|  | **Principles** | **Priority** |
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| **PHEP Funding Principles** | |  |
| 1 | Population Size |  |
| 2 | History of Oregon Emergency Declarations |  |
| 3 | Statewide Hazard/Vulnerability Analysis |  |
| 4 | Geographic Factors (ex: urban counties have large # of partners to coordinate/convene, rural/frontier counties have large geography to cover) |  |
| 5 | Funding can support basic staffing/infrastructure |  |
| **JLT Funding Reductions Principles** | |  |
| 6 | Avoid “thinning the soup,” especially when extensive cut is required |  |
| 7 | Cut GF investment if programs could be funded through alternative funding sources, including shifting costs to end users (e.g. through fees) |  |
| 8 | Preserve local flexibility to respond to local public health needs |  |
| 9 | Preserve core public health functions (as previously defined in ORS/OAR) |  |
| 10 | Preserve programs that provide and/or have a statewide impact |  |
| 11 | Preserve enough infrastructure for critical programs so they can be rebuilt should funding be restored |  |
| 12 | Preserve the most effective programs |  |
| 13 | Preserve programs that provide an ability to respond to emerging threats |  |
| **JLT Funding Principles for Additional Resources** | |  |
| 14 | Fund state and local health improvement plan strategies using population health metrics because they promote healthier communities and their associated coordinated care organization partners |  |
| 15 | Fund PHD priorities and themes that emerge statewide |  |
| 16 | Statutorily mandated public health regulatory responsibilities |  |
| **Modernization PHAB Funding Principles** | |  |
| 17 | Public health modernization funding that remains with OHA should be focused on meeting needs of local public health system, especially small local public health departments |  |
| 18 | If funding is to be used for pilot sites, an RFP should be structured so that larger, more resourced counties do not have an advantage over small or less resourced counties |  |
| 19 | Allocate funds for groups of counties who self-identified as working together to improve a need or capability |  |
| 20 | Identify a key capability to focus on and identify which counties need more improvement based on the public health modernization assessment |  |
| 21 | Public health modernization funding formula should advance equity in Oregon, both in terms of health equity and building an equitable public health system |  |
| 22 | Public health modernization funding formula should be designed to drive changes to the public health system intended to increase efficiencies and effectiveness |  |
| 23 | Decisions made about the public health modernization funding formula will be compared with findings from the public health modernization assessment to ensure funds will adequately address current gaps in implementation of foundational programs |  |
| **JLT Funding Brainstorm 2017** | |  |
| 24 | Improve transparency about funded work and state and local roles |  |
| 25 | Ensure services are available across Oregon (not necessarily county by county), understanding that some services do not need to be available statewide |  |
| 26 | Align funding with burden of disease and continuously assess how funds are allocated to burden of disease |  |
| 27 | Connection between the work required and funding allocated |  |
| 28 | Funding allocated should be based on work, risks (such as All Hazards risk) or burden of disease |  |
| 29 | Public health system (state and local) should review state or federal requirements as funds increase or decrease and match state or local funding with requirements |  |
| 30 | Tier work expectations with tiered funding |  |