



**National Advisory Committee on Seniors and
Disasters (NACSD) and National Advisory
Committee on Individuals with Disabilities and
Disasters (NACIDD)**

JOINT PUBLIC MEETING TELECONFERENCE

August 4, 2022

Unclassified

NACSD and NACIDD Call to Order

- Joint Public meeting of the NACSD and NACIDD is being held in-person, though virtually in accordance with their charters
- Committee Members, Senior Officials, Invited Speakers have audio and video options
- Other webinar attendees' lines are muted
- For technical difficulty, email NACSD@hhs.gov or NACIDD@hhs.gov with a phone number where you can be reached

Recording and Live Captioning

This meeting is recorded to ensure accurate notes.



This meeting has embedded LIVE CAPTIONING,
which can be activated at the bottom of the window.



During this section of the meeting

- Roll call
- Federal Advisory Committee Act (FACA) overview
- Ethics obligations
- Guidelines for public participation

NACSD and NACIDD Roll Call

- Voting members
- Ex officio representatives
- Subject Matter Experts

NACSD Voting Members

Gregory Santa Maria, DHSc, MA (Chair)

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)
Boca Raton, FL

NACSD Ex-Officio Members

- Administration for Strategic Preparedness and Response
- Administration for Community Living
- Biomedical Advanced Research and Development Authority
- Centers for Disease Control and Prevention
- Centers for Medicare and Medicaid Services
- National Institutes of Health
- Food and Drug Administration
- Substance Abuse and Mental Health Services Administration
- U.S. Department of Homeland Security
- U.S. Department of Veterans Affairs

NACSD Subject Matter Experts

David Dosa, MD, MPH

Associate Professor of Medicine and Health Services, Policy and Practice, Brown University
Adjunct professor in the College of Pharmacy, University of Rhode Island

Anna Fisher, PhD

Certified Dementia Practitioner,
Certified Montessori Dementia Care Professional
QAPI Certified Professional
Licensed Practical Nurse

Martha Morrison, MS

Health Care Emergency Response Volunteer
Maine Public Health Association,
Healthcare Coalition of Maine
Medical Reserve Corps

Jennifer Olsen, DrPH, MPH

Epidemiologist
Chief Executive Officer of the Rosalynn Carter Institute for Caregivers

Denis Rainey

Senior Vice President, Facilities & Emergency Management
State Emergency Response Team, (SERT)
North Carolina Emergency Operations Center
North Carolina Governor's Advisory Council on Aging

James Robinson, MS

Assistant Chief of Thompson Valley Emergency Medical Services in Northern Colorado

Michael Wasserman, MD

Geriatrician
Editor-in-Chief , Textbook: Geriatric Medicine: A Person-Centered Evidence Based Approach

NACIDD Voting Members

Marcie Roth, NACIDD Chair

Executive Director and Chief Executive Officer
World Institute on Disability
Frederick, MD

Vicky Davidson, MEd

Executive Director
Missouri Developmental Disabilities Council
Jefferson City, MO

Elizabeth A. Davis, JD, MEd

Executive Director
EAD & Associates, LLC
Inclusive Emergency Management Consultants
Brooklyn, NY

Julie Foster Hagan, MEd, MBA

Assistant Secretary
Office for Citizens with Developmental Disabilities
Louisiana Department of Health
Baton Rouge, LA

June Isaacson Kailes, MSW

Director - Owner
Disability Policy Consulting
Los Angeles, CA

Barbara L. Kornblau, JD, OTR/L, FAOTA

Professor of Occupational Therapy
Idaho State University
Arlington, VA

Donna Platt, MS

Emergency Preparedness Coordinator
North Carolina Division of Services for the Deaf and Hard of
Hearing
Raleigh, NC

NACIDD Ex-Officio Members

- Administration for Strategic Preparedness and Response
- Administration for Community Living
- Biomedical Advanced Research and Development Authority
- Centers for Disease Control and Prevention
- National Institutes of Health
- Food and Drug Administration
- U.S. Access Board
- National Council on Disability
- U.S. Department of Homeland Security
- U.S. Department of Veterans Affairs

NACIDD Subject Matter Experts

Károly Mirnics, MD, PhD, ACHE

Director, Munroe-Meyer Institute for Genetics and Rehabilitation
Hattie B. Munroe Professor of Psychiatry, Pharmacology and
Experimental Neuroscience, Biochemistry & Molecular Biology, UNMC
Omaha, NE

Rosanne Rushing, DrPH

Inclusive Health Policy Lead
Humanity & Inclusion
Washington, DC

Christine Woodell, MS

Founder and CEO
ADA Services, Inc.
Ocean Springs, MS

FACA Overview

- FACA governs the circumstances by which agencies or officers of the federal government can establish or control committees or groups to obtain advice or recommendations where one or more members of the group are not federal employees
- Subcommittees or working groups report to the full committee, but only a quorum of the full committee, upon considering assigned questions and voting in a public forum, may provide advice and recommendations to the ASPR and Secretary of HHS
- The General Services Administration (GSA) establishes additional rules that govern and guide the operation and management of FACA

Role of the Designated Federal Officer (DFO)

- DFOs are appointed by the Assistant Secretary for Preparedness and Response to ensure that the NACSD and the NACIDD have the resources they need and that requirements are fulfilled for their respective charters
- For more information, visit the committee webpages at: [National Advisory Committee on Seniors and Disasters \(NACSD\)](#) and [National Advisory Committee on Individuals with Disabilities and Disasters \(NACIDD\)](#).
- Send questions or comments to NACSD@hhs.gov or to NACIDD@hhs.gov

Standards of Ethical Conduct

- Voting members on the NACSD and NACIDD are appointed to their positions by the Secretary of HHS and are formally hired as Special Government Employees.
- The **Standards of Ethical Conduct for Employees of the Executive Branch** apply to all committee members, who are subject to the same conflict of interest laws and regulations as regular government employees
- Committee members provide information about their personal, professional, and financial interests, which is used to assess real, potential, or apparent conflicts of interest that could compromise committee members' ability to be objective
- Committee members take the federal Oath of Office

Conflicts of Interest

- Office of the General Counsel provides pre-appointment waivers and exemptions as allowed by law
- Committee members remain responsible for identifying topics, issues, or controversies that could affect or appear to affect their own interests
- If needed, committee members may be asked to recuse themselves from a discussion, refrain from making comments, abstain from votes, or temporarily leave the meeting
- Committee members may make such disclosures now, or at any time during the meeting.

Participation from the Public

- FACA requires that advisory committees such as the NACSD and the NACIDD provide opportunities for the general public to participate in the deliberative process
- ASPR ensures this by –
 - Maintaining the email NACSD@hhs.gov and NACIDD@hhs.gov
 - Publishing all approved reports online
 - Holding public meetings where the public may attend virtually
 - Reviewing public comments as appropriate during public meetings

National Advisory Committee on Seniors and Disasters (NACSD) Updates

- Work of the NACSD since March 30th:
 - NACSD Public Meeting-April 6, 2022
 - Chair Selection – April 26, 2022
 - Areas of research identified
 - Leads selected for each research area
 - Preliminary findings developed for each research area
 - Ongoing work on developing recommendations relating to the preliminary finding

NACSD Research Areas

- Behavioral Health
 - Dr. Lisa Brown
- Communications
 - Ms. Maria Greene
- Infrastructure
 - Dr. Sue Anne Bell and Ms. Debbie Dalpoas-Ward
- Partnerships
 - Dr. Mary Russell

Behavioral Health Proposed Mission Statement

Evaluate the use of current best practices in disaster behavioral health, implementation of evidence-based behavioral health practices, and behavioral health programs intended to benefit older adults and their families and caregivers in systems providing services at all stages of a disaster (e.g., mitigation, preparedness/readiness, response, recovery) in all settings (e.g., long-term care, community-dwelling, homebound, senior communities).

Behavioral Health Areas of Research

- Essential/non-essential designation of non-physician behavioral health clinicians
- State licensing regulations for interstate behavioral health clinicians during a disaster
- Telehealth
- Education, training, and utilization of a trauma-informed care approach and psychological first aid
- Options for addressing the dearth of applied research in the area of behavioral health and disasters

Communications Proposed Mission Statement

Evaluate disaster, public health emergency and terrorism communications systems' messaging and relevant educational and resource materials to understand how older adults and adults with disabilities perceive, receive and react to emergency messages. Improve emergency communications to reduce the occurrences of mis-, dis-, and mal-information. Messaging before, during and after disaster events should consider the following: disaster literacy, health literacy, equity, plain language, English Language Proficiency, and meet all legal requirements for accessibility.

Communications Areas of Research

- Disaster Literacy
- The inclusion of equity in Emergency Preparedness plans
- Mis-information, dis-information and mal-information
- Coded Levels of Emergency Messages
- Surveys of Emergency Management and Public Health Agencies
- Partner involvement in Messaging development, utilization of trusted sources
- Emergency Preparedness Grant Funding

Infrastructure Proposed Mission Statement

Support mitigation, preparedness, response and recovery for all older adults, and particularly across all aspects of long-term care. For the purposes of this report, long-term care is defined as older adults receiving supportive services at home, group homes, memory care, assisted living, and nursing homes)

Infrastructure Areas of Research

- Possible development of Centers of Excellence in Geriatric Disaster Management
- Long-term care workforce leadership training in emergency response
- Utilization and expansion of existing Long-Term Care Ombudsman Program resources
- Strategies for long-term care settings to build climate resilience

Partnerships Proposed Mission Statement

Identify local traditional and force-multiplier partnerships that can receive capacity building disaster competency training to promote community readiness and continuity of care services for older adults and be coordinated and integrated into planning for emergency preparedness, response, and recovery efforts.

Partnerships Areas of Research

- Capacity building and disaster competency training for local traditional and force-multiplier partners in disaster preparedness and response
- Templates for disaster preparedness and response
- Disaster training resources for professionals and for the general population
- Identifying leads to coordinate and integrate planning for emergency preparedness, response, and recovery efforts for older adults
- Existing tools to identify at-risk persons, for state planners, emergency managers, older adult advocacy groups, and academic institutions
- Metrics to identify community progress toward disaster readiness and support evaluation after disaster incidents
- Inclusion of older adult agency participation in Healthcare Coalitions

National Advisory Committee on Individuals with Disabilities and Disasters (NACIDD) Updates

- Inaugural Meeting – March 30th, 2022
- NACIDD Public Meeting- April 1, 2022
- Chair Selection – April 28, 2022
- Identified 54 priorities
- Selected four key categories to be addressed and identified leads for each:
 - Compliance and Enforcement
 - Ms. Barbara Kornblau
 - Emergency Support Functions (ESF) #6 & #8 –
 - Co-leads: Ms. June Kailes and Ms. Vicky Davidson
 - Training
 - Co-leads: Ms. Elizabeth Davis and Ms. Julie Hagan
 - Effective Communication Access
 - Ms. Donna Platt

National Advisory Committee on Individuals with Disabilities and Disasters (NACIDD) Updates

- Processes underway:
 - Establishing working groups and mission statements to address the four categories
 - Determining short, medium, and long term priorities
 - Developing shared terminology
 - Establishing a realistic timeline for activities
 - Implementing accommodations for members
- Other areas identified: Funding, Planning, Data, and Recovery

Examples of Priorities Identified

- Compliance and Enforcement
 - Provide disability inclusive emergency management expertise in each agency to advise directors on legal compliance obligations related to policy and practice requirements.
 - Enforce Rehabilitation Act and the Americans with Disabilities Act (ADA) Olmstead most integrated setting requirement in all public health emergencies and disasters.
- ESF 6 and 8
 - Gap analysis of all emergency support functions.
 - Develop recommendations for closing identified gaps.
 - Resolve gaps created by existing Medicaid rules in crossing state lines before, during, and after disasters.

Examples of Priorities Identified (continued)

- Training
 - Identify effective inclusive training and exercise guidance and methodologies currently in practice across the federal, state, local, and tribal levels from which a comprehensive guide agnostic to specific training goals but specific to the process of developing and executing knowledge transfer can be developed and disseminated.
 - Ensure that federal mandates require utilization of the training and exercise guide as part of all training measures and funding support, thus infusing inclusivity across all relevant topic areas.
- Effective Communication Access
 - Ensure alerts, warnings, emergency notifications, and all digital communications are actionable and equally accessible at all times.
 - Ensure that the distribution of public health and emergency materials are available to people with disabilities with accessible and actionable instructions that are written in plain language.

Sub-Committee Proposed Mission Statements

- **ESF 6/8** – Focus on providing and protecting the needs and rights of people with disabilities and their families and/or support networks through the facilitation of the people with disabilities' health, safety, and independence. Identifying and closing the gaps in the National Incident Management System/National Preparedness System.
- **Compliance** – Given the unwaiverable civil rights and legal requirements of the Americans with Disabilities Act (ADA), the Rehabilitation Act of 1973, the Individuals with Disabilities Education Act (IDEA), the Stafford Act, and other civil rights laws and regulations, the focus will be on making recommendations to ensure consistent monitoring and enforcement of these requirements at the federal, state, and local levels.

Sub-Committee Proposed Mission Statements

- **Training** – Focus on establishing a core methodology for training and resources for disaster emergency management regarding persons with disabilities, including a rubric that demonstrates how training must be accomplished and expected deliverables. This methodology would be utilized for educational needs across all recommended activities.
- **Effective Communication Access** – Focus on identifying the issues of communication access in the areas of medical preparedness, response, and recovery including through emergency alerts, emergency information and materials, healthcare communications, and Telehealth services. Recommendations and resources will be developed to prepare and assist responders to help ensure that individuals who are deaf, hard of hearing, deafblind, blind, low vision, speech disabilities, and other disabilities have equal access to information and services to protect their health and well-being before, during, and after allhazards public health events.

NACSD and NACIDD Discussion on Overlapping Issues

PUBLIC COMMENTS

- To date, the NACSD and NACIDD received:
 - Three requests to provide public comments
 - Each speaker will have up to three minutes
 - Otherwise comments will be read aloud for the record
 - One request for information

Thank You's to NACSD/ NACIDD Informational Speakers

- Dr. Peter Bliss
- Mr. Eric Weakly
- Ms. Maggie Jarry
- Dr. Nikki Bellamy
- Dr. Erin Emery-Tiburcio
- Ms. Amy Nicholas
- Dr. Sachin Pavithran
- CAPT Jonathan White
- Mr. Rob Long
- Mr. Darrin Donato
- Mr. Michael Fucci
- Mr. Stan Szpytek
- Mr. George Walker
- Ms. Beverley Laubert
- Dr. Richard Kwok
- Dr. Aubrey Miller
- Dr. Regina Shih
- Dr. Jessie Riposo
- Dr. Richard Cho
- Dr. Christopher Newton
- Dr. Milissa Chanice
- Ms. Evette Perez
- Mr. Christian Burgess
- Ms. Augustina Boehringer
- Ms. Kathy Riley

Acknowledgements

National Advisory Committees Program Staff

- Ms. Tabinda Burney
- LCDR Clifton Smith
- Ms. Mariam Haris
- Ms. Megan Hoffmann
- Ms. Laura Gardiner
- Ms. Zhoowan Jackson
- Dr. Maxine Kellman
- CAPT Christopher Perdue
- Mr. Darrin Donato

ASPR and SPPR

- Dr. Meg Sullivan
- Dr. Cheryl Levine

Division of External Stakeholder Engagement

- Ms. Alysia Durant
- Ms. Amelia Marlowe
- Ms. Khalilah Wyatt
- Ms. Krystal Hayes

Communications

- Ms. Elizabeth Jarrett
- Ms. Kim Buckmon

ACL

- Mr. Derek Lee

RAND

- Dr. Melissa Finucane