

**U.S. Department of Health & Human Services
Administration for Strategic Preparedness & Response**

National Advisory Committee on Children and Disasters Public Meeting Summary: January 18, 2023





NATIONAL ADVISORY COMMITTEE ON CHILDREN AND DISASTERS

Public Meeting Summary

January 18, 2023

11:00-1:30 pm ET

Attendees

Voting Members:

David J. Schonfeld, MD, FAAP (Chair)
Claire L. Barnett, MBA
Nancy Blake PhD, RN
Rita V. Burke, PhD, MPH
Cindy Calderon, MD
Rachel Charney, MD
Sarita Chung, MD
Mark X. Cicero, MD
Arthur Cooper, MD, MS
Brent Kaziny, MD
Leslie Rubin, MD
Jeffrey S. Upperman, MD, FAAP, FACS
Debra Weiner, MD, PhD

Ex Officio Representatives:

Daniel Dodgen, PhD, Office of the
Administration for Strategic Preparedness
and Response (ASPR)
Derek Eisnor, MD, Biomedical Advanced
Research and Development Authority
(BARDA), ASPR
Celeste Philip, MD, MPH, Centers for
Disease Control and Prevention (CDC)
Meredith Miller, MA, Department of
Education
Jeanne Briskin, MS, Environmental
Protection Agency (EPA)
Dionna Green, MD, FCP, Food and Drug
Administration (FDA)
Lauralee Koziol, Department of Homeland
Security, Federal Emergency Management
Agency (FEMA)
Michael Warren, MD, MPH and Sara
Kinsman, MD, Health Resources and
Services Administration
Rosalind B. King, PhD, National Institutes of
Health (NIH)

ASPR Advisory Committee Staff:

Zhoowan Jackson, Designated Federal
Official (DFO), ASPR National Advisory
Committee (NAC) Program
LCDR Clifton Smith, U.S. Public Health
Service (USPHS), Advisory Committee
Executive Secretary, ASPR NAC Program
CAPT Christopher Perdue, USPHS, NAC
Program

Darrin Donato, ASPR Office of Strategy,
Policy, Planning, and Requirements, Policy
Branch Chief
Maxine Kellman
Tabinda Burney
Mariam Haris
Megan Hoffmann

Presenters:

Dawn O’Connell, Assistant Secretary for Preparedness and Response

Meg Sullivan, MD, ASPR Chief Medical Officer

Michael Anderson, MD

CAPT Jonathon White, USPHS

Introduction

The National Advisory Committee on Children and Disasters (NACCD or the Committee) held a public meeting on January 18, 2023, to discuss, finalize, and vote on an initial set of recommendations to the Secretary of the Department of Health and Human Services (HHS) and ASPR regarding challenges, opportunities, and priorities for national public health and medical preparedness, response, and recovery specific to the unique needs of children and their families in disasters. The Committee voted unanimously on record to adopt the recommendations. Approximately 300 people participated in this public meeting via Zoom webinar.

The NACCD was reauthorized by Congress in June 2019, Section 2811A of the Public Health Service Act (42 U.S.C. § 300hh-10b) and inaugurated on February 17, 2022. The HHS Secretary approved the charter of the NACCD to “provide advice and consultation to the Secretary of HHS to assist him in carrying out these and related activities as they pertain to the unique needs of children in preparation for, responses to, and recovery from disasters.” The NACCD is governed by the provisions of the Federal Advisory Committee Act (FACA), Public Law 92-463, as amended (5 U.S.C. App.).

Since its inauguration in February 2022, the NACCD formed two working groups (subcommittees) to conduct the work of drafting recommendations. Those working groups – Community Preparedness, Response, and Recovery Working Group and Healthcare Response, Recovery, and Prevention Working Group – developed the recommendations, which were then proposed to the full committee for review in a report that was posted on the NACCD public meeting page on the ASPR website for public review prior to the meeting.

Meeting Summary**Call to Order and Opening**

The HHS Designated Federal Official (DFO), Zhoowan Jackson, opened the NACCD public meeting, conducted roll call, and reviewed the administrative and operational requirements specific to the Federal Advisory Committee Act (FACA), the NACCD charter, and the HHS ethics rules for special government employees. American Sign Language interpretation and live captioning were provided. There were no potential conflicts of interest raised or recusals declared by voting members. Public attendees participated in the meeting via Zoom Webinar with access to Q&A and were also encouraged to send comments and questions via email to NACCD@hhs.gov.

Welcome Remarks

Dawn O'Connell, HHS Assistant Secretary for Preparedness and Response

Ms. O'Connell welcomed the committee and thanked them for their service at a historic time. She noted that the once-in-a-lifetime COVID-19 pandemic has taken an unprecedented toll on the physical and mental health of our nation's children. Assisting in the recovery from the impacts of the pandemic remains a critical part of ASPR's work. At the same time, the nation is facing the challenges of other respiratory illnesses among children, including respiratory syncytial virus (RSV) and influenza. Helping healthcare systems and communities prepare for, respond to, and recover from major public health emergencies like Mpox, hurricanes, RSV, and the baby formula shortage is what ASPR does and is reflected in the newly released Strategic Plan <https://aspr.hhs.gov/StratPlan/Pages/default.aspx> that lays out ASPR's top priorities. These priorities are built on learned lessons while charting a path forward to improve our mission-readiness, save lives, and protect the nation from known and unknown public health threats. ASPR is working across its pediatric interagency group, and working closely with its three Centers of Excellence, to advance the practice of region-based pediatric disaster care and continue to advance an agenda for rapid development and deployment of diagnostics, therapeutics, and vaccines to all that need them, including and especially children. Addressing complex challenges facing children requires continued coordination across HHS and external partners. Meaningful improvements can work only when everyone works together. With the expertise of the NACCD and partners, we will emerge from this pandemic better prepared to support the nation's children.

ASPR Update on Pediatric Disaster Responses

Meg Sullivan, MD, ASPR Chief Medical Officer

Dr. Meg Sullivan congratulated the committee on providing recommendations noting how important and timely the recommendations are regarding increased hospitalizations for RSV, influenza, and the COVID-19 resurgence. Dr. Sullivan highlighted HHS's activities with state and local partners, including convening ten Regional Town Halls, to address these issues and identify gaps in the available data and opportunities for improvements.

Michael Anderson, MD, MBA, Senior Advisor (CTR), Office of Emergency Management and Medical Operations, ASPR

Dr. Michael Anderson highlighted the importance of the Pediatric Disaster Care Centers of Excellence and partners who responded to the children's healthcare crisis of the "triple-demic" of RSV, COVID-19 resurgence, and influenza. He reiterated the importance of ongoing cross agency partnerships and public-private partnerships such as the Interagency Pediatric Surge Workgroup that worked to share data and identify solutions and areas of interest.

CAPT Jonathan White, PhD, U.S. Public Health Service, Director of Community Mitigation and Recovery, Office of Emergency Management and Medical Operations, ASPR

CAPT Jonathon White shared progress on efforts to integrate a pediatric lens into all aspects of emergency response and disaster recovery operations. A focus on the needs of children should be deeply embedded into all aspects of programs. ASPR has reorganized the Health and Social Services Recovery Support Function (RSF) to better address the needs of children, youth, and

families in disasters. In every recovery, ASPR conducts a needs assessment and a specific plan for children which is required in each of the five core mission areas.

Overview, Discussion and Voting on Recommendations

Dr. Schonfeld presented a detailed overview of the draft recommendations and then invited comments or further discussion from committee members prior to voting. The Chair also acknowledged the public comments received by the Committee for consideration and highlighted some of their key points.

The recommendations are focused on three areas, the children's disaster mental health challenge, the key lessons learned from the COVID-19 pandemic, and the pediatric healthcare surge during the respiratory infectious disease epidemics currently still being experienced. A few overarching comments about the context of the recommendations and clarifying terminology were provided. For example, it should be assumed that whenever we say children, we mean children of all ages from birth to at least 21 years of age as well as their families, and communities when that is appropriate and applicable.

The NACCD Recommendations were summarized as follows:

Recommendations related to children's disaster mental health crisis

1. Establish a children's disaster mental health working group to support emergent and urgent mental health services; reduce behavioral health "boarding" in emergency rooms by 75% in 2 years
2. Establish and sustain funding mechanisms to provide disaster behavioral healthcare where and when local/regional resources are exhausted
3. Enhance pre-disaster preparedness and just-in-time training in pediatric disaster mental and behavioral health; training should include psychological first aid, bereavement support, and brief supportive interventions by mental health professionals and other individuals who work with children
4. Add or increase grants for disaster mental health training including related to trauma, grief, and loss for clinicians and non-clinical professionals in the health system
5. Provide routine funding to the Department of Education for behavioral health recovery in schools or directly fund such programs

Key lessons from COVID-19 and other pediatric respiratory infectious disease epidemics

6. Develop a strategic approach to defining, collecting, sharing, analyzing, and reporting on pediatric-specific data for disaster response; establish an accurate representation of pediatric emergency care capacity
7. Increase pediatric capabilities of the National Disaster Medical System
8. Incentivize additional development, evaluation, refinement, and implementation of pediatric disaster response annexes through existing local and regional health coalitions and networks
9. Ensure the ability of HHS to lead a scientific response to public health threats that is insulated from political considerations

10. Work with state legislators and Congress to ensure the federal government can implement necessary public health measures during a public health crisis
11. Ensure federal access to complete pediatric immunization data during pandemics and other infectious disease emergencies

Recommendations on other high priority matters related to children and disasters.

12. Additional staff positions in ASPR for children's disaster preparedness, response, and recovery
13. Establish and maintain a federal working group that focuses on remedying gaps in general disaster preparedness related to the needs of children during and after a disaster
14. Establish a variety of benchmarks for the Biomedical Advance Research and Development Authority to improve the development and availability of emergency medical countermeasures (MCM) for children

Committee members concurred and commented on various aspects of the recommendations presented. Members noted support for specialized training in psychological first aid as a first line of defense for children's mental health during disasters and the need for more training at community-level relieving strain on hospitals and EMS to provide this care. Also highlighted was the importance of access to real-time data for the disaster research community and decision-making in near real-time during response operations. This included understanding true bed capacity to know when community hospitals are becoming overwhelmed (i.e., having the right systems to know you are in a surge before you are in a surge).

It was also emphasized that transparent, clear public health messaging specific to children and families deserves further discussion by the Committee and potentially a specific recommendation on how it can be done well, avoiding some of the confusion and mistrust observed during the COVID-19 pandemic.

The issue of pediatric medical countermeasures being developed ethically and efficiently was discussed, noting the interaction with other response measures. In the absence of MCM, this may include potentially having to look at crisis standards of care. The importance of solutions to further incentivize the development of pharmaceuticals, devices, and adequate delivery measures for children's specific needs were also discussed.

There was significant discussion related to the importance of environmental health risks for children. Committee members were in favor of the topic being further explored and addressed in the subcommittee/work group level through the normal process and considered for future recommendations.

Language was amended for recommendation number 10 to reference not just U.S. citizens but "anyone living in the United States including territories and Tribal entities".

An official vote of record was taken finalizing the recommendations adopting the amendments as agreed upon. **There was unanimous adoption of the recommendations, which will be posted on the [public meeting page for the NACCD](#) on the ASPR website.**

Next Steps for the NACCD

The Chair opened a brief discussion of potential new topics including some areas that were not addressed in this first recommendations report, but the committee felt are important areas for future work of the committee. Workgroup Chairs and a few other voting members briefly summarized these six (6) topics areas.

The potential future topics discussed are as follows:

1. Health care guidelines for families and primary care providers to reduce pediatric visits to emergency departments and prevent overuse of supplies during public health emergencies (Dr. Chung)
2. Improved and expanded use of telehealth and teleconsultation for pediatric care during disasters and public health emergencies (Dr. Kaziny)
3. Additional discussion on the requirements for development, stockpiling, and deployment of emergency medical countermeasures and pediatric-specific medical supplies for disaster response (Dr. Upperman)
4. Policies, funding, and technical resources to assess and mitigate disaster-related environmental health risks to children (Ms. Barnett)
5. Approaches to better address the social, economic, environmental, and racial vulnerabilities and disparities that impact preparedness, response, and recovery from disasters for children, families, and their communities (Dr. Rubin)
6. How to better capitalize on, support, and cultivate existing community-based resources and systems for disaster preparedness, response, and recovery for children (Dr. Burke)

Public comments received also suggested some additional areas that the Committee should be addressing in the future (see below).

Public Comments

Prior to presenting the recommendations, the NACCD Chair acknowledged the public comments that were received and shared with the Committee for consideration. Four public comments were noted for further consideration and attention at the healthcare workgroup level:

- **Mitchell Berger** (health professional comments made in his personal capacity) addressed health coverage for pediatric populations—especially as COVID-19 public health emergency eventually ends—and looking at the impact of Medicaid expansion and lessons learned about how we meet some of the needs related to health insurance coverage during the pandemic.
- **Julianne Ehlers** (Program Director/National EMS Information System Technical Assistance Center) addressed healthcare capacity concerns and potential use of the national EMS information system.
- **Dr. Eric Weinstein** (Deputy Editor Disaster Medicine and Public Health Preparedness) highlighted certain areas to improve the sudden onset disaster mass casualty incident response.
- **Dr. Steve Krug** (Chair of American Academy of Pediatrics Council on Children and Disasters) made brief comments very supportive of the recommendations and asked that the Committee examine pre-existing deficiencies that existed before COVID-19 such

as mental health care capacity and supply chain issues. He suggested the need to focus on equity and at-risk groups and recognize there are high-risk groups within the high-risk group of children. There are communities that are greatly disadvantaged by how healthcare delivery is currently provided. He suggested to target resiliency as we continue to improve readiness and response including resiliency in our healthcare delivery system. He asked to consider the role of an accessible pediatric medical home, a central resource for patients, families and communities providing needed care and information that could enhance resilience.

Closing Remarks

Sarah Depres, HHS Councilor to Secretary Becerra for Public Health and Science

Sarah Depres, HHS Councilor to Secretary Becerra for Public Health and Science, provided closing remarks on behalf of the HHS Secretary. She expressed that the Secretary and his immediate office thanked the committee members and ASPR for their work to support the disaster preparedness, response, and recovery needs of children and families.

The meeting was adjourned by the ASPR Designated Federal Official noting that any additional questions or comments may be directed to NACCD@HHS.gov.