U.S. Department of Health & Human Services
Office of the Assistant Secretary for Preparedness & Response

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

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Contents

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. 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 are 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 for communication with older adults and the 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.[1] 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,

[1] Including but not limited to post-acute long-term care, congregate settings, more definitions on ACL https://acl.gov/ltc/glossary

emPOWER could be more broadly used in a research capacity to inform planning about health and system effects of disasters.

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)
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Appendix 2: Community Traditional Disaster Partners

Type	Group	Status
Traditional Partners	**Emergency Management**	
	CERT	
	General Population Shelters	
	Special Needs Shelters	
	DOH	
	ESF-8 Health &Medical	
	MRC Members	
	Law Enforcement	
	Municipal	
	Community Service Officers	
	Trainees	
	County	
	Emergency Medical Services	
	Trainees	
	CERT	
	Red Cross	
	Healthcare Coalition	
	Acute care Hospitals	
	Free-Standing ER's	
	Specialty Hosp's	
	Rehab ctrs	
	Hospice	
	LTC	
	Urgent Care Clinics	
	BH/MHC's	
	Home Health	
	Community Health Centers	
	FQHC's	
	Dialysis Centers	
	Oxygen Delivery Services	
	Pharmacies	
	DME Suppliers	
	Hospital Assn	
	Medical Assn/Society	
	Health Fairs	
	Housing Authority	
	Tribal Govts	
	Media:	
	Local Radio	
	Local TV	
	Local Cable	
	Hotlines	
	Newspapers/Newsletters	
	Neighborhood Portals	

Type	Group	Status
Aging Services Providers	**Area Agency on Aging**	
	Ombudsman	
	Caregivers	
	Meals on Wheels	
	Case Management	
	Respite Care	
	Transportation:	
	State Units on Aging	
	Senior Centers	
	Adult Day Services	
	Memory Care Centers	
	Independent Living Facilities	
	Assisted Living Facilities	
	Skilled Nursing Facilities	
	RTF's	
	Geriatric Care Specialists	
	AAA Contractors /Providers	
	ACL Funded Tribal Reps	
	State Units on Aging	
	Senior Centers	
	Memory Care Centers	
	Independent Living Facilities	
	Assisted Living Facilities	
	Skilled Nursing Facilities	
	RTF's	
	Geriatric Care Providers	
	Organizations that serve people with disabilities	

Status: Red (Absent); Yellow (Present but minimal disaster help); Green (Present and active in disasters)

Appendix 3: Force-Multiplier Disaster Community Partners

Group	Status	Group	Status
Advocacy Groups (Alzheimer's ALS etc.)		**Food & Drink Locations:**	
Anti-human trafficking Organizations (Org's)		Bars	
Burial societies, Cemeteries		Charitable Food Systems	
Childcare provider networks		Coffee Shops	
Children & youth services		Fast Food	
Civic Org's (United Way, AARP)		Food Banks/Kitchens	
Clubs (VFW, Rotary, Elks etc.)		Supermarkets	
Neighborhood Councils & HOA's		Restaurants	
Communication Org's:		Warehouses (Costco Sam's Club etc.)	
Print		**Gas Stations**	
Major (AT&T, Verizon)		**Grooming** (Barbers, Hair, Nail)	
Cable		**Immigrant service organizations**	
Social Media		**Healthcare Coalitions** (new partners)	
Neighborhood Portals		Hospice	
Radio		Urgent Care Clinics	
Delivery Services:		Mental Health	
UPS/FedEx, DHL, Others		Home Health	
Food delivery (Doordash Grub Hub, Uber Eats, Others)		Community Health Centers	
Domestic violence networks		FQHC's	
Employers:		Pharmacies	
Big Box Stores (Walmart, Target etc.)		DME Suppliers	
Malls		Medical Assn/Society	
Chamber of Commerce		Health Fairs	
Vehicle Dealerships (car, boat, motorcycle, truck)		**Homeless service providers**	
Entertainment:		**Libraries & Bookstores**	
Movie Theatres		**Lodging:**	
Theme Parks		Hotels	
Faith-based Org's		Motels	
Churches		Public Housing	
Synagogues		Shelters	
Mosques		Boarding/Care Homes (private)	
Interfaith Councils		**Massage Services**	
Interdenominational ministerial alliances		**Media:**	
Financial Org's:		Neighborhood Portals	
Banks		Newsletters	
Insurance Co's		Social Media	
		Billboards	
		Refugee Advocacy Org's	
Parks & Recreation			
Pets:			
Veterinarians			
Pet Stores			
Philanthropic Org's/Foundations			

Status: Red (Absent); Yellow (Present but minimal disaster help); Green (Present and active in disasters)

Appendix 3: Force-Multiplier Disaster Community Partners *continued*

Group	Status		Group	Status
Postal Workers				
Professional associations				
Schools:				
Pre-K				
K-12				
Technical Schools				
Community Colleges				
Universities				
Vocational				
Fraternities/Sororities				
Social Service Agencies				
Sports:				
Clubs				
Gyms/YMCA's/YWCA/s				
Teams				
Skating Rinks				
Supply Stores				
Transportation:				
Public				
Private				
Paratransit				
Marine				
Rail				
Air				
Rental Car Co's				
Ride Share Co's				
Tribal Org's				
Utilities:				
Fuel Providers/Distributors				
Natural Gas				
Waste Mgt				
Water				
Veterans Org's (VFW, Rubicon etc.)				
V.A. Liaison (for at-risk vets)				
Voluntary Organizations Active in Disaster/Community Organizations				

Status: Red (Absent); Yellow (Present but minimal disaster help); Green (Present and active in disasters)