
**Report to
The Vermont Legislature**

**Act 131 (2024) Community Engagement Plan on Chemicals of Concern in Cosmetic and
Menstrual Products
2025 Report to the Legislature**

In accordance with Act 131, Section 8, an act relating to regulating consumer products containing perfluoroalkyl and polyfluoroalkyl substances or other chemicals.

**Submitted to: House Committee on Human Services
Senate Committee on Health and Welfare**

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Interim Commissioner**

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Overview

Background

To fulfill the statutory mandate of Section 8 of [Act 131 \(2024\)](#), this community engagement plan outlines the methodology and costs for engaging Vermont communities in education and outreach on chemicals of concern in cosmetic and menstrual products, with a focus on the impact on marginalized communities.¹ It is structured around four phases: discovery, design, implementation, and evaluation. These elements are dependent and interdependent, especially since community engagement must be woven into all aspects of the process.

In order for the Department of Health to manage the development and implementation of the plan, additional resources would need to be allocated within the state budget for this activity.

Goals

- Identify cosmetic products of concern and assess the prevalence of harmful ingredients.
- Provide accessible and culturally appropriate information to Vermonters about chemicals of concern in cosmetic and menstrual products.
- Ensure meaningful participation by marginalized communities throughout the community engagement planning process.
- Support regulatory development and awareness-building through research and culturally appropriate public health campaigns.

Priority Audience

- Marginalized communities in Vermont who use cosmetics and menstrual products with the understanding that the resulting community engagement plan and any products from the plan will benefit all Vermonters who use chemicals of concern.

¹ Marginalized communities in Vermont, as defined by law, are “individuals with shared characteristics who experience or have historically experienced discrimination based on race, ethnicity, color, national origin, English language proficiency, disability, gender identity, gender expression, or sexual orientation.”

Phase I: Discovery

During this phase, we will gather information about cosmetic and menstrual products that contain chemicals of concern through research and community partnerships. Please note the additional considerations section at the end of this report for alternative methods to Phase 1.

Objective #1: Find out which cosmetic and menstrual products contain chemicals of concern and what alternatives are available.

- Research the chemicals of concern in cosmetics and menstrual products to find out what information exists and where knowledge gaps exist.
- Research the prevalence of chemicals of concern in cosmetic products and identify specific products of concern using publicly available databases and other sources.
- Review market data and ingredient lists for products commonly purchased in Vermont.
- Identify cosmetic products of concern.

Objective #2: Make connections with community partners to learn about cosmetic and menstrual products that are marketed to or used by marginalized communities in Vermont.

- Identify trusted community partners that work with marginalized communities.
- Work with community partners to identify commonly used cosmetic products, especially ones that are marketed to or used by marginalized communities.

Objective #3: Learn about existing laws that regulate identified chemicals of concern or products containing the chemicals of concern.

- Research federal and state laws and regulations that address chemicals of concern or products that have chemicals of concern.

Phase II: Design

During this phase, we will take what we learned about the chemicals of concern and products containing the chemicals of concern to develop strategies to reach our priority audiences and to gather community input on policy development around potential regulation of the chemicals and/or products.

Objective #1: Develop community engagement and outreach strategies that are inclusive, culturally appropriate, and evidence-based.

- Work with trusted community-based partners serving those most impacted by cosmetic and menstrual products containing chemicals of concern to inform engagement strategies and approaches. The [Health Department's Community Engagement Guide](#) will be used to ensure the strategies are inclusive and culturally appropriate.
- Hold public listening sessions, workshops, and focus groups to gather community input on concerns, knowledge gaps, product usage, and the best methods to reach other marginalized community members.

- Provide compensation, child care, transportation, food, interpreters, and translated materials to ensure equitable participation.
- Schedule events in accessible locations and times to accommodate working families.

Objective #2: Develop a culturally appropriate public health awareness campaign using community-informed language and imagery.

- Contract with a statewide marketing vendor to create the messaging, call to action, tactics, and methods of outreach, while working closely with community partners.
- Co-create and design materials with community partner input, focusing on plain language, accessibility, and translation into priority languages (examples include printed materials, videos, digital ads, and social media posts).
- Test messaging and materials using focus groups or other community-based forums.
- Identify additional trusted messengers and work with them to lead education efforts and amplify campaign messaging.
- Choose outreach channels (for example, radio, social media, posters, community radio, community newspapers, faith-based groups) that are trusted and accessible within each community.

Objective #3: Engage the community to gather input on policy development.

- Draft an outline for a process to identify, assess, and potentially regulate chemicals of concern in cosmetic and menstrual products.
- Hold public listening sessions, workshops, and focus groups to gather community input on the drafted process.
 - Provide compensation, child care, transportation, food, interpreters, and translated materials to ensure equitable participation.
 - Schedule events in accessible locations and times to accommodate working families.

Phase III: Implementation

During this phase, we will use what we've learned from the discovery and design phase to run public campaigns and take the next step toward potential policy development.

Objective #1: Implement the communication and media plans for the public awareness campaign.

- Launch the campaign based on community-informed strategies, tactics and methods that were determined in the design phase.

Objective #2: Propose a process for addressing chemicals of concern or products containing those chemicals, including those marketed to or used by marginalized communities.

- Share research and policy proposals through public forums to gather feedback.
- Convene an advisory group inclusive of impacted community representatives to co-design policy proposals.
- Use community and scientific input to refine proposed policies.
- Present draft recommendations to relevant legislative committees.

Phase IV: Evaluation

During this phase, we will evaluate the effectiveness of the design and implementation phases and assess whether inclusive strategies worked throughout the process.

Objective: Assess the impact of the campaign, measure community involvement, and evaluate the effectiveness of engagement efforts and inclusive strategies.

- Track community engagement metrics including demographics, geographic reach, community feedback, language access use, and event attendance.
- Analyze whether marginalized communities felt informed and included.
- Conduct pre- and post-outreach surveys to assess changes in knowledge and behavior.
- Track digital engagement during the campaign.
- Submit an evaluation report to the Senate Committee on Health and Welfare and the House Committee on Human Services.

Timeline

Phase	Timeframe
Discovery	7 months
Design	7 months
Implementation	6 months
Evaluation	4 months
Total	24 months

Budget

Based on similar legislatively mandated community engagement plans ([Act 156](#) (2020)) and the Department of Health's prior experience in creating marketing plans, working with community partners, and ensuring language access, the following budget outlines funding that would be needed to manage the development and implementation of the plan.

This proposed budget includes funding for Department of Health staff time, compensation for community partners and participants, marketing vendor creative design, media buys, translation and language access services, and other resources that support equitable access to participation.

In order for the Department of Health to manage the development and implementation of the plan, additional resources would need to be allocated within the state budget for this activity.

Total Budget Estimate over 24 month Project Period

Staff time	
State Toxicologist (0.25 FTE)	\$44,665.06
Environmental Justice & Health Equity Advisor (0.5 FTE)	\$79,193.65
Environmental Health Division Information Director (0.25 FTE)	\$56,257.52
Additional Health Department staff support (0.25 FTE)	\$47,178.41
Marketing campaign with evaluation	\$40,000
Community partner and participant compensation with evaluation	\$50,000
Language access services	\$35,000
TOTAL:	\$352,294.65

*The staff estimates are based on current staff in these roles and costs, but could vary.

The total price tag of this project beginning-to-end is \$352,294.65 over 24 months. If there is a desire to run the campaign multiple times or on an annual basis, additional funding would be needed. Additionally, if there is policy created around regulating chemicals and/or products, additional funding would be needed for staff to run and maintain the program.

The funding outlined here could also be used to outsource some or all elements of the project to an outside vendor or contractor. This would add time due to the procurement process and there would still need to be some staff time dedicated to facilitating the contract process and working with the contractor for the duration of the project.

Timelines, budgets, and full-time equivalents may vary greatly depending on federal funding changes that could impact Department staffing and capacity. Should the Legislature determine they would want to move forward with such a plan, adjustments may need to be made based on real-time fiscal constraints.