

Health Inequities and Social Drivers:

A baseline overview and look at Washington State

**Prepared by Council staff to
inform Council discussion**

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Introduction

This packet was created by staff of the Washington State Governor's Interagency Council on Health Disparities (Council). The packet includes a baseline overview of health inequities and social drivers of health in Washington State. Staff pulled research between April 17 – May 6, 2025, from diverse sources.

This information:

- Provides a snapshot of health inequities and social drivers across a wide range of topics;
- Includes the most recent data and information that were readily accessible;
- Includes information on some federal policies due to their possible impacts on conditions in Washington State;
- Does not cover all social drivers of health;
- Does not describe community assets and resilience in response to changing conditions;
- Does not cover each topic in full depth or nuance; and
- Does not cover future policy and budget decisions, and related lawsuits, that may affect social drivers of health and health inequities.

Social Drivers of Health

Research shows that clinical care accounts for around 10-20% of our health while the other 80-90% is driven by the resources we have access to and the conditions where we live, learn, work, play, and age (“social drivers of health” or “social determinants of health”).¹ Some examples of social drivers of health (SDOH) include access to nutritious foods; safe, and health-promoting housing; affordable and quality childcare; quality education; culturally and linguistically appropriate healthcare; green spaces; reliable transportation; and economic stability.



Image: An illustration of some social determinants of health. Source: U.S. Centers for Disease Control and Prevention (CDC). Accessed at: <https://www.cdc.gov/public-health-gateway/php/about/social-determinants-of-health.html>

The U.S. Centers for Disease Control and Prevention (CDC) state that, “SDOH also include the broader forces and systems that shape everyday life conditions. These forces and systems encompass economic policies, development agendas, social norms, social politics, racism, climate change, and political structures.”²

Social drivers of health (SDOH) can often explain differences in health outcomes among groups. SDOH are reflected in the Council’s interagency structure and ability to work across government sectors to promote fair access to health for all.

Health Inequities & Intersectionality

Health disparities are “the differences in incidence, prevalence, mortality, and burden of disease and other adverse health conditions that exist among specific population groups in the United States” ([RCW 43.20.270](#)).

The Council uses the term “health inequities” to refer to how the unequal and unfair distribution of resources in our society affects health and well-being, leading to worse health outcomes for communities of color and additional marginalized communities.

Eliminating health inequities requires addressing inequities in our systems, structures, and culture, which are built on historical injustices stemming from slavery and genocide. This effort requires coordinated action to address **root causes of health inequities**, which are the “underlying, foundational drivers of inequitable and unjust distributions in disease, illness and death.”³ Some root causes that the Council and partners have identified include classism, racism, anti-Indigeneity, sexism, geographic isolation, ableism, homophobia, transphobia, and discrimination based on immigration or documentation status.

Root causes of inequities do not operate in a vacuum. Rather, they work together and reinforce each other to compound oppression and exploitation on various people and communities.³ Intersectionality offers a lens through which to study the “overlapping or intersecting social identities and related systems of oppression, domination, or discrimination”⁴ that communities face.³

Food

Access to food, particularly quality, healthy, and culturally relevant foods, contribute to overall health.^{5,6} Food insecurity intersects with geographic location, socioeconomic status, and racism. Factors that contribute to food insecurity include structural racism, poverty, unemployment, immigration status, refugee status, disability status, level of education, and lack of access to grocery stores and transportation.⁵



- Across the U.S., about 47.4 million households are food insecure.⁷ In U.S. counties with high food insecurity, approximately 25% of people report poor or fair health and 20% have a disability.⁸
- Food systems are connected to many other social drivers of health. For example, climate-related hazards (e.g., floods, wildfires, droughts) affect food production and distribution, which could impact food quality and availability.⁹
- Lack of access to foods that support a healthy diet, particularly culturally relevant and traditional foods, may have a greater impact on non-white communities, communities with low income, and people living in rural areas due to the social and environmental drivers they face.⁶
 - For example, data show that predominantly Black and Hispanic neighborhoods have fewer large chain supermarkets than predominantly white and non-Hispanic neighborhoods.⁶

- Among a survey exploring food access among American Indian and Alaska Native people in Washington, Oregon, and Idaho, people reported difficulty accessing traditional food such as traditional berries, traditional roots, fish, wild game, and shellfish.¹⁰ This survey also found that food insecurity was higher among respondents living off reservation compared to those living on reservation.¹⁰ People living on reservation reported higher usage of traditional foods than those living off reservation.¹⁰
- In 2024, 25% of people living in Washington visited a food pantry.¹¹
- Among Washingtonians receiving Supplemental Nutrition Assistance Program (SNAP) resources in 2023, 17.3% were American Indian or Alaska Native, 12.8% were 2 or more races, 7.3% were Black, 6.7% were Asian, and 1.3% were Native Hawaiian or Pacific Islander.¹¹ People who identify as Hispanic or Latino make up 16.9% of SNAP recipients in the state.¹¹ Half of households receiving SNAP in Washington State include one or more people living with a disability.¹¹
- A 2024 survey of 5,528 Washington State residents which intentionally over-sampled households with lower incomes found that over half of respondents experienced food insecurity.¹²
 - The survey found that nearly 75% of respondents who were food-insecure reported restricting both quality and quantity of food.¹²
 - More than half of respondents who were food insecure were depressed or anxious and almost all reported high stress.¹²
 - Food insecurity varied across race/ethnicity, where groups of people of color experienced higher rates of very low food security than white respondents.¹²
- During the 2022-2023 school year, about half (49.6%) of students in Washington State were eligible for Free or Reduced Price meals.¹³ In 2024, about 70% of students in Washington State had access to free school lunches.¹⁴
- In the months surrounding the COVID-19 pandemic, data from 2020 showed that the highest rates of food insecurity in Washington State were among households below the poverty line (58%), with some college education or less (44%), and for people of color (42%).¹⁵
- Policy decisions affect food access. For example, in April 2025, the U.S. Department of Agriculture (USDA) cut funding that allowed schools and food banks to buy fresh products from small farms, while expediting \$10 billion to commodity farmers.¹⁶
- The food ecosystem is closely tied to the labor and immigration systems in Washington State. The state does not track the number of local farmworkers in the state. However, according to a 2023 estimate from the U.S. Department of Labor, there were approximately 125,000 farmworkers, where 68% were immigrants, including 36,000 temporary workers with H-2A visas.¹⁷

Housing

Housing instability includes a range of challenges, including difficulty paying rent, spending a large percentage of household income on housing, overcrowding, frequent moves, forced evictions, and houselessness.¹⁸ It is well-documented that housing instability, across the range of challenges, is associated with worse health outcomes.¹⁸⁻³⁰ Housing instability has been linked to negative mental health outcomes, substance use, general and physical health outcomes, and death.^{23,26}



- In Washington State, 22% of renter households had income of less than \$35,000 per year (i.e., extremely low income).¹¹
- In 2023, an estimated 50.3% of renters in Washington State paid 30% or more of their income on rent (i.e., cost burdened).³¹
- In 2023, the median gross rent in Washington State was \$1,731,¹¹ which was \$247 higher than in 2021 and above the national median gross rent of \$1,406.^{11,32}
 - In 2023, the national one-bedroom Housing Wage (i.e., the amount a full-time worker must make to rent at full market rate) was \$23.67 an hour and the national two-bedroom Housing Wage was \$28.58 an hour.²²
- Renters with extremely low-income are more likely than other renters to be older adults or people with disabilities.³³

- For people on fixed incomes, including people who are disabled and older adults, federal social security benefits may not be sufficient to pay rent, and people cannot rely on federal benefit amounts to cover housing expenses (personal communications, March 2025).
 - In 2025, an SSI eligible individual receives a monthly maximum benefit amount of \$967,³⁴ regardless of where in the U.S. they live.
- Severely housing cost-burdened renters spend “70% less on healthcare than the lowest-income renters who are not [housing] cost burdened.”²²
- In Washington State, Black, Native American, and People of Color disproportionately experience houselessness.³⁵
 - Historically, governments in Washington State enacted racist and exclusionary policies and practices including redlining, economic and social displacement, gentrification, restrictive covenants, ongoing discriminatory lending practices, and unfair housing policies.³⁵ The legacies of these practices continue to harm communities.³⁵
 - Today, Native American and Black communities experience houselessness at rates disproportionate to their presence in Washington’s population and at much higher rates than their white peers.³⁵
 - Additionally, many of Washington State’s marginalized communities have similar incidences of houselessness—disproportionately higher compared to their presence in the general population.³⁵
- In 2024, Washington State’s point-in-time estimate found that 31,554 people experienced homelessness in the state, an increase of 12.5% from 2023.³⁶
 - Washington State had the highest rate of people experiencing chronic patterns of homelessness in the U.S. (i.e., people with a disability who have been continuously experiencing homelessness for 1 year or more).³⁶
 - The U.S. Department of Housing and Urban Development (HUD) estimated there were 11,986 people experiencing chronic patterns of homelessness in Washington State in 2024, an increase of 4,295 people (56%) between 2023 and 2024 (the highest numeric increase in the U.S.).³⁶

Child Care and Early Learning

Communities across Washington State face a crisis of inadequate child care supply.³⁷ Many families cannot afford to pay the cost of high quality child care, and many providers and their staff do not earn a living wage with benefits.³⁷ Access to high-quality child care contributes to healthy childhood development and allows parents and caregivers to participate in the labor force.³⁸ Access to child care promotes employment stability, financial security, and opportunity for economic mobility for families. These factors support access to additional social drivers of health including quality housing, nutrition, social connectivity, physical and mental health services, and more.³⁹



- As of early 2024, an estimated 783,604 (66%) children (birth through 12 years of age) in Washington State lived in households where all caregivers in the household worked outside the home.³⁷
- From August 2022 to October 2024, 138 (23%) of Washington State Zip Code Tabulated Areas were considered an Extreme Child Care Access Desert for at least one month (i.e., had too few licensed early learning providers for the estimated population of children).⁴⁰ Nearly 19% of these geographic areas persistently met the definition during 50-100% of the months evaluated.⁴⁰
- Before, during, and after the COVID-19 pandemic, Washington State-licensed child care providers and their staff earned wages well below half a living wage standard, many close to minimum wage.³⁷

- State and local licensing requirements, including requirements that child care workers earn an early childhood education certificate, have created challenges for child care providers in Washington State to recruit, hire, and retain workers.^{38,41,42} Four out of 5 child care providers in Washington State report staff shortages, and the child care workforce experiences a 43% turnover rate.³⁸ High staff turnover makes it challenging for child care providers to remain in operation and negatively affects the ability of child care providers to provide consistent care to support children's development.³⁸
- Washington State ranks as the 11th least affordable state for child care, with per-child costs equal to 14% of the state median household income.⁴³ Single-parent households spend an average of 44% of income on child care.⁴³
 - In 2024, Washington State child care providers of all types reported increases in the rates they charge families in the private market for their services in nearly every geographic area and child age category.³⁷ Staff salaries are a major driver of child care cost.³⁷
 - In a 2023 survey of parents with children ages 0 to 12 years in Washington State, 33% of parents reported affordability as a significant challenge to accessing child care.⁴³
 - In 2023, the average Washington State family spent more on child care (\$36,090) than college tuition (\$11,506) or housing (\$26,988).^{44,45}
- Washington State's Working Connections Child Care helps eligible families pay for child care. In 2021, the Fair Start for Kids Act established that state subsidy reimbursement rates paid to providers who serve children receiving subsidy benefits be set at a rate where 85% of private-pay slots in the region are less than or equal to the subsidy rate (i.e., at the 85th percentile of the market rate).³⁷ Current subsidy reimbursement rates are set based on 2021 market rates.³⁷ However, as provider costs have increased, state reimbursement for providers has not.³⁷ The current subsidy rates:
 - are below the 85th percentile of 2024 market rates,
 - are lower than the cost to providers to care for children, and
 - do not support a living wage and benefits for providers and their staff.³⁷
- The federal administration is considering eliminating funding for Head Start, the long-standing federal public preschool program.⁴⁶ More than 14,300 Washington 3- and 4-year-old children receive services through Head Start.⁴⁷
 - Washington State's Early Childhood Education and Assistance Program (ECEAP) is modeled on the federal program and serves around 16,400 3- and 4-year-old children.⁴⁶
 - Washington State's state-funded Early ECEAP program is designed for babies and children up until age 3 years and has fewer than 200 slots.⁴⁶ The program also helps families access health services, navigate support plans for children with developmental delays or disabilities, and develop and meet family goals like overcoming barriers to employment.⁴⁶

Education

People who have access to quality education throughout their life tend to stay healthier than people who don't have such access.⁴⁸ Education provides opportunities for upward mobility, financial stability to afford access to quality healthcare, and skills to evaluate conflicting or complex information to better inform health decisions.⁴⁸ Lower levels of educational attainment is linked to lower income, which is associated with poorer health outcomes (e.g., asthma, diabetes, heart disease).⁴⁸ Higher education also helps people secure higher paying work with fewer safety risks.⁴⁸



- Evidence shows that quality educational opportunities earlier in life have lasting effects on health through adulthood (e.g., fewer risky behaviors).⁴⁸
- Literacy, high school graduation, and enrollment in higher education are linked to health and offer opportunities to promote health equity.⁴⁸
- In March, a federal executive order directed the U.S. Secretary of Education to facilitate the closure of the Department of Education “to the maximum extent appropriate and permitted by law.”⁴⁹ The Department of Education had previously announced it would cut its workforce by nearly half.⁴⁹
 - For example, the National Center for Education Statistics (NCES) is responsible for determining whether schools qualify for federal formula grants like Title I for high-

- poverty schools and the Rural Education Achievement Program.⁴⁹ Federal actions have cut NCES staff from more than 100 people to 3.⁴⁹
- Without staff analyzing data needed to determine grant eligibility, it is unlikely that programs will be able to get money to schools to support students for the 2026-27 school year.⁴⁹
 - The Department of Education also currently oversees federal higher education policies and programs, including federal student aid, research, and civil rights laws like Title IX.⁵⁰
- In April, the Department of Education threatened to withhold Title I federal funding from public schools that have diversity, equity, and inclusion (DEI) programs.⁵¹
 - The Department of Education launched an investigation into the Washington State Office of Superintendent of Public Instruction (OSPI) regarding the state agency's model gender inclusion policy.⁵²
 - Approximately 7% of Washington State's K-12 education budget comes from the federal government.⁵³ Much of the funding supports students with disabilities (Individuals with Disabilities Education Act), Title I (for high-poverty schools), and school meals (U.S. Department of Agriculture).⁵³
 - Washington State's school-meal program costs roughly \$2.5 million, with \$1.7 million (69%) coming from federal funds.⁵³
 - The federal administration's 2025 policies have introduced sweeping changes to higher education, affecting international students, research funding, campus diversity programs, transgender student rights, and federal oversight. Multiple lawsuits are underway and expected.⁵⁰
 - In Fiscal Year 2024, the University of Washington conducted more than \$1.2 billion in federally funded research.⁵⁴
 - As of February, Washington State University (WSU) reported that many of its federal grants had resumed due to federal courts blocking implementation of the grant freeze.⁵⁵ If the freeze returns, WSU estimated grants from 23 federal agencies could be impacted, amounting to \$231 million that fully support 1,130 WSU employees and partially support 882 workers.⁵⁵

Access to Healthcare

Research shows that access to comprehensive, quality healthcare contributes to promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity.⁵⁶ Evidence shows that lack of health insurance is among the leading barriers to healthcare access.⁵⁷⁻⁵⁹ Healthy People 2030 noted that access to health insurance is the first step to improving access to health services generally as it provides entry into the healthcare system.⁶⁰ Access to healthcare is influenced by additional drivers of health, such as access to transportation, geographic location, socioeconomic status, racism, poverty, etc.⁶¹



- In 2023, 4.8% of the Washington State population was uninsured (down from higher rates prior to the Affordable Care Act [ACA] and Medicaid expansion in response to the COVID-19 pandemic).⁶²
 - However, some groups experience higher rates of uninsurance, including people of color and people with lower income.⁶²
 - Many immigrants, including people who are lawfully-present in the U.S. and people who are undocumented, have limited access to health insurance.⁶³
- There are inequities in who has access to healthcare.
 - Washingtonians in rural areas often face long travel times, transportation barriers, and financial barriers to receiving healthcare.^{64, 65}

- Data show that 75% of Washingtonians who identify as white and 71% of those who identify as Asian, Native Hawaiian, or other Pacific Islander report having a usual source of healthcare.⁶⁶ However, only 63% of Black and American Indian and Alaska Native and 46% of Hispanic Washingtonians reported a usual source of healthcare.⁶⁶
- Regarding access to prenatal care in Washington State, between 75% to 85% of women received adequate prenatal care annually from 2010-2022. However, Black, Native Hawaiian and Pacific Islander women, and women under 18 years old were less likely to receive care in the first trimester.⁶⁷ Further, Native Hawaiian and Pacific Islander women, women under 18, those with less than a high school education, and women covered by Medicaid had relatively lower access to prenatal care compared to their counterparts.⁶⁷ Data show that less than 75% of women had at least 1 postpartum visit, and Native Hawaiian and Pacific Islander women had the lowest proportion of at least 1 postpartum visit.⁶⁷
- Within Seattle, about 11% of Black, Indigenous, and People of Color lack health insurance, compared to less than 4% of white people living in the same area.⁶⁸
- A survey of more than 1,300 Washingtonians found that 62% experienced one or more healthcare affordability burdens in the past 12 months and 81% worry about affording some aspect of healthcare now or in the future.⁶⁹
 - The survey found that people living in homes with a person with a disability more frequently reported affordability issues than those living without a person with a disability (46% compared to 18%).⁶⁹
 - The survey found that 31% of respondents of color skipped needed medical care because of distrust or feeling disrespected by health care providers.⁶⁹
- The federal administration issued an executive order, “Establishing the President’s Make America Healthy Again Commission,” which directs federal agencies to address health through a focus on chronic disease prevention.⁷⁰ This is the only health program included in the President’s 2026 federal budget proposal that would gain discretionary funding.⁷¹ This focus was established while the administration cut funding that will affect overall health and healthcare of people living in the U.S. and Washington State.⁷² Cuts include \$8.9 billion in federal grants for Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases, \$2.1 billion for state and local Immunization and Vaccines for Children grants, a proposed \$647 million reduction for the Centers for Medicare and Medicaid Services (CMS), a proposed \$18 billion reduction for the National Institutes of Health, as well as cuts to programming addressing health inequities, community health workers, among others.^{71,72}

Behavioral Health, Social Connection, and Isolation

There is a two-way relationship between mental health and the social drivers of health.⁷³ Access to behavioral health services differs across different groups of people, and people experience different mental health outcomes due to the structural inequities they face.⁷³ Research shows that disadvantaged populations are most affected by mental health issues, and that compounding stress and poor physical health multiply the impact of the social drivers of mental health.⁷³ Additionally, people have different experiences of social connection and isolation, which can put people at risk of developing serious mental and physical health problems.⁷⁴



- From February 1-13, 2023, 32.6% of Washington State adults reported symptoms of anxiety and/or depressive disorder.⁷⁵ Among those reporting these symptoms, 34.4% reported an unmet need for counseling or therapy, compared to 28.2% nationally.⁷⁵
- Poor mental health has increased among young people.⁷⁶ A review of 89 international studies found increases in anxiety, psychological distress, self-harm, suicide, and depressive symptoms, contributing to a global youth mental health crisis.⁷⁶ Some countries saw “the percentage of increase as high as 164% for anxiety, 135% for psychological distress (increasing to 242% for severe distress), and 119% for both depression and low wellbeing (increasing to 145% for severe depression).”⁷⁶

- Across the U.S., among adults who report fair or poor mental health, white adults (50%) are more likely to have received mental health services in the past 3 years compared with Black (39%) and Hispanic (36%) adults.⁷⁷
- The average annual out of pocket spending on healthcare is higher for people with mental illness (\$1,175) than for people without (\$539).⁷⁵
- Washington State's age-adjusted suicide rate is higher than the overall rate in the U.S.⁷⁵
- There is currently a shortage of mental healthcare providers across Washington State, and less than 20% of the state's behavioral health workforce are people of color.⁷⁸
- It is particularly challenging for Tribal people and people living in rural areas to access adequate behavioral health services in Washington State. Challenges include long wait times, inadequate funding, and a lack of dedicated facilities and staff.⁷⁹
 - There are currently no inpatient mental health services available through Indian Health Care Providers in Washington State.⁷⁹
 - Almost all behavioral health service areas in Eastern Washington are rural, where the nearest provider is often about 40 miles away.⁷⁹
 - People in Washington State who must travel longer distances for mental health services are more likely to stop seeking treatment. Rates of disengagement are higher among Hispanic and non-white patients compared to their counterparts.⁸⁰
- Washington State experiences challenges related to fentanyl and opioid use. Among additional findings and recommendations, the Washington State Tribal Opioid Fentanyl Summit reported that there is inadequate access to and funding for culturally appropriate treatment options, and that the state should declare fentanyl and the opioids epidemic a public health emergency.⁸¹
- The federal administration canceled approximately \$11.4 billion in federal grants, which equated to about \$160 million for Washington State, that supported programs for addiction and mental health.⁸²
- Social isolation and loneliness contribute to poor health overall, specifically cardiovascular disease and stroke, as well as substance use, sleep problems, and poor eating habits.⁸³ Data show that experiencing loneliness has a greater impact on people with low income, young adults, older adults, adults living alone, immigrants, and people who identify as gay, lesbian, or bisexual.^{74,83} Due to the social isolation requirements of the COVID-19 pandemic, social isolation for older adults who are LGBTQ has increased substantially.⁸³

Immigration

People who have migrated to the U.S. and Washington State experience unique health inequities. Due to federal immigration and health insurance policies, many immigrants, including people who are lawfully-present in the U.S. and people who are undocumented, have limited access to health insurance.⁶³ Some immigrants also experience exclusion from labor protections, as well as consequences of enforcement activities such as detention, deportation, and family separation.⁶³ Researchers have stated that immigration is both a consequence of social drivers of health and a social driver itself.⁶³

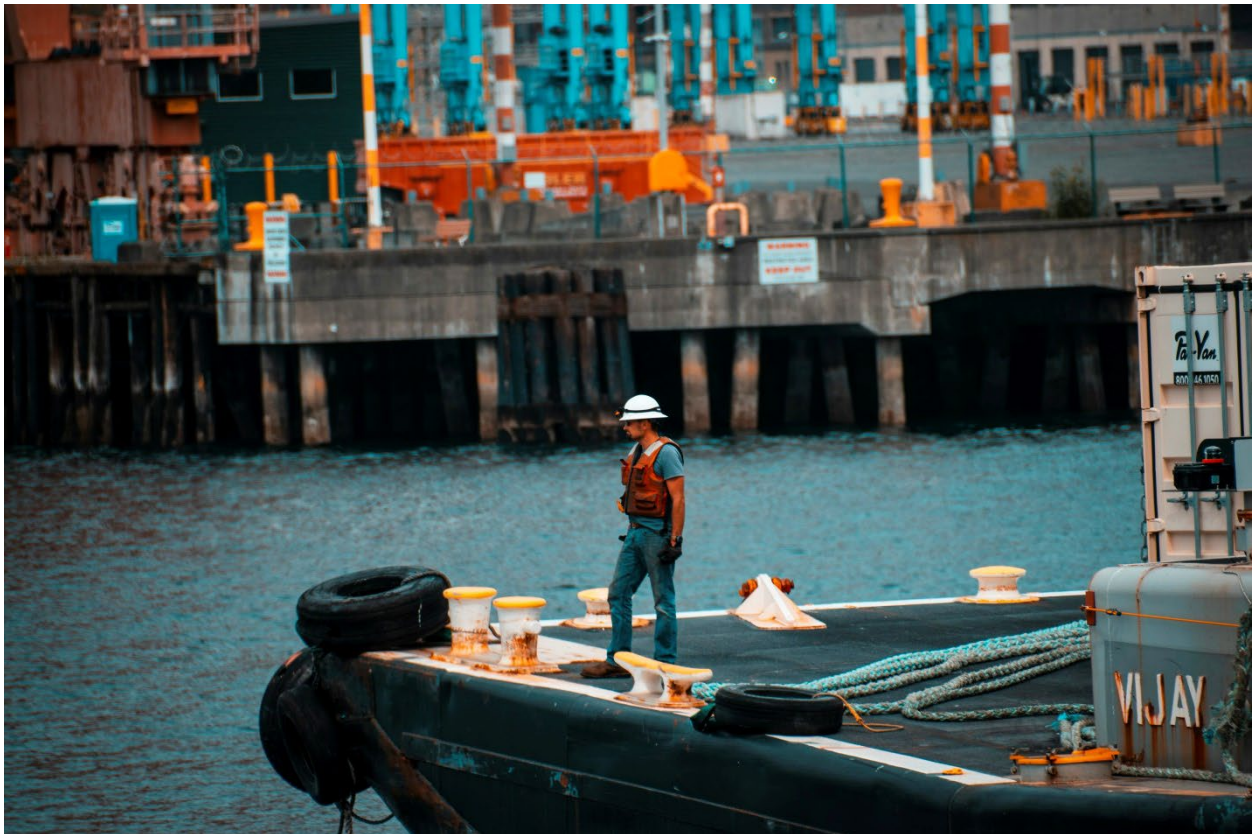


- Approximately 16% of people who live in Washington State, 20% of the state's workforce, and 49% of the agriculture workforce were born outside of the U.S. About 24% of immigrants in Washington State are undocumented.⁸⁴
- According to the Institute on Taxation and Economic Policy, immigrants in Washington State without legal authorization to work in the U.S. contributed about \$1 billion to state and local taxes in 2022.⁸⁵
- In 2024, Washington State expanded health insurance access to people with certain immigration statuses who are not otherwise able to access health insurance.⁸⁶
 - Beginning in 2023, all people living in Washington State, regardless of citizenship or immigration status, became eligible to sign up for and purchase health insurance through Washington Healthplanfinder for coverage beginning in 2024.⁸⁶

- Apple Health (Medicaid) was also expanded to provide health insurance to adults with low-incomes who do not qualify for other Apple Health programs based on their immigration status, including people who are undocumented.^{87,88} Enrollment in the Apple Health Expansion program has been capped based on available funding.^{85,88} In 2024, the Apple Health Expansion program provided health insurance to 13,000 people with an additional 17,000 people signed up to be on the waiting list.⁸⁵
- The Northwest Immigration and Customs Enforcement (ICE) Processing Center, located in Tacoma, Washington, is one of the largest immigration prisons in the U.S.⁸⁹ Research on this Center conducted by the University of Washington's Center for Human Rights found several human rights concerns including issues with sanitation of food and laundry, allegations of medical neglect, illegal use of solitary confinement, public health and safety issues related to the COVID-19 pandemic, sexual assault and abuse, use of force and chemical agents, and patterns of neglect in Tacoma Police Department responses.⁸⁹
- Several enforcement-related policies invoked under the current federal administration have contributed to mass deportations and separations.
 - Under the current federal administration, the International Revenue Service has agreed to share immigrants' protected tax records with ICE officials, which may be used to aid in deportations.⁹⁰
 - People who entered the U.S. without legal authority and Canadian visitors who are in the U.S. for more than 30 days have recently been required to register with the U.S. Department of Homeland Security and carry documents proving their registration.⁹¹
 - At least 1,730 international students and recent graduates across the U.S., including at least 41 from Washington State universities, have had their legal immigration status changed and visas revoked under the current federal administration, without clear reason for the changes.^{92 93,94}
 - In Washington State, some cases covered by media include ICE detaining at least 37 roof workers,⁹⁵ as well as a farm worker and labor rights leader.⁹⁶
 - The current federal administration used the Alien Enemies Act of 1798 to deport at least 261 immigrants in the U.S. without due process to a prison in El Salvador.⁹⁷
 - Lawyers and people across the Northwest, some of whom are U.S. citizens or have legal immigration status, received a letter from the Department of Homeland Security that states they have 7 days to leave the U.S. or face legal consequences.⁹⁸
- The current federal administration declared English the official language of the U.S., which removed requirements for accessible federal programs for English learners.⁹⁹
- Previous federal administrations have sought to prohibit immigrant households with low-incomes from accessing public services (e.g., medical and food benefits and housing assistance).¹⁰⁰ It is unknown how the recent federal actions may impact how people access services.

Labor

Work and labor affect many aspects of life that influence health. Income, economic wealth, socioeconomic status, financial security, exposure to hazardous environments, and access to health insurance and housing are largely tied to work, labor, and job status and influence health.¹⁰¹ Further, many workers who have low access to health insurance and high levels of adverse health conditions are non-white, Hispanic, or born outside the U.S., and are more likely to work in jobs with higher risk.¹⁰¹



- Washington State ranks 26th in the U.S. for the percentage of the population aged 16 years and older who are employed or actively looking for employment, with an unemployment rate of 4.4%.^{102,103}
- Across the U.S., the median income among low- and moderate-income communities are less than 80% of the overall median income of that same geographic area.¹⁰⁴ Further, lower- and moderate-income communities are 34% more likely to spend more than 35% of their gross income on rent or live in a different place each year.¹⁰⁴
- Several policy actions by the current federal administration affect Washington State labor and employment.
 - Washington State is one of the top exporters among U.S. states and territories.¹⁰⁵ Approximately 40% of jobs in Washington State are supported by trade.¹⁰⁶ Federal

decisions regarding tariffs and international trade affect the state and local economies.¹⁰⁶

- In 2025, the federal administration laid off more than 24,000 workers at 18 federal agencies.¹⁰⁷
- The Department of Health and Human Services canceled over \$12 billion in federal grants to states that were used to track infectious disease, provide mental health services and addiction treatment, among other health issues.¹⁰⁸ These cuts affected work conducted by over 200 full-time Washington State Department of Health employees, and staff at local health departments, Tribal health clinics, and community based organizations.¹⁰⁹
- Federal actions cutting more than 10,000 U.S. Health and Human Services (HHS) employees has decreased or eliminated multiple teams at the National Institute for Occupational Safety and Health (NIOSH) responsible for worker health and safety programs.¹¹⁰
 - For decades, NIOSH's Health Hazard Evaluation program provided free consultation service for small businesses, large factories and other workplaces with health and safety risks.¹¹⁰ Layoffs are disrupting dozens of investigations involving workers and preventing the initiation of new investigations.¹¹⁰
 - CDC's National Firefighter Registry for Cancer, authorized by the previous Trump administration in 2018, was created to help the federal government track the unusually high cancer rates in the industry.¹¹⁰ Most of the staff maintaining the registry were terminated and data were pulled offline.¹¹⁰
 - Staff running the Center for Firefighter Safety, Health and Well-being were laid off.¹¹⁰ The team's responsibilities included researching why first responders get sick and die and how to prevent it.¹¹⁰
 - Teams researching PFAS (forever chemicals) in firefighting gear, firefighter exposure to carcinogens during electric vehicle fires, and treatments for cancer and health problems linked to terrorist attacks (e.g., 9/11) have been affected and work halted.¹¹⁰
- Washington State policy actions also affect labor and employment.
 - Washington State is facing a budget shortfall of approximately \$15 billion over the next 4 years, as well as a statewide hiring freeze among state agencies that report directly to the Governor.^{111,112} These circumstances and related Washington State policy decisions will affect employment rates and the overall labor market, including impacts to small businesses.

Criminal Legal System

There is a large body of evidence that involvement in the criminal legal system is linked to poor health outcomes.¹¹³⁻¹²⁷ Moreover, It is well-documented that people of color are disproportionately represented in all steps of the criminal legal system.



Photo: [Oakridge Youth Earn Certifications & Graduate from Manufacturing Academy \(January 2022\)](#).
Credit: WA State Department of Children, Youth & Families.

- In 2012, Washington State’s Task Force on Race and the Criminal Justice System concluded that racial bias influences criminal legal system outcomes more than the rate at which crimes are committed.¹²⁸
 - The 2021 Task Force’s Research Working Group concluded that “race *still* matters in ways that are not fair, that do not advance legitimate public safety objectives, that produce racial [inequities] in the criminal [legal] system, and that undermine public confidence in our legal system.”¹²⁹
- A 2020 report found that the number of long (10-19.99 years), very long (20-39.99 years), and life sentences (life without the possibility of parole and 40 years or more in prison) grew dramatically in Washington State between 1986 and 2016, despite falling crime rates.¹³⁰

- Long and life sentences in Washington State have been disproportionately imposed on people of color, particularly on Black people and American Indian or Alaska Native people.¹³⁰
- In December 2024, there was an average of 14,373 people held in total or partial confinement under Washington State Department of Corrections' custody, including in state prisons, reentry centers, community parenting alternative programs, and graduated reentry programs.¹³¹
- As of February 2025, The Green Hill School (the Washington State Department of Children, Youth & Families' juvenile detention center for boys and men ages 17 to 25 years) had been operating above its safe capacity for a year and a half.¹³²
 - The recommended population is 150 young people, the safe operational capacity is 180, and the population was in the 230-240s for months.¹³²
 - Due to the lack of staff supervision, young people spent more time isolated in their rooms rather than in programming.¹³²
 - The facility is seeing increasingly more young people with mental health or substance abuse needs.¹³²

Climate Readiness, Adaptation, and Resilience

Climate change, coupled with other natural and human-made health stressors, influences human health and disease in numerous ways.¹³³ Climate change may intensify existing health threats and result in the emergence of new health threats. Impacts include: warmer temperatures, worsening air and water quality, rising sea levels, changes in the patterns and amount of rainfall and snow melt, changing ecosystems, and increases in the frequency and intensity of extreme weather events (heat waves, droughts, floods).^{9,134} Impacts affect agriculture, the built environment, recreation, and other elements of societal and daily life.¹³⁴ ¹³³ Impacts of climate change may vary by age, economic resources, geographic location, and other characteristics.¹³³ Impacts of climate change are not distributed equitably among communities.¹³⁴⁻¹³⁶ Rather, communities of color, Indigenous communities, communities with low income, and Northwesterners most dependent on natural resources for their livelihoods experience these impacts first and worst.¹³⁴



- Overlapping social and structural barriers put some groups of people at greater risk of negative health outcomes related to climate change.¹³⁷
 - For example, older adults living on a fixed income in a community that lacks transportation options for people who have mobility challenges may have trouble getting to a safe place during a heat wave.¹³⁷
 - Elderly people, children, pregnant people, and people with chronic medical conditions (e.g., heart, lung, kidney and mental health concerns) are at greater risk of heat-related illnesses.¹³⁶ People who live unsheltered outside, in marginal housing, or in poverty are also at greater risk.¹³⁶

- Additionally, because the majority of disaster preparedness and response information is in English, not speaking English as a first language is a risk factor.¹³⁶
 - People with low incomes and people of color are disproportionately affected by extreme heat due to underlying social inequities and structural discrimination. For example, formerly redlined neighborhoods often have less tree canopy and more impervious surfaces (e.g., concrete and asphalt) causing these areas to be relatively hotter.¹³⁶
- In 2023, Washington State revised rules relating to protecting outdoor workers from extreme heat.¹³⁸
- Nine Washington State communities are considered disadvantaged for climate risk.¹³⁹
 - Communities include: East Yakima, George and West Grant County, Mattawa, Moxee Valley, South and East Tacoma, Spokane and Spokane Valley, Tri-Cities to Wallula, Vancouver, and Wenatchee and E. Wenatchee.¹³⁹
 - Climate risk indicators include: expected agriculture loss rate, expected building loss rate, expected population loss rate, projected flood risk, projected wildfire risk, and low income.¹³⁹
- Heat waves and heat domes have become more common, and it is likely that this trend will continue.¹⁴⁰ During the 2021 Heat Dome (June 20-July 31) in Washington State, 157 deaths were attributed to heat-related causes.¹⁴⁰ It was the deadliest weather-related disaster in Washington State history.¹³⁶
 - During the 2021 heat dome, there were 1,232 excess deaths—826 more than reported COVID-19 and heat-related deaths around this time.¹⁴⁰
 - Comparing heat dome weeks to all other weeks in 2021, excess deaths increased most in people aged 85 years and older, people who are Black, and people who are American Indian or Alaska Native.¹⁴⁰
- Harmful algal blooms (HABs) are increasing in size, frequency, and duration due in part to climate change.¹⁴¹⁻¹⁴⁷ Along the West Coast, HABs include algae that produce domoic acid.¹⁴¹ Washington State experienced fishery closures due to domoic acid during the 2014-2015, 2015-2016, 2016-2017, and 2020-2021 commercial Dungeness crab fishing seasons.¹⁴¹
 - Dungeness crab is a main export for Washington State. From February 2023 through September 15, 2023, the coastal state commercial Dungeness crab fishery landings totaled 24,062,301 pounds of crab, with a total state fishery ex-vessel value of \$64,632,247.¹⁴⁸ Fishery closures due to HABs negatively affects the state economy and Washington State commercial crabbers and fishing communities.
 - Additionally, “[t]he societal impacts of [HABs] can be severe and include adverse health outcomes, economic loss, disruption to social and cultural practices, and losses to both individual and community wellbeing.”¹⁴⁹
- Climate change is expected to affect the spread of infectious diseases in Washington State. For example, shifts in weather patterns and changes in rainfall may change the distribution of infectious diseases.¹⁵⁰

- The future of longstanding partnerships with federal agencies to mitigate and respond to climate impacts is uncertain. For example, reporting indicates the federal administration is shifting Federal Emergency Management Agency (FEMA) work away from preparedness and mitigation to focus solely on response.¹⁵¹
 - The federal executive order¹⁵² ending DEI programs has prompted some FEMA employees to stop using all tools and datasets that incorporate information on social inequities typically used to identify regions where additional support may be needed.¹⁵¹ For instance, areas with fewer transportation options may be more challenging to evacuate.¹⁵¹
 - In April, FEMA denied Washington State's request for bomb cyclone disaster aid to repair damage to highways, public utilities, and more.¹⁵³ The storm killed 2 people and caused tens of millions of dollars in damage.¹⁵³ Federal funding typically reimburses at least 75% of eligible costs from disasters.¹⁵³
 - In April, FEMA announced¹⁵⁴ the cancellation of its Building Resilient Infrastructure and Communities (BRIC) program, a competitive grant program to help vulnerable communities prepare for future storms, floods, and hurricanes.^{151,155} FEMA launched the BRIC program in September 2020.¹⁵⁶
 - The end of the BRIC program could result in the loss of nearly \$195 million in federal funds approved for 27 projects across Washington State (e.g., a tsunami evacuation structure in Westport and projects to adapt to sea level rise in the lower Duwamish Valley).¹⁵⁷
 - FEMA withdrew \$85 million from the Grays Harbor levees project intended to protect over 5,100 properties, including 1,300 businesses and more than 3,000 jobs in the coastal cities of Aberdeen and Hoquiam.¹⁵⁷
 - Grants withdrawn from Snohomish County included funds for the mountain town of Darrington to create its hazard mitigation plan.¹⁵⁷ Without the plan in place, the town may not be eligible for additional resources to help prepare for or recover from natural disasters.¹⁵⁷
 - In April, the federal administration dissolved AmeriCorps' National Civilian Conservation Corps (NCCC), which primarily responds to natural disasters and supports community projects (including FEMA projects) across the U.S.¹⁵⁸
- In January, the federal administration issued 3 energy-related executive orders: "Declaring a National Energy Emergency," "Unleashing American Energy," and "Putting America First in International Environmental Agreements."¹⁵⁹ The federal administration also "rescinded several executive orders from prior administrations, including those focused on reducing [CO₂] emissions and expanding clean energy infrastructure."¹⁵⁹
- There is growing concern among science and health leaders regarding the recent and projected loss of climate change-related data.
 - According to a draft budget for 2026, the federal administration is proposing cuts of over 25% to the National Oceanic and Atmospheric Administration (NOAA).¹⁶⁰ The largest cuts would be to climate and weather research and fisheries services.¹⁶⁰

- Loss of this funding in combination with additional federal cuts would also affect the sustainability of the University of Washington's Climate Impacts Group programming.¹⁶¹ This work addresses extreme heat and smoke, Tribal resilience, farmworker health, safe drinking water, fish and wildlife adaptation plans, training and workforce development, and climate scientist convening.¹⁶¹
- The National Climate Assessment provides information about how climate change affects people living in the U.S., including rates of sea level rise, levels of rainfall across geographic regions, and strategies to address exposure to wildfire smoke and extreme heat among school children.¹⁶² Congress requires that the report be published every 4 years. However, the federal administration dismissed the approximately 400 volunteer scientists and researchers who complete this report, stating that the scope of the report is being reevaluated.¹⁶²

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