Vision:
The PHMAC will contribute to Colorado having a prepared and resilient public health and medical community through coordinated and integrated emergency preparedness, response, and recovery activities.

Mission:
The PHMAC serves as an expert stakeholder group to provide CDPHE OEPR ideas and guidance on the direction of public health and medical emergency preparedness, response, and recovery efforts in Colorado.

Main Goals:
Serve as a strategic planning and visionary entity, and ensure open lines of communication and information sharing with all stakeholders to increase effectiveness, efficiency, and synergy.

Membership:
The chair of the PHMAC is the CDPHE OEPR Director. The PHMAC currently contains members from the following agencies/organizations:

- CDPHE OEPR: Director, Response Branch Manager, Grants Branch Manager (other CDPHE OEPR staff and other CDPHE division/office staff participate as needed, based on current activities of the PHMAC)
- CDPHE Health Facilities and Emergency Medical Services
- Local public health agency EPR - Denver metro
- Local public health agency EPR - Western slope
- Local public health agency EPR - Rural (from 2 different rural areas)
- Local public health agency environmental health
- Trauma level 1 hospital emergency preparedness
- Colorado Hospital Association
- Emergency Medical Services - Denver metro
- Emergency Medical Services - RETAC
- Emergency Medical Services - Pediatric
- Colorado Office of Emergency Management
- Local Office of Emergency Management
- Behavioral health
- Long term care facilities
- Surgical centers
- Primary care
- Community health (CRHC and CCHN)
- Tribal Nation
- Coroners
- Support services - blood bank
- Federal health facilities (VA)
- Volunteer organizations (Red Cross)
- Academic partners (University of Colorado)
- Health care coalition council representative

Guiding Principles:
• Serves as an advisory group to CDPHE, per the CDC PHEP and ASPR HPP grant requirements, and provides input on activities around these grants
• Considers grant requirements, federal/state/local factors and trends, the emergency management system, the health care system, and partner agency/organizations needs in order to inform public health and medical emergency preparedness and response activities
• Focus on all-hazards
• Focus on ESF8 capabilities
• Serve as a strategic planning entity
• Contribute to the evaluation of public health and medical EPR activities in the state
• Provides recommendations to CDHE OEPR to improve quality of service
• Identify public health and medical gaps and areas of greatest need (prioritize)
• Establish work groups to work on specific projects
• Update partners on PHMAC activities, purpose, role, etc. (perhaps periodic updates in the OEPR newsletters?)
• Coordinate with other entities when necessary (GEEERC, HPAG, HCC Council, etc.)

Activities:

Examples of specific activities/topics that the PHMAC covers:

• Review grant funding awards and provide guidance on how to respond to award increases/decreases
• Review funding formulas for allocating grant awards
• Contribute to the strategic planning for PHEP/HPP activities for the next budget period and/or project period, and provide guidance on how to better align activities between these 2 grants
• Provide guidance on how to address additional funding opportunities
• Review plans for statewide exercises
• Review pertinent Colorado Board of Health regulation updates

Meetings:

• Monthly conference calls - first Thursday from 10 am to 11 am
• Agenda developed CDPHE OEPR with input from members
• Calls facilitated by CDPHE OEPR

Items for Consideration:

• Interest among members to try to have at least 1 face-to-face meeting per year
• Should PHMAC have an executive committee to guide PHMAC efforts?
• What is the expectation for members (ie, what type and how much work is expected, work group participation, etc) - develop clear expectations
• What do members want to see accomplished?

History:

• 2011: The HPAC (Hospital Preparedness Advisory Committee), a committee organized by CDPHE OEPR, formed a strategic planning workgroup to help guide the HPP work for 2012-2015 with a focus on prioritizing work to provide the greatest return on investment
• 2012: Federal partners (CDC and ASPR) merged the PHEP and HPP grants to have better alignment of public health and hospital preparedness activities; the HPAC group decided to expand to include PHEP components and LPHA representation; the HPAC group turned into the ESF8 Steering Committee and was organized by CDPE OEPR
• 2013: The ESF8 Steering Committee worked on developing a strategic plan
• 2014: The ESF8 Steering Committee was renamed to the PHMAC and 2 subcommittees were developed:
  o ESF8 Strategic Planning Committee - Goal was to create a clear definition of public health and medical functions for emergency response and emergency operations center function; and develop an understanding of current efforts for public health and medical functions/ESF 8 across the state; and developing and sharing guidance for public health and medical/ESF 8 functions;
• PHEP and HPP Grants Subcommittee
  • Late 2014: OEPR sent out a document to the PHMAC that outlined the vision and mission of the PHMAC and the
  2 subcommittees; HCC Council leadership also included at this time