



## Recommendations from the National Advisory Committee on Seniors and Disasters (NACSD)

< DRAFT FOR DISCUSSION AND PUBLIC REVIEW >

This report is being provided to the public audience to review in advance of the NACSD Public Meeting on May 25, 2023.

To register to attend the public meeting online (required for all attendees), visit the [ASPR webpage for this meeting](#).

The NACSD invites written comments on the recommendations in this report. Please send those by email to [NACSD@hhs.gov](mailto:NACSD@hhs.gov).

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## Introduction and Method of Work

The [National Advisory Committee on Seniors and Disasters](#) (NACSD, “the Committee”) is a federal advisory committee that provides advice to the Assistant Secretary for Preparedness and Response within the U.S. Department of Health and Human Services (HHS), and to the Secretary of Health and Human Services (“the Secretary”). The Committee provides advice and consultation with respect to the activities carried out pursuant to Section 2814 of the Public Health Service Act. It also evaluates and provides input with respect to the medical and public health needs of older adults related to mitigation of, preparation for, response to, and recovery from all-hazards emergencies.

The NACSD may provide advice and consultation with respect to state emergency preparedness and response activities relating to older adults, including related drills and exercises pursuant to the preparedness goals under Section 2802(b) of the Public Health Service Act. The Committee is chartered to provide advice and recommendations to the Secretary with respect to older adults. The NACSD is governed by the provisions of the [Federal Advisory Committee Act \(FACA\)](#) which sets forth standards for the formation and use of advisory committees.

The NACSD divided voting and ex-officio members into three functional working groups: Community Readiness, Infrastructure, and Behavioral Health. (See [Appendix 1](#).) The NACSD invited speakers from federal agencies including the Administration for Strategic Preparedness and Response (ASPR), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Federal Emergency Management Agency (FEMA), as well as subject matter experts with experience in disaster preparedness and geriatric care, with a focus on disaster mitigation, preparedness, response, and recovery specific to older adults. The Committee reviewed the [2023-2026 National Health Security Strategy](#) and [Implementation Plan](#) and aligned the recommendations with these documents.

The [number of people aged 65 and older is expected to outnumber children 18 and younger by 2035](#). Public recognition of the need to protect the health of older adults during disasters grew following the [adverse physical and mental health outcomes of older adults](#) experienced during the Coronavirus disease (COVID-19) pandemic. During disasters and public health emergencies, older adults can suffer from exacerbations of chronic diseases and behavioral health issues.

Building disaster resilience among older adults, a majority of whom live independently, requires evaluation of the preparedness, response, and recovery needs of older adults living in group settings (e.g., group homes, memory care, assisted living or skilled nursing facilities), those living independently, and their caregivers. There is a need to support medical surge mitigation by advancing preparedness as there has been a shortage of emergency department, acute care, and critical care beds and staffing.

The Committee offers the four recommendations to assist the Secretary in best serving older adults, including those living independently as well as those in care facilities, before, during, and after disaster events; and the recommendations focus on community readiness, infrastructure, and behavioral health.

## Findings and Recommendations

### 1. **Advance the dissemination of accessible, available, and usable emergency preparedness, response, recovery, and mitigation information and communication support services.**

Preparedness information and resources should be quickly found and easily accessible by communities, individuals, organizations, and healthcare systems. Effective communication to the public, including those with access and functional needs, and among preparedness and response organizations is vital to ensuring that information and opportunities reach older adults and their caregivers before, during, and after an emergency.

- a. HHS should collaborate with the appropriate departments to **update national emergency management websites** which provide guidance and resources to state and local entities and individuals to display a visible home page emergency preparedness link and quick links to agencies and organizations that serve older adults; and convey readiness information (planning, alerts, equipment listing, resources, and how to join community emergency response groups).
- b. HHS **should enhance relationships with aging related organizations** to prioritize general community readiness for all hazards beyond only specific hazards and seasons (e.g., Meals on Wheels, Senior Centers), in addition to medical care, home and community support services (e.g., home care, hospice and palliative care), "private duty" or companion care, independent, assisted living, and assisted living with memory care, adult day services, and group homes.
- c. HHS should develop and provide communication **tools and resources for state, local, tribal, or territorial (SLTT) governments based on best practices**; and encourage the use of emergency alerts, including expanding state and local alert systems beyond single hazard alerts, like alerts for radiation, to communicate information with the public during disasters, encompassing best practices<sup>1</sup> for communication<sup>2</sup> with older adults and the

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<sup>1</sup> "Topic Collection: Social Media in Emergency Response," *ASPR TRACIE*, <https://asprtracie.hhs.gov/technical-resources/73/social-media-in-emncy-response/77>

<sup>2</sup> "Topic Collection: Risk Communications/Emergency Public Information and Warning," *ASPR TRACIE*, <https://asprtracie.hhs.gov/technical-resources/79/risk-communications-emncy-public-information-and-warning/77#must-reads>

development of alert systems in states and local areas without existing resources. This effort should also stretch to underserved, isolated, rural communities.

- d. HHS should **identify disasters and public health risk communication best practices for reaching older adults** and develop educational resources and tools from the findings for use by aging-focused organizations, medical and non-medical home care, religious and community leaders, independent and assisted living facilities, group homes and SLTT governments. These findings should also be used to review public health communication messaging by HHS agencies.
- e. HHS should **employ interagency collaboration to develop guidance for use by state and local governments** about the inclusion of a “Get Involved” section on SLTT emergency management home pages. This can include opportunities for community disaster training and for a variety of volunteer opportunities such as those offered by National Voluntary Organizations Active in Disaster (VOAD), [Community Care Corps \(CCC\)](#) and the [Medical Reserve Corps \(MRC\)](#).

## 2. Expand trained community disaster partners

The training of community partners can lead to the inclusion of more partners in preparedness, response, and recovery activities. Training is an essential aspect of preparedness and response. The Committee encourages support and sustainable funding for programs addressing this training need like FEMA’s Community Emergency Response Training (CERT). These training courses can be considered “Lifelong Learning” opportunities for people of all ages.

Training can be offered to traditional (see [Appendix 2](#)) and force multiplier partners (see [Appendix 3](#)). Traditional partners are those who have a designated role and responsibilities in emergencies and disasters, including law enforcement, fire rescue, Red Cross, and those that provide ancillary medical services. Force multiplier partners can include state and local agencies, organizations, advocacy entities, and community associations including businesses, homeowners, students, and many others, that can significantly contribute to disaster preparedness, response, and recovery. Force multiplier partners can be especially helpful to meet the preparedness planning needs of underserved areas, including rural areas.

- a. HHS should work with FEMA and require [Hospital Preparedness Program \(HPP\)](#) grant recipients to create **comprehensive listings of community-based preparedness information, disaster training, and exercises relating to older adults**. The goal would be to increase ease of access for local organizations (including long term care providers) and individuals and their caregivers.
- b. HHS should **promote the use of a community disaster partner assessment tool** to assess the presence and status of community level traditional and force-multiplier disaster partners focused on older adults. This tool creation could be similar to the [Medical](#)

[Response Surge Exercise \(MRSE\)](#) which was formulated by ASPR but utilized in the private/non-profit sector to inform readiness in several categories.

- c. HHS should work with FEMA and health care coalitions to create **comprehensive listings of community-based disaster training and exercises relating to older adults** to increase ease of access for local organizations (including long term care providers) and individuals and their caregivers.
- d. HHS should **provide guidance and expertise towards the creation of a Presidential Disaster Readiness Program** for persons of all ages. There are existing training programs for students, but these can be advanced to be inclusive of all ages, including older adults. Community service certificates and recognition events are low-budget items that can improve outcomes for disaster capacity and capabilities.

### **3. HHS should establish and sustain Disaster Care Centers of Excellence for Older Adults (DCoEOA) as a model of care for regional collaboration, virtual support, and specialized guidance.**

With funding and guidance from HHS, like the cooperative agreements that support the Pediatric Centers of Excellence, the goal of the Disaster Care Centers of Excellence for Older Adults (DCoEOA) would be to support national, regional, and local entities with real-time expertise and guidance, leveraging their respective social and community context. The Committee envisions utilizing an age-friendly approach and an [equity framework](#) to develop new knowledge, disseminate and sustain best practices, propose standards for training, provide direct technical assistance when needed, and maintain relationships with facilities serving older adults and community organizations to support the long-term care continuum for older adults across the disaster lifecycle. The NACSD recognizes that this may require additional appropriations from Congress.

With significant expertise in geriatric medicine and gerontology, and fully integrated with all health care professionals focused on the care of older adults, DCoEOA would take a proactive approach to assessing gaps, mitigating risks, and building capacity to improve disaster care for older adults, necessarily including the entire range of disabilities (functional/access, cognitive, and emotional needs). DCoEOA could also develop areas of specific expertise, like disaster behavioral health. The DCoEOA could be structured similarly to the ASPR-funded Pediatric Centers of Excellence —located in academic health centers and partnered with community organizations. Given the level of effort and sustainment needed, the NACSD additionally encourages the Secretary to plan for long-term funding from the outset, which could include coordinating with Congress for additional appropriations.

- a. HHS should improve resilience of older adults by **developing technical guidance to promote disaster readiness** for older adults, families, caregivers, and staff in-home and community support services (e.g., home care, hospice, and palliative care), “private duty”

or companion care, independent, assisted living, and assisted living with memory care, adult day services, and group homes.

- b. HHS should **offer disaster training across the disaster management cycle** for those who routinely care for older adults and provide disaster leadership training for the direct-care workforce<sup>3</sup>. It would be beneficial for disaster responders to learn about the needs of older adults and for health professionals to be knowledgeable about activities associated with disaster preparedness, response, and recovery.
- c. The NACSD supports the [National Biodefense Science Board's recommendation](#) that HHS should **promote and coordinate the development of standardized curricula for disaster responders and health professionals**; and **promote disaster preparedness, response, and recovery education and accreditation** in undergraduate and graduate health and public health programs, including with a specific focus on the needs of older adults across all settings.
- d. HHS should **explore resources for reviewing, updating, and broadly disseminating trauma-informed care approaches and disaster behavioral health training** (e.g., [Psychological First Aid \(PFA\)](#), [Skills for Psychological Recovery \(SPR\)](#)) for health professionals, non-clinical professionals, and members of the general public. People who are trained to use PFA will be able to augment insufficient or depleted disaster behavioral health services and better support traumatized and bereaved older adults and their families after traumatic events.
- e. HHS should **convene an interagency disaster behavioral health working group** to support urgent and emergent disaster behavioral health needs of older adults, their families, and friends. This should be done in coordination with (or under the auspices of) the existing HHS Behavioral Health Coordinating Committee in order to increase attention to disaster behavioral health across the HHS enterprise.
- f. HHS should **harmonize and expand existing data systems and resources**, like [emPOWER](#), to better support older adults at higher risk during disasters. For example, there may be the potential for linkage with existing data sources, such as longitudinal studies of aging. Existing examples of Medicare data linked to such studies can provide a possible pathway to follow. In this way, emPOWER could be more broadly used in a research capacity to inform planning about health and system effects of disasters.

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<sup>3</sup> Including but not limited to post-acute long-term care, congregate settings, more definitions on ACL <https://acl.gov/ltc/glossary>

4. Capitalize upon the opportunity to expand the existing Long-Term Care Ombudsman (LTCO) Program with dedicated resources and additional employees to advocate for disaster preparedness, response, and recovery planning across the long-term care continuum.

Ombudsmen play an important role in ensuring health equity for older adults, advocating for the needs of populations at higher risk, such as older adults with multiple comorbidities. During the COVID-19 pandemic, ombudsmen in some states encountered barriers in accessing nursing homes, which may have reduced their effectiveness in their statutory roles as advocates for older adults. Across the nation, LTCO should be consistently capable of engaging with facilities and health systems, including home and community supports, for the older adults they serve, specifically related to preparedness for, response to, and recovery from disasters and public health emergencies. The NACSD recommends that the LTCO be redefined to include resident and system advocacy related to disaster preparedness, response, and recovery (consistent with the [National Response Framework](#)) and that HHS provide dedicated, consistent, permanent funding for paid positions to support those functions.

- a. HHS should **provide the Administration for Community Living resources to expand the Ombudsman Program**. States' LTCO programs work to resolve problems related to the health, safety, welfare, and rights of individuals who live in LTC facilities, such as nursing homes, board and care and assisted living facilities, and other residential care communities. Expansion of the program should include:
  - A **paid State Ombudsman Program position** to support the coordination of Ombudsman efforts with planning and response among other state and local programs,
  - **Three-year funding** to each local Ombudsman program to establish a coordinated response plan for their area, and grants to local Ombudsman programs to fund an additional Emergency Preparedness and Response position, which might be share with other localities or states (funding should be commensurate with the variability of locations/available resources),
  - A **dedicated emergency preparedness and response position**, which might be shared with other localities or states.
- b. HHS should **create an Ombudsman Emergency Response memorandum of understanding (MOU)** for mutual aid. This will allow local programs to share resources and provide assistance and services when a neighboring program is affected by an emergency.



## Appendix 1: NACSD Membership

**Gregory Santa Maria, DHSc, MA  
(Chairperson)**

Executive Director  
South Dakota Health Care Coalition  
Sioux Falls, SD

**Sue Anne Bell, PhD, FNP-BC, FAAN**

Assistant Professor  
University of Michigan, School of Nursing  
Ann Arbor, MI

**Lisa M. Brown, PhD, MS**

Professor, Palo Alto University  
Adjunct Clinical Professor  
Stanford University  
School of Medicine  
Palo Alto, CA

**Deborah Dalpoas-Ward**

Deputy Director of Operations  
Office of Emergency Management  
Public Safety Division  
Choctaw Nation of Oklahoma  
McAlester, OK

**Maria Greene, MS**

Senior Consultant  
Older Adults and Adults with  
Disabilities programs  
Franklin, NC

**Tommy Ibrahim, MD, MHA**

President and CEO Bassett Healthcare  
Network Cooperstown, NY

**Mary Russell, EdD, MSN**

Consultant, ICF International  
ASPR Technical Resources  
Assistance Center and Information Exchange  
(TRACIE)  
Vero Beach, FL

The NACSD would like to thank individuals from the United States Senate, many areas of HHS including ASPR, ACL, CDC, SAMHSA, NIH, OASH, and the Pediatric Centers of Excellence, DHS including FEMA, the VA, U.S. Census Bureau, Rush University Medical Center, Fire and Life Safety, Inc., and the RAND corporation for providing presentations to the Committee to help inform these recommendations. Their time and expertise are greatly appreciated.

## Appendix 2: Community Traditional Disaster Partners<sup>4</sup>

Table 1: Traditional Partners

Group	Status
<b>Emergency Management</b>	
CERT	
General Population Shelters	
Special Needs Shelters	
<b>DOH</b>	
ESF-8 Health & Medical	
MRC Members	
<b>Law Enforcement</b>	
Municipal	
Community Service Officers	
Trainees	
County	
<b>Emergency Medical Services</b>	
Trainees	
CERT	
<b>Red Cross</b>	
<b>Healthcare Coalition</b>	
Acute Care Hospitals	
Free-Standing ERs	
Specialty Hospitals	
Rehab centers	
Hospice	

Group	Status
LTC	
Urgent Care Clinics	
BH/MHC's	
Home Health	
Community Health Centers	
FQHCs	
Dialysis Centers	
Oxygen Delivery Services	
Pharmacies	
DME Suppliers	
Hospital Association	
Medical Association/Society	
Health Fairs	
<b>Housing Authority</b>	
<b>Tribal Govts</b>	
<b>Media</b>	
Local Radio	
Local TV	
Local Cable	
Hotlines	
Newspapers/Newsletters	
Neighborhood Portals	

Table 2: Aging Service Providers

Group	Status
<b>Area Agency on Aging</b>	
Ombudsman	
Caregivers	
Meals on Wheels	
Case Management	
Respite Care	
Transportation	
<b>State Units on Aging</b>	
<b>Senior Centers</b>	
<b>Adult Day Services</b>	
<b>Memory Care Centers</b>	
<b>Independent Living Facilities</b>	
<b>Assisted Living Facilities</b>	
<b>Skilled Nursing Facilities</b>	

Group	Status
<b>RTFs</b>	
<b>Geriatric Care Specialists</b>	
AAA Contractors/Providers	
ACL Funded Tribal Reps	
<b>State Units on Aging</b>	
<b>Senior Centers</b>	
<b>Memory Care Centers</b>	
<b>Independent Living Facilities</b>	
<b>Assisted Living Facilities</b>	
<b>Skilled Nursing Facilities</b>	
<b>RTFs</b>	
<b>Geriatric Care Providers</b>	
<b>Organizations that serve people with disabilities</b>	

<sup>4</sup> Status: **A** (Absent), **P** (Present but minimal disaster help), **P/A** (Present and active in disasters)

## Appendix 3: Force-Multiplier Disaster Community Partners<sup>5</sup>

Table 3: Force-Multiplier Disaster Community Partners

Group	Status
<b>Advocacy Groups</b> (e.g., Alzheimer's ALS)	
<b>Anti-Human Trafficking Organizations</b>	
<b>Burial Societies, Cemeteries</b>	
<b>Childcare Provider Networks</b>	
<b>Children &amp; Youth Services</b>	
<b>Civic Orgs</b> (e.g., United Way, AARP)	
Clubs (e.g., VFW, Rotary, Elks)	
Neighborhood Councils & HOAs	
<b>Communication Organizations</b>	
Print	
Major (e.g., AT&T, Verizon)	
Cable	
Social Media	
Neighborhood Portals	
Radio	
<b>Delivery Services</b>	
UPS, FedEx, DHL, others	
Food delivery (e.g., DoorDash Grubhub, Uber Eats)	
<b>Domestic Violence Networks</b>	
<b>Employers</b>	
Big Box Stores (e.g., Walmart, Target)	
Malls	
Chambers of Commerce	
Vehicle Dealerships (e.g., car, boat, motorcycle, truck)	
<b>Entertainment</b>	
Movie Theatres	
Theme Parks	
<b>Faith-based Organizations</b>	
Churches	
Synagogues	
Mosques	
Interfaith Councils	
Interdenominational Ministerial Alliances	
<b>Financial Organizations</b>	
Banks	
Insurance Companies	
<b>Parks &amp; Recreation</b>	
<b>Pets</b>	

Group	Status
Veterinarians	
Pet Stores	
<b>Philanthropic Orgs/Foundations</b>	
<b>Food &amp; Drink Locations</b>	
Bars	
Charitable Food Systems	
Coffee Shops	
Fast Food	
Food Banks/Kitchens	
Supermarkets	
Restaurants	
Warehouses (e.g., Costco, Sam's Club)	
<b>Gas Stations</b>	
<b>Grooming</b> (e.g., barbers, hair, nails)	
<b>Immigrant Service Organizations</b>	
<b>Healthcare Coalitions</b> (new partners)	
Hospice	
Urgent Care Clinics	
Mental Health	
Home Health	
Community Health Centers	
FQHCs	
Pharmacies	
DME Suppliers	
Medical Assn/Society	
Health Fairs	
<b>Homeless Service Providers</b>	
<b>Libraries &amp; Bookstores</b>	
<b>Lodging</b>	
Hotels	
Motels	
Public Housing	
Shelters	
Boarding/Care Homes (private)	
<b>Massage Services</b>	
<b>Media</b>	
Neighborhood Portals	
Newsletters	
Social Media	
Billboards	
<b>Refugee Advocacy Organizations</b>	

<sup>5</sup> Status: **A** (Absent), **P** (Present but minimal disaster help), **P/A** (Present and active in disasters)

Group	Status
<b>Postal Workers</b>	
<b>Professional Associations</b>	
Schools	
Pre-K	
K-12	
Technical Schools	
Community Colleges	
Universities	
Vocational	
Fraternities/Sororities	
<b>Social Service Agencies</b>	
<b>Sports</b>	
Clubs	
Gyms/YMCAs/YWCAs	
Teams	
Skating Rinks	
Supply Stores	
<b>Transportation</b>	

Group	Status
Public	
Private	
Paratransit	
Marine	
Rail	
Air	
Rental Car Companies	
Ride Share Companies	
<b>Tribal Organizations</b>	
<b>Utilities</b>	
Fuel Providers/Distributors	
Natural Gas	
Waste Management	
Water	
<b>Veterans Orgs</b> (e.g., VFW, Rubicon)	
<b>VA Liaison</b> (for at-risk veterans)	
<b>Voluntary Organizations Active in Disaster/Community Organizations</b>	