



NATIONAL ADVISORY COMMITTEE ON SENIORS AND DISASTERS (NACSD) AND NATIONAL ADVISORY COMMITTEE ON INDIVIDUALS WITH DISABILITIES AND DISASTERS (NACIDD) JOINT INAUGURAL PUBLIC MEETING

Meeting Summary

March 30, 2022

Washington, DC (virtual)

1:00-3:30 pm ET

Attendees

NACSD

NACSD Voting Members
Dr. Sue Anne Bell
Dr. Lisa Brown
Dr. Tommy Ibrahim
Dr. Mary Russell
Dr. Gregory Santa Maria
Ms. Deborah Dalpoas-Ward
Ms. Maria Greene

NACIDD

NACIDD Voting Members
Ms. Vicky Davidson
Ms. Julie Foster Hagan
Ms. June Isaacson Kailes
Ms. Barbara L. Kornblau
Ms. Donna Platt
Ms. Marcie Roth

Ex Officios

Dr. Cheryl Levine, Office of the Assistant
Secretary for Preparedness and Response
(ASPR)
Derek Lee, Administration for Community Living
(ACL)
Dr. Gary Disbrow, Biomedical Advanced
Research and Development Authority (BARDA)
Dr. Lisa McGuire, Centers for Disease Control
and Prevention (CDC)
Eric Weakly, Substance Abuse and Mental
Health Services Administration (SAMHSA)

CAPT Skip Payne, Centers for Medicare and
Medicaid Services (CMS)
Dr. Richard Hodes, National Institutes for Health
(NIH)
Elizabeth Sadove, Food and Drug Administration
(FDA)
Leslie Suacedo, US Department of Homeland
Security (DHS)
Derrick Jaastad, US Department of Veterans
Affairs
Gregory Fehribach, US Access Board
Amy Nicholas, National Council on Disability

Meeting Facilitators

Dr. Maxine Kellman, NACSD DFO
Tabinda Burney, NACIDD DFO

National Advisory Committee Team

CAPT Christopher Perdue
LCDR Clifton Smith
Darrin Donato
Mariam Haris
Megan Hoffmann

ASPR Leadership

RADM Theresa Lawrence
Dr. Kristin DeBord
Dr. Daniel Dodgen
Dr. Chris Hassell



Introduction

The National Advisory Committee on Seniors and Disasters (NACSD) and the National Advisory Committee on Individuals with Disabilities and Disasters (NACIDD) held a joint inaugural meeting to convene the committees and swear in members. In attendance were selected voting members, ex officios, federal staff, and members of the general public. Over 500 attendees joined the Joint Inaugural Public Meeting.

National Advisory committees are covered under the Federal Advisory Committee Act (FACA) (5 U.S.C. App.) and is the legal foundation defining how federal advisory committees operate. The law has special emphasis on open meetings, chartering, public involvement, and reporting. The NACSD and the NACIDD are governed by the provisions of FACA.

The National Advisory Committee on Seniors and Disaster is required by section 2811B of the Public Health Service Act (42 U.S.C. § 300hh-10c), as amended, by the Pandemic and All-Hazards Preparedness and Advancing Innovation Act (PAHPAIA), Public Law No. 116-22. The NACSD is governed by the provisions of the Federal Advisory Committee Act (FACA), Public Law 92-463, as amended (5 U.S.C. App.), which sets forth standards for the formation and use of advisory committees.

The National Advisory Committee on Individuals with Disabilities and Disaster (NACIDD or “Committee”) is required by section 2811C of the Public Health Service Act (42 U.S.C. § 300hh-10d), as amended, by the Pandemic and All-Hazards Preparedness and Advancing Innovation Act (PAHPAIA), Public Law No. 116-22. The NACIDD is governed by the provisions of the Federal Advisory Committee Act (FACA), Public Law 92-463, as amended (5 U.S.C. App.), which sets forth standards for the formation and use of advisory committees. For the purposes of this charter and the work of the NACIDD, the term “disability” has the meaning given such term in 42 U.S. Code §12102.

Opening Remarks and Induction of the NACIDD and NACSD Appointees

Tabinda Burney, MS, NACIDD Designated Federal Official, Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response (ASPR)

Maxine Kellman, DVM, PhD, PMP, NACSD Designated Federal Official, Department of Health and Human Services, (ASPR)

The Designated Federal Official (DFO) for the NACSD, Dr. Maxine Kellman introduced the NACIDD and the NACSD as well as each committees’ respective members and called roll for said members. Dr. Kellman provided an overview of the Federal Advisory Committee Act (FACA) and the members roles and responsibilities. Committee member are required to follow The Standards of Ethical Conduct for Employees of the Executive Branch. The DFO also specified the role that the DFOs will play in the committees.



All members were then sworn in with an Oath of Office.

ASPR Welcome Remarks

Ms. Dawn O'Connell, Assistant Secretary for Preparedness and Response

Ms. O'Connell congratulated the new members and expressed her pleasure at the creation of these advisory committees specifying the importance of the work these committees can do for the issues facing older Americans and people with disabilities. She also made special mention of Senators Murray and Cassidy and their staff for their explicit support in the creation of these committees. Additionally, she thanked HHS colleagues and federal staff, especially the Administration for Community Living, the Centers for Disease Control and Prevention, the Centers for Medicare and Medicaid Services, the Food and Drug Administration, the Substance Abuse and Mental Health Services Administration, and the National Institutes of Health for appointing representatives to the new advisory committees and federal partners from the United States Access Board, the National Council on Disability, the Department of Homeland Security-Federal Emergency Management Agency, and the Department of Veterans Affairs for also providing representatives.

The ASPR highlighted the importance of understanding the impacts of COVID-19 on minority communities, people with disabilities, and older Americans. There are significant health issues that need to be addressed among people in these communities. Ms. O'Connell highlighted that the Biden administration has initiated several efforts aimed at creating cross-agency collaboration to address the needs of at-risk populations and the administration recognizes that people with disabilities and older adults can experience significant healthcare disparities and poor health outcomes due to lack of accessible and preventive and primary care.

Additionally, the ASPR noted that the committees could consider addressing the mental health crisis related to COVID-19 recovery in their respective populations. As well as recognize that access to good housing and community based supportive services, personal care assistance, transportation, and meals are critical for health and are at risk during a disaster or public health emergency. Other than COVID-19 other issues are also important to discuss such as increasing extreme weather events such as hurricanes, wildfires, and the recent tornadoes in the Midwest all had significant impacts on those at higher risk. In addition to the direct effects, these types of events strain critical home- and community-based services.

Remarks from Senator Patty Murray (D-WA)

Senator Patty Murray, Senator from Washington and Chair of the U.S. Senate Committee on Health, Education, Labor, and Pensions, gave remarks to the members of the NACSD and the NACIDD. She thanked the members for the critical work that they would be doing and thanked attendees for joining. The Senator reiterated the timeliness in the creation of these committees to aid the federal government in addressing the devastation of the Pandemic on older adults and people with disabilities. She went on to specify how important it is for the United States Government to receive expert opinions from



impacted communities. She concluded by thanking HHS, Assistance Secretary McConnell and her colleagues on both sides of the aisle.

Member Introductions and Comments

The NACSD and the NACIDD members were given a chance to introduce themselves as well as their areas of interests and priorities. For members unable to join the Public Meeting, their introductions were read aloud by Dr. Kellman.¹

Public Comments

The following are a few comments noted during the Public Meeting to the Committees members.²

Christian Burgess, Director of Disaster Stress Helpline

Mr. Burgess shared that the Disaster Stress Helpline was launched in 2012 with funding from SAMHSA to guarantee everyone in the United States and its territories has access to crisis counselling and emotional support throughout any phase of a natural or manmade disaster. The Helpline has helped thousands of individuals and families. In 2021, with aid from SAMHSA the Helpline dedicated a phone option for the deaf and hard of hearing staffed with trained crisis workers fluent in American Sign Language.

Dr. Chad Worz, Chief executive for American Society of Pharmacists (ASCP)

Dr. Worz highlighted the West Virginia method of vaccine rollout by using the existing methods to save lives and time. Reinventing the wheel in times of crisis can be detrimental to saving lives, thus long-term care partner program allows the government to allocate anti-virals for use but the state-based approaches to get different anti-viral care is restrictive and difficult. Has caused many issues.

Ms. Sue WolfFordham (AUCD)

AUCD is a network of 143 Univ centers for disability-based program. Program benefits with disability. Health Care Centers (HCC) include disability organizations and ASPR support them to same extent of other HCCs. ASPR implementation plan should be more inclusive to persons with disabilities. Should not result in disability discrimination. AUCD has worked to create and implemented disability accessibility in local and state-based policy as well as in private businesses and in Universities in covid-19 vaccine response.

Ms. Liz Weinthrop, AUCD

¹ For more information on speakers, see Appendix 1.

² Additional public comments received are in Appendix 2.



Ms. Weinthrop highlighted the use plain language to write policy, so it is better understood and more widely read, stating it's important for common people to understand public health emergency preparedness.

Ms. Katy Franklin, Hard of Hearing services, North Carolina Division of Services

Ms. Franklin stated that people who are hard of hearing deserve access to communication for people with hearing loss during and after disasters as they have in the past been overlooked in emergency situations. In North Carolina many emergencies and disasters have a severe lack of resources for the people who have hearing loss during and after disasters. Nearly 70% of people over the age of 75 have hearing loss. There is a strong need to address communications for people with disability such as those who are hard of hearing.

Presentation

Disaster Considerations: Meeting the Unique Needs of People with Disabilities and Older Adults *Ms. Alison Barkoff, Acting Administrator and Assistant Secretary for Aging, Administration for Community Living*

Allison Barkoff, the Acting Administrator and Assistant Secretary for Aging at ACL, presented to the committees. She stated that the ACL's mission is to ensure that all people with disabilities and older adults have the opportunity to live in their own homes and fully participate in their communities. ACL implements this vision through a range of programs and funding the Aging and Disability Networks made up of more than 20,000 community-based organizations in every state and in communities across the country. She noted that older Americans and people with disabilities face barriers in bias, and outright discrimination when attempting to access healthcare, especially during disasters, COVID-19 has highlighted this when critical care information has been inaccessible to people with vision, hearing, or cognitive disabilities.

Ms. Barkoff advised the committees to center community living in their future research and work. She highlighted the importance to prevent loss of services and prevent institutionalization and to keep transitions at the top of the list. Transportation ties into this as movement to and from hospital settings such as home to hospital and hospital to home are services that need to be accessible to people with special needs for care. Transitions are how some people become institutionalized.

When asked about priorities for both committees, Ms. Barkoff stated that proactively planning services is of vital importance to prevent people from ending up in institutions. To provide accessible information to those in the gaining communities and for persons with disabilities. Need to ensure experts are also at the table informing the work and that work is leveraged.

After the presentation Ms. Barkoff answered questions posed to her by members of the committees. When asked to list a couple of things that struck her as important, Ms. Barkoff stated that an important theme she has noticed is the need to proactively plan across these communities to ensure access because when a disaster happens and there aren't plans set in place these communities lose access to



services and people end up being placed in institutional settings. The second thing to highlight is accessibility, so much information gets disseminated in times of crises, but it is not accessible to certain communities such as bullhorn announcements or paper leaflets. Ms. Barkoff asked the committees look into barriers to accessibility and looking at these issues through an intersectional lens.

American Veterinary Medical Association (AVMA)

Dr. Warren Hess, Disaster Coordinator at AVMA

The AVMA represents more than 99,500 Veterinarians, about 75% of all Veterinarians in the United States, and has played an important role in disaster response for around 25 years. In 2006 Congress passed the PETS Act which addresses animals in disaster response. Since then there has been progress in jurisdiction but the progress remains slow. For the NACSD and the NACIDD companion animals and service animals are subjects of consideration for disaster planning and response. It can be difficult to assist people who have companion and service animals. There remains a lack of funding and all human disaster response should also include animal response.

Concluding remarks and adjournment

Dr. H. Chris Hassell issued concluding remarks for the Joint Inaugural Public Meeting for the NACIDD and the NACSD. He reiterated the points made by the ASPR, Ms. O'Connell, that the committees will be addressing issues of import for the coming days stating the possibility of a tri-committee meeting between the NACIDD, the NACSD, and the National Advisory Committee on Children and Disasters.

DFO Tabinda Burney adjourned the meeting and reminded attendees of individual committee public meetings that would occur in the coming days. The NACIDD Public Meeting is scheduled for April 1, 2022 and the NACSD Public Meeting is scheduled for April 4, 2022. For more information, you may email NACSD@hhs.gov or NACIDD@hhs.gov.



Appendix 1. Professional Biographical Summaries

NACSD Voting Members

Lisa Brown, PhD, MS, is a Professor of Clinical Psychology at Stanford University living in California and a tenured Professor at Palo Alto University and the University of South Florida, focusing on the experience of older adults in emergency and disaster situations. She has received two Fulbright Specialist Awards to conduct studies related to aging, mental health, disaster preparedness, and emergency response. Dr. Brown has published many articles in peer-reviewed journals, co-written a book, and written more than 10 book chapters, while being on numerous national and international advisory panels.

Sue Ann Bell, PhD, FNP, MS is a Professor of Nursing at the University of Michigan whose research has included disaster preparedness and response, health disparities, and the intersection of community resilience, climate change, health, and aging, having published over 30 works in journals, three book chapters, and multiple policy briefs and reports. Dr. Bell is also a visiting nurse faculty member in Ghana, India, and Grenada. She has consulted for the U.S. Army Corps of Engineers on flood-related morbidity and mortality assessment following Hurricane Katrina and was previously a member of the Standards of Care Working Group for the National Disaster Medical System.

Deborah Dalpoas-Ward is a member of the Choctaw Nation living in Oklahoma, with over 35 years of administrative experience in the Choctaw Nation health system. She is the Deputy Director of Operations at the Office of Emergency Management in the Public Safety Division of the Choctaw Nation. Previously, she worked for the Recovery Division and was the Chief Quality Risk and Compliance Officer. Ms. Dalpoas-Ward has decades of direct experience caring for and coordination emergency response activities for the older members of the community in which she lives.

Maria Greene, MS, hold a certification in gerontology and is currently a senior consultant with the National Long Term Care Ombudsman Resource Center, living in North Carolina. She has over 20 years of prior experience with state government offices in Georgia, including ten years as Director of the Division of Aging Services. From 2010 to 2016, she worked at Federal Emergency Management Agency (FEMA) supporting and coordinating programs for older adults and people with disabilities, having deployed on multiple occasions for disaster response, and previously served on the Department of Justice's Elder Justice Project Guidance Group.

Timothy Ibrahim, MD, MHA, is an internist and hospitalist, currently the President and Chief Executive Officer (CEO) of Bassett Healthcare Network in New York, which includes five corporately affiliated hospitals and two nursing facilities, including facilities in rural parts of the state. He has been on the leadership teams of other health systems in Oklahoma, Iowa, and Illinois and practiced as a hospitalist



and nursing home “house physician” in Maryland. As a physician and health care executive, Dr. Ibrahim has been directly involved in preparedness, planning, and responses to health emergencies, including the unique needs of older adults inside, outside, and in transition from the hospital setting.

Mary Russell, EdD, MSN, has over 40 years of critical care nursing, professional education, emergency management, and disaster response experience in Southern Florida, including as a health system emergency manager, a hospital chemical and radiation emergency preparedness consultant for the Florida Department of Health, and a practicing emergency and critical care nurse. She currently works as a subject matter expert with ICF International, Inc., supporting ASPR’s Technical Resources, Assistance Center, and Information Exchange (TRACIE) and the National Library of Medicine’s disaster preparedness, response, and recovery folios, with dozens of her own peer-reviewed publications.

Gregory Santa Maria, DHSc, MA has a combined 25 years of experience in health care administration and emergency management at Sanford Health in South Dakota and Saint Vincent’s Hospital in New York, which includes overseeing emergency preparedness and response activities in skilled care and residential living facilities for older adults. Currently living in South Dakota, Dr. Santa Maria holds certificates in emergency management, hazardous materials operations, emergency response to terrorism, and weapons of mass destruction. He serves as a non-physician SME for the American Academy of Disaster Medicine and has served as the health system liaison to regional, state, and local emergency operation centers during multiple responses.

NACIDD Voting Members

Vicky Davidson, MEd, holds a Master of Education in Guidance and Counseling and is currently the Executive Director of the Missouri Developmental Disabilities Council. In this role, she addresses the emergency preparedness needs of persons with developmental disabilities, supervises the implementation of first responder disability awareness training, and maintains active engagement with disability stakeholder communities. She also serves as the Chair of the Missouri Governor’s Access and Functional Needs Committee. Ms. Davidson was the manager of the state public health department emergency operations center from 2009 to 2012. She is the parent of a person with disability.

Elizabeth Davis, JD, MEd, holds a Master of Education in the Socio-bicultural Study of Deafness and American Sign Language and is founder and Managing Director of EAD & Associates, LLC, in New York, a firm that focuses on emergency management planning for persons with disabilities. She is an experienced emergency planner who is fluent in American Sign Language, with a background in legal advocacy for people with disabilities and over 20 years of emergency planning and disaster experience.



She served previously as the Assistant to Counsel and Senior Policy Advisor with the New York City Mayor's Office for People with Disabilities. She identifies as a person with disability.

Julie Hagan, MEd, MBA, holds a Master of Education in Speech Language Pathology and currently serves as the Assistant Secretary of the Louisiana Department of Health, Office for Citizens with Developmental Disabilities, where she is responsible for establishing policies and processes for emergency planning, response, and recovery efforts for over 13,000 persons with disabilities receiving home and community-based waivers. She is also a member of Louisiana's Emergency Management for Disabilities and Aging Coalition. Ms. Hagan has previously held positions in the state government with responsibility for disaster planning, preparedness, response, and recovery programs. She has experience setting up evacuation sites for persons with disabilities, including coordination of logistics, command structure, staffing, and technology needs. She identifies as a person with disability.

June Kailes, MSW, is an independent disability policy consultant in California who was an appointed member of the U.S. Access Board from 1995 to 2003, serving as the Chair from 1999 to 2000. Her work in disability advocacy and policy focuses on building critical disability competencies and capabilities in health care and emergency management settings, including a functional needs approach to planning and response. Ms. Kailes previously worked as director for a private independent living corporation in California and as a psychiatric and rehabilitation social worker, with numerous research activities and publications focusing on the needs of persons with disabilities during and following a disaster.

Barbara Kornblau, JD, OTR, lives in Virginia and is a Professor of Occupational Therapy with remote appointments at various universities who is an expert in public health law, patient advocacy, health equity, and health reform. She is a certified disability management specialist and former Robert Wood Johnson Foundation Health Policy Fellow in the U.S. Senate. Ms. Kornblau is widely published on health and disability policy and health equity matters. She has legal experience with Medicare, the Americans with Disabilities Act (ADA), the Fair Housing Act, the Rehabilitation Act, and the Family Medical Leave Act. She identifies as a person with disability and is the parent of a person with disability.

Donna Platt, MS, is currently the Emergency Preparedness Coordinator with the North Carolina Division of Services for the Deaf and the Hard of Hearing. Ms. Platt coordinates communication with and services for people who are deaf, deaf-blind, or hard of hearing during disasters and other emergencies and is the primary contact for the State Emergency Response Team. With 20 years of emergency response experience, she has served as a member on numerous federal, state, and non-governmental organization committees and working groups addressing emergency communication issues. Ms. Platt identifies as person with disability.



NACSD

National Advisory Committee
on Seniors and Disasters

NACIDD

National Advisory
Committee on Individuals
with Disabilities and Disasters

Marcie Roth currently serves as the Executive Director and Chief Executive Officer (CEO) of the World Institute on Disability in Maryland and recently launched the Global Alliance for Disaster Resource Acceleration. From 2009 to 2017, she served as the Senior Advisor to the Federal Emergency Management Agency (FEMA) Administrator, where she directed the Office of Disability Integration and Coordination. She launched the Partnership for Inclusive Disaster Strategies, a national coalition focusing on the rights and needs of people with disabilities before, during, and after disasters. Ms. Roth identifies as a person with disability.

Appendix 2: Requests for Public Comments

Requests to provide Comments for March 30 Joint Meeting:

Requester	Question / Comments	Type
Hannah Gordon	Requesting that plans moving forward include placement considerations for nursing home patients on dialysis. I am an emergency room physician in Miami and the nursing homes do not have capacity to dialyze patients. The 3 days leading up a hurricane or tropical storm they will begin dropping off patients to our hospital through the ER so that dialysis will be available to their residents despite not having any active symptoms. It ends up tying up the emergency room resources when we could be using them towards actual medical emergencies.	Public
Warren J. Hess, DVM American Veterinary Medical Association (AVMA) Disaster Coordinator	<p>Pets can be an extremely important part of the lives of seniors and service animals are critical to the lives of many of those with various disabilities. More resources and better coordination are needed in all phases of disaster planning to provide better options to keep people and animals together for these two segments of society. Despite ADA laws in place for many years, those with disabilities who need assistance before, during, and after a disaster still struggle too often to find the appropriate help that they need. This is even more true for seniors with pets. The PETs Act has paved the way and things are better than they were in 2005, but we still have a long way to go.</p> <p>The AVMA recommends that better coordination between all relevant federal agencies along with regional and state-based groups that are at the forefront of these issues during disasters be better engaged with one another and better funded to accomplish this important task.</p>	Public
Christian Burgess, MSW Vibrant Emotional Health Director, Disaster Distress Helpline (DDH)	<p>Offer information and an important resource pertaining to our Disaster Distress Helpline (DDH) Videophone option for Deaf/Hard of Hearing American Sign Language users, launched in May 2021 and which offers one of the only direct crisis and emotional support resources for Deaf/HoH disaster survivors and responders. (To learn more about the DDH VP, visit https://www.samhsa.gov/find-help/disaster-distress-helpline/asl-faq.)</p> <p>The DDH is administered by Vibrant Emotional Health with funding from the U.S. Substance Abuse and Mental Health Services Administration. For my name and credentials, please see my email signature, below. <i>Attachment included</i></p>	Public

Requester	Question / Comments	Type
<p>Dr. Chad Worz of the American Society of Consultant Pharmacists (ASCP)</p> <p>Chief Executive</p>	<p>These committees have a broad role advising the Secretary on the complex issues facing older Americans and Americans with disabilities during times of crisis and disaster, my comments will focus on the disaster currently facing our nation – COVID-19 - and the need for better system specifically tailored to the needs of these vulnerable and at-risk populations. The experience of delivering care to many of the oldest, sickest and more vulnerable in our communities during this pandemic compels us to share two striking failures of the COVID-19 response, which I will outline in my remarks. Our first recommendation is to prioritize, when possible, older Americans, especially those residing in communal settings. The statistics of the COVID-19 pandemic display how vulnerable these populations are to communicable diseases, especially respiratory viruses. Our second recommendation based on our experience with COVID-19 is the need to leverage the existing care infrastructure that services older patients.</p>	<p>Public</p>
<p>Susan Wolf-Fordham, JD, MPA</p> <p>National Technical Assistance and Training Center on Disability Inclusion in Emergency Preparedness Association of University Centers on Disabilities (AUCD)</p> <p>Senior Program Manager and Deputy Director</p>	<p>Share importance of disability equity in ASPR’s National Health Security Strategy and Implementation plan and the fully funded inclusion of disability organizations in ASPR’s Healthcare Coalitions (HCCs). She will also speak about AUCD and its programs related to disasters, COVID-19 and disabilities. These efforts include a program to build capacity among disability organizations and local governments to engage with each other related to inclusive emergency planning and a program to build COVID-19 vaccine confidence among people with disabilities. Both programs were developed with strong disability stakeholder involvement and resulted in a number of lessons learned as well as publicly available tools, templates and other products. <i>Bio attached</i></p>	<p>Public</p>

Requester	Question / Comments	Type
<p>Liz Weintraub</p> <p>National Technical Assistance and Training Center on Disability Inclusion in Emergency Preparedness Association of University Centers on Disabilities (AUCD)</p> <p>Senior Advocacy Specialist; Host of Tuesdays W/ Liz: Disability Policy for ALL AUCD</p>	<p>Share about work at Association of University Centers on Disabilities (AUCD) related to plain language and her strong advocacy for the importance and widespread use of plain language to make government and other documents accessible to all. <i>Bio attached</i></p>	<p>Public</p>
<p>Katie Franklin</p> <p>North Carolina Department of Health and Human Services</p> <p>Hard of Hearing Services Coordinator for the Division of Services for the Deaf and Hard of Hearing</p>	<p>Discussion points</p> <ul style="list-style-type: none"> • Micro and Macro impact on Deaf, Hard of Hearing, Deafblind and older adult populations during and after disasters • Prevalence of hearing loss • Communication Equity for Deaf, Hard of Hearing, Deafblind and older adult populations during and after disasters • One size fits all approach does not work to accommodating hearing loss during or after disasters 	<p>Public</p>

Requester	Question / Comments	Type
<p data-bbox="163 185 401 321">Shirley Fan, MS, RD NYC Department of Health and Mental Hygiene</p> <p data-bbox="163 363 401 500">Senior Manager of Healthy Aging Bureau of Equitable Health Systems</p>	<p data-bbox="485 185 1772 358">Since December 2020, the New York City Department of Health and Mental Hygiene (DOHMH) has run a citywide COVID-19 vaccination campaign that has so far fully vaccinated 6.46 million people (77% of all NYC residents). As part of that work, we targeted one of the city’s most vulnerable populations--older adults. For the presentation, I would like to discuss the challenges, opportunities, and needs of vaccinating the older adult population.</p> <p data-bbox="485 401 1755 500">Based on hospitalization and death rate data, there was an urgent need to target older adults in NYC’s COVID-19 vaccination campaign. We used various strategies to optimize access, increase vaccination sites, and conduct outreach to this population.</p> <p data-bbox="485 542 1772 678">Throughout this work, our main challenge has been to identify and reach older adults, particularly the homebound. Without a clear source of data on this population, including addresses and phone numbers, we had to utilize multiple strategies to reach as many older adults as possible. Our initiatives included the following:</p> <ul data-bbox="533 721 1772 1089" style="list-style-type: none"> <li data-bbox="533 721 1772 789">• Expanded outreach efforts to older adults through sister agencies and case managers, as well as via phone, robocalls, texts, and flyers <li data-bbox="533 797 1772 896">• Expanded vaccine access points by creating walk-in options at our mass vaccination sites and through pharmacies, which were key points of vaccination for older adults even before the pandemic <li data-bbox="533 904 1772 1003">• Expanded appointment availability by setting aside appointments for older adults in their communities and working with managed long term care plans to provide appointments for their members <li data-bbox="533 1011 1772 1089">• Brought vaccines to older adults through pop-up vaccine events in local buildings and supported the launch of a city-run in-home vaccination program <p data-bbox="485 1131 1772 1446">These efforts have helped push our older adult vaccination rate to 67% (fully vaccinated and boosted). We continue to see disparities by age (lower rates among 85+) as well as low rates of boosters, so our work is not done. Looking forward, our challenge remains the identification of older and homebound adults, who are particularly vulnerable in times of emergency and particularly hard to reach. During this historic vaccination campaign, we have forged new, creative partnerships with health insurance payers, Centers for Medicare & Medicaid Services, other city agencies, community organizations, and pharmacies to serve this population. We overcame issues related to data-sharing, coordination, and mobilization. We will build on lessons learned and envision a future where we can continue to rapidly mobilize resources to help reach older adults when and where they need help.</p>	<p data-bbox="1801 185 1877 212">Public</p>