



## Agency Recommendation Summary

Per and Polyfluoroalkyl substances (PFAS) are a growing and urgent public health concern rapidly expanding a list of communities impacted statewide. This funding provides resources to evaluate and address community health concerns and increase capacity for a health education program for impacted communities.

## Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2026	2027	2025-27	2028	2029	2027-29
<b>Staffing</b>						
FTEs	3.5	3.1	3.3	4.1	3.1	3.6
<b>Operating Expenditures</b>						
Fund 001 - 1	\$1,491	\$1,179	\$2,670	\$1,052	\$929	\$1,981
Total Expenditures	\$1,491	\$1,179	\$2,670	\$1,052	\$929	\$1,981

## Decision Package Description

Per and Polyfluoroalkyl substances (PFAS) are persistent, bioaccumulative and toxic chemicals, used since the 1950's in commercial and consumer products. PFAS have been released into the environment during manufacture, use and disposal of these products. Once released, PFAS persist and [cycle](#) through water, air, soil, fish, wildlife and people for decades.

There is sufficient and growing [scientific evidence](#) that the PFAS detected in people's drinking water, fish, and livestock can harm people's health including immune suppression, altered growth and development, increased cholesterol, and kidney and testicular cancer. The newest [EPA science assessment](#) concludes that prolonged exposure to any measurable levels of two individual PFAS chemicals (PFOS and PFOA) in drinking water poses increased risk for human health.

Since 2021, [drinking water testing in WA](#) shows that PFAS contaminate the drinking water of about 10% of our public water systems above new federal safety standards. In addition, people's drinking water wells are highly contaminated with PFAS in several areas around some military bases, airports and fire stations ([North Whidbey Island](#), [East Selah](#), [West Plains](#) and [Fairchild Air Force Base](#) near Spokane, [Bailer Hill in San Juan County](#)). PFAS can also accumulate to harmful levels in fish and in 2022, DOH issued [fish advisories for PFAS](#) in three urban lakes. In 2024, [DOH pilot testing](#) also showed PFAS accumulating in other foods, specifically in livestock, eggs and meat grown in areas with contaminated water.

The Department of Health (DOH) has actively engaged with communities with PFAS impacted drinking water and identified significant gaps between our current response and what communities need to reduce their exposure and protect their health. The Department requests funding for the following components to address these important gaps in response:

- Test home-raised livestock and food gardens for PFAS and develop food safety guidance
- Fund equitable access to PFAS exposure testing
- Host Health Fairs in impacted communities
- Monitor for Health Impacts of PFAS
- Expand PFAS health education and promotion program

### TEST HOME-RAISED LIVESTOCK AND FOOD GARDENS AND DEVELOP FOOD SAFETY GUIDANCE

#### Problem:

Research studies demonstrate uptake of PFAS from water into [plant foods](#) and [livestock](#). Communities are consistently and repeatedly asking for actionable health guidelines about when to take action and how to check whether home-raised livestock and garden produce are safe to consume. There are no national standards or Washington state guidance on what levels of PFAS in water are safe to use for watering vegetable

gardens and livestock. In Washington, some rural impacted communities are receiving alternate water for human drinking and cooking but no mitigation measures (such as alternate water or filters) for watering livestock or gardens. DOH's 2024 [pilot investigation](#) of PFAS in home-raised livestock showed that consuming meat and eggs can be as important an exposure as drinking water when PFAS are in the animal's water supply.

#### **Solution:**

The Department requests funding to provide PFAS testing of home-raised livestock and food gardens in impacted areas and develop actionable state advice. To address this problem the Department proposes a three-pronged solution over a 4-year period:

#### **Test garden produce and livestock products for PFAS in impacted communities**

Collect and interpret sample results, 0.1 FTE Toxicologist 3: A DOH toxicologist would plan and oversee the collection of appropriate data, evaluate the test results, provide interpretation of results for participating households, and provide health recommendations about consumption and how to reduce exposure through this pathway. The project partially relies on existing staff resources to contract a commercial laboratory for sample analysis. This project would build on experience from the DOH pilot project mentioned in the problem statement. Without standards, this is the only immediate way to provide actionable and specific safety advice about family consumption in communities with PFAS contamination. This position would require an additional \$39,000 annually to cover laboratory services, travel, and supplies.

#### **Fund a two-year community garden and livestock study**

Establish a \$150,000 contract with an academic partner to design and conduct a two-year community garden and livestock study that develops the evidence-base for what PFAS concentrations in water can be safely used for watering gardens and livestock for home consumption. This requires \$120,000 in laboratory services costs, and \$100,000 in sample collection costs, such as travel and supplies. The study would also test practical and affordable ways to reduce exposure to PFAS from these pathways when contamination has already occurred. The data will be used to develop clear, actionable recommendations for impacted communities (see next project). Contract administered by existing staff.

#### **Develop state health guidance for home gardens and livestock based on the first two solutions (above)**

In year 3 of this project, DOH will develop community recommendations based on data collected in Washington and in any other states. Home garden and livestock products are not regulated as commercial agriculture, however, DOH will consult with FDA, USDA and WSDA when developing public health guidelines for home-raised livestock and garden produce. To develop actionable recommendations for impacted communities with the data previously mentioned above, DOH requires the following FTEs in year 3 only:

- Evaluate and model data, 0.3 FTE Toxicologist 3: This position will analyze data and develop guidance.
- Disseminate guidance, 0.2 FTE Health Services Consultant 3: This position would prepare and disseminate materials.
- Community engagement, 0.2 FTE Health Services Consultant 4: This position will engage with partners and communities and help people implement the new guidance.

#### **Expected Outcomes:**

- Impacted communities, especially those in rural areas, will learn whether they can safely consume their home-raised foods or distribute them to market.
- Studies completed by DOH and contracted partners will help establish what levels of PFAS in water are safe to use for irrigating food gardens and watering chickens, cattle, and dairy animals raised for food production.

#### **Alternatives:**

Status Quo: PFAS exposure through home-raised foods continues unidentified and unmitigated.

Require alternate water for livestock and food gardens: The state could require mitigation as an interim action at known PFAS sites when PFAS are in the drinking water supply. This proactive approach would expedite the primary mitigation (switching to clean water) but lacks a process or

evidence-base for when to require this response. Also, to protect community health, the state would need to fund the upfront response until a potentially liable party is identified and directed to provide mitigation. To date, the state has not been successful in enforcing state policy when the responsibly party is a federal military facility.

Pursue alternative funding sources: DOH has attempted two alternatives to the 2-year state-funded study and development of state guidance (conceived as a 4-year project). The agency supported a community petition to the federal health department (CDC-ATSDR) to do a similar investigation. If accepted, the investigation could start between 2027 and 2029 and be completed three years later. The delay in results from an ATSDR investigation compared to state funding would delay a community-wide intervention to halt harmful livestock and gardening PFAS exposures. DOH has also solicited several academic partners to engage with communities to apply for grants to address this important public health need. These efforts have been unsuccessful to date.

Fund only the food testing at individual households. DOH has piloted this method and the community participants found DOH's health recommendations helpful in guiding their action to keep their household members safe. Direct testing tells people if they can safely consume food already grown with contaminated water. Testing is the only current way to know if food is safe to consume regularly. It is an important tool in protecting people from exposure to PFAS during the initial community response, especially in rural areas. A downside of this option is that it is not as efficient as an evidenced-based state guideline in driving timely community-wide protective action. DOH also may struggle to keep pace with community demand or may miss important ongoing exposures in families that don't participate.

#### FUND EQUITABLE ACCESS TO PFAS EXPOSURE TESTING:

##### **Problem:**

Community members with PFAS in their drinking water are asking for PFAS blood testing. A blood serum PFAS test helps residents with PFAS in their drinking water assess their PFAS exposure and helps their doctor apply clinical and public health recommendations for elevated exposure. A [DOH survey in 2023](#) found that many of Washington health insurance carriers will cover the PFAS serum test and recommended health screenings. However, there are no current clinical labs that will offer this service for the current cost of insurance reimbursement. Only people who can afford \$300 out-of-pocket can access this test.

##### **Solution:**

The Department establishes a program to improve equitable access to PFAS exposure testing in impacted communities. This testing support would focus on individuals with elevated PFAS in their water or food and where the test is not covered by insurance or otherwise affordable. State testing assistance would follow CDC guidance in ensuring that participants first discuss potential benefits and limitations of the test with a health care provider. The testing program would be adaptable to be offered in three ways: through a partnership with a local clinic and local health care provider, through a mobile clinic such as DOH's Care-A Van, or within a community health fair model (see below). The Department requires the following staff and resources:

##### Staff:

- Establish and oversee program, 0.2 FTE, Toxicologist 3: This position would help establish this program, and after year one, this FTE is reduced to 0.1 FTE. This staff would run a call-in consultation service for participants based on test results.
- Clinic and partner Liaison, 0.2 FTE, Health Services Consultant 4: This position will conduct community engagement and develop partnerships with local health care providers.

##### Contracts:

Laboratory and other services totaling \$100,000 annually. The funding would be used to establish and administer a state contract for laboratory analysis of 250 PFAS serum tests/year.

##### **Expected Outcomes:**

- Washington residents with elevated PFAS in their drinking water and insufficient personal resources to pay for exposure testing out-of-pocket, will have more equitable access to PFAS serum testing. They will also benefit from exposure reduction counselling offered by state scientists.
- Health care providers that serve impacted communities have a more accurate measure of their patient's PFAS exposure and can apply recommendations for PFAS clinical care that are tiered to their patient's PFAS exposure level.

### **Alternatives:**

Status Quo: Impacted communities have told DOH that the cost of the serum test is a current barrier for many residents. This test aids clinicians in assessing a person's exposure to PFAS from all sources, informs what exposure reduction counseling they receive and informs patient health monitoring in highly exposed individuals. When many people can't afford informed health care, it will exacerbate existing health disparities in PFAS impacted communities.

Pass a state requirement that WA health insurers cover PFAS blood testing (see New Hampshire model) AND that they negotiate an acceptable reimbursement rate with testing labs. DOH surveyed WA health insurers in 2022 and most currently cover this blood test. However, the single clinical lab offering this test in WA recently dropped the service because of insufficient reimbursement. This means testing currently requires \$300 out of pocket which is out of reach for many in impacted communities. Clinical labs that offer this test have told DOH that they would begin accepting insurance again if they could negotiate sufficient reimbursement.

### **HOST HEALTH FAIRS IN IMPACTED COMMUNITIES:**

#### **Problem:**

Communities with impacted drinking water are often worried about their health but face unequal access to health information and services. They have trouble finding a local health care provider that is knowledgeable about PFAS, who can discuss their concerns, assess their exposure, or provide a plan for recommended care. In rural areas especially, community members must often travel long distances to seek care from specialists. They also struggle to make decisions about how to protect the health of their pets and livestock. Communities need a single convenient and coordinated source of PFAS health information and all available assistance for water testing, water filters, blood testing, community grants, and other government agency assistance.

#### **Solution:**

Work with local, tribal, clinical and community partners to plan and provide a health fair in two communities per year. Each one-day event would include tents where people can "Ask a doctor", "Ask a veterinarian" and "Ask a Toxicologist". People could meet and visit with the state, local and federal agencies involved in the PFAS response, sign up for offers of free water testing or water filters, and learn about the steps they can take to reduce their exposure and health risk. They could consult an expert in PFAS water filters about which filters are effective and will work best for their needs. They could receive a tailored PFAS exposure estimation and discuss whether a blood test would provide additional useful information. If the blood testing is funded (proposed above), serum could be collected at the event for laboratory testing of PFAS. Community members could also access free basic health screening and vaccinations through the DOH Car-a-Van program and learn how to support their health and well-being in activities with a nutritionist and other health promotion professionals. Each event would be tailored to the needs of the community.

- PFAS health risk reduction 0.1 FTE Toxicologist 3: This position will coordinate with health care professionals and participate in the fair to answer health questions and consult about ways to reduce exposure.
- Event Planner 0.3 FTE Health Services Consultant 4: This position will plan the event and manage promotion. After the first event, this position will complete an evaluation to understand where the agency could learn from partners and the community about how to improve the model. This FTE decreases to 0.1 FTE annually after year one.

\$80,000 per fair in Travel, and Goods and Services: This includes event venue and event supplies, DOH Care-A-Van participation, interpreter services, and event promotion materials. Travel costs for event staff and health care providers, nutritionist, veterinarian, and other relevant

providers.

**Expected Outcomes:**

- Impacted communities will have a new interactive and local resource that is inclusive and community centered (health fair) to address their health concerns. They will learn how to reduce their risk and exposure and access trained experts in multiple areas conveniently in their own local community.

**Alternatives:**

Status Quo: Impacted communities will continue to struggle with local access to informed PFAS medical care. They will continue to miss out on resources offered by state and local agencies because they don't know about it or how to apply for it. Maintains health disparities for people and communities that lack capacity and resources.

Partial Funding: The minimum costs for hosting one fair per year are listed in the assumptions and calculations section. The Department ideally could host two health fairs per year, after the evaluation of the first year.

**MONITOR FOR HEALTH IMPACTS OF PFAS:**

**Problem:**

PFAS-impacted communities are requesting that DOH assess potential health impacts of PFAS exposure. DOH has conducted one community cancer evaluation within existing resources but has insufficient staffing to respond to multiple requests. State disease registries also have limited use for tracking health outcomes linked to PFAS exposure. Studies that are large and comprehensive enough to answer the community questions are typically carried out by academic research institutions.

**Solution:**

DOH requests additional capacity to evaluate community concerns with available data from Washington state disease registries (e.g., cancer registry). DOH science staff would also track and evaluate the findings of the many health research studies underway across the nation and globe. DOH would disseminate the results annually as part of ongoing community engagement and public education work. The following staff are required to supplement existing work in the Department:

- Health Data Analyst, 0.1 FTE, Epidemiologist 2: This position will evaluate health outcomes that have a state disease registry, such as cancer. These are typically requested by communities and local health jurisdictions.
- Health Evaluation Manager, 0.1 FTE, Epidemiologist 3: This position will oversee the work done and provide guidance to the Epidemiologist 2. This position will also present to the public and be available for community follow up.
- Health Research and Reviewer, 0.1 FTE, Toxicologist 3: This position will provide an annual in-house evaluation of new health research findings. This work is important to the project as the science is evolving rapidly.
- Public Outreach, 0.2 FTE, Health Services Consultant 4: This position will update DOH health education materials annually to reflect the newest science.

**Expected Outcomes:**

- DOH staff will be able to offer more health consultations to communities about health concerns and communities will have improved access to the findings of health studies, done elsewhere, that speak to their health questions.

**Alternatives:**

Status Quo: DOH will continue to have very limited bandwidth to assess impacted communities for health impacts from their PFAS exposure.

Establish a center of excellence at one of Washington's state universities: The state has no current academic center for PFAS health research.

The lack of an active research group in Washington state has made it more challenging for DOH to win national grants. Such a center could carry out community exposure assessments and health studies. Impacted communities are asking for these studies to better understand PFAS health impacts, what exposure levels are associated with increased risk, and what can be done to reduce these health risks. These types of large studies are typically university-led projects and beyond what DOH would lead.

#### EXPAND PFAS HEALTH EDUCATION AND PROMOTION PROGRAM:

##### **Problem:**

In April 2024, EPA released new Maximum Contaminant Levels (MCLs) for 6 types of PFAS that are significantly lower than previous state action levels. This resulted in a four-fold increase in the number of public water systems that exceed required action levels. By the time statewide testing is complete in December 2025, DOH anticipates that significantly more Washingtonians (up to 240 Group A public water systems and their customers) will have PFAS at concentrations above the new limits in their drinking water supplies. Additional health education and promotion resources will be needed to address this increased demand for engagement and information on health impacts and protective health measures.

This program will target PFAS health literacy and health behavior change and will incorporate community engagement into the PFAS program. Health literacy – the ability to find, understand, and use health information to make informed decisions that protect and support health – is identified as a social determinant of health by the World Health Organization. Social determinants of health account for 30-55% of negative health outcomes. Social marketing surveys and qualitative data collected during PFAS community engagement events from 2022-2024 indicate that PFAS health literacy levels are universally low across the state in all surveyed demographic groups, including in directly impacted communities. This low literacy represents a significant barrier to positive health outcomes for Washingtonians impacted by PFAS. A health education approach works to improve health literacy rates. Data show an increased awareness of PFAS and protective health measures through DOH's time and resources spent on engaging communities and developing a PFAS health education and promotion toolkit. The PFAS problem requires a robust health education program that has the resources to address all modalities that influence health literacy and needs capacity to evaluate the effectiveness of its work on health outcomes. This will support behavior change and positive health outcomes on this emerging and complex health issue.

##### **Solution:**

Develop a more inclusive, community-centered PFAS health education program that can keep pace with the rapidly expanding number of communities impacted by PFAS in drinking water and other PFAS contaminated sites. The Department requires the following staff and resources:

- Health Educator, 1.0 FTE, Health Services Consultant 3 (HSC3): This health educator will perform community engagement response, create and coordinate site-specific tailored health education materials, build and maintain relationships with partners and affected communities, and build trust with partners and community members.

Foundational studies to support health education program: study to assess health literacy for PFAS, social marketing audience research, in-language focus groups research and program evaluation - \$342,000.

Planning and facilitation of community meetings - \$264,000.

Translation for materials, including fact sheets - \$38,000

Training for multi-language community educators: Trained community members are critical to building community trust and improving health outcomes. Anticipated cost per biennium: \$6,000.

##### **Expected Outcomes:**

- Communities will have access to easy to understand, actionable information about PFAS health risks and what they can do to protect



themselves from PFAS exposure.

- DOH will be responsive to concerns raised by communities currently impacted by PFAS contamination and will improve trust with impacted communities across the state. As a result, more people follow and benefit from DOH recommendations to protect their health.

#### **Alternatives:**

Status quo: With current staffing of one health educator, DOH does not have capacity to respond to other environmental health education needs or to keep pace with growing community needs, including the need for increased community engagement, identifying health literacy and behavior change barriers, developing the necessary health education materials, and addressing equity issues. Without this funding, DOH is unable to upscale Washington's FAS response to meet growing community needs, and health outcomes and health disparities will likely worsen.

Partial Funding: This would allow us to meet emerging needs, create materials, and conduct some work directly in the communities. However, it would reduce the number of opportunities for trust-building and reduce the effectiveness and scope of DOH's outreach and messaging. A partially funded alternative could include:

- 1.0 FTE health educator
- Staff travel to in-person meetings and community engagement events
- Foundational studies to support health education program
- Translation for printed materials, including factsheets.

Community meeting and event facilitation expenses at 50% of full request.

## **Assumptions and Calculations**

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

#### **TEST HOME-RAISED LIVESTOCK AND FOOD GARDENS FOR PFAS AND DEVELOP FOOD SAFETY GUIDANCE**

- There is no current funding source for PFAS testing of home-raised livestock and food gardens. This work would be carried out by the Office of Environmental Public Health Sciences within the Division of Environmental Public Health and a contracted academic partner. Last year DOH partnered with USDA to do a single round of pilot testing in home-raised livestock in East Selah and West Plains near Spokane. USDA offered this as one-time technical assistance and is not able to support ongoing lab work.

#### **FUND EQUITABLE ACCESS TO PFAS EXPOSURE TESTING**

- There is no current program for PFAS blood testing.

#### **HOST HEALTH FAIRS IN IMPACTED COMMUNITIES**

- There is no current program for organizing community health fairs in areas with high levels of PFAS in drinking water.

#### **MONITOR FOR HEALTH IMPACTS OF PFAS**

- Activities to monitor health impacts of PFAS are an expansion of existing work in the Office of Environmental Public Health Sciences. Currently 1.0 FTE Toxicologist 3, is dedicated to PFAS in drinking water. This ongoing FTE is funded by Foundational Public Health Services (FPHS) and Model Toxics Control Act Account (MTCA) and this Toxicologist develops state standards, supports policy work including the PFAS Chemical Action Plan, assesses emerging exposure pathways, and responds to health concerns in communities with PFAS in their drinking water. Science support to communities happens in partnership with the county health jurisdiction. Currently, epidemiologists conduct cancer cluster investigations and can evaluate community rates of diseases tracked by WA state disease registries. The one community cancer evaluation for PFAS completed required an estimated 0.1 FTE Epidemiologists 2 and 0.1 FTE Epidemiologists 4.

## EXPAND PFAS HEALTH EDUCATION AND PROMOTION PROGRAM

- The Executive Office of Public Affairs and Equity has a dedicated health educator for PFAS funded by Foundational Public Health Services account. This FTE is responsible for developing action-centered health education materials targeted at increasing health literacy in impacted communities and facilitates engagement with communities impacted by PFAS contamination using principles of the HEAL Act. With the recently announced federal regulations on PFAS in drinking water, more people will be notified of exposure, which means the need for health education and community engagement work is growing at a pace that DOH staffing currently cannot support.

### ***Detailed Assumptions and Calculations:***

## TEST HOME-RAISED LIVESTOCK AND FOOD GARDENS FOR PFAS AND DEVELOP FOOD SAFETY GUIDANCE

Test garden produce and livestock production for PFAS in impacted communities:

- 0.1 FTE of Toxicologist 3 for four years. This project partially relies on existing staff resources.
- \$4,000/year annually for travel by science staff to collect samples.
- \$30,000 per year for contract with commercial laboratory for 50 samples/year.
- \$4,000/year to pay for supplies, sample processing costs, shipping, and occasional veterinarian services when collecting blood from live animals.
- \$1000/year to pay for postage of recruitment mailers and to report results to participants.

Fund two-year study of PFAS in home-raised produce and livestock:

- \$120,000 contract for a laboratory to analyze 200 samples of livestock products, garden produce, soil, compost, and animal feed.
- \$150,000 contract to an academic partner to work with 1-2 impacted communities to refine study objectives, solicit participants, and administer the project with community involvement.
- \$100,000 to cover the costs of sample collection, travel and supplies. This could be added to the contract above or provided separately to community participants that prefer to carry out these activities.
- The agency will use existing capacity to administer the contracts.
- \$10,000/year to prepare materials and hold events to communicate results to the community.

Develop state health guidance for home gardens and livestock based on the new information above.

- This work occurs in year 3 of project.
- 0.3 FTE Toxicologist 3 to analyze data and develop health protection guidance.
- 0.2 FTE Health Services Consultant 3 and 0.2 FTE Communications Consultant 4 to coordinate with state and local partner organizations, prepare public facing materials, and engage with communities about the information.

## FOOD EQUITABLE ACCESS TO PFAS EXPOSURE TESTING

- 0.1 FTE Toxicologist 3 in year 1 to develop the program.
- 0.2 FTE HSC4, annually to conduct community engagement and develop partnerships with local health care providers.
- 0.1 FTE Toxicologist 3, annually to run a call-in consultation service for participants based on test results.
- \$75,000 annually for contract with a clinical commercial laboratory for 250 tests per year at \$300/test.
- \$25,000 annually for service fee pre-testing consultation about benefits and limitations of the test.

## HOST HEALTH FAIRS IN IMPACTED COMMUNITITES

0.1 FTE HSC4, annually for event planning and promotion

- 0.1 FTE Toxicologist 3 coordinating with health care professionals and participating in the event.
- 0.2 FTE of a HSC4 in year 1 for event evaluation after the first event requiring so the agency could learn from partners and the



community about how to improve the model.

- Travel costs total \$16,000 for event staff and health care providers, nutritionist, veterinarian, and other relevant providers.
- Goods and services include rent of an event venue and event supplies, DOH Care-A-Van participation, interpreter services, and event promotion materials totaling \$64,000.

#### MONITOR FOR HEALTH IMPACTS OF PFAS

- 0.1 FTE Epidemiologist 3 and 0.1 FTE Epidemiologist 2 to evaluate health outcomes that have a state disease registry, such as cancer. These are typically requested by communities and local health jurisdictions; DOH assumes two community PFAS consultations annually.
- 0.1 FTE Toxicologist 3 for an annual in-house evaluation of new health research findings.
- 0.2 FTE Health Services Consultant 4 to update DOH educational materials annually.

#### EXPAND PFAS HEALTH EDUCATION AND PROMOTION PROGRAM

- 1.0 FTE Health Services Consultant 3 to coordinate community engagement and health education response

Foundational studies to support health education program:

- Statewide PFAS Health Literacy Study: Statistically robust data empowers DOH to better predict community needs and create more useable, understandable, tailored health education materials and strategies for each impacted PFAS site, increasing the accuracy and effectiveness of agency work. Anticipated one-time cost: \$150,000
- Social Marketing Audience Research: Market research allows DOH to create and test messaging that can improve health outcomes. Anticipated cost: \$30,000 per biennium (\$10,000/study).
- Statewide In-Language Focus Groups: In-language focus groups allow DOH to target environmental justice and equity considerations by ensuring the experiences and needs of Washingtonians with limited English proficiency are factored into health education material development, community engagement, and decision making. Anticipated one-time cost: \$100,000.
- Program monitoring and evaluation: Program monitoring and evaluation (M&E) will help DOH determine if program's efforts are achieving desired outcomes. Anticipated cost per biennium: \$62,000.

Planning and facilitation of community meetings.

- Community meeting and event facilitation: Community engagement events are required under HEAL and are critical to developing effective, community-centered health programs and equitable solutions. Anticipated cost per biennium: \$216,000.
- Staff travel to in-person meetings: Traveling to in-person meetings is critical to DOH's community engagement response, especially in rural communities where trust-building is best accomplished face to face. Anticipated travel cost: \$48,000 per biennium.

#### Training for multi-language community educators:

Trained members of the community who can deliver health education in a culturally and linguistically appropriate way and serve as a link between the community and DOH are critical to building community trust and improving health outcomes. Anticipated cost per biennium: \$6,000.

Translation for materials, including fact sheets - \$38,000

#### **Workforce Assumptions:**

FTE	Job Classification	Salary	Benefits	Startup Costs	FTE Related Costs
1.0	HEALTH SERVICES CONSULTANT 3	\$80,000.00	\$30,000.00	\$3,000.00	\$9,000.00
0.5	TOXICOLOGIST 3	\$55,000.00	\$18,000.00	\$2,000.00	\$5,000.00
0.7	HEALTH SERVICES CONSULTANT 4	\$62,000.00	\$22,000.00	\$2,000.00	\$7,000.00
0.1	EPIDEMIOLOGIST 2 (NON-MEDICAL)	\$11,000.00	\$4,000.00	\$0.00	\$1,000.00
0.1	EPIDEMIOLOGIST 3 (NON-MEDICAL)	\$12,000.00	\$4,000.00	\$0.00	\$1,000.00
0.9	FISCAL ANALYST 2	\$48,000.00	\$23,000.00	\$0.00	\$0.00
0.2	HEALTH SERVICES CONSULTANT 1	\$11,000.00	\$5,000.00	\$0.00	\$0.00
3.5		\$279,000.00	\$106,000.00	\$7,000.00	\$23,000.00

Agency Indirect: Estimated expenditures include salary, benefit, and related costs for FTE to assist with administrative workload activities. These activities, necessary to manage day-to-day business needs include: policy and legislative relations; information technology; budget and accounting services; human resources; contracts; procurement, risk management, and facilities management.

### **Historical Funding:**

See “Historical Funding” tab in “Assumptions and Calculations Workbook”. See “Historical Funding” tab in “Assumptions and Calculations Workbook”. See “Historical Funding” tab in “Assumptions and Calculations Workbook”.

## **Strategic and Performance Outcomes**

### **Strategic Framework:**

This package supports the Governor’s Results Washington goal area and statewide priority of **Healthy and Safe Communities** by bolstering environmental public health efforts through education and safety campaigns. identify food safety issues related to PFAS in drinking water, improve medical exposure assessment especially in communities with food pathways of PFAS exposure, and provide information that can help people stay safe.

This package supports **Strategy 3.2 PFAS Health Advice and Education** the **Environmental Health** priority within the DOH Transformational Plan and is also aligned with the **Health and Wellness** priority within the DOH Transformational Plan by advancing the overall health, wellbeing, and resilience of communities impacted by PFAS Washington. It addresses social determinants of health, such as health literacy, trust in government, and language to advance individual and community health. The project advances community-informed health promotion strategies that support prevention and harm reduction, addressing common risk and protective factors associated with PFAS exposure.

This package supports agency activity A005 – community and environmental health.

### **Performance Outcomes:**

DOH expects the following positive outcomes.

#### TEST HOME-RAISED LIVESTOCK AND FOOD GARDENS AND DEVELOP FOOD SAFETY GUIDANCE

- Fund established to test for PFAS in home garden produce and livestock
- 50 garden produce and livestock samples tested for PFAS annually through the fund
- Testing results and advice provided to households
- 200 garden produce, soil, compost, and animal feed samples tested for PFAS
- Established state health guidance or standards established for home gardens and livestock

#### FUND EQUITABLE ACCESS TO PFAS EXPOSURE TESTING:

- Fund established for contracted laboratory analysis of PFAS serum tests
- 250 serum tests completed annually through the fund
- Counselling for exposure reduction provided to all participants based on test results

#### HOST HEALTH FAIRS IN IMPACTED COMMUNITIES:

- One community health fairs held annually within impacted communities

#### MONITOR FOR HEALTH IMPACTS OF PFAS:

- Informed science staff at the agency able to stay up to date on expanding knowledge and respond to individual and community health concerns
- Evaluation of community concerns with available data
- Completed community PFAS consultations

#### EXPAND PFAS HEALTH EDUCATION AND PROMOTION PROGRAM:

- Development of site-specific health education materials that are accessible, culturally and linguistically appropriate, and responsive to community needs
- Completed statewide PFAS health literacy study
- Complete three PFAS social marketing audience studies annually
- Trained multi-language community educators

## Equity Impacts

### **Community Outreach and Engagement:**

Community engagement is core feature of the work of DOH science staff responding to PFAS in drinking water. DOH added a PFAS health educator to create a community-centered health education and promotion program for the Agency's PFAS response. As part of this effort, DOH co-created a community listening session model with impacted communities. Staff regularly communicate with community advocates, building relationships and trust by responding to the needs they identify. The ideas in this funding request come directly out of requests from PFAS impacted communities or are proposed solutions to problems that remain top of mind for impacted communities. Examples of these community conversations are available in these three listening session documents [East Selah Listening Session – February 2023](#), [East Selah Listening Session – September 2023](#), [West Plains Listening Session – April 2023](#).

DOH science staff and health education staff are broadly active in equity-centered health promotion and education and participate in numerous public events hosted by other agencies and community groups across the state. To increase equity in access to The Department's health education materials, a PFAS health educator developed a multi-media approach to sharing information that includes print materials, social media reels, action-centered animated videos, and fireside chat-style "interview with the expert" videos. Following the best available health promotion

practices, these materials are designed to factor in community feedback, lived experience, and equity considerations. Between March 2023 to July 2024, 48 total PFAS social media reels and posts were posted across X, Facebook, Instagram, LinkedIn, and TikTok. This content has been viewed 43,655 times. The four PFAS Basics YouTube videos developed between June 2023 and August 2024 have been viewed 5,756 times. DOH has worked with multilingual science and health education staff to create materials and share information in culturally and linguistically appropriate ways.

In addition to continuing material development, DOH staff are attending community meetings this fall to discuss the projects proposed in this decision package with impacted community members.

### ***Disproportional Impact Considerations:***

Communities who have limited English language proficiency are not well represented in the DOH's current work. The in-language focus groups requested in this proposal are intended to address this equity issue.

DOH has not conducted engagement with Tribal Nations on this proposal at this time. Additional engagement is needed to identify the interest of Tribal Nations in engaging on and understanding potential disproportionate impacts of these proposed projects.

### ***Target Communities and Populations:***

#### **Rural Communities:**

Rural communities facing PFAS exposure would benefit from this proposal. Community health fairs will especially benefit rural and geographically isolated communities as these areas typically have few options for local health care. At DOH's PFAS listening sessions in East Selah, the agency heard stories about local hospitals closing, the difficulty of finding a local health care provider, and the frequent need drive long distances to access care. Bringing occupational clinicians trained on recommended PFAS care to the community will help people get answers to questions about their individual health risk and receive an initial consultation.

Raising livestock for consumption is common in rural communities in Washington that are impacted by PFAS in drinking water wells. In community listening sessions in East Selah, Yakima County and in the West Plains, Spokane County, the agency heard concerns about home raised produce and livestock, such as cattle and chickens. The agency was able to conduct a pilot testing of livestock but are not able to sustain this effort without funding.

#### **Pregnant and Lactating People and Children**

Efforts to identify and reduce harmful PFAS exposure in people especially benefit people who are pregnant or nursing an infant and young children under 6 years old. Early stages of child development are more susceptible to health effects of PFAS exposure and pound for pound, children consume more water and food than adults. This results in their higher exposure to contaminants in food and water. For these reasons, DOH's health advice recommends that these groups act more quickly to eliminate consumption pathways of PFAS. DOH had several households in the pilot livestock testing project where young children were advised to curtail or completely stopping eating the eggs from their backyard chickens.

#### **Culturally Appropriate Health Education**

The data indicates the majority of Washingtonians have low PFAS health literacy and need accessible, easy to understand, and culturally appropriate health information. However, communities with PFAS in their drinking water especially benefit from health education support because they have greater exposure and increased risk of negative health impacts. Communities who are non-native English speakers or have limited English proficiency also are an important target group, as most available resources are in English.

***Community Inputs and Incorporation:***

The focus of this decision package is to address the equity impacts identified through listening sessions with communities currently impacted by PFAS contamination. The focus of these efforts is on individuals and communities that are geographically isolated, rural, have limited access to health care and health information, and non-native English speakers or have limited English proficiency. The focus of this decision package is to address the equity impacts identified through listening sessions with communities currently impacted by PFAS contamination. The focus of these efforts is on individuals and communities that are geographically isolated, rural, have limited access to health care and health information, and non-native English speakers or have limited English proficiency.

## Other Collateral Connections

### **HEAL Act Agencies Supplemental Questions**

Yes

### **Puget Sound Recovery:**

Not Applicable

### **State Workforce Impacts:**

Not Applicable

### **Intergovernmental:**

The Department anticipates support from local health jurisdictions, counties, and Tribal Nations given the prevalence of PFAS contamination and interactions at sites with known contamination. The Department has support from Department of Ecology, Department of Agriculture, and State Board of Health. The projects included in this decision package reflect projects outlined in the draft PFAS State Funding Strategy that the Department of Ecology was tasked by the legislature to complete by December 2024. The funding strategy is based largely on recommendations in the PFAS Statewide Chemical Action Plan that was completed in 2021 by the Department of Ecology and DOH with wide stakeholder involvement and support. The projects in this DP reflect collaboration with other state and local agencies co-responding to PFAS contamination and the needs of impacted communities.

### **Stakeholder Impacts:**

The Department anticipates support from communities impacted by PFAS, including rural communities, communities neighboring military installments, communities where PFAS containing firefighting foam has been deployed, and communities with PFAS contamination from other sources. DOH has led and attended listening sessions and town halls in communities with known PFAS contamination. Through that engagement, the Department has developed these proposed projects. Engagement is needed with these communities and others to further refine the proposed projects. The Department anticipates support from communities impacted by PFAS, including rural communities, communities neighboring military installments, communities where PFAS containing firefighting foam has been deployed, and communities with PFAS contamination from other sources. DOH has led and attended listening sessions and town halls in communities with known PFAS contamination. Through that engagement, the Department has developed these proposed projects. Engagement is needed with these communities and others to further refine the proposed projects.

### **State Facilities Impacts:**

Not Applicable

### **Changes from Current Law:**

Not Applicable

### **Legal or Administrative Mandates:**

Not Applicable

### **Governor's Salmon Strategy:**

Not Applicable



## Reference Documents

[Assumptions and Calculations\\_PFAS Assessment and Engagement .xlsx](#)  
[HEAL Questions\\_PFAS Assessment and Engagement.docx](#)

## 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
	2026	2027	2025-27	2028	2029	2027-29
Obj. A	\$278	\$243	<b>\$521</b>	\$326	\$243	<b>\$569</b>
Obj. B	\$107	\$95	<b>\$202</b>	\$126	\$95	<b>\$221</b>
Obj. C	\$534	\$288	<b>\$822</b>	\$55	\$55	<b>\$110</b>
Obj. E	\$522	\$513	<b>\$1,035</b>	\$499	\$496	<b>\$995</b>
Obj. G	\$20	\$20	<b>\$40</b>	\$20	\$20	<b>\$40</b>
Obj. J	\$7	\$0	<b>\$7</b>	\$0	\$0	<b>\$0</b>
Obj. T	\$23	\$20	<b>\$43</b>	\$26	\$20	<b>\$46</b>

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