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**Oregon Health Authority, Public Health Division**  
**Administrative Overview**  
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**Introduction**

The Public Health Division works to improve lifelong health for Oregonians by promoting health and preventing the leading causes of death, disease and injury in the state. It oversees health promotion and prevention activities, health care facilities and licensing, environmental health regulation, public health emergency preparedness, epidemiological and infectious disease control and analysis, and clinical and environmental laboratory quality assurance (ORS 431; OAR 333).

**History**

Public health played a major role in the settlement of the Pacific Northwest. From the mid-1770's landing of Spanish mariners on the coast, the introduction of smallpox, malaria and other exogenous diseases completely reversed the demographic balance between Native and Euro-American populations, and devastated the ability of Indians to resist the waves of immigration into the lower Columbia and Willamette River valleys in the 1830s and 1840s.

The state's first legislation regarding the prevention of contagious disease in Oregon was the passage of a quarantine act in 1870, which required that ships arriving at Astoria and Coos Bay be inspected by health officers; ships and passengers were detained until certified as sanitary and free of disease; smallpox and other contagious disease cases were conveyed to city pesthouses (O.L. 1870, 101-03). The Legislative Assembly later added state health officers to serve in the ports of Gardiner and Yaquina City (O.L. 1887, 5-6; O.L. 1889, 101-03).

Portland led the state in many aspects of the developing public health field. In 1862 a city ordinance placed health matters under the supervision of a committee of health and police; physicians and building owners were required to notify it of smallpox and other dangerous infectious disease cases, and the city marshal was directed to procure a suitable building at the edge of town to serve as a smallpox hospital. The city's first board of health was appointed in 1873, and authorized to appoint a physician to examine those suspected of having contagious or infectious diseases. After a scarlet fever epidemic in 1881, the board's powers were broadened by the city council. The laws were generally not enforced, however, and did not provide for a medical health officer as the city's employment of a physician was limited to epidemics.

The Office of State Dairy and Food Commissioner was established (O.L. 1893, 99-100). In 1899 the office was made elective (O.L. 1899, pp. 46-50); it was abolished in the creation of the Department of Agriculture (O.L. 1931, Ch. 136).

In 1901 a bill to create a state board of health, and county boards passed both houses of the Legislative Assembly, but was not signed into law by the governor. By 1903 Oregon was one of three states without a state board of health; a bubonic plague epidemic in San Francisco in 1902 played a large role in changing this fact. In his 1903 inaugural address, Governor George Chamberlain noted the state's growing international trade relations, and the need for a general health law to protect Oregon from contagious disease epidemics.

In 1903 the Legislative Assembly created the State Board of Health (SBH) with six governor-appointed physician members from across the state, and one secretary as executive officer who was elected by the others and known as the State Health Officer. The board was granted general supervision of the interests of the health and life of the citizens of the state, and directed to keep the state's vital statistics; to conduct sanitary investigations regarding the causes and prevention of disease; to study the causes and conditions of mortality; and to make quarantine regulations. County boards of health were also established statewide and composed of the county judge and county physician; the judge acted as health officer and constituted the board in counties without a county physician; county boards were required to report contagious disease cases and vital statistics to SBH, and authorized to quarantine districts (O.L. 1903, pp. 82-86).

President Theodore Roosevelt's signature of the Bull Run Trespass Act (April 28, 1904, 33 Stat. 526, Ch. 1774) resulted in a cooperative protection of the source of Portland's water by the city and federal governments. In its first two years of operations, SBH established a bacteriology laboratory and a system of recording vital statistics. Vital Statistics launched an information campaign to impress upon physicians and others the importance of reporting births, deaths, and communicable diseases. Governor Chamberlain praised SBH's protection of the public health in his 1905 address to legislators; he also urged doing away with the state's coastal health officer positions, and placing their work under the jurisdiction and control of federal authorities.

In 1906, SBH led the organization of the Oregon State Health Association in Portland; the following year a number of county and city boards of health were organized. State legislators passed an act for the establishment and enforcement of quarantine regulations with penalties (O.L. 1907, Ch 70). SBH and county/city boards were empowered to quarantine vessels, trains, stages and other passenger vehicles during epidemics; county/city boards were required to post a conspicuous quarantine card or flag on buildings housing contagious diseases.

All state hospitals, sanatoria, poor farms, and charitable and corrective institutions were subjected to the visitation, inspection and certification of SBH, which was directed to prescribe regulations regarding their management (O.L. 1913, Chs. 276, 362). A State Livestock Sanitary Board was created (with SBH secretary an ex officio member), and directed to appoint a state veterinarian, who was made an ex officio member of SBH (O.L. 1913, Ch. 14). In the next session legislators strengthened the statutory requirements for the registration of births and deaths in Oregon; the state was divided into primary registration districts, composed of counties and larger cities. The secretary of SBH was named State Registrar, and charged with supervision and enforcement of the system of vital statistics and registration (O.L. 1915, Ch. 268). SBH was also charged with reviewing and approving all new town and city sewer water supply systems (O.L. 1915, Ch. 73). SBH's water purity authority was a major factor in decreasing cases of typhoid fever; it was also given control over waters used as a source of domestic and livestock supply. In 1926 SBH established a Division of Sanitary Engineering to address the state's unsanitary water and sewer systems; the division's duties later expanded to include public water supplies, sewage, and industrial waste collection (O.L. 1925, Ch. 137).

Federal funds provided by the Social Security Act of 1935 enabled increased rural, maternal and child health services across the country (P.L. 74-271). Title V Grants to States for Maternal and Child Welfare extended health services to women and children in rural and economically distressed areas; and Title VII Public Health Work grants strengthened state health departments and promoted full time city, county and district health organizations were administered

cooperatively to great effect in Oregon by the U.S. Public Health Service and SBH. In 1937 the Legislative Assembly designated SBH as the state agency to apply for, receive and distribute federal and state funds for the promotion of maternal and child health, excepting the use of care of dependent or delinquent children in institutions (O.L. 1937, Ch. 39).

Oregon voters also approved the initiative-driven Water Purification and Prevention of Pollution Bill in 1938. The statutory enactment created the Sanitary Authority of the State of Oregon within SBH to regulate, investigate and control the pollution of rivers, streams, lakes, watersheds and coastal areas in the interest of public health, recreational enjoyment, and conservation of fish, aquatic life and migratory birds. (O.L. 1939, Ch. 3). The new Sanitary Authority faced substantial challenges: many communities discharged untreated domestic waste into rivers, and industrial waste from pulp and paper mills was discharged without treatment. Great strides were made on the sewage issue. State and federal funds were made available for construction, and public health personnel training. Portland finally obtained its main sewage treatment plant in 1951, and by 1954 approximately 80 percent of domestic and industrial waste was being properly treated.

State lawmakers settled an interagency regulatory question in 1945, holding SBH responsible for the administration and enforcement of sanitation regulations at locations where food or drink is sold, and the state Department of Agriculture with oversight of the production, processing and distribution of food products and commodities (O.L. 1945, Ch. 328). SBH was also directed to regulate and license restaurants; and city, county and state health officers were required to regularly inspect all restaurants in their jurisdiction (O.L. 1945, Ch. 432).

During the 1950's and 1960's new advisory boards were established to counsel the Board on its increasing responsibilities. These advisory councils dealt with licensing or regulation of radiation, nursing home administrators, physical therapy, and hearing aids. In 1965 legislators created an Interim Committee on Public Health to study Oregon's public health system, including the SBH's operations; the relation between SBH and local health authorities; and the relation between counties and the Mental Health Division (1965 HJR 11).

The Sanitary Authority's membership was reduced to five governor-appointed members in 1967, with the State Sanitary Engineer renamed as Director of Air and Quality Control, and continuing as secretary (appointed and paid by the Sanitary Authority); the Sanitary Engineer was replaced as head of SBH's Department of Sanitarians by an SBH-appointed director (O.L. 1967, Ch. 424).

In 1969 the Department of Environmental Quality (DEQ) and the Environmental Quality Commission were created. All statutory references to the Sanitary Authority, including the air and water pollution control bills passed in this session, were replaced by these two entities (O.L. 1969, Ch. 593).

In 1971 the Health Division was created within the new Department of Human Resources (DHR), and charged with the administration of health and health-related affairs, including public health services, migrant health services, professional and occupational licensing boards, health facility licensing, and comprehensive health planning. The Administrator of the Health Division was statutorily appointed by the DHS director upon consultation with SBH; the administrator was made an ex officio member of all health-related licensing boards. The Public Health Officer was also appointed by the director of DHR, and designated as Deputy Administrator of the Health Division.

In 1973 SBH was abolished by the Legislative Assembly. Its duties, functions and powers were transferred to the State Health Commission, which was created with 13 governor-appointed members, and designed to be the state's public health and long range health planning agency. The Health Division was directed to adopt rules for the administration of the commission; the Administrator of the Health Division was authorized to appoint the Public Health Officer, who was also designated as the Deputy Administrator (O.L. 1973, Ch. 358).

The Oregon Drinking Water Quality Act was signed into law in 1981; the Health Division was directed to adopt water quality standards to protect the public health by ensuring safe drinking water within each water system (O.L. 1981, Ch. 749). The Health Division was also directed to maintain a program of public health vector control to educate, coordinate and assist local vector control districts; the local use of pesticides required the division's approval (O.L. 1981, Ch. 640).

The Commerce Department was abolished by legislators in 1987; the State Board of Barbers and Hairdressers, and the regulation of these professions, was transferred to the Health Division. The State Plumbing Board was transferred from Commerce to the new Building Codes Agency, with one Health Division representative continuing on the seven-member board (O.L. 1987, Ch. 414). The Health Division's duties, functions and powers regarding the regulation of long term care facilities was transferred to the Senior Services Division of the agency (O.L. 1987, Ch. 428). In 1987 the Legislative Assembly began a multi-session effort that created a framework for a private/public partnership of healthcare that collectively became the Oregon Health Plan (OHP), Oregon's state Medicaid program.

The Office of the Oregon Health Plan Administrator (OHPA) was created in the Executive Department (O.L. 1993, Ch. 725, §33). Two years later the Office of Health Policy was abolished and its duties, functions and powers were transferred (along with the Oregon Health Council) to OHPA; the Assistant Director for Health (or designee) was named one of 15 members of a new Medicaid Advisory Committee created to advise DHR (O.L. 1995, Ch. 727).

In 1994 voters approved the initiative-driven Oregon Death with Dignity Act, which enabled terminally ill adults to obtain a prescription for lethal drugs. The Health Division was directed in the act to annually compile and review a sample of records regarding its operation, and to report to the public statistically on the information collected (O.L. 1995, Ch. 3).

In 1998 voters approved initiative petition Ballot Measure 58, which enabled Oregon-born adopted individuals 21 years of age and older to obtain a certified copy of their unaltered, original and un-amended certificate of birth from the state registrar (O.L. 1999, Ch. 2). Voters also approved the initiative-driven Oregon Medical Marijuana Act, which allowed Oregonians 18 years of age and older with debilitating medical conditions to discuss with their doctor and use medical marijuana. The Health Division was directed to establish a program to administer medical marijuana registry identification cards (O.L. 1999, Chs. 4, 825).

In 1999 the Department of Human Resources (DHR) was renamed as the Department of Human Services (DHS) (O.L. 1999, Ch. 421). The Health Licensing Office, under the supervision and control of a governor-appointed director, was created to provide more effective coordination of the administrative functions of the state's health boards and councils. The Respiratory Therapist Licensing Board; Sanitarians Registration Board; State Board of Denture Technology; State Board of Direct Entry Midwifery; State Board of Barbers and Hairdressers (renamed as the

Board of Cosmetology in O.L. 1999, Ch. 425); Advisory Council to the Health Division for Electrologists and Permanent Color Technicians and Tattoo Artists; Advisory Council to the Health Division on Hearing Aids; Board of Athletic Trainers (created in O.L. 1999, Ch. 736); and body piercing registration program were transferred to the new agency (O.L. 1999, Ch. 885).

The Oregon Health Plan was modified by legislators in 2001 to provide coverage to more uninsured individuals, greater flexibility in the program's benefits, increased federal dollars, and control of its rising medical costs; the Leadership Commission on Health Care Costs and Trends was created to provide a sound basis for future consideration of strategies to improve access to an adequate level of health care at an affordable cost for all Oregonians (O.L. 2001, Ch. 898).

The Health Division and all other DHS divisions, offices, programs and organizational units were abolished in 2001, and their duties, functions and powers were legislatively transferred to DHS as a whole (O.L. 2001, Ch. 900). The agency reorganization aimed to improve client and community outcomes by making services more accessible in single locations; it emphasized "accountability, integrated services, collaboration and shared responsibility." The Health Division became part of DHS Health Services at this time.

In mid-2006 the public health programs of DHS Health Services were reorganized by the agency as the Public Health Division (PHD).

With passage of HB 2009, the 75<sup>th</sup> Legislative Assembly created a new state agency in 2009, the Oregon Health Authority (OHA), and transferred to it all of the health care duties, functions and powers of DHS; the Public Employees' Benefit Board and Oregon Educators Benefit Board in the Department of Administrative Services; the Oregon Medical Insurance Pool and Board in the Department of Consumer and Business Services; and the Family Health Insurance Assistance program in the Office of Private Health Partnerships (O.L. 2009, Ch. 595; EO 09-11). OHA was passed the statutory charge of "the thorough and efficient execution of the public health laws of this state in every part of the state, and with supervisory powers over all local public health administrators." OHA was authorized to investigate and enforce public health law violations; the attorney general and local public health administrators were directed to assist it when requested. The Public Health Division (PHD) was transferred in this legislation from DHS to OHA.

HB 2009 also created a governor-appointed Oregon Health Policy Board (OHPB) to serve as the policy-making and oversight body for OHA. OHPB was charged with improving access, cost and quality of the state health care delivery system, and the health of all Oregonians. The existing Oregon Public Health Advisory Board (PHAB) was directed to advise OHPB on policy matters related to the operation of OHA; provide a review of statewide public health issues; and participate in Oregon public health policy development. HB 2009 additionally directed OHPB to strengthen requirements for the collection of health market data, and to implement a variety of specific health care reform initiatives, including the establishment of a statewide Physician Orders for Life Sustaining Treatment registry; a Health Information Technology Oversight Council to promote the use of electronic health records and data exchange; a Statewide Health Improvement Program to prevent chronic disease and reduce the utilization of expensive and invasive acute treatments; a Healthcare Workforce database; and evidence-based health care guidelines for use by health care providers, consumers, and purchasers of health care in Oregon.

OHA was directed to administer a medical marijuana registration system for dispensaries to facilitate the transfer of marijuana between grow sites, cardholders, and caregivers; and to

inspect facilities for requisite compliance in pesticide, mold and mildew testing (O.L. 2013, Ch. 726).

### **Current Organization**

#### Office of the State Public Health Director

The office provides public health policy and direction to the public health programs within the Public Health Division (PHD), and ensures that the disparate programs within and outside PHD create an effective and coherent public health system for the state. The office and division are led by the Public Health Director, who is appointed by the Director of the Oregon Health Authority (OHA); The office also supports the work of the Public Health Officer, Deputy Public Health Director, and State Epidemiologist/Chief Science Officer (ORS 431.035, 431.045).

The Office of the State Public Health Director (OSPHD) oversees the Community Liaison program, which provides consultation and technical assistance to local health department staff regarding administration, systems development, and the formation of standards and policies.

OSPHD manages the Science and Evaluation program, which leads the division's epidemiology and population health initiatives. The office also oversees the Public Health Institutional Review Board (PH IRB), which serves as the institutional review board for PHD and the Multnomah County Health Department, reviewing these agencies' research activities involving human subjects to ensure that the rights and well-being of participants are protected (45 CFR 46).

OSPHD maintains the official copy of the records of the Oregon Public Health Advisory Board, which advises OHA/PHD on policy matters related to public health programs; reviews statewide public health issues, and makes recommendations to OHA/PHD; and participates in public health policy development. The board is composed of 15 governor-appointed members broadly representing the public, local government, and public/ private health providers (ORS 431.195).

OSPHD maintains the official copy of the records of the Conference of Local Health Officials (CLHO), which serves as a forum for state and local public health officials to discuss minimum standards and financial assistance agreements (ORS 431.330 et seq.; OAR 333 Division 14).

#### Center for Health Protection

The center protects the health of individuals through establishing, applying, and ensuring compliance with health-based standards. It monitors the performance of the health care systems, drinking water systems, restaurants, radiation sources, swimming pools, and tourist facilities. Services are provided primarily through county health departments and other community and tribal health organizations. The center also oversees the Oregon Medical Marijuana program.

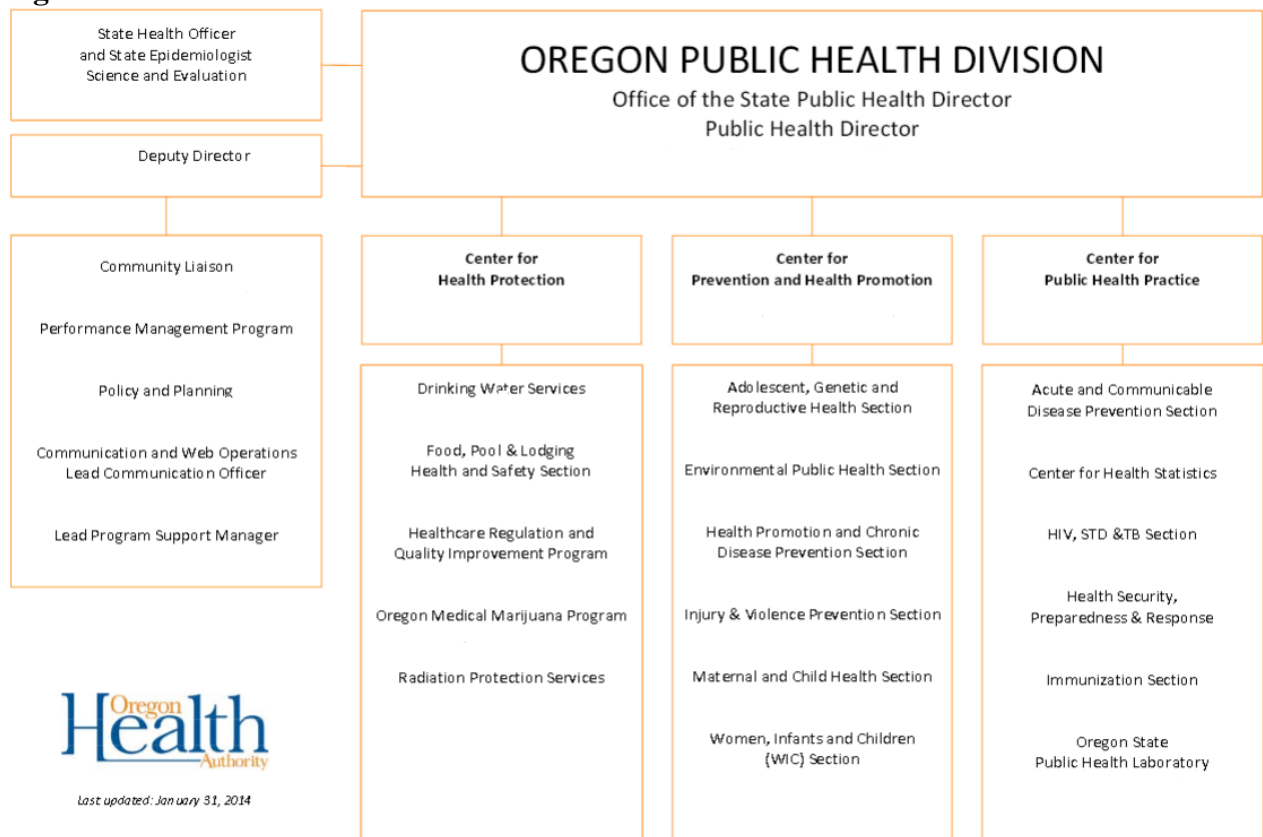
#### Center for Prevention and Health Promotion

The center works to prevent disease and promote health by creating environments, policies, and systems that support wellness. Its programs promote health in pregnancy, early childhood, adolescence, and adulthood. Current priorities include preventing tobacco use; decreasing obesity; preventing and reducing heart disease and stroke; reducing suicide; preventing family violence; supporting coordinated care organizations; and demonstrating excellence in epidemiology and surveillance. The center oversees programs that focus on the health of pregnant women; perinatal health; oral health awareness, education, and access; teen pregnancy prevention; school-based health centers; nutrition; adolescent mental health; chronic disease self-management and injury prevention; healthy birth outcomes; and breast and cervical cancer.

Center for Public Health Practice

The center supports Oregon’s public health system by strengthening the partnership between the state and local public health departments, and ensuring that core public health functions are sustained in the areas of infectious disease prevention and control, laboratory services, and vital records. It identifies and investigates disease outbreaks, hazardous exposures, and other health threats; coordinates the purchase, management, and distribution of vaccines to prevent diseases; works to reduce illnesses and death from sexually-transmitted infections, tuberculosis, and human immunodeficiency virus. The center also oversees the State Public Health Laboratory, which provides testing of human and non-human samples needed by state and local agencies and health care providers; responds to public health threats and emergencies; regulates the quality of testing in other clinical and environmental laboratories; conducts newborn screening for Oregon, Idaho, Alaska, Hawaii, Nevada, and New Mexico; and tests for diseases caused by viruses and other microorganisms to support outbreak investigations and public health surveillance.

**Organizational Chart**



## **Primary Oregon Revised Statute (ORS) and Oregon Administrative Rule (OAR) Chapters**

ORS 431	State and Local Administration and Enforcement of Health Laws
ORS 432	Vital Statistics
ORS 433	Disease and Condition Control; Mass Gatherings; Indoor Air
ORS 435	Birth Control; Termination of Pregnancy
ORS 436	Sterilization
ORS 438	Laboratories; Anatomical Material
ORS 440	Health Districts; Port Hospitals
ORS 441	Health Care Facilities
ORS 442	Health Planning
ORS 443	Residential Care; Adult Foster Homes; Hospice Programs
ORS 444	Special Medical Services for Children
ORS 446	Manufactured Dwellings and Structures; Parks; Tourist Facilities
ORS 448	Pool Facilities; Water and Sewage Systems
ORS 450	Sanitary Districts and Authorities; Water Authorities
ORS 451	County Service Facilities
ORS 452	Vector Control
ORS 453	Hazardous Substances; Radiation Sources
ORS 624	Food Service Facilities
OAR 333	Oregon Health Authority, Public Health Division

## **Chronology**

- 1903 State Board of Health created
  
- 1938 State Sanitary Authority created within State Board of Health
  
- 1951 Department of Sanitarians created within State Board of Health
  
- 1969 -Department of Environmental Quality and Environmental Quality Commission created  
-State Sanitary Authority abolished
  
- 1971 -Department of Human Resources (DHR) created  
-Health Division established within DHR
  
- 1973 State Board of Health abolished
  
- 1993 Oregon Health Plan formed as Oregon's state Medicaid program
  
- 1999 DHR renamed as the Department of Human Services (DHS)
  
- 2001 Health Division becomes part of DHS Health Services
  
- 2006 Public Health Division established within DHS
  
- 2009 -Oregon Health Authority (OHA) created  
-Public Health Division transferred from DHS to OHA



## **Bibliography**

City of Portland (Oregon), Bureau of Planning and Sustainability. "City of Portland: Civic Planning, Development, and Public Works, 1851-1965" (2009);

<http://www.portlandoregon.gov/parks/article/299256>, accessed Nov. 5, 2014.

Isseks, Morris S.; Oregon State Planning Board. "History of State Administrative Agencies in Oregon, 1843-1937" (1939); <http://library.state.or.us/repository/2008/200803201200184/>, accessed Nov. 5, 2014.

Oregon Coalition of Local Health Officials. "Local Public Health in Oregon: An Overview" (January 2014); <http://public.health.oregon.gov/About/TaskForce/Documents/local-overview.pdf>, accessed Nov. 5, 2014.

Smolensky, Jack. "A History of Public Health in Oregon" (Ed.D. Thesis), University of Oregon, School of Health and Physical Education (1957); <http://janus.uoregon.edu/record=b2184841>. accessed Nov. 5, 2014

State of Oregon, Department of Human Services. "Oregon Health Plan: An Historical Overview" (2006); <http://library.state.or.us/repository/2011/201104141026024/>, accessed Nov. 5, 2014.

State of Oregon, Department of Human Services. "Remaking DHS: Summary of Progress: Reorganizing the Department of Human Services to Better Serve Oregonians" (March 2002); <http://library.state.or.us/repository/2008/200808120907422/>, accessed Nov. 5, 2014.

State of Oregon, Department of Human Services. "Department of Human Services: Historical Overview of Organizational Structures." Presentation to Senate Interim Human Services Committee, January 23, 2006.

State of Oregon, Governor's Committee on Public Health Services in Oregon. "Public Health Services in Oregon" (December 1980).

State of Oregon, Office of the Governor. Executive Orders; <http://library.state.or.us/repository/2013/201307081419401/> accessed May 6, 2014.

State of Oregon, Legislative Assembly, Legislative Policy and Research Office. "Summary of Major Legislation (1995-2013)," <http://library.state.or.us/repository/2010/201010061538333/>, accessed February 20, 2014.

State of Oregon, Legislative Fiscal Office, "Analysis of the 2013-15 Legislatively Adopted Budget" (September 2013); <https://www.oregonlegislature.gov/lfo/Pages/Budget-Analyses.aspx>, accessed February 20, 2014.

State of Oregon, Office of Legislative Counsel. Oregon Laws (1843 – 2013); [https://www.oregonlegislature.gov/bills\\_laws/Pages/Oregon-Laws.aspx](https://www.oregonlegislature.gov/bills_laws/Pages/Oregon-Laws.aspx), accessed Nov. 5, 2014. [Cited herein as O.L.].

State of Oregon, Office of Legislative Counsel. Oregon Revised Statutes (ORS) (1953 – 2013); [https://www.oregonlegislature.gov/bills\\_laws/Pages/ORS.aspx](https://www.oregonlegislature.gov/bills_laws/Pages/ORS.aspx), accessed Nov. 5, 2014.

State of Oregon, Office of Secretary of State. Oregon Voters Pamphlet (1904 – 2013); [http://library.state.or.us/databases/subjects/Voters\\_Pamphlet.php](http://library.state.or.us/databases/subjects/Voters_Pamphlet.php), accessed Nov. 5, 2014.

State of Oregon, Office of Secretary of State, Archives Division. Oregon Administrative Rules; [sos.oregon.gov/archives/Pages/oregon\\_administrative\\_rules.aspx](http://sos.oregon.gov/archives/Pages/oregon_administrative_rules.aspx), accessed Nov. 5, 2014.

State of Oregon, Office of Secretary of State, Archives Division. Oregon Blue Book (1911 – 2013); [bluebook.state.or.us/](http://bluebook.state.or.us/), accessed February 20, 2014. [Cited herein as Blue Book].

State of Oregon, Office of Secretary of State, Archives Division website, <http://sos.oregon.gov/archives/Pages/default.aspx>, accessed Nov. 5, 2014.

United States Department of Health and Human Services, National Institutes of Health. “Chronology of Events,” NIH Almanac; [www.nih.gov/about/almanac/historical/chronology\\_of\\_events.htm](http://www.nih.gov/about/almanac/historical/chronology_of_events.htm), accessed Nov. 5, 2014.