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February 5, 2021

The Honorable Senator Kate Lieber, Co-Chair  
The Honorable Representative Rob Nosse, Co-Chair  
Joint Ways and Means Subcommittee on Human Services  
900 Court St. NE  
Salem, Oregon 97301

SUBJECT: February 2 Committee Questions

Dear Co-Chairs and Members of the Committee:

Thank you for the opportunity to present to the Joint Ways and Means Subcommittee on Human Services on February 2, 2021, about the Public Health Division budget. Below are responses to questions we received during that committee meeting.

**1. In the chart of youth tobacco use, what ages are shown? Does it include 18 or 19 year olds?**

The chart on youth tobacco use, and the later chart on youth e-cigarette use, includes data from 8th grade students (approximately 13-14 years old) and 11th grade students (approximately 16-17 years old). This data was from the Oregon Healthy Teens survey, conducted most recently in 2019. While it is possible that 11th grade responses contain a few youth aged 18, the majority of the youth surveyed were 16 or 17.

**2. Have we seen impacts of raising the age for tobacco use to 21 in the data yet? If so, what is the impact?**

In 2018, the Oregon Health Authority conducted an impact evaluation of the short-term effects of the minimum sales age law. That study found evidence that recent initiation of tobacco use among youth and young adults had decreased.

Specifically, recent initiation decreased significantly among current tobacco users aged 13–17 years (from 34% to 25%) and aged 18–20 years (from 23% to 18%). Additionally, perceived ease of access decreased for young adults. The percentage of tobacco users aged 18–20 years who reported that it was “sort of easy” or “very easy” to obtain tobacco products decreased significantly.

Note that the benefits to the youngest Oregonians are due to the fact that most of those youth will have fewer peers that are of legal age to purchase tobacco products. In both pre-legislation and post-legislation years, both 8th and 11th graders are most likely to say they got their tobacco products from social sources (nearly 80%). However, between 2017 and 2019 there was a drop in the number of 11th graders who said they got tobacco from a friend who was of legal age to purchase. Nearly 50% of 11th graders got their tobacco from a friend 18 or older in 2017 while 29% got their tobacco from a friend 21 or older in 2019.

However, retailer requests for proof of age did not change significantly statewide, although there were differences based on geography. Current tobacco users outside the Portland metro area who tried to purchase products in a store were less likely to be asked for proof of age than those in the Portland metro area after legislation. OHA continues to monitor youth and young adult data to assess the longer-term effects of the law.

The Tobacco 21 Impact Evaluation Report is available here:

<https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/TOBACCO/PREVENTION/Documents/Oregon-Tobacco-21-Impact-Evaluation-Report.pdf>

### **3. How many public health funds from federal sources require a state match?**

In the Public Health Division, thirteen of seventy-six federal grants have a match requirement. The total match is \$10,584,438. This accounts for 0.06% of the total federal grant funds for the division.

### **4. Have, or how have, the concerns about lead in turmeric and cosmetics been resolved?**

In response to the detection of elevated lead in turmeric and traditional cosmetic, OHA actions included:

- Developed outreach materials about possible lead contamination in traditional cosmetics and turmeric in English, Amharic, Arabic, Farsi, Hindi, Nepali, Pashto, Somali, Spanish, and Urdu. These have been available on our Lead Poisoning Prevention Program [homepage](#) since December 2019.
- Hosted a [media event](#) on December 12, 2019 along with Multnomah and Washington County Health Departments. This information got picked up by multiple news outlets including KOB-TV NBC5 in Medford, the NewsGuard in Lincoln City, and OPB.
- Collaborated with Multnomah and Washington County to develop infographics that are also available on the program homepage.
- Partnered with a local pediatrician and member of the South Asian community to develop effective messaging for temples, CBOs, and area pediatricians. Her expertise was crucial in developing outreach materials

in collaboration with Washington County's health officer for pediatricians in the county. She also coordinated listening sessions for OHA and Washington County staff at the Portland Balaji Temple and Jaya Hanuman Temple. The latter temple had just discontinued offering sindoor to congregants after a member and father of a child with lead poisoning informed the temple that the powder contained 200,000 ppm lead as analyzed by OHA's Childhood Lead Poisoning Prevention Program.

- Contacted [Prabashi Portland](#), the Bengali Association of Greater Portland, to provide outreach about possible lead contamination in cosmetic and spice products likely used by its members and local community.

In addition, Multnomah County staff purchased and tested numerous spice and cosmetic products from Portland-area stores. Two sindoor products contained more than 30% lead, which exceed the US FDA's [recommended maximum level of lead in cosmetics](#). This information was compiled by OHA into a formal complaint with the FDA. However, because these products were not associated with actual lead poisoning cases, and due to the COVID-19 pandemic, the FDA decided not to follow up with any regulatory actions.

Collaborative efforts with the Oregon Department of Agriculture ultimately failed, as FDA has no federal regulatory level of lead in spices, and ODA had no regulatory level at the state level.

All the turmeric that contained excessive levels of lead and were the probable source of lead poisoning cases in Oregon in 2018-2020 were from unmarked, unbranded products informally brought in by families from outside of the US. This presented additional challenges to notifying FDA about these products because no brand name was available.

The number of lead poisoning cases associated with cultural products decreased significantly in 2020, but this may be due to reduced blood lead testing and pediatrician visits caused by the pandemic. The number of child lead poisoning cases statewide in 2020 was down 33% from 2019.

Please let me know if I can address any other questions you may have. Thank you.

Sincerely,



Patrick M. Allen  
Director