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**Testimony to the Joint Ways & Means  
Subcommittee on Human Services  
on Senate Bill 5525**

**March 26, 2019  
Oregon Environmental Council  
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Founded in 1968, the Oregon Environmental Council (OEC) is a nonprofit, nonpartisan, membership-based organization. We advance innovative, collaborative and equitable solutions to Oregon's environmental challenges for today and future generations.

On behalf of Oregon Environmental Council, I urge you to consider additional funding for the environmental health program within the Center for Health Protection, and to invest in environmental health as a significant part of public health modernization.

The 2016 public health modernization assessment named environmental health as one of four foundational programs essential for basic protections critical for the health of Oregonians. It also found that a major part of environmental public health—identifying and preventing hazards—is lacking in adequate service for 97% of the population<sup>1</sup>.

Environmental health is foundational in part because 20% of risk of premature death is attributable to social and environmental factors<sup>2</sup>. We also know that environmental factors can trigger genetics<sup>3</sup> — for example, the genetics that create greater risk for breast cancer and Alzheimer's disease may not result in disease unless environmental factors are also present. Environmental health has an impact on individual behavior factors; for example, the ability to exercise depends upon access to clean air and healthy safe environments. Environmental risks also compound social factors; the same populations made vulnerable by a range of social determinants of health are also experiencing the most environmental hazards.

Investments in environmental health interventions, when properly identified and assessed, have the potential to deliver huge returns on investment. For example, it is estimated that every dollar invested in reducing exposure to diesel pollution returns \$12-\$20 in reduced health care costs<sup>4</sup>.

Environmental health is well documented as a factor in most of our state's most costly and deadly chronic diseases: cancer, stroke, heart disease, asthma and other respiratory

<sup>1</sup> <https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/PHModernizationReportwithAppendices.pdf>

<sup>2</sup> <https://olis.leg.state.or.us/liz/2019R1/Downloads/CommitteeMeetingDocument/165844>

<sup>3</sup> <https://www.genetics.edu.au/publications-and-resources/facts-sheets/fact-sheet-11-environmental-and-genetic-interactions>

<sup>4</sup> <https://www.epa.gov/sites/production/files/2014-05/documents/us-diesel-retrofit-program.pdf>

disorders<sup>5</sup>. It is also a very significant factor in children's health: early environmental exposures in the first two years of life can alter the course of health and achievement over a lifetime<sup>6</sup>.

Oregon's under-investment in environmental public health positions our agencies to be reactive, rather than proactive, in addressing hazards that come to the attention of the public. This position is not only less efficient and effective than proactive work—it also undermines public confidence in our agencies. Just in the last few years, we have seen public outcry over lead in school plumbing, air quality near schools, and heavy metal air emissions from small industry. If our environmental public health program were properly funded, these environmental threats could have been identified, assessed and addressed to deliver the most effective and efficient interventions to deliver improved health outcomes.

We have not provided the support for environmental public health necessary to deliver on program mandates. Cleaner Air Oregon is one of two major new programs taken on by environmental public health in recent years; the other is the Toxic Free Kids program. In addition, the Drinking Water Services Program notes that workload has increased even as staffing is reduced, and is “insufficient to meet all program mandates.” Oregonians have already voiced the need for environmental health programs; we must fund them in order to deliver on the promise.

Un-identified environmental health risks have the potential to undermine all of our other investments in improved public health. Even when environmental health is not the sole or primary risk factor for disease, it can exponentially increase risk.

Climate change impacts mean that environmental public health will be an even greater factor in public health. Some consider it to be the single largest health threat of the 21<sup>st</sup> century<sup>7</sup>. We got a glimpse of what that looks like when Salem's water supply was threatened by an overgrowth in cyanobacteria last year. Whether or not this particular overgrowth was attributable to climate change, it is an example of what we can expect in the future. Addressing the threat underscored the need for inclusive public communications to keep vulnerable populations safe—another aspect of public health that is currently lacking, according to a state assessment.

Today, public health is only 3% of the Oregon Health Authority budget. Environmental health makes up 0.14% of the overall budget. Yet this under-resourced team is charged with identifying, assessing and addressing health hazards from air, water, land, buildings, communities and climate. The majority of the program focuses on health inspections for food, pools and hotels. That leaves an even smaller budget for all the work on outdoor air pollution, indoor air quality, school environments, housing environments, toxic materials in everyday products, hazardous waste sites, drug labs, beach and recreational water quality, shellfish and fish consumption hazards, harmful algae blooms, lead paint, lead in plumbing, radon, pesticide exposures—and climate change. They do an amazing job with what they have. But it's not enough.

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<sup>5</sup> <https://www.hindawi.com/journals/jeph/2012/356798/>

<sup>6</sup> <https://www.ncbi.nlm.nih.gov/pubmed/18074303>

<sup>7</sup> <https://www.reuters.com/article/us-global-climatechange-health/climate-change-biggest-global-health-threat-of-century-doctors-warn-idUSKCN1NX2ZX>

**To address these gaps, Oregon Environmental Council urges a greater investment in public health modernization, including environmental public health.**

We support POPS including:

**# 405: Public Health Modernization** The 2015 and 2017 legislative assemblies affirmed their commitment to a modern public health system with House Bill 3100 and House Bill 2310, which adopted a new framework for public health in Oregon. This policy package creates a system of key programs in state, local and tribal public health authorities and increases accountability for health outcomes. Not funding this POP risks the progress of Oregon's nationally recognized public health modernization effort overall and challenges OHA's ability to meet HB 3100's timelines.

**# 418: Fee Structure for Drinking Water Services.** An annual regulatory fee will help the drinking water program ensure protection of public health and the safety of drinking water.

**# 420: Toxic Free Kids Program.** The waiver application fee will hold businesses responsible for the cost of processing and reviewing any waivers from compliance with the act. This fee is essential to ensuring that children are adequately protected from exposure to toxic hazards, and that the program operates fairly and accurately for the sake of both business and public health.

**#205: Protect, Modernize, Strengthen Information Technology.** Investments in technology will improve both efficiency and transparency within the health authority. This priority is becoming increasingly urgent as the agency begins to share information and work collaboratively with other natural resource agencies.