

Public Health Advisory Board (PHAB)
February 19, 2020
Meeting Minutes

Attendance:

Board members present: Akiko Saito, Dr. Jeanne Savage, Dr. Eli Schwarz, Kelle Little, Dr. Bob Dannenhoffer, Lillian Shirley (ex-officio), Teri Thalhofer, Muriel DeLaVergne-Brown, Carrie Brogoitti, Dr. Dean Sidelinger, Alejandro Queral, Rebecca Tiel, Dr. Sarah Present, Dr. Victoria Irvin, Rachael Banks

Board members absent: Eva Rippeteau, Dr. David Bangsberg

Oregon Health Authority (OHA) staff: Cara Biddlecom, Krasimir Karamfilov, Sara Beaudrault

Members of the public: Sierra Prior (CLHO), Jessica Fisher (Public Health National Center for Innovations)

Welcome and Agenda Review

Rebecca Tiel

Ms. Tiel welcomed the PHAB to the retreat. She remarked that the PHAB members should take some time to recognize where they were, in Portland, and honor those on whose land they lived. She invited the PHAB members to introduce themselves and introduced herself. The PHAB members introduced themselves, including three new members: Dr. Veronica Irvin, Dr. Sarah Present, and Rachael Banks.

- Approval of January 2020 Minutes

A quorum was present. Dr. Dannenhoffer moved for approval of the January 16, 2020, meeting minutes. Mr. Queral seconded the move. The PHAB approved the meeting minutes unanimously.

Direction of Public Health Modernization Nationally

Jessica Fisher

Ms. Tiel introduced Ms. Fisher at the Public Health National Center for Innovations (PHNCI) and pointed out that Ms. Fisher would give the board some context about what was happening nationally around public health systems.

Ms. Fisher stated that the PHNCI was a division of the Public Health Accreditation Board, which is the accrediting body for governmental public health departments. PHNCI is the innovation



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arm of the Public Health Accreditation Board, looking at what is emerging in the field of public health practice and incorporating those learnings back into the accreditation program over time. PHNCI has enjoyed working with Oregon public health officials as the state has been working through public health modernization over the past few years.

Ms. Fisher thought it important to ground the board in the meaning of public health innovation. It refers to the development and/or implementation of a novel process, policy, product, or program leading to improvements that impact health and equity. When PHNCI staff think about the work that is being done in Oregon, they see the work done through the PHAB as innovative. The modernization work in Oregon and two other states working on foundational public health services and modernization share certain characteristics and it is innovative. Nationally, public health in Oregon is looked at as a leader in modernization. Innovation sits well when one is looking at complex problems for which there are no obvious technical solutions. The work Oregon public health is doing clearly falls within that. Oregon public health's work is iterative, collaborative, both internally and across sectors, and allows for emerging practices that question, challenge, and recreate the status quo and create value.

Ms. Fisher reviewed several major national initiatives. The first one is the national version of the foundational public health services (FPHS). PHNCI is the leader for the national body of work related to FPHS, which was built on the shoulders of what Oregon, Washington, and Ohio are doing. PHNCI's team has learned a lot from Oregon over the past four years, as PHNCI was rolling out this body of work nationally to other states.

Ms. Fisher noted that the Public Health Accreditation Board turned 10 years in 2019 and is currently working on Version 2.0 of the accreditation standards and measures. The Public Health Accreditation Board standards are about performance and quality improvement. The Public Health Accreditation Board is also in the process of looking at reaccreditation and tying that to the learnings from the work on the FPHS.

Ms. Fisher highlighted the cross-sector innovation initiative. There is a large movement nationally of moving toward cross sector partnerships that include public health and healthcare, social services and any service provider who is spending time addressing determinants of health.

Ms. Fisher presented a graphic of the 10 Essential Public Health Services. It's a framework that has been around for 25 years and started during President Clinton's health reform years. The intention behind the framework was to differentiate public health from healthcare and define core functions of the public health system. It is embedded in all aspects of public health practice, both governmental and nongovernmental. Things have changed over the last 25 years, as concepts like modernization and health equity have emerged. PHNCI and its partner de Beaumont Foundation are examining the relevance of the framework today. At the end of 2019, PHNCI engaged in a very large data collection effort. The center received over 1,300

comments through various channels and meetings and will be putting out a draft for vetting on March 2, 2020. Ms. Fisher encouraged the board members to contribute to that vetting. PHNCI wants to ensure that the framework is still relevant for the field. The framework should be a true reflection of public health practice, both governmental and nongovernmental, and remains relevant for the next 25 years and beyond.

Ms. Fisher explained that the last initiative was All In - Data for Community Health collaborative. It's about cross-sector data sharing and equity. All In is bringing together people across sectors, healthcare, public health, and others, to talk about how to facilitate data sharing. There is a movement for partners to come together at the national, state and local level to learn from one another about what is working and how the spread of effective models can be fostered through a learning community. These initiatives structure PHNCI's work, when we think about innovation and moving forward into the future in the context of Public Health 3.0.

Ms. Fisher presented a map that showed the nine states actively working on the adoption of the FPHS framework. It's important to note that the Oregon has been a leader in this effort. Many states have leveraged Oregon's organizational assessment tool and the costing tool. PHNCI has created a roadmap, building from the work of Oregon, Ohio and Washington that gives tangible ways for other states to learn from the early adopter states. Learning from how Oregon has been successful in narrowing the gap of public health funding needs has been really impressive. Although Oregon public health hasn't got all the funding that the state needs, only a couple of states can say that they have got that far.

Ms. Fisher stated that in terms of cross-jurisdictional sharing of services, a term that has been around for 10 years, public health officials across all states were struggling with how to operationalize it. With so many small health departments, and with resources and staff dwindling, it's important to have examples of cross-jurisdictional sharing and how to address things in different ways within a county structure. Oregon has been a leader in that as well. Oregon public health provides a really great example for how to approach the work collaboratively.

Ms. Fisher informed the PHAB that there was a movement by the Public Health Leadership Forum, facilitated by the Resolve Group, to prepare a funding package to put before Congress in the future to address the gap in funding for foundational capabilities nationwide. Resolve Group estimated that it would cost \$32 per person nationally to achieve foundational capabilities. There is a \$13 per person gap annually to do that. It would cost \$9.5 billion and there is a \$4.5 billion gap nationally. Resolve Group has put together a framework for how to ask for a permanent, stable, mandatory funding stream that would come down federally. There is a white paper about it. The learnings from Oregon and in other states have fed directly into the development of the white paper and are the reason behind some of the principles that will go into a future federal ask.



Dr. Schwarz asked about how the calculations that resulted in the \$32 per person estimate were made. This relates to the calculations done by the PHAB and the shortfall Oregon has to cover the foundational capabilities. At \$32 per person, that would be \$128 million in Oregon.

Ms. Fisher answered that the authors used available data, and while not perfect, it is a good estimate of what's needed.

Ms. Tiel asked that the white paper be sent to the PHAB members. She thanked Ms. Fisher for her presentation.

Ms. DeLaVergne-Brown informed the board that related to Ms. Fisher's presentation, and because Oregon had a lot of small health departments, she was on a taskforce that was looking at how to help small health departments become accredited.

Facilitator Introduction

Cara Biddlecom (OHA Staff)

Ms. Biddlecom introduced Ms. Tsai. Ms. Tsai's background is in diversity, equity, and inclusion training, as well as workshop and strategic planning facilitation. Ms. Tsai brings a skillset that would be beneficial for the PHAB to ground the retreat and the small-group discussions in equity.

Retreat Goals, Agreements, and Exercise

Lillian Tsai

Ms. Tsai thanked Ms. Biddlecom for the introduction and for inviting her to facilitate the retreat. She reminded the PHAB that the main goal for the retreat was to facilitate a process and conversation about the role of the PHAB in supporting how Oregon's public health system achieves a modernized public health system over the next 20 years that is innovative and forward-thinking. The retreat's agenda was put together by the OHA staff and is based on the online survey that several PHAB members filled out.

Ms. Tsai remarked that under the first group goal, the PHAB will get a chance to reflect on the information the board acquired last month about the history of racism in Oregon. The PHAB will discuss how to disrupt these power imbalances and forms of oppression that are at the root of these health inequities. The second goal is to reflect on and understand the importance of each board member's role and how each member contributes to bring value and deep knowledge from different perspectives to the PHAB and to the government health system as a whole. The last goal for PHAB members is to develop stronger relationships and trust with each other.

Ms. Tsai summarized the online survey. She asked three questions: (1) What is working well at the PHAB meetings? (2) What are some of the things that are the elephant in the room and that board members wished they could have spoken up? (3) What do you want to discuss at the retreat? The content for the retreat was developed based on the answers to these questions. The answers indicated that PHAB members have a desire to review the strategic goals for public health modernization, what the PHAB has accomplished so far, where the PHAB is currently and where it wanted to go. Members also desired to dig into issues and discuss the role of the PHAB and provide meaningful opportunities for discussion and participation, and discuss what the board was going to do with the information it has learned about Oregon’s racist past and institutional racism.

Ms. Tsai noted the agreements that she wanted the board to adopt for the meeting. When there is a discussion about racism and institutional racism, it’s always good to keep an open mind when people have differing beliefs and values. It’s good to own our intention and impact. Sometimes we have positive intentions, but we don’t understand or are aware of the impact that we have on other people. She asked the PHAB what *Step up and step aside* meant.

Ms. Banks answered that the saying meant to try both roles. If a person is more of a talker, to step aside and let other people contribute. If a person is quiet, to step up and step in.

Ms. Tsai agreed and mentioned that in the survey a few PHAB members shared that they remain quiet during meetings for various reasons and didn’t tend to step up. This retreat is a chance for everybody to have a voice. The next thing is about expecting discomfort and non-closure. The board members will walk away with more questions and it’s okay to sit with that. Another thing is holding one’s opinions lightly with humility. She asked the board members if they agreed with these agreements. The PHAB members agreed.

Ms. Tsai introduced the retreat’s icebreaker. She asked the board members to look around the room and identify somebody they didn’t know very well. For two minutes, each board member would share two things about themselves: (a) the experiences in life that have shaped who they are today, (b) why public health modernization is so important to them. The PHAB members did the activity. All board members learned new things about their activity partner. It is important to learn about each other’s backgrounds because it engenders respect, builds trust, and people can work together, and have better and deeper collaboration, and make decisions together. When people get to know each other on the personal and interpersonal levels, they can resolve misunderstandings easier.

Role of PHAB in Supporting How Oregon Achieves a Modern Public Health System

Rebecca Tiel

Ms. Tiel reviewed three foundational documents related to the board’s work. The first document is the board’s charter, which the PHAB updates once a year. Board members can



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refer to the charter during the discussions. The second document is the PHAB's statutory authority, which is in Oregon law. It describes the PHAB's duties in statute, as well as what the public and the legislative body are asking the board to do.

Dr. Schwarz asked about the formal process for changing an accountability metric that was created two years ago.

Ms. Biddlecom answered that every year the Accountability Metrics subcommittee reviews the list of measures and proposes potential changes. In terms of developing a report that is included in the package due to the legislative fiscal office, we are past the timeframe by which the subcommittee would change next year's measure. In the fall, the subcommittee will look at new changes.

Ms. Tiel stated that the last document to ground the board for today's discussions was a summary of the PHAB's achievements between 2016 and 2019. The accomplishments can be grouped in three priorities: (1) improve the public health system's capacity to provide foundational public health programs for every person in Oregon, (2) align and coordinate public health and early learning, CCOs, hospitals, and other health partners and stakeholders for collective impact on health improvements, (3) demonstrate progress toward improved health outcomes through accountability metrics and ongoing evaluation.

Dr. Present asked if the 2020-2024 State Health Improvement Plan (SHIP) had been finalized.

Ms. Biddlecom answered that five subcommittees were currently meeting to develop the content of the SHIP for each of the five priorities. At the March PHAB meeting, the board will look at a draft of the plan before it goes out for public comment and community engagement in April. The PHAB will get an update on the outcome measures that OHA will be collecting for the next five years, as well as the goals and the strategies that go along with that. The goal is to have the SHIP finalized in July.

Ms. Shirley added that the SHIP subcommittees were intersectoral and multidisciplinary. They are not just governmental.

Ms. Tiel remarked that the PHAB's role around the SHIP was that the board had no ownership over the plan. It's owned by all stakeholders. The PHAB is just one entity that informs its development.

Ms. Biddlecom explained that the PHAB was the governing body for public health in Oregon and had a role for OHA's public health accreditation in ensuring that the SHIP was implemented. OHA is accountable to a much larger group than just the PHAB in terms of ensuring that the plan is developed with communities and is implemented to meet their needs. The PHAB has a role in helping and making sure OHA is moving the plan forward.



Discussion: Oregon's History of Racism and How Institutional Racism Impacts PHAB

Lillian Tsai

Ms. Tsai introduced the first discussion. She pointed out that this discussion was specifically requested by several PHAB members who completed the online survey. She suggested that the board members form three groups and each group record their answers for the three questions on flip charts for this discussion. Each group then reported out their summary of answers.

Q1: How do you think Oregon's history of racism affects health disparities and inequities in Oregon? (Flip chart answers)

Group 1 answers: Poor health outcomes in minority populations; Educational/workforce multiplier; Intergenerational/historical trauma; limiting/impacting self-sufficiency; economically (house ownership); Continual/constant/perpetuated tensions to minorities; Historical basis with poor whites/interaction with minorities; Bias (generational).

Group 2 answers: Intergenerational education/wealth; Limited diversity; Workforce; Land ownership; Not just historical; Putting people against each other; Native Americans and African Americans.

Group 3 answers: Dictating where people of color can live (segregations, disruption of communities, formal and not); Can feel uncomfortable in certain situations and communities; Cannot use poverty as surrogate (we must explicitly discuss race and racism); Formal policies and current applications (red lining, school discipline, constitution of Oregon).

Q2: What does this mean for PHAB? (Flip chart answers)

Group 1 answers: Biggest opportunity is improving health of the most affected populations; Policy decisions/recommendations based on improvement in these populations; Focus on health equity definition; Processes remain true to health equity definition; Assume that universal/profound disparities exist.

Group 2 answers: Data vs. outcomes (we have enough in the data to take action); Use our voice; Access to resources; Common language.

Group 3 answers: Co-production with communities and what it means to them; How to better engage with communities (where they are, on their terms); Cultural preservations; Connection of economic development and health; Everything is public health.

Q3: How do we use the role of PHAB to correct historic and contemporary injustices? (Flip chart answers)



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Group 1 answers: Assume, accept as truth that universal/profound disparities exist; Address social determinants of health (SDOH); Data that is Oregon-specific to educate and bring awareness to policymakers; Prioritize funding; Keep pushing awareness to the front (book: *Tight Rope* by Nicholas Kristof).

Group 2 answers: Metric (CCOs) – impacting racial inequity; Cross-sector collaboration beyond health systems; Shift power and resources; Workforce development.

Group 3 answers: Proactive antiracism policies (we must take active steps to reduce inequities, not just removing barriers); Where are the state, counties, and others investing?

Ms. Tsai debriefed the discussion with two questions:

Discussion Question 1: What did you learn?

PHAB answers: All members are generally aligned and willing to think outside the box; Need to remember the past and yet to know it's still here; Committed to go forward and lead with race; Can do better at telling stories as well as data.

Discussion Question 2: What will you do with this?

PHAB answers: Prioritize racial equity now, ensure awareness that health disparities exist and are reflective of bias; Have hard conversations; Examine data to show where disparities exist and use caution in how data are presented and how communities are represented so communities aren't targeted; Share data with communities of color; Listen and be part of the solutions; Be transparent.

Discussion: Future of Public Health in 10-20 Years

Lillian Tsai

Ms. Tsai introduced the second discussion. She suggested that the board members form two groups and each group answer the three questions for this discussion. Both groups chose to skip the second question.

Q1: What does “innovative and forward thinking” look like in public health modernization? (Flip chart answers)

Group 1 answers: Co-production with community (improve/enhance methods, culturally specific approaches); Elimination of health disparities (focus on effects by race); Focus on policies that promote preventive (upstream) approaches.

Group 2 answers: Antiracism policies; Non-siloed funding; Blow up the program elements.

Q3: What are the three main priorities that PHAB will use to guide its work that are forward-thinking and innovative and what will it take to get there based on where we are now? (Flip chart answers)

Group 1 answers: Focus on race and disparities (inequities); Prioritize co-production to inform the process for finding and implementing solutions (be open to different type of data); Ensure through proper and sufficient funding that all Oregonians have access to foundational public health capabilities; Prioritize new money for funding public health modernization; Continue strengthening accountability structures for CCOs.

Group 2 answers: Infrastructure funding and getting away from categorical funding; Leveraging opportunities; Move from status quo to making incremental change toward bigger changes.

Ms. Tsai debriefed the discussion with two questions.

Discussion Question 1: What will it look like in 10-20 years?

PHAB answers: Greater connection to communities; Continuing public health modernization journey; More collaboration between sectors and increased engagement; public health accreditation and working with partners to encourage it (19 are accredited out of 33); Federal public health also modernized; Oregon continues its savviness.

Discussion Question 2: Top 3 priorities to guide your work?

PHAB answers: Expand integration and leverage other partners, resources, and funding; Don't forget original mission; Lead with race to eliminate racial and ethnic disparities.

Discussion: Reflecting on and Understanding the Importance of Each Member's Role

Lillian Tsai

Ms. Tsai introduced the third discussion. She suggested that the board members form two groups and each group answered the three questions for this discussion.

Q1: What do each of us believe we bring to PHAB/governmental health systems in terms of individual deep knowledge, experience, partnership connections etc. to help move PHAB's vision and charter along? (Flip chart answers)

Group 1 answers: Individual/personal experience vs. title/role when working together as a board; Understanding of our specific experiences; Different relationships with policymakers;



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How this affects local work; Expertise in other areas outside public health and bring that in; For non-governmental public health – how to fully represent our roles.

Group 2 answers: Boots on the ground; Clinic/community experience; Academia – youth education – workforce development; Experience/passion; Differing health sectors – rural, city, variety, structures.

Q2: How do we leverage all the different types of relationships we each bring in our positions to map out and fully take advantage of all resources at our disposal? (Flip chart answers)

Group 1 answers: Catalyst/source of information to further leverage equitable policy; Use PHAB priorities to leverage different systems to push policy agendas; Broader lens on funding discussion happening in each organization; Policymakers are concerned about healthcare costs, but are not hearing from CCOs and healthcare about public health; Process to support each other in our roles; understand who we are, what we can do.

Group 2 answers: OHA leveraging the CCO relationship; Community benefit (money from hospitals to community); PHAB leveraging OHA; addressing social determinants of health.

Q3: How do we lean into these designated roles? (Flip chart answers)

Group 1 answers: Engage in difficult conversations that disrupt the system; Invite CCO CEOs here and ask the hard questions (e.g., SDOH, tobacco policy); Push systems beyond checking the boxes and understanding of interrelated costs between systems (social supports, housing, healthcare, etc.); Accountability to sustainability vs. seed funds.

Group 2 answers: Challenge your own bias; pushing the system to help improve the lives of Oregonians.

Ms. Tsai debriefed the discussion with a question.

Discussion Question 1: What did you learn?

PHAB answers: We want to be held accountable; We want to support each other in our roles; PHAB meetings are a good opportunity for big discussions and storytelling and not just hearing presentations; Bring stories to future agendas about our roles and support members to connect the dots; Consider who we invite as guests and who are leaders to share; Need time on each agenda to prepare for next meeting and come up with topics.

Discussion: Building Trust and Relationships

Lillian Tsai



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Ms. Tsai introduced the last discussion. She asked the board members to take a minute and reflect on three questions: (1) What do I personally need in order to serve at my highest level and do my best work here? (2) What do I need from OHA staff? (3) What do I need from the rest of the PHAB? She suggested each board member to share their answers with the board.

Mr. Queral shared that he would like more time and preparation to be efficient. From OHA: data and analysis. From the PHAB: affirming the commitment to changing the system.

Dr. Present shared that she would like more time in the day and to find a mechanism to connect to the health officers caucus. From OHA: clear questions for her to prepare to bring, after getting input from the health officers. From the PHAB: Patience in learning about role/expectations.

Ms. Kelle shared that she needed a greater understanding about what the expectations were for the role, and how to deliver the message back to the constituents and vice versa, and how to better serve tribes. From OHA: support to deliver the message. From the PHAB: clarity in how to better serve those in need.

Ms. Banks shared that she needed to understand her role on the PHAB. From OHA: assistance and preparation, considering multimodal ways of learning. From the PHAB: grace, vulnerability, honesty.

Ms. Thalhoffer shared that she needed guidance from the Conference of Local Health Officials on her replacement upon retirement in June. From OHA: continued recognition that we are all shifting and changing and it is hard. From the PHAB: build the personal relationships and get to know more about one another.

Dr. Sidelinger shared that he needed a better understanding of the leverage the PHAB had moving forward so that he knew how to best lead as a public health officer. From OHA: patience.

Ms. Tiel shared that it was difficult for her to facilitate the PHAB meetings and participate in the discussions. From OHA: key discussion questions to be communicated upfront in an email so that there is time to ponder them in advance. From the PHAB: bringing in solution-oriented, high-level perspective, patience, grace, getting away from biased conversations.

Ms. Shirley shared that she needed from the PHAB members the answers to these questions.

Ms. Brogoitti shared that she didn't feel knowledgeable enough to be the champion and the leader she wanted to be on the topic of health equity. She needed to be met where she was at. From the PHAB: creating a space as a group to bring each member's stuff to the table.

Ms. DeLaVergne-Brown shared that she was activity-oriented and she loved the retreat. She suggested to incorporate activities in the PHAB meetings. From OHA: send materials ahead of the PHAB meetings, so that she can send to her counties some of the discussion points. From the PHAB: grace, open communication, get to know each other better.

Dr. Dannenhoffer shared that grace was needed and that OHA staff did a great job, but he found the PHAB agenda quite passive. Presentations to the PHAB should be accompanied with a request for advice because the board represents a lot of passion and experience in public health. From OHA: knowing what specific advice is needed, so that board members can think about it before the meetings.

Dr. Irvin shared that she needed more clear understanding of the expectations for her role, especially as a representative of academia. From OHA: personal calls with Ms. Biddlecom and Ms. Beaudrault.

Ms. Akiko shared that she felt outnumbered during PHAB meetings because she was the only voting state member and needed more clarity about her role. From OHA: being part of the agenda and not be passive during PHAB meetings. From the PHAB: keep bringing the difficult conversations, keep being engaged.

Dr. Savage shared that she agreed with Dr. Dannenhoffer about the PHAB being asked for advice. For example, she would love to hear about how the 3.4% affects the hospitals. From the PHAB: continued engagement and willingness to take the risk to put out their thoughts. From OHA: clear notes and communication about her responsibilities, action items, and follow-ups; holding her feet to the fire so that she performs best; reminder from OHA to do her tasks.

Debriefing the Retreat

Lillian Tsai, Cara Biddlecom (OHA Staff)

Ms. Tsai debriefed the retreat with two questions.

Discussion Question 1: What went well?

PHAB answers: U-shaped setup; Very activity-driven; Different groups; Everyone was respectful and able to have difficult conversations; Facilitator was great; Really good meeting: mix of group, energizing, strategic; Used public health modernization as grounding and not the thing; Lunch didn't put board members to sleep; Half a day format.

Discussion Question 2: What could be different?

PHAB answers: Room a little larger, with a window; More water; Enormous agenda; Meeting felt rushed; Missing two board members.

Ms. Biddlecom stated that some of the topics from the final discussion could be immediately folded into the planning of the PHAB's agenda for March and restructuring it. To implement the SHIP, on which the PHAB will provide feedback during the March meeting, will take an enormous effort and everyone's input. The PHAB will also need to update its charter, specifically the health equity policy and procedure, to make sure that the board is using it and that the process helps the PHAB achieve the health equity goal. There might be some specific statements or guidance that get worked into the charter or bylaws or create standalones that help the board codify some of the discussed points around leading with race and equity. Those would be products that the PHAB would discuss and frame up into the workplan.

Ms. Tsai remarked that she really enjoyed working with the PHAB members. She asked if all their voices were heard, if they had a chance to speak up, and if they felt included in all discussions. All PHAB members nodded affirmatively.

Ms. Saito answered that, to Ms. Tiel's point about facilitating and participating, that maybe the PHAB could rotate facilitators so that each member could participate in the discussions.

Closing

Ms. Tiel thanked the PHAB members for their participation and adjourned the retreat at 4:18 p.m.

The next Public Health Advisory Board meeting will be held on:

**March 19, 2020
2:00-5:00 p.m.
Portland State Office Building
800 NE Oregon Street, Room 177
Portland, OR 97232**

If you would like these minutes in an alternate format or for copies of handouts referenced in these minutes please contact Krasimir Karamfilov at (971) 673-2296 or krasimir.karamfilov@state.or.us. For more information and meeting recordings please visit the website: healthoregon.org/phab



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