

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

September 19, 2023



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FINAL DOCUMENT APPROVED

This report is being provided to the public audience to review in advance of the NACSD Public Meeting on September 19, 2023.

To register to attend the public meeting online, which is required for all attendees, please [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.

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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 Committee offers the following recommendations to assist the Secretary in best serving older adults before, during, and after disaster events:

Findings and Recommendations

1. HHS should seek funding through the Older Americans Act Title VII for an Office of State Long Term Care Ombudsman Program to:

- a. Develop an emergency preparedness training curriculum as it pertains to the long-term care continuum, with a focus on the unique needs of older adults and disabled individuals and understanding the complexities related to transfer trauma. Provide annual emergency preparedness training for all representatives of the Office including both paid and volunteer representatives.
- b. Develop and provide an emergency preparedness training curriculum targeted for teaching resident and family councils in long-term care facilities (LTCF) about emergency preparedness, response, and recovery.
- c. Provide and require grant funding through HHS for emergency management and health coalitions to integrate advocates including representatives of the Long-Term Care Ombudsman program, into local coordination for disaster and health emergencies planning.
- d. Support involvement in local/state/national situation briefings and updates on emergency incidents to provide appropriate advocacy.

- e. Encourage State, Local, Tribal and Territorial emergency responders to include long-term care Ombudsman in their regularly scheduled prep meetings and drills related to issues of long-term care advocacy.

2. HHS should create a Virtual Long Term Care Support & Guidance Center to:

- a. Develop and disseminate real-time expert-driven recommendations to LTCFs.
- b. Provide all LTCFs with regular training, including drilling, on how to transition to an incident command management structure.
- c. Provide support during a disaster, including pandemics and other public health emergencies, to assist local leadership teams in focusing on day-to-day management, transferring the responsibility of training, PPE procurement, engineering, testing, and real-time expert-driven recommendations to a centralized entity.

The committee recommends this be situated within one of the Disaster Care Centers of Excellence for Older Adults (DCOA).

3. HHS should create a National Medical Director Registry. All nursing homes should be required to submit specified information on their medical director, including proof of, or progress toward, certification. The Registry would be available for Federal, State and Local Health Departments and Health Care Coalitions in order to improve communications before, during and after emergencies and disasters.

4. HHS should convene a Long-Term Care Leadership and Management Training for Emergency and Disaster Preparedness and Response Commission.

- a. Establish leadership & management standards for LTCFs.
- b. Make recommendations among HHS agencies including CMS, providing guidance to State Governments related to oversight of LTCFs in relation to leadership and management competencies.
- c. The commission should be comprised of a majority of experts with pertinent competencies in geriatrics and gerontology (physicians, nurse practitioners, physician assistants, psychologists, pharmacists, social workers, physical, occupational and speech therapists, dieticians) and a representative from either a state long-term care ombudsman program or the national long-term care ombudsman program coordinator.

5. HHS should develop supports and technical guidance for long-term care settings to plan for and implement climate resilience strategies that support patients, staff, and families.

- a. Develop strategies and training for the direct care workforce to be climate resilient.

- b. Require LTCFs participating in CMS programs to have plans to incorporate renewable energy by 2030.
- 6. **Centers for Medicare and Medicaid Services (CMS) should amend the emergency preparedness rule to require planning for long-term heat and cold emergencies.**
 - a. Require LTCFs to have plans for emergency power to maintain adequate temperature control.
- 7. **HHS should improve equity across the disaster management cycle for older adults**
 - a. Improve current procedures for resource sharing and mutual aid in low-resource settings.
 - b. Develop training programs for healthcare providers to address issues with vulnerable older adults and emergency planning as part of routine health promotion activities.
 - c. Develop online training modules for disaster health responders specific to disaster care for older adults.
- 8. **HHS should develop and provide emergency preparedness training curriculum targeted at healthcare providers in Indian Health Service training programs focused on the health and wellbeing of older adults in relation to preparedness, response, and recovery after emergencies. This training should be developed and coordinated with the communities being served to ensure the information is culturally appropriate to the communities' traditional beliefs.**

Appendix 1: NACSD Membership

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The NACSD would like to thank individuals from the United States Senate, HHS including ASPR, CMS, DHS including FEMA, and Northeastern University for providing presentations to the Committee to help inform these recommendations. Their time and expertise are greatly appreciated.