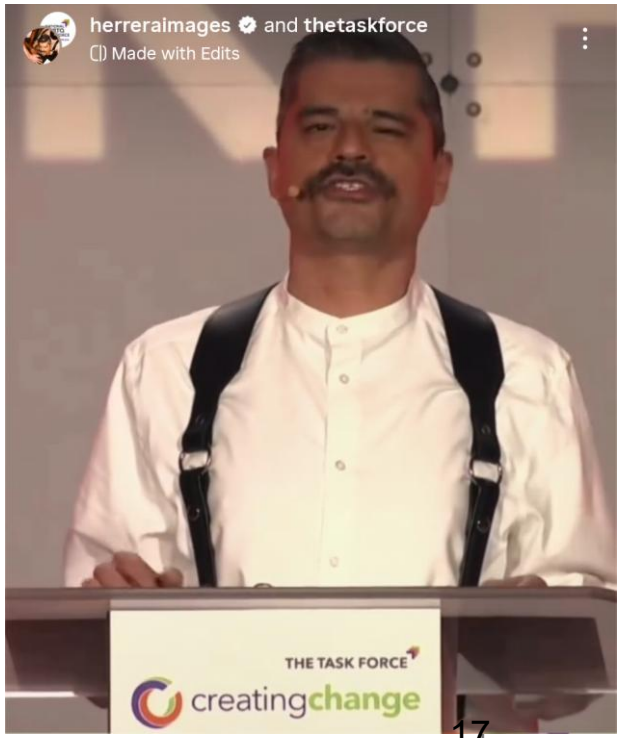
Who are health and wellness influencers?

% of health/wellness influencers who say they are a(n) ___ in their social media bio



Source: Pew Research Center analysis of 6,828 influencers with over 100,000 followers who regularly posted about health and wellness on Instagram, TikTok or YouTube in mid-2025.

Pew Research Center

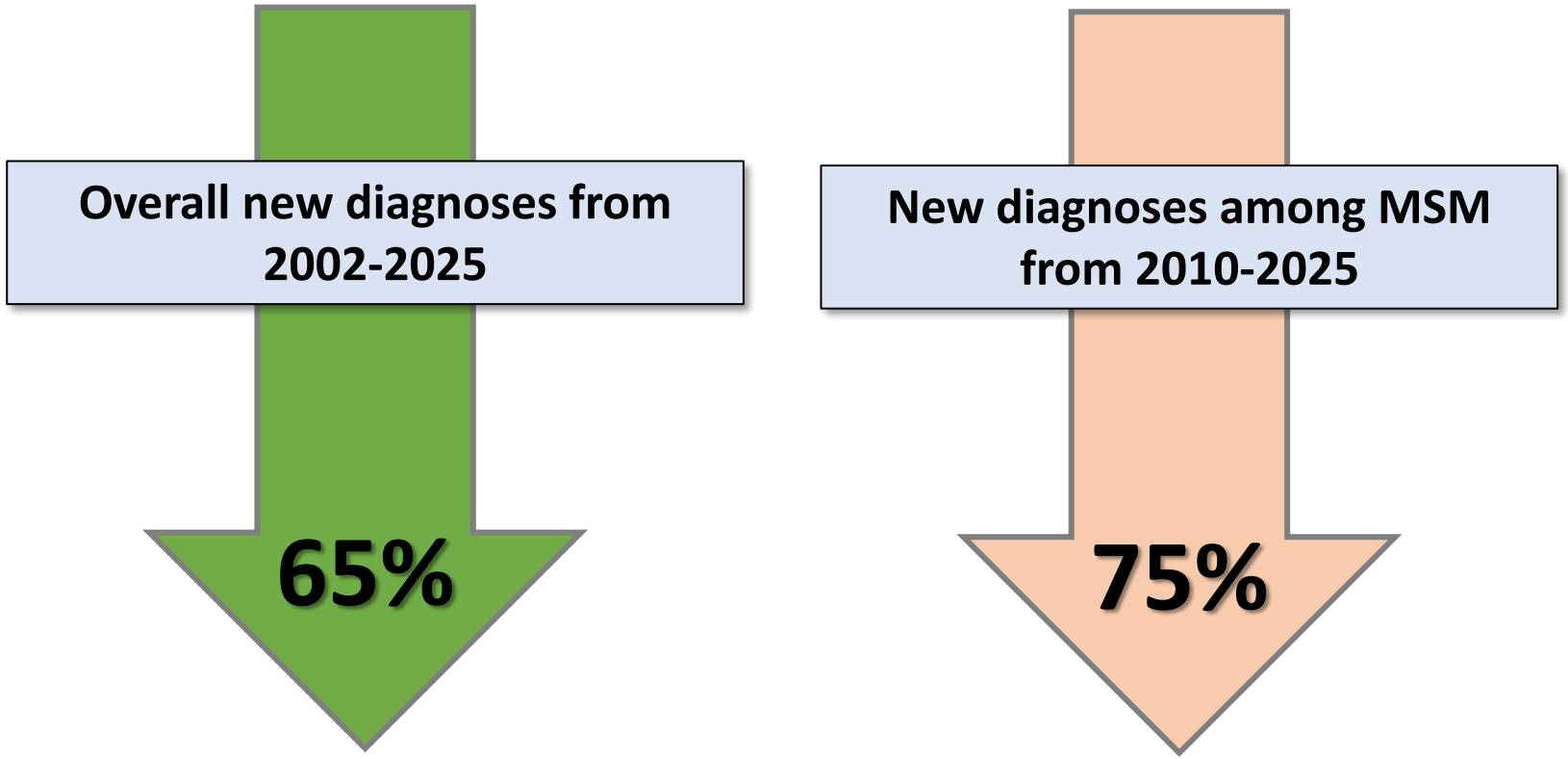


Progress and Innovation in HIV & STI Control

Overview

- State of HIV in Seattle-King County
- Progress on Ending the HIV Epidemic
  - Diagnose
  - Treat
  - Prevent
  - Respond
- Trends in Sexually Transmitted Infections
  - Syphilis and Congenital Syphilis
  - Doxycycline postexposure prophylaxis (doxy-PEP)

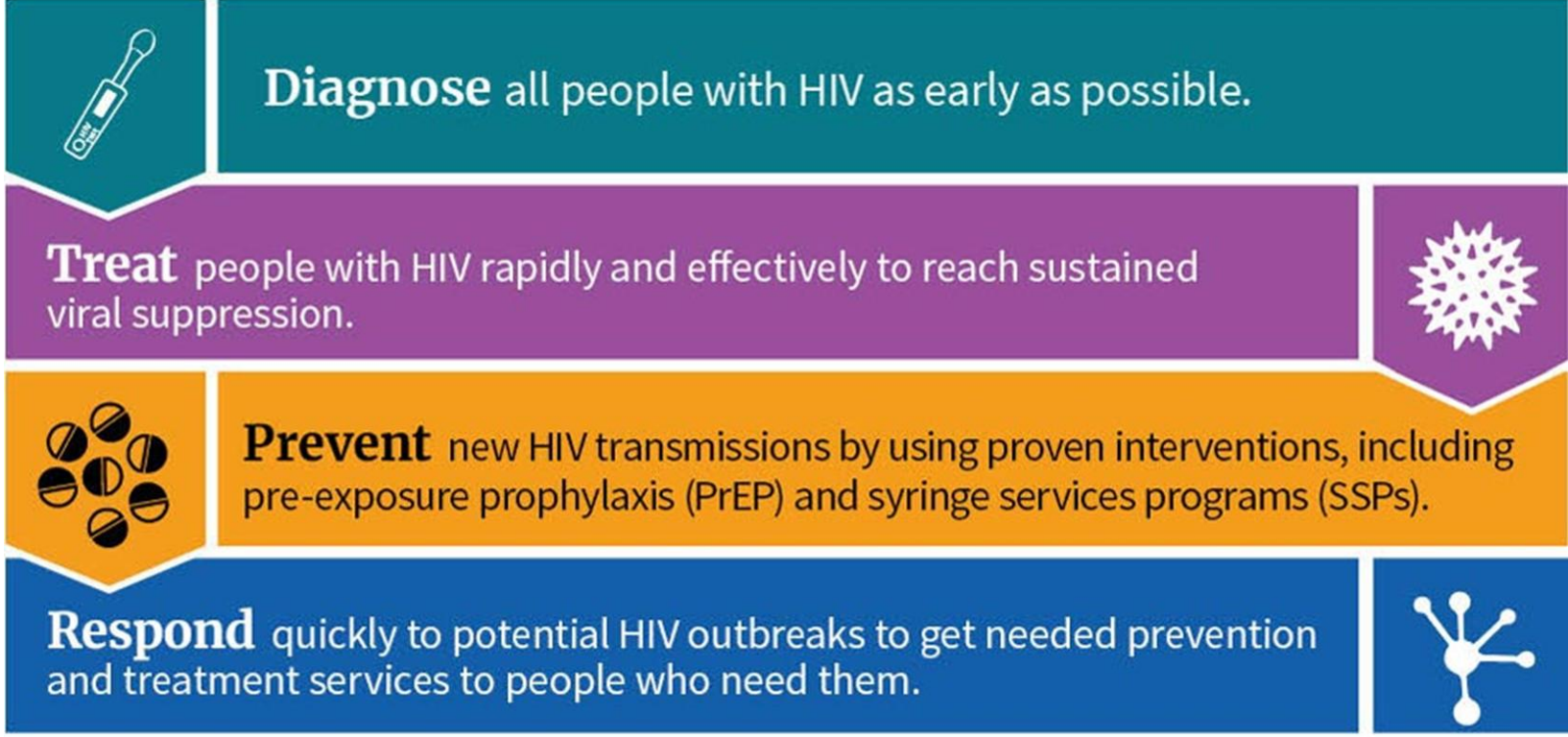
Extraordinary progress reducing new HIV diagnoses in King County

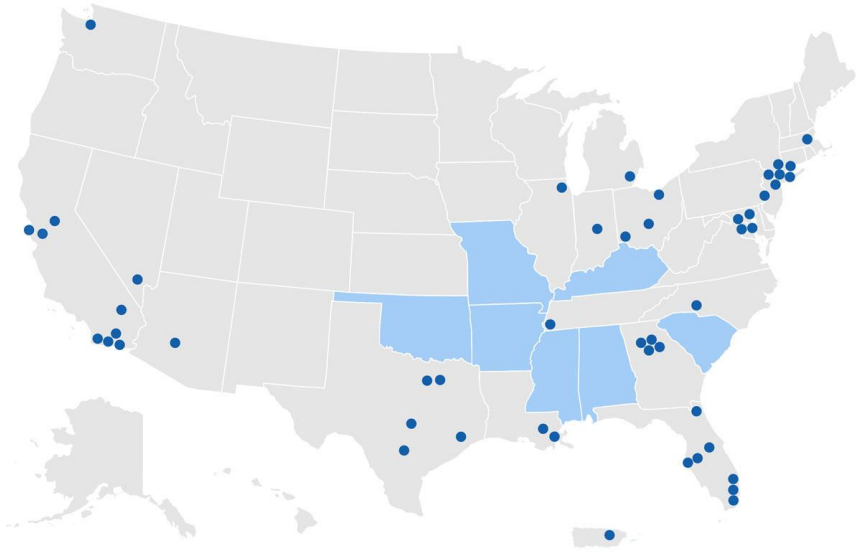


Lowest numbers since the start of the HIV epidemic in the 1980s

MSM = men who have sex with men

Ending the HIV Epidemic



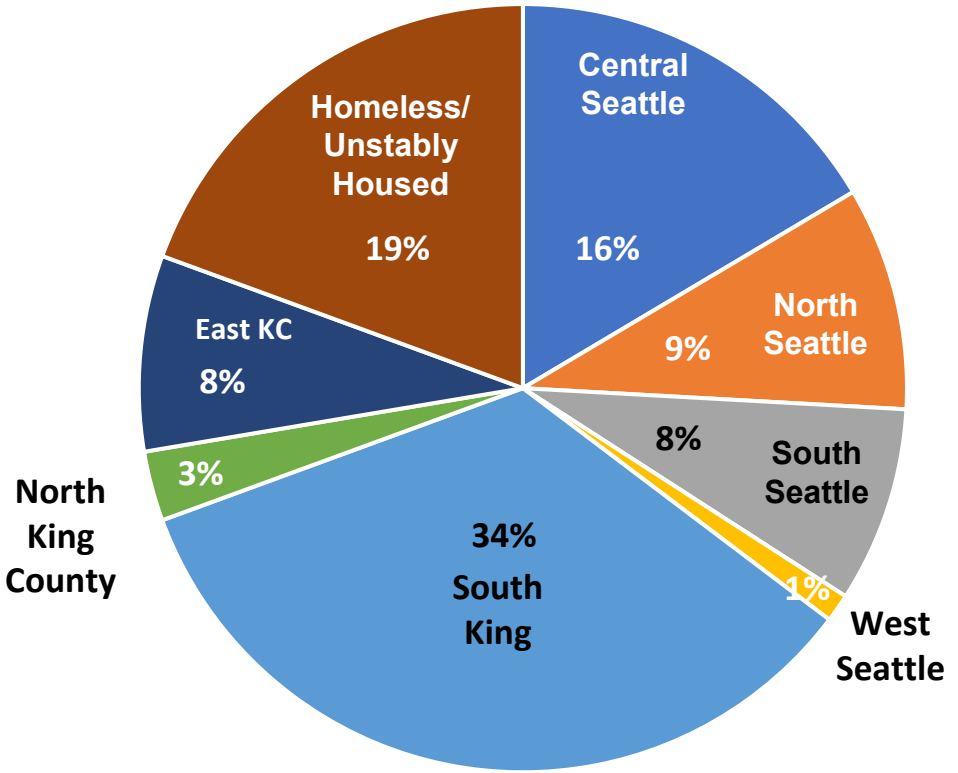


2025 King County and WA State HIV Epidemiology Report and Community Profile: kingcounty.gov/hiv/data

https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview

#1 DIAGNOSE: HIV in King County populations

- Slight ↑ among women in 2024, now ↓ again (21% of all cases)
- Black residents: 36% new diagnoses in 2024-5
- Among MSM: 32% Latino (11% of KC pop.), 25% Black (7.5% of KC pop.)
- ↓ in % of new diagnoses in people with unstable housing since 2018 outbreak
  - >20% of new diagnoses in heterosexual people



#2 TREAT: Expanded access to low-barrier care

- Differentiated care models – 10% of PLWH received HIV primary care in low-barrier clinics
- Mobile outreach, started in 2023 – improve engagement in care and viral suppression
- Focus on expanding injectable HIV medication (Cabenuva®, Sunlenca®) access for populations with highest need

Low Barrier Clinic	Number of PLWH
Aurora/SHE – North Seattle	13
MOD Clinic – Central Seattle	324
MAX Clinic – Central Seattle	276

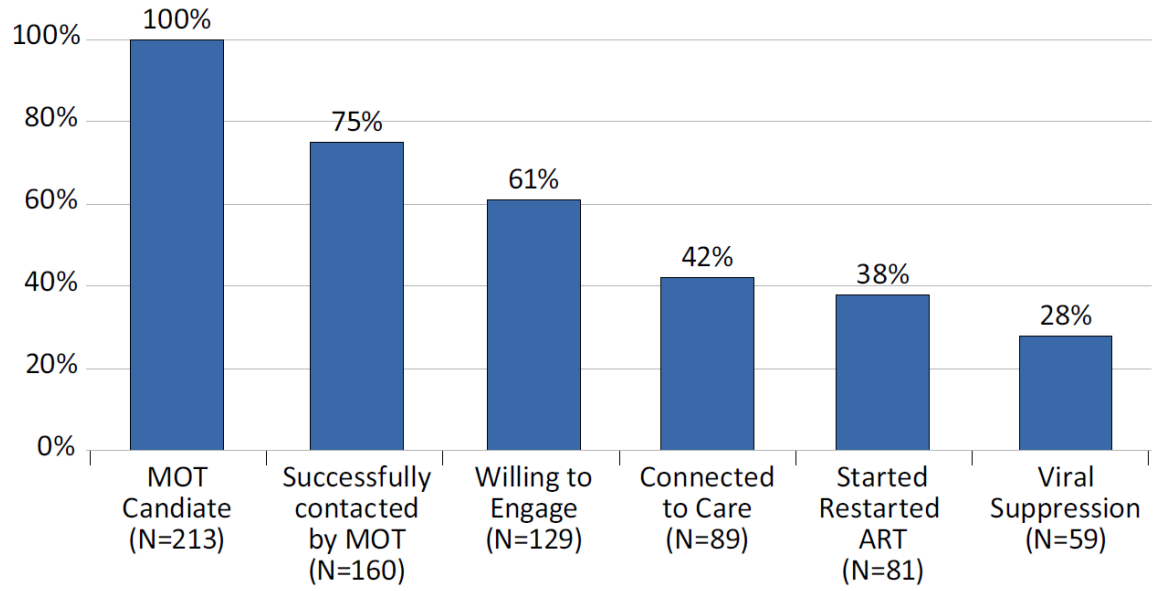
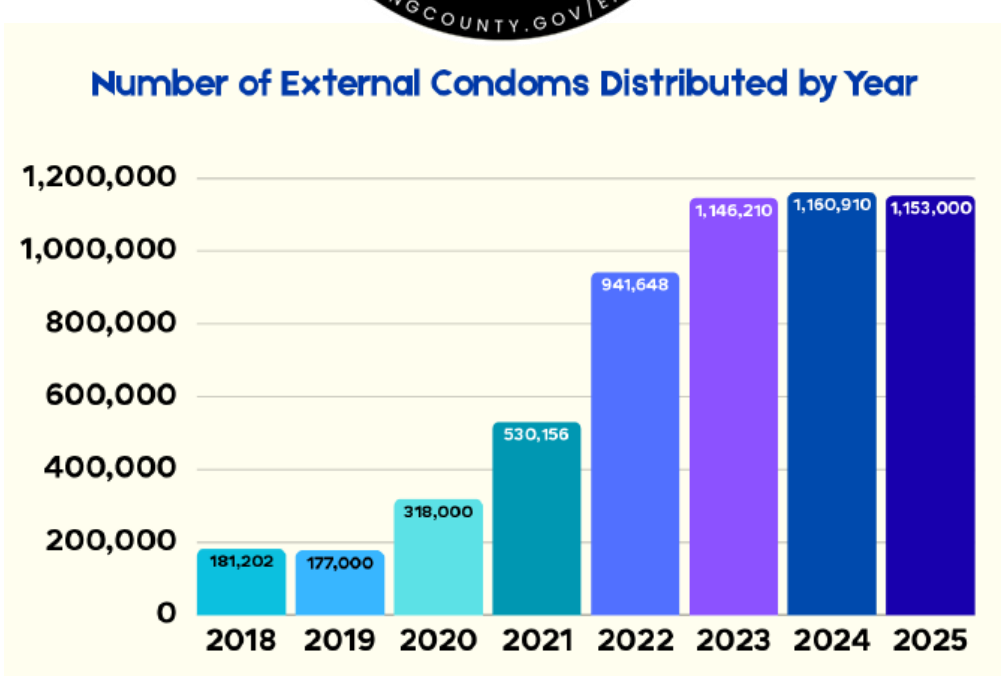


Figure 3-1. Engagement in Care, ART Uptake and Viral Suppression Among MOT Clients, 2024

#3 PREVENT: Increased access to PrEP, condoms

- New and expanded low-barrier PrEP sites
- PrEP promotion - EHE Healthcare Collaborative
- Nearly 1,300,000 condoms distributed in 2025
- Injectable PrEP for populations with highest risk for HIV
  - Every 6-month injection (Yeztugo®)
  - Every 2-month injection (Apretude®)
- Navigating $$ challenges with WA DOH PrEP assistance program
- Harm reduction supplies, Narcan



PrEP = HIV pre-exposure prophylaxis
SHC = PHSKC Sexual Health Clinic
EHE = Ending the HIV Epidemic

Short URL: kingcounty.gov/hiv/data
2025 PHSKC Condom Distribution Program

#4 **RESPOND:** Boost outbreak response capacity

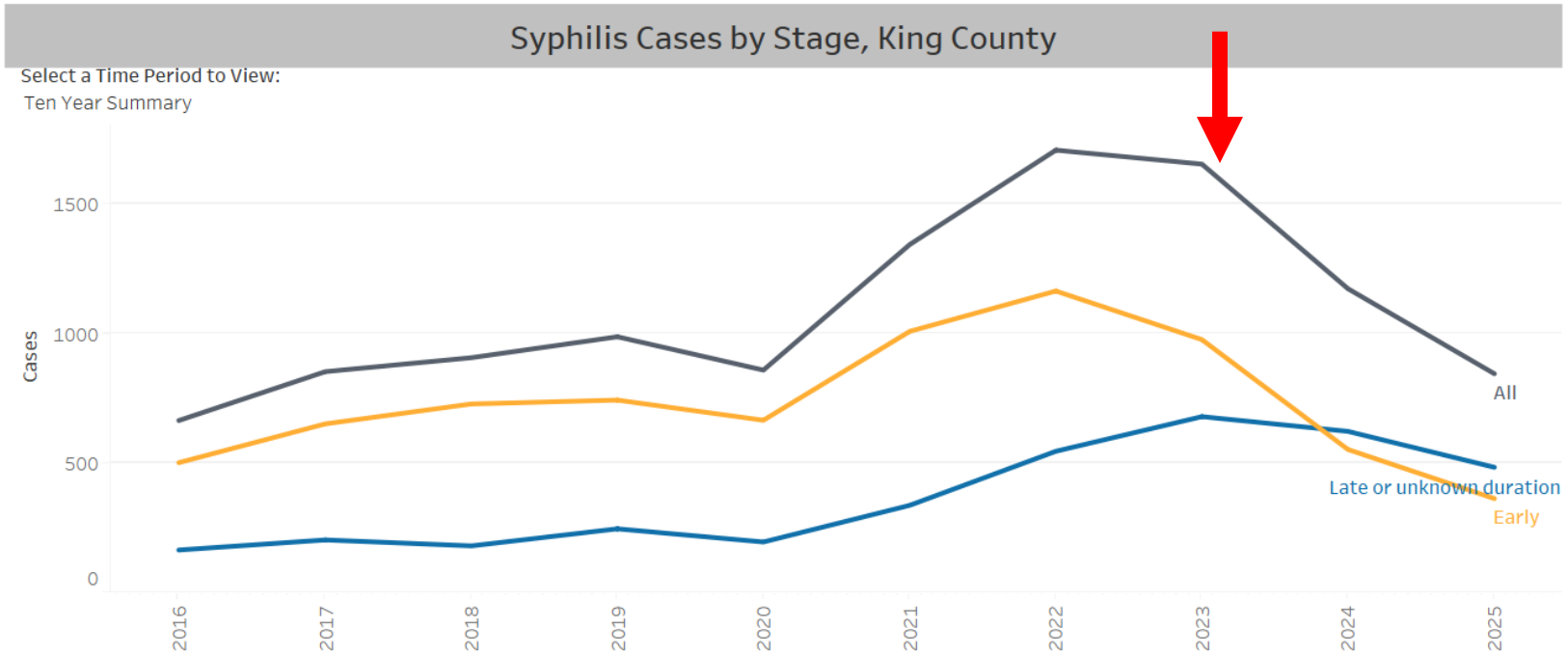
- Focus groups with community to explain cluster detection and response
- Expanded staff capacity to conduct outreach to cluster members, test them for HIV, and link them to PrEP or HIV care

	All		Individuals linked to linked to a rapid cluster growth	
	N	% (col)	N	% (row)
Year of HIV Diagnosis				
2020	132	20%	35	27%
2021	129	20%	32	25%
2022	138	21%	37	27%
2023	129	20%	30	23%
2024	129	20%	27	21%

Evolving syphilis epidemic in King County

Syphilis cases ↓ in everyone ***except*** pregnant women, babies (congenital syphilis)

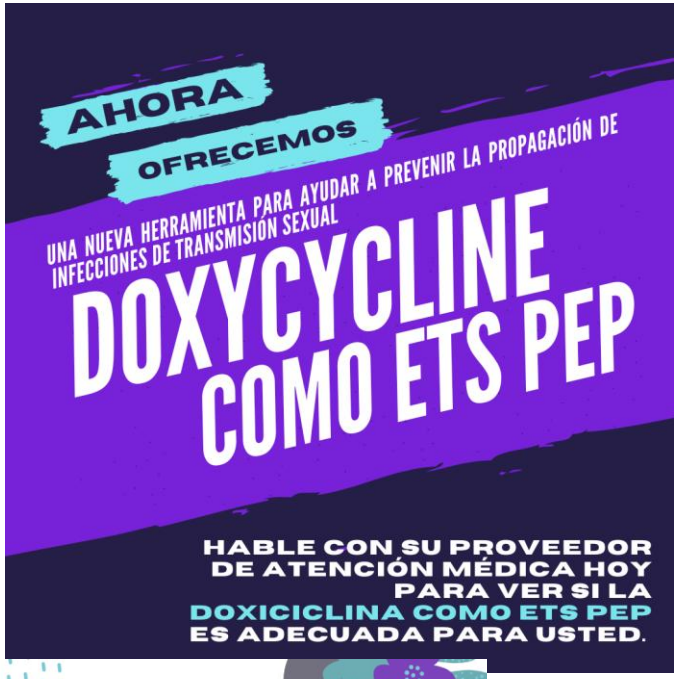
- Interviewees: 26% living homeless, 8% used substances, 68% in South County

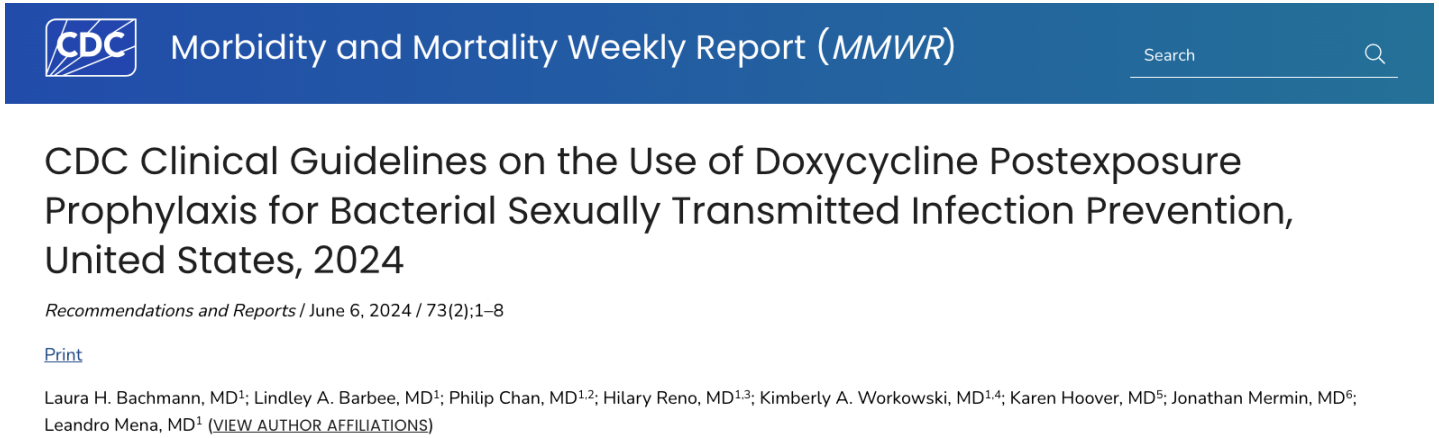


Public dashboard: kingcounty.gov/syphilis

Doxycycline for STI prevention

- **Doxy-PEP (doxycycline post-exposure prophylaxis)**
  - 200mg doxycycline by mouth within 24-72 hrs after condomless sex ***reduces chlamydia and syphilis risk by >80%***
  - Primarily studied in MSM and transgender women
  - Sex-positive, user-controlled tool for persons at increased risk for bacterial STI

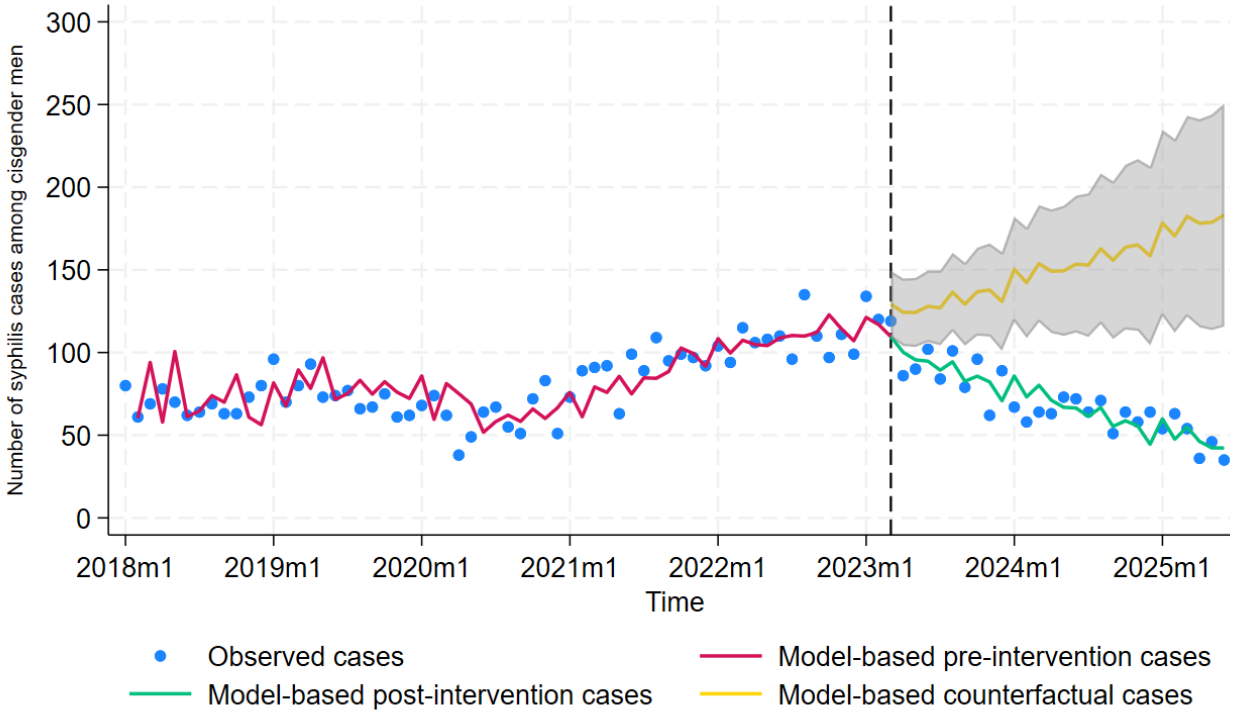




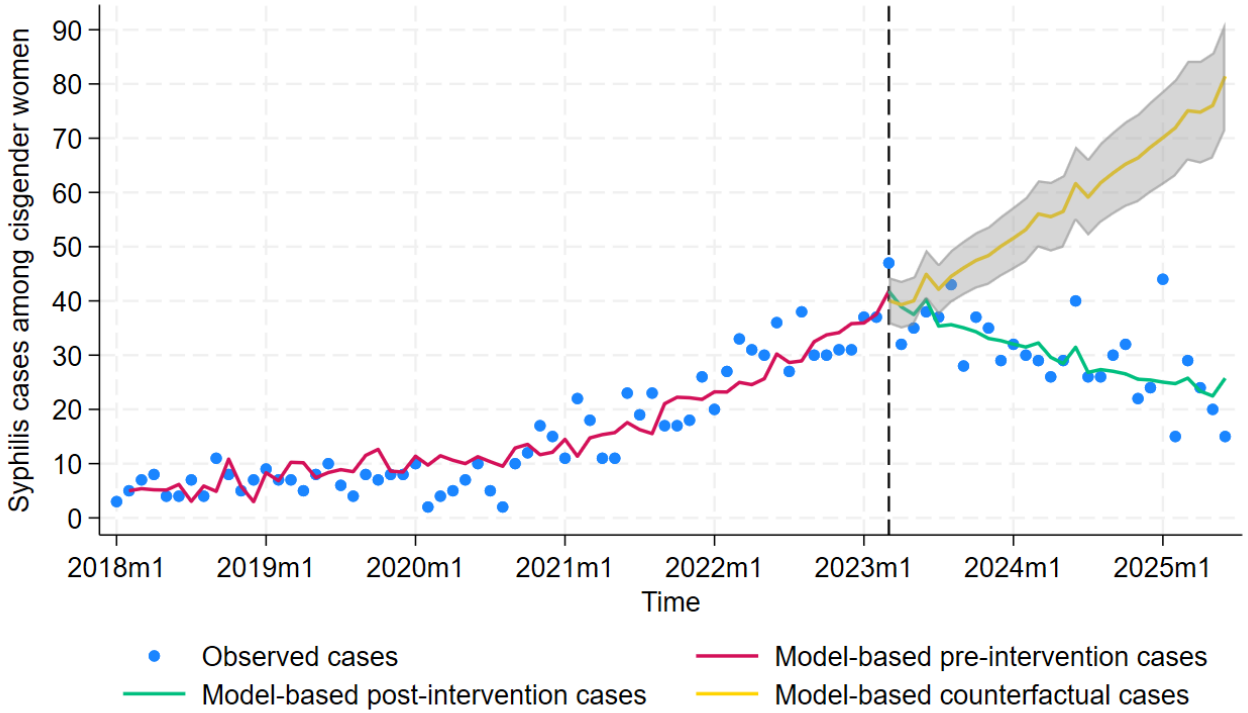
STI(s) = sexually transmitted infection(s)
MSM = men who have sex with men

Syphilis has declined at population level in Seattle-King County after doxy-PEP implementation

Cisgender men – 53% decrease



Cisgender women – 47% decrease

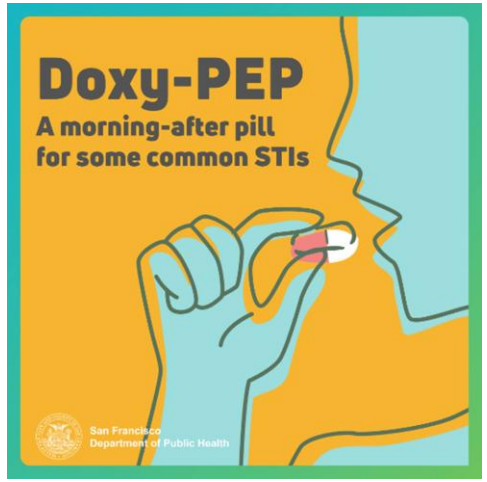


Summary

- King County has made tremendous progress in reducing HIV diagnoses
- Groups still disproportionately impacted: Black, Latino, Native Hawaiian/Pacific Islander people, South County, persons living unhoused
- Many ongoing activities to address to “End the HIV Epidemic”
- Overall syphilis rates are decreasing, but cases remain high in pregnancy and babies (congenital syphilis)
- Doxy-PEP prevents chlamydia and syphilis, and has contributed to declining syphilis cases in King County

UNIVERSITY OF WASHINGTON
STD Prevention Training Center

www.uwptc.org

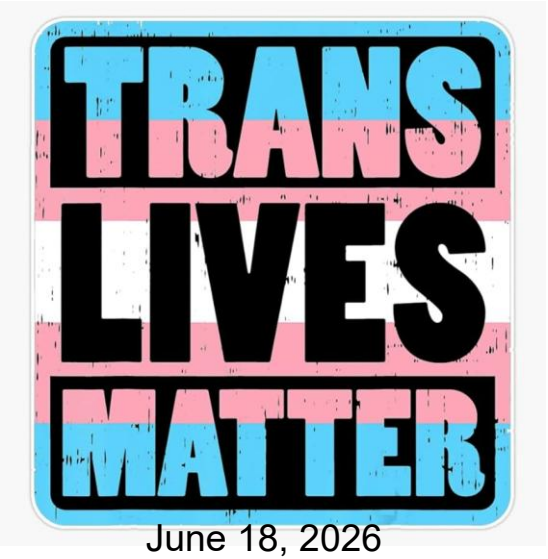


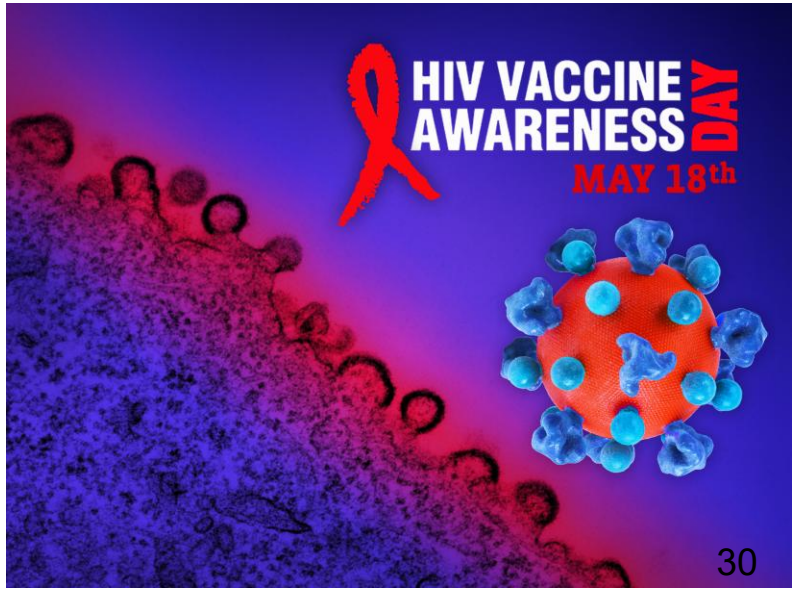
Thanks!

Questions?

Contact:

KCBOHAdmin@kingcounty.gov





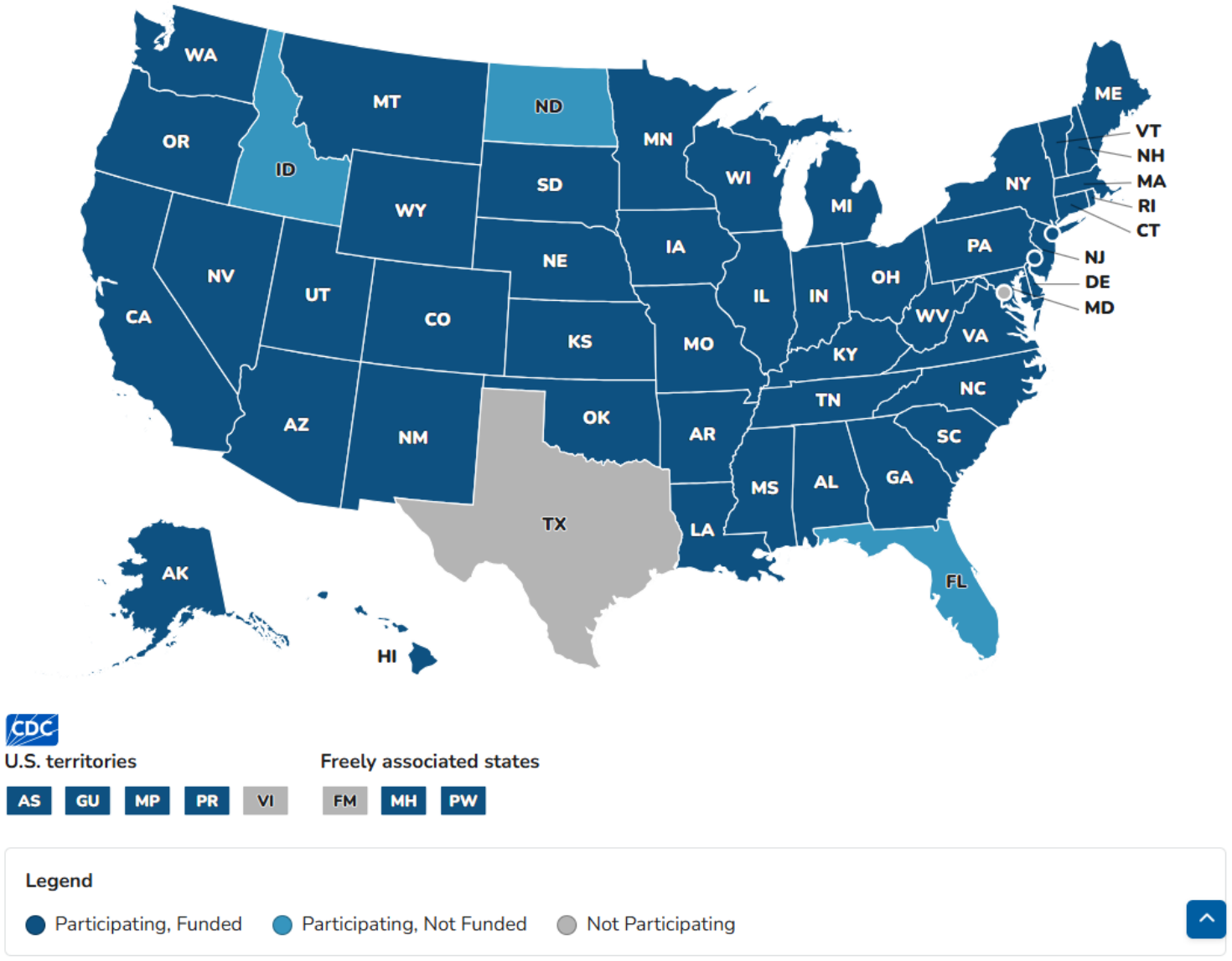
WASHINGTON STATE MATERNAL MORTALITY REVIEW PANEL

FINDINGS AND RECOMMENDATIONS FROM THE 2025 REPORT

Deborah (Debs) Gardner, MPH, MFA, Washington State Department of Health
Anne (Annie) McHugh, MPH, Washington State Department of Health

OVERVIEW AND BACKGROUND: Washington State's MMRP

Maternal Mortality Review Nationwide

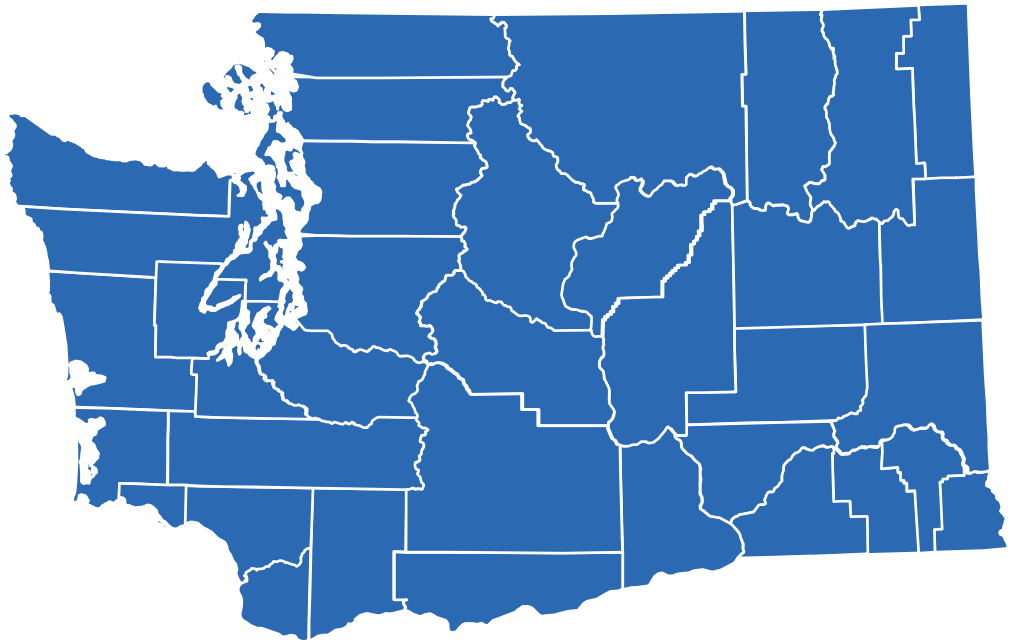


WA's Legislative Mandate for Maternal Mortality Review

- The Washington State Legislature established the **Maternal Mortality Review Panel in 2016**, following enactment of Senate Bill 6534.
  - State maternal mortality review law: **RCW 70.54.450**.
  - **In 2019, the law was amended to permanently establish the Panel** and the maternal mortality review process.
- Directs the MMRP to conduct comprehensive reviews of deaths of Washington state residents during pregnancy or up to one year after the end of pregnancy.
- Requires a legislative report every 3 years.
- Enables DOH to access records to prepare cases for review.

Washington State Maternal Mortality Review Panel

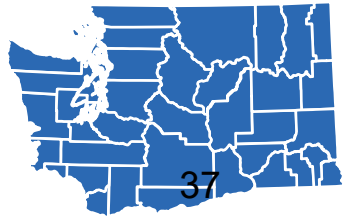
- At **Washington State Department of Health (DOH)**
- **80+ members** last term; 100+ this new term
- About **35–50** members **per review meeting**
- **Breadth** of expertise and backgrounds, including priority focus on **American Indian / Alaska Native** communities



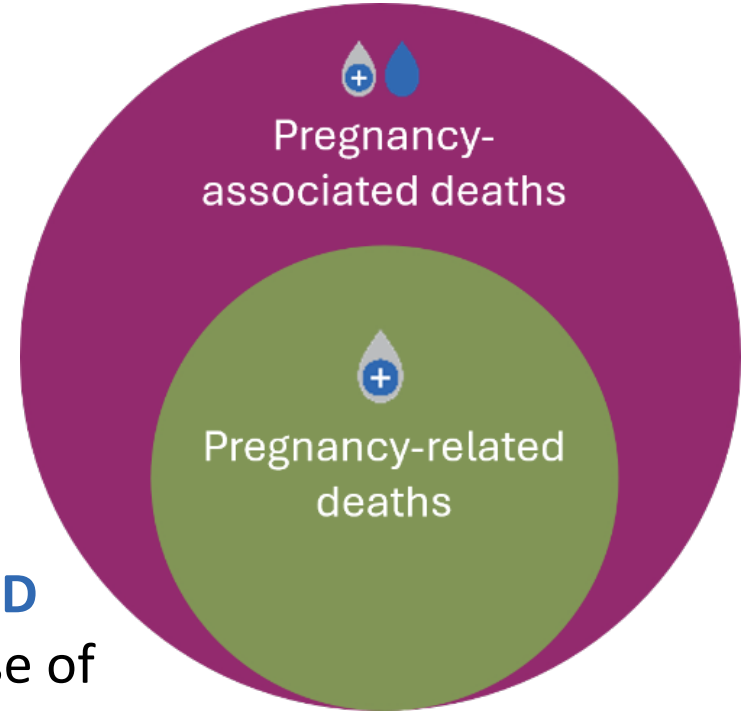
Washington's MMRP: A Wealth of Expertise

Washington's Maternal Mortality Review Process

1. DOH **identifies and confirms** deaths.
2. DOH requests medical and other records, then **writes a de-identified summary**.
3. MMRP **meets to review** the death and make recommendations for prevention.
4. MMRP and DOH **consolidates and narrows down recommendations** after 3 years.
5. MMRP and DOH compile **data and recommendations** into a report.



Maternal Mortality Review Definitions



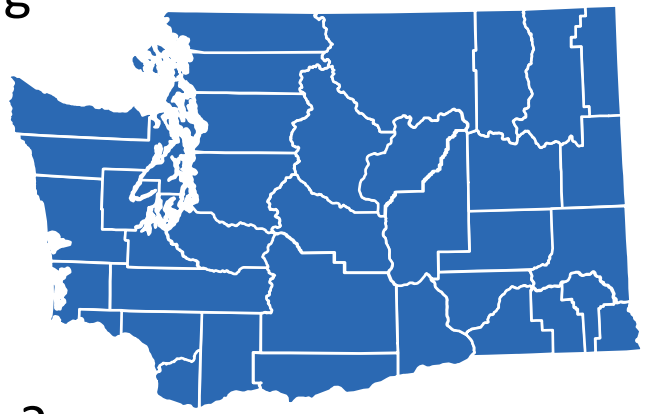
PREGNANCY-ASSOCIATED DEATHS: *all maternal deaths from any cause* during pregnancy or up to 1 year after—regardless of whether the death was related to pregnancy.

Some pregnancy-associated deaths are **PREGNANCY-RELATED** (**caused or worsened by pregnancy).** They happened because of either a pregnancy complication, a chain of events initiated by pregnancy, or an unrelated condition aggravated by pregnancy.

Some pregnancy-associated deaths are NOT pregnancy-related—the cause had no connection to pregnancy. For some deaths, the Panel doesn't have enough information to determine if the death was related to pregnancy.

How MMRP Cases are Reviewed

- A respectful review of each potentially pregnancy related death, using an anonymized, de-identified case narrative summary**:**
  - Was the death **pregnancy-related**?
  - If it was pregnancy-related, was it **preventable**?
    - From a **clinical** perspective?
    - From an **equity and social determinants of health** perspective?
  - Did **racism, discrimination, and bias play a role**?
  - What **factors contributed** to pregnancy-related, preventable deaths?
  - **Making recommendations**: What interventions or systems changes might help prevent such a death, at the time or even years before?
    - These are the basis for our legislative report every three years.



2025 Maternal Mortality Review Panel Report

- Submitted to the Washington State Legislature December 2025 (fourth MMRP report in WA)
- **Data** from **2021–2022** maternal deaths, and cumulative findings 2014–2022
- **Recommendations: legislature** and **other audiences**
- **Addendum: American Indian Health Commission**

Report to the Legislature

Maternal Mortality Review Panel: Maternal Deaths 2021–2022

December 2025

RCW 70.54.450

Prepared by the Prevention and Community Health Division

Washington State Department of HEALTH

Changes and New Components

- **Shorter**, more **focused** report
- Stronger focus on **legislative audience**—legislative recommendations first
- **Voices from Washington**: Storytelling about pregnancy, birth, or postpartum experiences and challenges in Washington
- **Success stories** about implementing recommendations from the 2023 MMRP report

www.doh.wa.gov/maternalmortality

Report to the Legislature

Maternal Mortality Review Panel: Maternal Deaths 2021–2022

December 2025

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Prepared by the Prevention and Community Health Division

Washington State Department of HEALTH

Voices from Washington

*"Five days after giving birth, **I went to the ER with clear symptoms of preeclampsia**. **I was sent home with a few pills.** Just hours later, I had **uncontrollable seizures** and was admitted to the ICU, where I spent a week—time I should have had with my newborn. **Years later, after another pregnancy, I was again at risk. But this time, I wore a blue rubber wristband from the Blue Band Initiative,** designed to alert health care providers that a patient is at risk for preeclampsia. The nurse recognized the band right away and brought me to the OB, where I was admitted and treated with magnesium."*

*"My first pregnancy was very trying. I couldn't eat, I lost weight, and I couldn't take care of myself. **No one's ready for the first trimester**. The father left when I was 2 months pregnant. **I became homeless**. I started my prenatal care in one city and then continued in another, but they wouldn't listen to me, no matter how much I would tell them my concerns. **It would have been helpful to have more safety nets**."*

*"I'm of African descent and it's **really hard to find a provider of color in Washington**. It is also hard to find any practitioner that even inquired about LGBTQ patients or that was **knowledgeable about the queer community**. The understanding and language was not there."*

MMRP REPORT: DATA and FINDINGS

Considerations

- **Maternal mortality is a rare event.**
  - That makes it difficult to discern true change or compare demographic differences on a year-to-year basis.
  - We can **still make meaningful recommendations and interventions**.

- **We can't accurately compare rates in WA vs. the US.**
  - US rates don't include accidental deaths (including **overdose**) or injury deaths (homicide, suicide).

- **We don't have county-level data.**
  - *Extremely* small or non-existent numbers for each county.
  - State MMRP law requires confidentiality.
  - Counties can still **find relevant information** and **recommendations** based on needs and demographics.

Pregnancy-Related Maternal Mortality Rate

Maternal mortality increased in 2021–2022.

- This is the **first increase to date** in WA MMRP reports.

The pregnancy-related maternal mortality rate was **30.5 per 100,000 live births**.

- This is **statistically significantly** higher than the state's rate in 2017–2020, of 19.0 per 100,000 live births.

Causes of Pregnancy-Related Deaths

- **Behavioral health**-related deaths accounted for **nearly half** (45%) of all pregnancy-related deaths in 2021–2022.
    - The majority of these were **accidental overdose** deaths, most of which involved fentanyl.
- Other leading causes included **COVID-19** and **cardiovascular** conditions.

Preventability of Pregnancy-Related Deaths

The Panel found **82% of pregnancy-related deaths were preventable**, meaning there was at least some chance of the death being averted if a factor that contributed to the death had been different.

This reflects:

- **A broader understanding of preventability:** Clinical, equity, and social-determinants-of-health factors, including upstream factors earlier in life.
- **An opportunity to take action:** Better understanding of what's behind maternal deaths.

82% of **pregnancy-related** deaths were **PREVENTABLE**

Disparities by Race/Ethnicity

Non-Hispanic American Indian and Alaska Native people experienced higher maternal mortality rates than any other racial or ethnic group.

- Risk of pregnancy-related mortality was **7.3 times higher** than non-Hispanic white people.
- The report contains an **addendum** from the **American Indian Health Commission** with recommendations from Tribal and Urban Indian leaders and communities.

Black, Multiracial, and Native Hawaiian or Pacific Islander communities also experienced **disproportionately high rates**.

Disparities and INEQUITIES persist

Disparities by Urban/Rural Residency, Insurance Status, and Age

Despite more pregnancy-related deaths among people living in urban areas, the **mortality rate was highest among people in RURAL areas**.

- *Importance of **access to quality rural maternal health services.***

People with **Medicaid** as primary insurance had the **highest frequency** AND **highest rate** **of pregnancy-related** deaths.

- *Importance of **access to care and support** for people with Medicaid in **pregnancy and postpartum**.*

Pregnancy-related mortality was most common among people 30–34, but the **rate was highest among people age 40 and older**.

- *Risk increases with age, especially for those over 40.*

Disparities and inequities persist

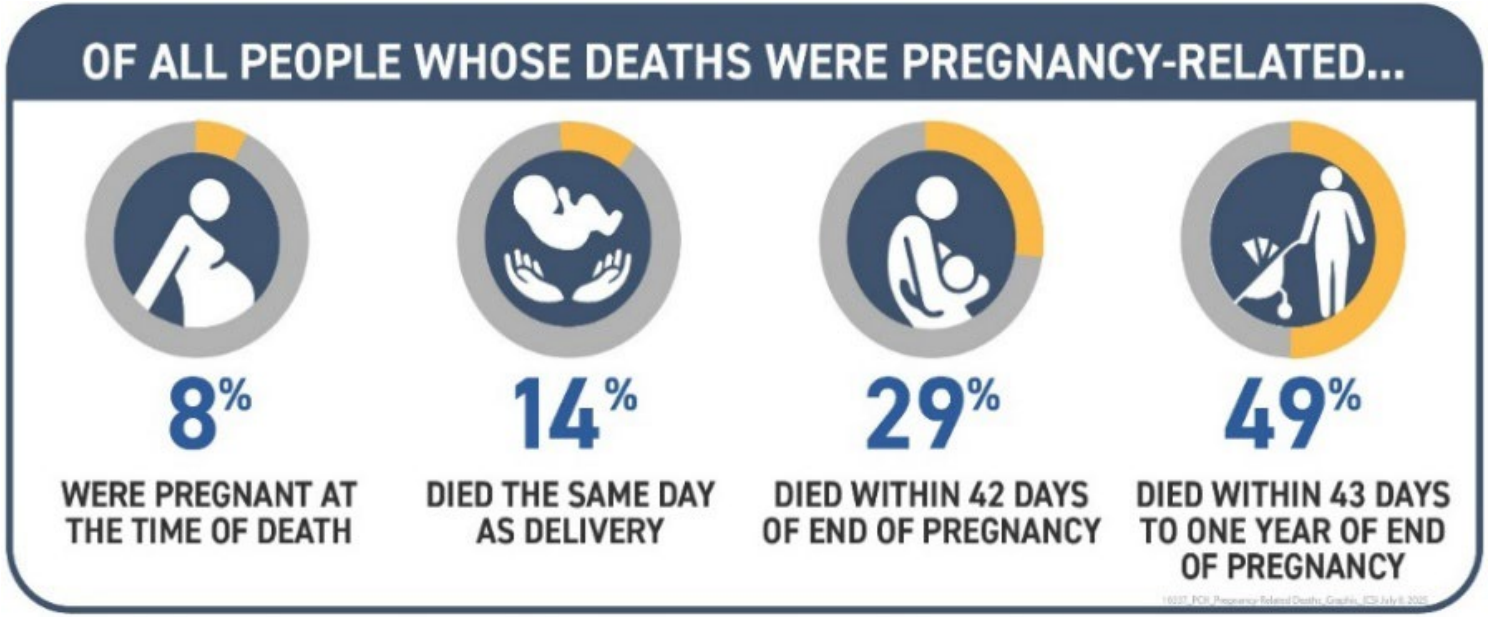
Identifying Racism, Discrimination, and Bias

The panel identified **discrimination, bias, interpersonal racism, or structural racism in 76%** of preventable pregnancy-related deaths from 2021–2022.

- Communities most burdened by perinatal health inequities have the **expertise** and **cultural knowledge** to **lead solutions** to **reduce maternal mortality**.
- Black, Indigenous, and people of color (BIPOC) communities must be **centered as leaders** for the successful implementation of many of the recommendations.

Racism, discrimination, and bias play a role in 76% of preventable, pregnancy-related deaths

Timing of Pregnancy-Related Deaths, 2021–2022



Most **pregnancy-related deaths occurred between 43 days to 1 year postpartum**, followed by deaths within 42 days of pregnancy.

- ***82%* of pregnancy-related deaths *due to unintentional overdose*** *occurred between 43 days and 1 year after the end of pregnancy.*

These findings underscore the **importance of care, support, and health insurance coverage through 1 year postpartum**.

MMRP REPORT RECOMMENDATIONS

MMRP Report Recommendations

3 priority recommendations, which include:

- **12 recommendations** for the Washington State **Legislature** (page #s 16–23)
- **75 recommendations** for **other audiences** (page #s 32–49), including:
  - Health systems and facilities
  - Health care and support providers
  - State and local agencies/departments
  - Academic institutions
  - Organizations
  - Communities
  - WA State Perinatal Collaborative
  - And others

www.doh.wa.gov/maternalmortality

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Washington State Department of HEALTH

MMRP Priority Recommendations

Improve health care quality and access

Strengthen community support services

Provide equitable, culturally responsive care

Recommendation 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**.**

Sample Recommendations: Health Care Quality and Access

1.2 The legislature should protect and increase **funding and access for family-friendly, judgment-free substance use disorder (SUD) and opioid use disorder (OUD) treatment and support for pregnant and postpartum patients** across Washington, including in **rural areas with limited access** to community services.

1.13 State and local agencies, health care systems, facilities, providers, and community organizations should **follow best practices in health communication to counter health misinformation and disinformation** about vaccines or other topics relevant to health in pregnancy and postpartum. Priority messaging should focus on communities with lower vaccine rates and a higher prevalence of vaccine hesitancy, using best practices to help patients build vaccine confidence.

1.23 State and local health departments, health systems, health care providers, and relevant community organizations should **raise awareness about urgent maternal warning signs, perinatal mood and anxiety disorders, and SUD or OUD in pregnancy** through public health messaging strategies and patient education.

Sample Recommendations: Health Care Quality and Access

1.35 State and local agencies, including HCA, DOH, Department of Commerce, local health departments, health systems, and community organizations should follow strategies for medical outreach and workforce development to **increase access to prenatal, postpartum, and primary care for unhoused people**. Examples include: (…)

- DOH should work with local health jurisdictions to fund and organize **mobile medical outreach teams** to deliver prenatal and primary care to unhoused people and people with transportation access challenges. This includes following promising models such as **Public Health - Seattle & King County's Street Medicine Program** or DOH's Care-a-Van.

1.36 State and local agencies, academic institutions, and health systems should **address the rural provider shortage** by offering **loan repayment programs**, **employee housing**, or other **creative compensation benefits** to make **rural health care roles** more enticing to potential candidates.

Recommendation 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.**

Sample Recommendations: Community Support Services

2.2 The legislature should expand support for **universal access to wraparound services** through pregnancy and at least 1 year postpartum, including **home visiting, doula support, and peer support workers**.

2.3 The legislature should prioritize both **protecting existing and funding new** programs that **meet people's basic needs during pregnancy and postpartum**. Ideally, access to transportation, housing, income, and child care would be universally available.

2.16 Funders and state and local agencies should **increase funding and capacity for community-based organizations to support people during pregnancy and postpartum**. Services may include culturally relevant parenting classes, community-led support groups, family reconciliation services, and trauma-informed therapy.

2.19 State agencies should work together to expand access to and raise awareness of **safe, affordable, and inclusive housing** for pregnant and postpartum people and their newborns.

Sample Recommendations: Community Support Services

2.21 DOH and local health departments should invest in **building healthy and safe communities**.

- This includes working towards systems-level changes that address social, relational, and service gaps, and supporting communities in developing more robust early learning, education, child care, parenting support, health care, and economic opportunities.

2.22 Educational service districts, school districts, and other educational institutions should integrate **upstream strategies** into education to **improve mental health**, **prevent violence**, and promote **healthy relationships**. Some strategies may include:

- Expanding statewide school-based mental health services and providing easier, more equitable, confidential, and supportive care.
- Providing comprehensive, age-appropriate health education to help students understand and manage their emotions and build healthy relationships.

Recommendation 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.**

Sample Recommendations: Equitable, Culturally Responsive Care

3.3 Health care systems, state agencies, and academic institutions should work together to **build and sustain a diverse maternal health workforce** that **reflects the communities it serves**.

3.11 State and local agencies, along with community-based organizations, should deliver ongoing, culturally relevant messaging about **how to safely access perinatal care**, including for **immigrant and refugee communities**. This includes language-specific messages about **health insurance access, privacy protections, and opportunities to receive perinatal care and support regardless of insurance or immigration status.**

3.12 The Department of Health, Health Care Authority, and local health jurisdictions should work together with and fund **Tribal- and Indigenous-led provider training programs** that emphasize **culturally relevant health care and communication**.

Sample Recommendations: Equitable, Culturally Responsive Care

3.13 Health care systems, providers, and state agencies should ensure that **Tribal and Urban Indian health leaders and communities** guide the **provision of culturally responsive care for American Indian and Alaska Native communities**.

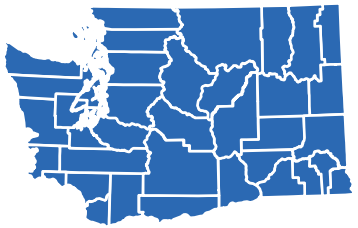
- This means providing access to culturally responsive care through patient navigators, Tribal liaisons, CHWs, doulas, and social support networks. It also means integrating Tribal-led and other Indigenous-led nutrition planning and health practices into perinatal care.

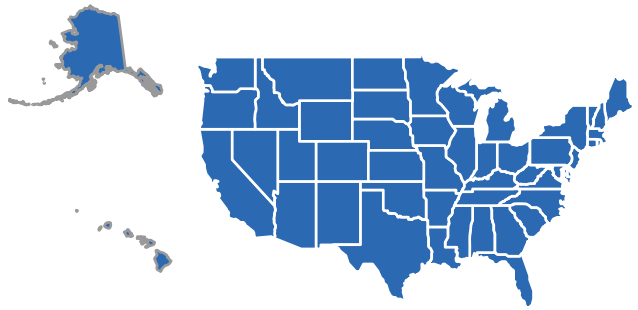
3.15 DOH and health care systems should **fund Tribal-led, Indigenous-led, and community-led efforts** to expand access to **prenatal and birthing care in American Indian and Alaska Native communities**, including in **rural** areas.

3.16 Health care systems should implement **anti-bias practices** to ensure pregnant and postpartum patients receive equitable, judgment-free, and coordinated care, particularly for patients disproportionately affected by perinatal mental health conditions and substance use disorder.

Current Context and Emerging Challenges

Current and emerging issues may make recommendations more **challenging** and **important**:





- **Medicaid changes** (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 and local **budget** limitations and current **funding** landscape
- **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.** Some recommendations require legislative support or funding, and some do not.

IMPLEMENTATION AND SUCCESS STORIES

✓ Success Story: Pediatricians Connect Families to Mental Health Care and Support

2023 MMRP Recommendation: Providers across the perinatal service continuum, including **pediatric and family practice providers** offering well-child visits, should routinely **screen all patients for behavioral health issues**, including alcohol, nicotine, and other substance use and suicide risk.

"In 2024, our pediatrics practice read the sobering findings of the 2023 MMRP Report, especially the number of deaths occurring 6 to 12 months after birth. In response, we added mental health screening for parents at the 9- and 12-month well-child visits. We use this as a chance to check in—an invitation to ask how parents are coping and what support they need.

When a concern comes up, our care team, including CHWs, helps families connect to mental health care and social support. We're now co-designing this program with family leaders to offer two caregiver screenings in the first year—because the mental health of all parents and caregivers matters deeply, and follow-up should never be left to chance."

Implementation

Centralized implementation:

- Legislative change
- Statewide efforts
- DOH-led work
- Washington State Perinatal Collaborative

De-Centralized Implementation:

- Local and regional efforts
- Led by any organization, institution, coalition, board, or individual, etc.
- From practice-level to regional level
- Regional perinatal collaboratives
- Regional/county Boards of Health
- Many other examples

Connecting 2025 MMRP Report Recommendations to Your Priorities

- Which recommendations are **most relevant in King County?**
- How do the report's findings and recommendations **align with your work and priorities**?
- How can these findings and recommendations be **useful in your work**?
- What might your **next steps** be?

Clarifying Questions?

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