



Agency Recommendation Summary

The Department of Health (DOH) requests funds for expanding the Birth Equity Project and other initiatives that support prenatal and perinatal health, with a focus on culturally appropriate, community-led, evidence-based, and evidence-informed projects that enhance prenatal and postpartum health and parent social support for communities experiencing the most extreme perinatal health disparities.

Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Staffing						
FTEs	11.7	10.4	11.05	6.3	6.3	6.3
Operating Expenditures						
Fund 001 - 1	\$4,553	\$4,462	\$9,015	\$4,584	\$4,584	\$9,168
Total Expenditures	\$4,553	\$4,462	\$9,015	\$4,584	\$4,584	\$9,168

Decision Package Description

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Assumptions and Calculations

Expansion, Reduction, Elimination or Alteration of a current program or service:

Currently there are no other funding sources identified by the department or its partners that meet current need to address persistent health disparities in maternal and child health in Washington state. Existing healthcare payment models do not adequately support these culturally specific, community-based services that address holistic health care needs and unique barriers to access that some communities of color navigate when starting families. Furthermore, there is limited private funding for culturally specific health services.

Another challenge to some funding opportunities is that current projects are evidence informed or community created, based on the specific needs and context of the priority populations. Because of this, projects do not have clear avenues for reimbursement that may be available to evidence-based interventions, that take time and resources to research and establish. Providing state dollars allows these projects to serve existing need and adapt to shifting community resources.

If this request is not funded then the status quo is maintained, with currently only three sites funded for three years through the fourth strategy: Birth Equity Project. Community engagement informs this request, where there is a need to maintain funding at current sites as standing up new projects and building relationships takes time. The department received feedback that a longer investment in these communities can help maintain trust (instead of building up programs and dropping them without enough time to build in sustainability). Furthermore, these projects started in 2020, and were heavily impacted by COVID and lost over a year of implementation time due to COVID needs or sites being shut down to non-essential services. More time is needed to invest in these critical community-led services, as well as a need to expand to communities not currently being served where support is needed.

Detailed Assumptions and Calculations:

Expand our existing Birth Equity Project to add a new cohort of community-based projects: (\$3,020,000/biennium - ongoing)

Community-based organizations, with projects exclusively serving pregnant people and their families, who are successful applicants will develop and implement a work plan that identifies community strategies for reducing maternal and infant health disparities. This may include program administration and meeting evaluation requirements, in addition to coordination and implementation of project services to the eligible population.

\$50,000 SFY24 - Work with a contractor to transition the Community Health Advisory Committee so that it is more reflective of local solutions and a broader constituency.

The objective will be leveraging the committee to inform the departments programs and policies. The department will do this through a community-driven, inclusive process, in alignment with grant guidance and requirements and utilize a community engagement facilitator to ensure guiding principles are being met.

\$1,200,000 SFY24 - Grants to partners – 4 grants at \$300,000 per grant = \$1.2 million per year ongoing to support community driven group prenatal investments.

1.0 FTE HSC3 – To lead and coordinate this project expansion. Activities include supporting the overall strategic planning of the program, develop Request for Application materials, acting as key liaison for community partners, coordinating internal DOH program management including contract management, program evaluation, and external communications.

0.50 FTE Epidemiologist 3 (non-medical) –. To review data and identify trends to stakeholders. Activities include collaborating with each

partner to develop a program evaluation plan and data reporting requirements, tracking data for each program to demonstrate impact and performance, and building out performance dashboard to communicate program success. Developing program success stories based on qualitative data gathering from contractors.

Salaries - \$170,000
Benefits - \$68,000
Contracts - \$50,000
Goods/Sycs - \$11,000
Grants - \$1,200,000
Intra-Agency - \$11,000
Total Ask - \$1,510,000/year - \$3,020,000/biennium

Enhancing Perinatal Data Linkages (\$804,000 – one time)

2.0 FTE Epidemiologist 3 (non-medical) for two years. Work would include literature review, engaging with internal and external partners to identify topic(s) of study, study design, analysis, reporting and presentation.

Salaries - \$272,000/year
Benefits - \$101,000/year
Goods/Sycs - \$14,000/year
Intra-Agency - \$15,000/year
Total Ask: \$402,000/year - \$804,000/biennium

Understanding Patient Access Behaviors and Attitudes (\$404,000 – one time)

Work will be completed by a full time Epidemiologist 3, Research Investigator 3, or related classification for two years. Qualitative methods may include focus groups, key informant interviews, or related methods. Work would include literature review, engaging with internal and external partners to identify scope of studies, study design, data collection, analysis, reporting and presentation.

Salaries - \$135,000
Benefits – \$51,000
Goods/Svc - \$8,000
Intra-Agency - \$8,000
Total Ask - \$202,000/year - \$404,000/biennium

Addressing Critical Perinatal Service Gaps

Staffing support will be needed to engage and leverage the Community Health Worker Leadership Committee to inform training and mobilization, with monitoring of grants to community-based and clinical partners to support community health workers in priority areas. Staffing team to include portion of WMS2, HSC4 (supervision and contract management), HSC3 (committee engagement and grantee support), administrative support. Additionally, epidemiologist support to provide data support and tools to community workforce and the task force.

We propose an ongoing project with an initial community engagement and planning year focused on understanding the needs of BIPOC communities experiencing disparate perinatal behavioral health access, and how those needs inform the role of community health workers. The following year and beyond include development at perinatal mental health support training for community health workers and initiating grants to community-based and clinical partners to place trained CHWs in shortage areas. This work leverages the Community Health Worker Leadership Committee's expertise.

Year 1 request = \$647,000

Salaries - \$162,000 (0.50 FTE HSC3, 0.25 FTE HSC4, 0.25 FTE WMS2, 0.10 FTE Epi 2)
Benefits - \$69,000
Goods and Services: \$245,000
Standard staff expenses
\$195,000 – Meeting logistics and costs including space rental, food provision and reimbursement for community members needing to travel, lodging or daycare
\$50,000 – Open community engagement meetings including space rental, food provision and reimbursement for community members needing travel, lodging or daycare
Contracts - \$163,100
\$50,000 – Contract facilitators to convene community input meetings and guide staff through processes
\$15,000 Community compensation for participation in selecting task force members
\$61,600 – Community compensation for participation task force meetings (35 members @ \$35/hour for 6 large group meetings for 6 hours per meeting and 5 subcommittee meetings at 2 hours per meeting)
\$21,500 – Compensation for community members participating in open meetings
\$15,000 – Translation and interpretation services
Intra-Agency - \$8,000
Total SFY24 Ask - \$647,000

Year 2 request = \$556,000

Salaries - \$78,000 – (0.50 FTE HSC3, 0.25 HSC4)

Benefits - \$33,000

Goods and Services - \$19,000

Standard FTE costs

\$13,125– Stipends for learners to participate in training. approximately 15 learners to participate in training, includes study time, and participating in learning network. (15 learners @ \$35/hr x 25 hours)

Contracts - \$420,000

\$410,000 - Contract with a vendor for curriculum development, community partner development, training planning, hosting in-person training, and leading monthly virtual meetings after training, also convene learning network to support participants

\$10,000 – Translation and interpreter services

Intra-Agency - \$6,000

Total SFY25 Ask - \$556,000

Year 3 and on-going request = \$1,282,587

Salaries - \$105,000 (0.50 FTE HSC3, 0.25 FTE HSC4, 0.20 FTE Epi 2)

Benefits - \$43,000

Goods and Services - \$7,000

Contracts - \$1,120,000

\$1,100,000 - Grants for 12 months of funding for 10 newly trained staff to place trained CHWs in shortage areas. Task force will inform this process, i.e. may recommend funds go to individual rather than a specific agency (similar to how many doulas are contractors). Current assumption 10 newly trained CHWs @ \$110,000/ year.

\$20,000 – Contract to support a learners' network to provide on-going TA to newly trained worker to ensure success.

Intra-Agency - \$7,000

Total SFY26 and ongoing ask - \$1,282,000

Community-rooted group prenatal care investments (\$3,366,000- on-going)

We propose to leverage our existing birth equity grant-making process, which has a community-advisory board advising funds distribution, to distribute 10 start-up funding group prenatal care grants to clinical and community partners across the state.

Salaries - \$118,000 (.50 FTE HSC3 for contract management, .50 FTE Epi 2 support grantees in evaluation efforts)

Benefits - \$48,000

Goods/Syvs - \$9,000

Intra-Agency - \$8,000

Grants - \$1,500,000 (10 grantees at \$150,000/ grant)

Total Ask \$1,683,000/year -\$3,366,000/biennium and on going

Centralized support for all efforts: (\$218,000 – on-going)

Budget Analyst 3 – 0.25 FTE: Salary and benefits. To develop budget, monitoring and day-to-day financial tasks such as payroll, cost allocations, error checking and assisting program staff.

Fiscal Analyst 3 – 0.25 FTE: Salary and benefits. To process contracts and pay invoices.

FY WMS 02 – 0.2 FTE: Salary and benefits. Provide leadership and oversight of project. Provide insight on strategic planning and goals of the program, in alignment with agency and statewide priorities. Attend public meetings to address community insight on program development.

Salaries - \$71,000

Benefits - \$29,000

Goods/Syvs - \$4,000

Intra-Agency - \$5,000

Total Ask - \$109,000/year - \$218,000/biennium

Workforce Assumptions:

Workforce Assumptions					
FTE	Job Classification	Salary	Benefits	Startup Costs	FTE Related Costs
-	MANAGEMENT ANALYST 4	\$0.00	\$0.00	\$0.00	\$0.00
-	EPIDEMIOLOGIST 3 (NON-MEDICAL)	\$0.00	\$0.00	\$0.00	\$0.00
0.3	BUDGET ANALYST 3	\$18,000.00	\$7,000.00	\$1,000.00	\$2,000.00
0.3	FISCAL ANALYST 3	\$16,000.00	\$7,000.00	\$1,000.00	\$2,000.00
0.5	WMS02	\$51,000.00	\$17,000.00	\$2,000.00	\$3,000.00
-	WMS02	\$0.00	\$0.00	\$0.00	\$0.00
2.0	HEALTH SERVICES CONSULTANT 3	\$150,000.00	\$61,000.00	\$8,000.00	\$15,000.00
0.3	HEALTH SERVICES CONSULTANT 4	\$21,000.00	\$8,000.00	\$1,000.00	\$2,000.00
-	ADMINISTRATIVE ASST 3	\$0.00	\$0.00	\$0.00	\$0.00
0.6	EPIDEMIOLOGIST 2 (NON-MEDICAL)	\$59,000.00	\$21,000.00	\$2,000.00	\$5,000.00
3.5	EPIDEMIOLOGIST 3 (NON-MEDICAL)	\$381,000.00	\$132,000.00	\$15,000.00	\$26,000.00
2.5	FISCAL ANALYST 2	\$131,000.00	\$63,000.00	\$0.00	\$0.00
1.9	HEALTH SERVICES CONSULTANT 3	\$100,000.00	\$48,000.00	\$0.00	\$0.00
11.7		\$927,000.00	\$364,000.00	\$30,000.00	\$55,000.00

Estimated expenditures include salary, benefit, and related costs to assist with administrative workload activities. These activities include policy and legislative relations; information technology; budget and accounting services; human resources; contracts; procurement; risk management, and facilities management.

Strategic and Performance Outcomes

Strategic Framework:

This work corresponds with the Governor’s Results Washington **Goal 4: Health and safe communities:** Fostering the health of Washingtonians from a healthy start to safe and supported future by supporting and investing in the healthy start of families.

This work corresponds to the agency’s strategic plan. It is a human-centered response to a public health need, which promotes equity, partnership and collaboration, and the concept of Seven Generations. By investing time, money and resources into families and the support systems that serve them most, the state would be investing in today’s community, and their futures. Additionally, in the most recent January 2020 update to the Governor’s Interagency Council on Health Disparities State Action Plan to Eliminate Health Disparities, the report outlined three strategies to address priority health inequities, and the second strategy reiterates the recommendations from the Council’s Literature Review on Inequities in Reproductive Health Access. This review completed in 2019 finds that (Recommendation #4) that the Washington State Legislature should allocate state funds for Department of Health to provide pass-through funding to community-based organizations to expand health literacy related to reproductive health and navigating the healthcare system to access services, in community settings. The Birth Equity Project is an opportunity to carry forward this recommendation.

Furthermore, this proposal directly aligns with Governor Inslee’s Poverty Reduction Work Group (PRWG) 10-year Plan for the Future Recommendation 4B to “ensure funding and access to culturally and linguistically appropriate health care and support services before, during, and after pregnancy.”

Finally, this work directly builds on priorities put forth in the agency’s Transformational Plan in 2022, specifically the following strategies:

Priority I. Health and Wellness, Strategies 2-5:

- [Support community rooted and informed initiatives that address conditions early, including for adverse childhood experiences, and throughout the life course, to improve health and well-being longer term. ?](#)
- [Advance a continuum of prevention and harm reduction strategies that address common risk and protective factors associated with injuries as well as use of alcohol, tobacco, marijuana, opioids, and other substances and related behaviors. ?](#)
- [Engage partners and people with lived experience and embrace multisector strategies to address upstream factors that contribute to the impact on key health concerns such as chronic disease, addiction, injuries, and the like. ?](#)
- [Utilize morbidity and mortality data and strategies to inform action-oriented prevention programs and policy recommendations that address disproportionality in health outcomes. ?](#)

Priority II. Health Systems and Workforce Transformation, Strategies 3-4:

Champion the recruitment, development, and retention of a strong, capable, and diverse and inclusive state, local, and Tribal public health workforce and further policies and efforts that support, invest in, and diversify our health system workforce. Strengthen the collection, analysis, linkage, and dissemination of timely, accessible, and actionable health data, guided by community priorities, to inform better community level interventions and initiatives that improve both individual and population health

Performance Outcomes:

Process measures may include, depending on project funded: patients enrolled, patients completing program, home visits completed, providers trained, doulas trained, community health worker training modules established, community health workers trained, etc.

Outcome measures may include improvement in percentage of birthing people that receive services along perinatal continuum, improvement in percentage of infants that well-baby and specialty services, decline in premature births, increase in breastfeeding rates (initiation and duration), increase in toddler well child visits (up to age 3), increase in postpartum care received; including depression screening and referral uptake, increase in child development screening, etc.

Equity Impacts

Community outreach and engagement:

Equity, innovation and engagement are at the center of this project as it is focused on rebuilding systems of care and trust in communities experiencing persistent inequities in birth outcomes by shifting power to communities. This approach is in line with the Office of Equity’s Pro-Equity Anti-Racism framework, which places community at the center of decision making around solutions to health inequities. This proposal is informed by community engagement efforts by the department that identified the need to expand out from funding current partners, in order to identify a new cohort of partners focused on birth equity in more diverse communities. Past partners included work with community groups such as the **Black Birth Collective**, a collective of black birth workers in partnership with the Tacoma/Pierce Health Department, the Tacoma Urban League and other Black led and serving organizations around the state. Another funded project included **Hummingbird Indigenous Family Services**, a non-profit organization supporting pregnant people and providing indigenous doula services.

Disproportional Impact Considerations:

DOH is currently contracted with two independent facilitators that are conducting community outreach to help identify birth equity priorities. These facilitators will be conducting listening sessions and key informant interviews with organizations led by and serving the Black/African American, AI/AN, and PI community.

Outreach and engagement:

- BEP advisory group and the community health advisory committee (CHAC) both provide leadership and guidance on BEP activities.
- The BEP advisory group is composed of BIPOC birth workers with professional and lived experience with birth equity
- The CHAC is composed of a variety of public health experts from around the state.

Target Populations or Communities:

This work will most benefit Black, Indigenous and People of Color (BIPOC) communities served by culturally appropriate, community-based programs. The department prioritized populations with lower access to care and the most extreme disparities looking at pre-term birth, low birth weight, and infant mortality, with the goal of ensuring that populations most impacted have at least one representative site funded.

Other Collateral Connections

Puget Sound Recovery:

N/A

State Workforce Impacts:

N/A

Intergovernmental:

Tribal Nation programs and services may be eligible for funds.

This work aligns with initiatives put forward by the Health Care Authority, including their OB COAP/Compassion Model, as well as strategies to expand access to postpartum care.

Stakeholder Response:

Birth Equity Project Partners	Anticipated Position (Support, Neutral, Oppose)
Tacoma Pierce Health Department	Support
Korean Women’s Association	Support
Multicultural Child and Family Hope Center	Support
Greater Destiny Church	Support
Pacific Island Cultural Center	Support
Forks Community Hospital	Support
Answers Counseling	Support
MultiCare	Support
Forks Community Hospital	Support
Tulalip Tribe	Support
Hummingbird Indigenous Family Services	Support
Health Care Authority	Support
First Steps	Support
Home Visiting Advisory Committee/Services Account	Support
Bastyr University	Support
University of Washington	Support
Maternal Mortality Review Program, DOH	Support
Essentials for Childhood	Support
Western Washington University	Support
Community Birth Center	Support
First 5 Fundamentals	Support
Washington State Hospital Association	Support

State Facilities Impacts:

N/A

Changes from Current Law:

N/A

Legal or Administrative Mandates:

The Department of Health (DOH) carries out the Maternal Mortality Review as directed in the Maternal Mortality Review Law ([RCW 70.54.450](#)). The Secretary of Health appoints participants to the Maternal Mortality Review Panel (MMRP). The Panel is made up of perinatal health professionals and health equity experts across Washington State from diverse disciplines and backgrounds. The Washington state Maternal Mortality Review Panel (MMRP) successfully reviewed maternal deaths from 2014–2016 and with the Department of Health published a legislative report of findings. This proposal addresses elements across multiple recommendations, especially:

- Address social determinants of health, structural racism, provider biases, and other social inequities to reduce maternal mortality in priority populations.
- Increase access and reduce barriers to behavioral health and community support structures from preconception through pregnancy and the first year postpartum.
- Increase knowledge and skill of providers, patients, and families about behavioral health conditions during and after pregnancy, and the treatment and resources that are available for support.

Furthermore, this work responds to the implementation of postpartum care expansion ([RCW 74.09.830](#)) in Washington through improved understanding of its effects at population and patient levels through quantitative and qualitative data analysis.

Reference Documents

- [Birth Equity Project - DP Revision 9.19.2022.docx](#)
- [Birth Equity Project - FnCal ver24.3.xlsm](#)
- [Perinatal Community Workforce Investment - Added Revision 8.08.2022.xlsx](#)

IT Addendum

Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?

No

Objects of Expenditure

Objects of Expenditure <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Obj. A	\$928	\$844	\$1,772	\$464	\$464	\$928
Obj. B	\$366	\$330	\$696	\$188	\$188	\$376
Obj. C	\$50	\$470	\$520	\$1,170	\$1,170	\$2,340
Obj. E	\$291	\$65	\$356	\$31	\$31	\$62
Obj. N	\$2,863	\$2,700	\$5,563	\$2,700	\$2,700	\$5,400
Obj. T	\$55	\$53	\$108	\$31	\$31	\$62

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