



**Tier 1 Pilot Grant Application: Laying the Foundation  
Autumn 2025 Cover Sheet**

**Project Information**

<b>Project Title</b>	Laying the Foundation to Evaluate the One Big Beautiful Bill Act (OBBBA) in the WWAMI Region
<b>Budget Request from Initiative</b>	\$24,915
<b>Budget Match (if applicable)</b>	\$9,000
<b>Total Project Budget</b>	\$33,915

**Applicant Information**

- Corrie McDaniel, DO MPH
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  - Grants Manager: Brian Leenhiavue, [brianlee@uw.edu](mailto:brianlee@uw.edu)
- Stipica Mudrazija, PhD, MPP
  - Health Systems and Population Health, UW School of Public Health
  - [smudrazi@uw.edu](mailto:smudrazi@uw.edu)

**Abstract**

The One Big Beautiful Bill Act (OBBBA) is projected to reduce Medicaid by \$1 trillion and leave 16 million more Americans uninsured by 2034, including 10.5 million losing Medicaid/CHIP. While a \$50 billion rural hospital relief fund will provide support, it falls short of the projected \$137 billion in rural Medicaid cuts, threatening hospital closures and healthcare deserts. Cuts to food security and education programs will create multiplier effects – where losses in one domain amplify harms across health, development, and economic stability – with children and older adults in rural areas disproportionately at risk. The WWAMI region (Washington, Wyoming, Alaska, Montana, Idaho) offers a uniquely important study setting: vast, highly rural, politically diverse, and home to Tribal Nations, Alaska Natives, and immigrant farmworker populations heavily reliant on Medicaid, SNAP, and public schools.

This Tier 1 pilot project will lay groundwork for larger multi-method research evaluating OBBBA's impact on rural populations and systems. Our aims are to: (1) consolidate a coalition of researchers and community partners across WWAMI; (2) identify and compile datasets establishing rural baselines in healthcare, hospital stability, and safety-net reliance; and (3) convene stakeholders in structured workshops to design a longitudinal qualitative study of lived experiences.

Expected outputs include a dataset inventory with baseline measures, a qualitative research framework, and a coalition roadmap guiding external funding applications (RWJF, Gates, Kaiser Family Foundation). These deliverables will establish feasibility, align an interdisciplinary team, and position UW and partners to rapidly respond with evidence-based evaluation of how OBBBA reshapes rural health.

## Tier 1 Project Research Plan

### Problem

The One Big Beautiful Bill Act (OBBBA) is projected to eliminate Medicaid/CHIP coverage for 10.5 million individuals by 2034, contributing to 16 million more uninsured nationwide.<sup>1,2</sup> With \$1 trillion in estimated Medicaid reductions, including \$137 billion affecting rural areas, the cuts likely exceed the \$50 billion rural hospital relief fund, threatening rural hospital viability and accelerating healthcare desert formation.<sup>1,3</sup> The WWAMI region (Washington, Wyoming, Alaska, Montana, Idaho) faces particularly severe impacts given its large rural, Native, older adult, and child populations who rely disproportionately on Medicaid, SNAP, and public schools.<sup>4,5</sup> These cuts will not only produce cascading effects across healthcare, nutrition, and education systems, but may generate a multiplier effect, where losses in one sector intensify harms in the others, leaving children and families vulnerable. Preliminary estimates indicate that 400,000 WWAMI residents will lose health coverage over the next decade, with another 80,000 at risk of losing food assistance.<sup>6,7</sup> Concurrent reductions in federal data infrastructure further limit our ability to track these effects systematically. **There is an urgent need to establish baseline data and develop longitudinal evaluation approaches to assess OBBBA's comprehensive impact on rural populations, hospitals, and communities.**

### Aims

1. Consolidate a WWAMI-based research coalition with expertise across health systems, public health, social determinants of health, and qualitative and quantitative methodology.
2. Identify and compile existing datasets that capture healthcare access, hospital stability, safety-net program reliance, and community well-being in rural WWAMI.
3. Convene stakeholders to co-design a longitudinal qualitative study that documents lived experiences of rural residents, hospitals, and schools as OBBBA is implemented.

### Methods

This proposal integrates quantitative and qualitative approaches to establish a foundation for future evaluation of OBBBA in rural WWAMI communities. The quantitative component will focus on compiling a comprehensive inventory of existing datasets relevant to healthcare access, hospital stability, and safety-net program reliance for different populations. Data sources will include a wide range of administrative and survey datasets, such as Medicaid and CHIP enrollment files, hospital service availability from the American Hospital Association and CMS Provider of Services,<sup>8,9</sup> SNAP and WIC participation records, school meal eligibility data, and population health indicators from Census and BRFSS.<sup>10,11</sup> Partners at the Center for Studies in Demography & Ecology (Sara Curran) and the Institute for Health Metrics and Evaluation (Abraham Flaxman) will lead efforts to identify, structure, and assess longitudinal utility of these sources. Baseline descriptive measures will be generated to compare rural and urban populations and establish pre-OBBBA benchmarks.

The qualitative component will focus on designing a longitudinal study of lived experiences in rural communities. We will convene two stakeholder workshops using the World Café methodology, a structured, participatory approach that surfaces diverse perspectives.<sup>12</sup> Workshops will include rural clinicians, Tribal representatives together with the UW Center for Indigenous Health, community-based organizations, and qualitative methodologists to ensure the design reflects diverse rural perspectives. Discussions will generate a draft conceptual framework, domains of inquiry, and sampling strategies for a longitudinal cohort study examining how rural residents, hospitals, and schools experience OBBBA implementation.<sup>13,14</sup>

### Partnerships

This project draws on an unusually strong coalition of UW-based and affiliated leaders, including: *School of Public Health*: Stipica Mudrazija (Co-PI, health economics), Megha Ramaswamy (Chair, health equity and policy), Larry Kessler (health systems), and Pia Chaparro (nutrition and food systems); *Institute for Health Metrics and Evaluation*: Abraham Flaxman (simulation science, U.S. health disparities); *Center for Studies in Demography & Ecology*: Sara Curran (demography, population data integration); *UW Libraries*: Nikki Detmar (data access and preservation); *UW Medicine*: Mike Myint (health systems, clinical integration); *Fred Hutch*: Salene Jones (financial hardship, administrative burden); *Seattle Children's Research Institute / UW Pediatrics*: Corrie McDaniel (Co-PI; rural health and access). **This Tier 1 project will allow us to organize into a coherent coalition, align methods, and lay the foundation for pursuing large-scale external funding.**

**Tier 1 Project Evaluation Plan**

**Measures of Success.** Success for this Tier 1 pilot project will be evaluated according to the following criteria, aligned with each aim:

- **Coalition building:** Establishing a formalized working group of researchers and community partners across the WWAMI region, with documented roles, meeting structure, and agreement on next steps.
- **Baseline data mapping:** Building a comprehensive inventory of existing quantitative datasets relevant to rural healthcare access, hospital viability, safety-net reliance, and community-level health indicators. The inventory will describe data availability, level of geographic detail, accessibility, and longitudinal utility, with initial rural-urban descriptive comparisons.
- **Qualitative research design:** Completing two structured stakeholder workshops with outputs that include a conceptual framework for a longitudinal qualitative study, domains of inquiry, and sampling strategies.

**Outputs**

1. **Dataset Inventory:** A catalog of federal, state, and local datasets relevant to rural OBBBA impacts, annotated for coverage, quality, and future utility.
2. **Baseline Analyses:** Initial descriptive measures stratified by key characteristics of interest, including rurality, tribal area status, and age to establish pre-OBBBA benchmarks.
3. **Qualitative Framework:** A draft protocol for a longitudinal qualitative study of rural communities, hospitals, and schools, co-developed with stakeholders.
4. **Coalition Roadmap:** A written plan describing the partnership structure, defined roles, and strategy for pursuing major external funding.

**Utilization of Results**

The dataset inventory and baseline descriptive analyses will demonstrate the feasibility of rigorous quantitative monitoring of OBBBA’s impacts in rural communities. The qualitative framework will provide a ready-to-launch design for capturing lived experiences as the policy unfolds. Together, these outputs will position the UW-led coalition as the regional hub for evaluating OBBBA’s effects and serve as a strong foundation for external funding applications (e.g., Robert Wood Johnson Foundation, Gates Foundation, Kaiser Family Foundation). In the longer term, this groundwork will enable comprehensive analysis of insurance coverage, rural hospital viability, and cascading effects across food security, education, and family well-being.

**Project Timeline**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Coalition launch and role confirmation								
Compile dataset inventory								
Begin baseline descriptive analyses								
Plan and recruit for workshops								
Workshop 1: draft initial qual domains								
Workshop 2: qual framework and protocol								
Synthesize outputs								
Grant preparation								

**Biographies**

**Corrie McDaniel, MD, MPH** is an Associate Professor of Pediatrics in the University of Washington School of Medicine and an Investigator at Seattle Children’s Research Institute. She leads federally funded projects on rural pediatric access, hospital services, and implementation science. She brings expertise in large-scale multi-institutional research, health policy analysis, qualitative expertise, and coalition building.

**Stipica Mudrazija, PhD** is an Assistant Professor in the UW School of Public Health. His research focuses on health economics, aging, and the intersection of social policy and health. He brings expertise in quantitative analysis of large datasets and evaluation of safety-net programs, with a particular interest in vulnerable populations.

**Tier 1 Project Budget**

	Requested from Initiative	Funding Match
<b>Salaries</b>	18,805	3,500
Faculty	0	
Staff	7,605	3,500
Student	11,200	
<b>Benefits</b>	3,710	
<b>Supplies and Materials</b>	0	
<b>Equipment</b>	0	
<b>Tuition</b>	0	
<b>Other</b>	2,400	5,500
<b>Total Direct Costs</b>	<b>\$24,915</b>	<b>\$9,000</b>

**Budget Justification**

Personnel

- Data Analyst (1.0 calendar months): \$7,605
  - Monthly salary rate: \$7,456
  - Essential for compiling dataset inventory, conducting baseline descriptive analyses, managing data access protocols across multiple sources, and coordinating virtual meetings and communication infrastructure for multi-state partnership
  - Will coordinate with CSDE and IHME partners on data harmonization and coalition building
- Graduate Student Research Assistant (0.25 FTE for 8 months): \$11,200
  - Hourly rate: \$35/hour (approximately 10 hours/week for 8 months = 320 total hours)
  - Critical for coalition coordination, workshop logistics, meeting facilitation, literature synthesis, administrative support, and virtual meeting management
  - Will support both quantitative data compilation and qualitative workshop planning
- CSDE Staff Consultation (*In-Kind Match*): \$3,500
  - 20 hours of data integration expertise at \$100/hour = \$2,000
  - 15-20 hours of geospatial capabilities support at \$100/hour = \$1,500
  - Includes initial meetings, technical consultation on data harmonization across WWAMI states, guidance on longitudinal data structure, and proof-of-concept visualizations

Benefits: \$3,732

- Data Analyst: \$2,008 (26.4% fringe rate per UW standards)
- Student RA: \$1,702 (15.2% fringe rate for students)

Other:

- Workshop Incentives: \$2,400
  - \$100 per participant × 12 participants × 2 workshops
  - Compensates rural clinicians, Tribal representatives, and community organizations for time away from clinical/community responsibilities
  - Essential for equitable and meaningful stakeholder engagement
- Computing Infrastructure & Software (*In-Kind Match*): \$3,000
  - Access to CSDE terminal servers with GIS tools, StataMP, Mplus, ATLAS.ti, Adobe Illustrator
  - Secure computing environment for storing and processing administrative datasets
  - Secure data storage meeting federal privacy requirements
  - Estimated annual value of software licenses and computing resources
- REDCap Access (*In-Kind Match*): \$500
  - Use of CSDE's REDCap for data management and workshop coordination
- Mock Grant Panel Review (*In-Kind Match*): \$2,000
  - CSDE commitment to organize mock panel reviews for extramural grant applications developed from this project

Faculty Effort: No salary support requested. PI effort will be supported through existing institutional commitments.

## References

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5. Johnson K. *16-2 Impacts of the Reconciliation Bill*. National Low Income Housing Coalition; 2025. Accessed September 25, 2025. <https://nlihc.org/resource/16-2-impacts-reconciliation-bill>
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11. Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System. Published online September 12, 2025. <https://www.cdc.gov/brfss/index.html>
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September 30, 2025

To: Corrie McDaniel, Seattle Children's Hospital  
Stipica Mudrazija, Department of Health Systems and Population Health, School of  
Public Health, UW

From: Anjum Hajat, Interim Development Core Director, CSDE  
Matt Dunbar, Science Core Director, CSDE  
Patrick Allen, Administrator, CSDE

Re: Population Health Initiative Tier 1 Pilot Grant matching support

CSDE is pleased to pledge matching support for your PHI Tier 1 proposal, *Laying the Foundation to Evaluate the One Big Beautiful Bill Act (OBBBA) in the WWAMI Region*

Contingent upon you receiving the PHI Tier 1 award, we can offer the following items:

- Data Integration Expertise: Approximately 20 hours of staff consultation time for a) An initial meeting to identify relevant data sources across WWAMI states; b) Guidance on harmonizing Medicaid enrollment, hospital service data, SNAP participation across 5 states; c) Technical consultation on longitudinal data structure; d) Periodic check-ins as we compile the dataset inventory
- Geospatial Capabilities: Approximately 15-20 hours for a) Developing proof-of-concept visualizations of rural healthcare access; b) Guidance on rural population mapping approaches; c) Technical consultation on small-area estimation methods
- Graduate Student Connections: Access to graduate student listserv for recruiting RA support
- CSDE participation in the formalized working group of researchers and community partners across the WWAMI region

Additional items that we can offer are:

- Access to our terminal servers for you and your collaborators, which includes access to many useful software packages, including GIS tools, StataMP, Mplus, ATLAS.ti, and Adobe illustrator, as well as extensive, secure computing environment for storing and

processing administrative datasets and secure data storage meeting federal privacy requirements;

- Use of CSDE's instance of REDcap
- A commitment to organize mock panel reviews for any extramural grant applications you develop from this project

If the PHI proposal is successful and the match is awarded, then it comes with the following additional requirements, which hold for all of our awards:

- Project expenses should be focused during the eight-month period of the PHI award.
- Projects that involve human subjects research at any stage will be required to provide evidence of IRB approval for our annual NICHD project report, and complete additional forms on the nature of the human subjects work and sample. (These typically mimic the type of information required by IRB reviews in the first place).
- Applicants must provide a short final project report detailing (1) progress towards the stated objectives; (2) obstacles faced and how to overcome (if relevant); (3) details on any proposals already submitted for extramural funding; and (4) plans for subsequent submission of proposals for extramural funding. This will be due three months after the end of the PHI award period.
- CSDE staff may choose to write a news article about each funded project in the CSDE e-news.
- All products generated by this effort should include acknowledgements of CSDE's support. Suggested language is: "Partial support for this research came from the University of Washington Center for Studies in Demography & Ecology, whose funders include a Eunice Kennedy Shriver National Institute of Child Health and Human Development research infrastructure grant (P2C HD042828) and multiple units at UW: the College of Arts & Sciences, Office of Research, eSciences Institute, Evans School of Public Policy, College of Built Environments, School of Public Health, Foster School of Business, and School of Social Work. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health."

Please inform us of the outcome of the PHI application when it is available, and we can proceed from there.

Sincerely,



Anjum Hajat

Interim Development Core Director, CSDE  
anjumh@uw.edu

Sept 29, 2025

RE: Letter of Support for "Laying the Foundation to Evaluate the One Big Beautiful Bill Act (OBBA) in the WWAMI Region"

Dear Review Committee,

As Professor and Chair of the Department of Health Systems and Population Health within the University of Washington School of Public Health, I am pleased to provide my strong support for the Tier 1 pilot grant application submitted by Drs. Corrie McDaniel and Stipica Mudrazija. This foundational project addresses a critical gap in our understanding of how major federal policy changes will impact rural populations across the WWAMI region.

The One Big Beautiful Bill Act represents one of the most significant healthcare policy shifts in recent decades, with projected impacts including \$1 trillion in Medicaid reductions and coverage loss for 10.5 million individuals. The WWAMI region's unique characteristics, including rural geography, diverse political landscape, significant Tribal and Alaska Native populations, and heavy reliance on safety-net programs, make it an ideal area for studying these policy effects. The urgency of establishing baseline data and evaluation frameworks before full implementation cannot be overstated.

Dr. McDaniel and Dr. Mudrazija have assembled a strong interdisciplinary team that brings together the necessary expertise needed for this work. Dr. McDaniel's leadership in rural pediatric access research and multi-institutional coalition building, combined with Dr. Mudrazija's health economics expertise and focus on vulnerable populations, provides an ideal foundation. The broader team's capabilities span health systems research, demography, data infrastructure, and community engagement.

As Chair of Health Systems and Population Health, I bring particular expertise in health equity and policy analysis that directly supports this project's aims. My department's focus on understanding how policy changes affect population health outcomes, particularly among marginalized communities, aligns perfectly with this project's goals. I am committed to contributing my expertise in:

- Health equity frameworks for analyzing differential policy impacts across rural populations
- Policy analysis methodologies for evaluating large-scale healthcare reforms
- Community engagement approaches that center equity and inclusion
- Strategic guidance on translating research findings into policy recommendations

Building a WWAMI research coalition addresses the critical need for coordinated regional response to policy changes. Compiling existing datasets will establish the evidence base necessary for future longitudinal analysis. The stakeholder workshops demonstrate a commitment to community-engaged research that will strengthen both the research design and its ultimate utility.

This project's positioning for future external funding is particularly compelling. The combination of rigorous baseline data, community-engaged qualitative framework, and established regional coalition will create a highly competitive foundation for major grant applications to RWJF, Gates Foundation, or Kaiser Family Foundation. The team's track record and the project's clear policy relevance make future funding success likely.

I am committed to supporting this project through:

- Direct participation in coalition building and strategic planning
- Contributing departmental resources for workshop facilitation and data analysis
- Leveraging my networks to strengthen community partnerships
- Supporting future grant application development

The potential impact of this work extends far beyond academic research. By establishing systematic approaches to evaluate OBBBA's effects on rural communities, this project will inform policy decisions, support advocacy efforts, and ultimately contribute to protecting vulnerable populations during this period of significant change.

I strongly recommend this proposal for funding and look forward to contributing to its success.

Sincerely,

A handwritten signature in blue ink, appearing to read "Megha Ramaswamy". The signature is fluid and cursive, with a long horizontal stroke at the end.

Megha Ramaswamy, PhD, MPH  
Professor and Chair