



Meeting Summary

National Advisory Committee on Seniors and Disasters

April 6, 2022

Washington, DC (virtual)

11:00 am -1:30 pm ET

Attendees¹

Voting Members

Sue Anne Bell, PhD, FNP-BC, FAAN
Lisa M. Brown, PhD, MS
Deborah Dalpoas-Ward
Maria Greene, MS
Tommy Ibrahim, MD, MHA
Mary Russell, EdD, MSN
Gregory Santa Maria, MA, DHSc

Subject Matter Experts

David Dosa, MD, MPH
Anna Fisher, PhD
Martha Morrison, MS
Jennifer Olsen, DrPH, MPH
Denis Rainey
James Robinson, MS
Michael Wasserman, MD

Ex Officio Members

Cheryl Levine, PhD, ASPR
Derek Lee, ACL
Gary Disbrow, PhD, BARDA
Elizabeth Sadove, FDA
Emerald Nguyen, PhD, NIH
Eric Weakly, SAMHSA
CAPT Skip Payne, CMS
Benjamin Olivari, Alternate for Dr. Lisa McGuire,
CDC

NACSD Designated Federal Official (DFO)

Maxine Kellman, PhD, DVM, PMP
ADFO, National Advisory Committee Program
Senior Public Health Analyst

National Advisory Committee Team

RADM Theresa Lawrence, PhD
Darrin Donato, MS
CAPT Christopher Perdue, MD, MPH
Zhoowan Jackson, MS
Tabinda Burney, MPH
LCDR Clifton Smith, MS
Mariam Haris, MPP
Megan Hoffmann, MPH

ASPR Leadership

D. Chris Hassell, PhD
Kristin DeBord, PhD
RADM Theresa Lawrence, PhD
Dan Dodgen, PhD
Meg Sullivan, MD, MPH

¹ The [NACSD voting member roster](https://aspr.hhs.gov/AboutASPR/WorkingwithASPR/BoardsandCommittees/Pages/NACSD/NACSD-Voting-Members.aspx) is available on the NACSD Website:

<https://aspr.hhs.gov/AboutASPR/WorkingwithASPR/BoardsandCommittees/Pages/NACSD/NACSD-Voting-Members.aspx>.

Summary

The National Advisory Committee on Seniors and Disasters hosted a public meeting on April 6, 2022 to hear presentations on programs focused on aging and disasters and responses to COVID relating to mental health concerns, Substance Abuse and Mental Health Services, and Centers for Disease Control Aging and Disasters. The mission of the committee is to evaluate and provide input with respect to the medical and public health needs of seniors related to preparation for, response to, and recovery from all-hazards emergencies, and provide advice and consultation with respect to state emergency preparedness and response activities relating to seniors. Over 200 people attended this meeting. The NACSD is required by Section 2811B of the PHS Act, amended by section 305 of the Pandemic and All Hazards Preparedness and Innovation Act of 2019 (PAHPAIA, Public Law 112-16) and governed by the provisions of the Federal Advisory Committee Act (FACA) (5 U.S.C. App.).

Introduction

Maxine Kellman, DVM, PhD, PMP, Designated Federal Official, Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response (ASPR)

Dr. Kellman introduced the National Advisory Committee on Seniors and Disasters and the mission of the committee to evaluate and provide input with respect to the medical and public health needs of seniors related to preparation for, response to, and recovery from all-hazards emergencies, and provide advice and consultation with respect to state emergency preparedness and response activities relating to seniors. The NACSD is required by Section 2811B of the PHS Act, amended by section 305 of the Pandemic and All Hazards Preparedness and Innovation Act of 2019 (PAHPAIA, Public Law 112-16) and governed by the provisions of the Federal Advisory Committee Act (FACA) (5 U.S.C. App.).

NACSD Member Introductions

The committee voting and non-voting members introduced themselves during the meeting to provide stakeholders and the public with insight into their professional backgrounds and areas of interest. The summary of NACSD voting member [professional backgrounds](#) is available online and all member biographies are in Appendix 1.

Presentations

CDC: Aging and Disasters

Peter A. Briss, MD, MPH, Director of the Office of Medicine and Science of the National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Dr. Briss opened his presentation with remarking that older adults are at increased risk in epidemics and disasters. Nearly 75% of all U.S. COVID-19-related deaths have occurred in people 65 years of age and older. In the U.S. and elsewhere, older adults were a priority population for COVID-19 vaccination; despite this prioritization, nearly a third of the people who are currently eligible for a booster have not yet received one. Throughout all phases of preparedness, response and recovery, older adults deserve specialized attention. Aging is intertwined with multiple chronic conditions that can increase morbidity and

mortality in disasters. About three in five American adults have at least one chronic condition and two in five have more than one; for the population that is 65 or older, 81% of people have more than one chronic condition. During the COVID-19 pandemic, many chronic conditions like heart conditions, cancer, chronic lung disease, obesity, and others were associated with increased COVID-19-related morbidity and mortality.

During the pandemic, use of healthcare services declined for preventive, routine, and emergency care for acute conditions like heart attacks and strokes, resulting in excess mortality directly related to COVID-19. To promote preparedness and resilience, the CDC recommends things like gathering food, water, and medical supplies, having at least a two-week supply of prescription medications, and collecting and protecting important documents and medical records. Expounding on lessons learned from COVID-19, there is room to improve on delivering chronic disease care to avoid worsening short and long-term health outcomes. The implications of chronic conditions or multiple chronic conditions can extend into the recovery phase of a response.

Dr. Briss also discussed aging and disability. Some disabilities may increase risks of infection or poor outcomes of COVID-19 and two in five adults 65 years and older at least one disability. Some people may be more likely to get infected or have severe illness because of underlying medical conditions, congregate living settings, or systemic health and social inequities. Access to medical care is decreased for these populations at baseline. During response from any disaster, persons with disabilities can take precautions to avoid getting very sick from COVID-19. Responders can make focused efforts to reach these populations. Nursing homes and related congregate settings are likely to need their own plans and additional specialized attention.

Dr. Briss stated that the COVID-19 pandemic underscored how differences in race, ethnicity, occupation, poverty, and other factors have significant impacts on health and illness, specifically housing, personal space, safe spaces for physical activity, food and nutrition security and healthcare. Aging, chronic diseases, disability, and social determinants should be emphasized, and emergency managers can work to identify populations at higher risk and focus on effective interventions to mitigate high-priority threats. Tools like the Social Vulnerability Index² and the CDC PLACES³ project may help in identifying vulnerable communities.

Dr. Lisa Brown asked what Dr. Briss considers to be the biggest challenge now and how might the committee be able to support the CDC's work in this space. Dr. Briss offered that there is room to improve on reaching populations that have not yet been fully vaccinated and boosted. In addition, social vulnerability data and data availability more broadly to inform public health approaches for vulnerable populations is a potential area where the committee could focus.

Dr. David Dosa asked about the CDC's work in climate change and weather-related events. Dr. Briss answered that the CDC units that are most directly involved in environmental issues include the Center for Environmental Health and the Agency for Toxic Substances and Disease Registry, and other partner federal agencies like the Environmental Protection Agency.

² [Agency for Toxic Substances and Disease Registry CDC/ATSDR Social Vulnerability Index:](https://www.atsdr.cdc.gov/placeandhealth/svi/index.html) <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>

³ [Centers for Disease Control and Prevention PLACES Local Data for Better Health:](https://www.cdc.gov/places/index.html) <https://www.cdc.gov/places/index.html>

Public meeting attendee Scott Carter sent a question via the Zoom chat function on what methods of communication and outreach have been most effective with aging. Dr. Briss responded with offering that all future public health communication efforts are going to need to be multipronged with consideration needed in the areas of both access to communication resources and ability to process that information. Partnerships will be needed with organizations like nursing homes and the healthcare sector, community groups that represent aging populations, state, local, tribal and territorial public health organizations, and others.

Dr. Michael Wasserman asked how the CDC is utilizing implementation science approaches to effectively get CDC guidance followed. Dr. Briss shared that when CDC makes recommendations they have to be clearly communicated. CDC recommendations need to be developed in a way that they can be implementable, and the agency works closely with stakeholders including nursing homes, healthcare organizations, state, local, tribal territorial organizations.

Substance Abuse and Mental Health Services Administration: Response to COVID and Other Considerations

Eric Weakly, Substance Abuse and Mental Health Services Administration

Maggie Jarry, SAMHSA, Emergency Coordinator

Nikki Bellamy, PhD, SAMHSA/CMHS

Erin Emery-Tiburcio, PhD, E4 Center at Rush University Medical Center

Mr. Weakly opened the SAMHSA presentation with sharing that the agency leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. The agency is composed of four centers and support offices: The Center for Substance Abuse Treatment (CSAT), the Center for Substance Abuse Prevention (CSAP), the Center for Mental Health Services (CMHS), and the Center for Behavioral Health Statistics and Quality. Mr. Weakly shared that SAMHSA has five priority areas and four cross-cutting principles. SAMHSA's priorities are 1) Preventing overdose, 2) enhancing access to suicide prevention and crisis care, 3) preventing children and youth behavioral health, 4) integrating primary and behavioral healthcare, and 5) using performance measure, data, and evaluation. SAMHSA's cross cutting principles are equity, workforce, financing, and recovery.

Mr. Weakly closed his portion of the SAMHSA presentation with sharing that the mental health among older adults, particularly women and people in their 50s and 60s and those in fair and poor health, they were the most likely to experience a worsening of depression, anxiety, sleep, and overall mental health before and during the COVID-19 pandemic. In addition, there are many older adults who missed appointments, who have delayed appointments, and still have not returned for primary care or behavioral health appointments since the pandemic. Mr. Weakly offered that the committee emphasize is including people with lived experience to provide insight into what can be most useful to people with behavioral health disabilities during and after a disaster event. Another topic to consider is related to missed contacts that people have had over the past two years due to COVID and ways to mitigate some of the impacts of loneliness. In addition, from a family perspective, with grandparents and older relatives raising grandchildren, the committee could consider how to communicate with grandparents who need to provide behavioral healthcare to their grandchildren.

Ms. Jarry continued the SAMHSA presentation by stating that within HHS, SAMHSA works with federal partner agencies to inform how steady-state (non-disaster specific) federal resources build community resilience to mitigate impact of disasters. The agency is interested in the way that social determinants of

health interact with several aspects of community life, including mental health and substance use and how we understand communities, not only through person-centered and family-centered lenses, but also through the lens of community. The Olmstead Act, and access to affordable housing and the importance of emphasizing the movement of people out of adult care facilities and into the community, would fit well into this area of community resilience and mitigation during disasters.

Ms. Jarry shared that SAMHSA participates in federal interagency disaster planning and exercises, supports state, local, regional preparedness through technical assistance, and develops internal agency coordination systems in support of SAMHSA's response and recovery roles. After a disaster or emergency, the SAMHSA Emergency Coordinator serves as a liaison officer to maintain bi-directional communication with relevant SAMHSA agency programs, HHS and other federal agency partners, states, territories, tribes, and nongovernmental organizations. In addition, SAMHSA coordinates as part of HHS in support of community-led intermediate and long-term disaster recovery. SAMHSA works with federal partner agencies and the states, local, tribal, and territorial leadership to try to have the best understanding of the impact of incidents and to the extent to which these events may have impacted the local, state and regional response entities' ability to provide behavioral health support or continue the continuity of support for behavioral health treatment. Disaster recovery relates to resilience. The agency monitors to assess when behavioral systems are likely to be overwhelmed and support may be needed. SAMHSA also communicates with a variety of non-governmental organizations including the voluntary agencies or organizations active in disaster, behavioral health treatment providers, and organizations led by people with lived experience in mental health and substance use treatment and recovery systems. The agency activity looks for way to support the resilience of each community as we receive communications not only during response efforts, but every day throughout the year.

Dr. Bellamy presented on the effects of COVID on older adults related to mental health and resiliency. Older adults have been critically impacted by the COVID-19 pandemic with higher risk of serious illness, if infected, accounting for 80% of all COVID-related deaths. Mental health concerns such as anxiety, the depression and stress-related disorders have also been significantly impacted in our older adult and elder communities. However, SAMHSA recognizes that older adults remain resilient in some places their younger counterparts, this is especially true for adults living in community-based dwellings and are active within these settings. Other external resources that have been supportive for older adults and their resiliency through this pandemic has been social status and financial stability as well as alternative ways to socialize. Older adults tend to have better mental health outcomes than expected, however those from underrepresented minorities or with lower household incomes or who are serving as unpaid caregivers are at disproportionately elevated risk of experiencing negative health outcomes. Furthermore, older adults that are serving as unpaid caregivers have been disproportionately at risk for experiencing negative health and mental health outcomes. Dr. Bellamy offered that the committee focuses on ways to address this vulnerable population within older adults, especially tuning into the mental health areas of support.

Dr. Bellamy closed with providing resource links to the Disaster Distress Helpline and Disaster Technical Assistance Center. SAMHSA has five call centers around the U.S. including territories that respond. The helpline addresses the immediate crisis then can connect locally where the person is at. Call volume and text volume has significantly increased during the COVID pandemic.

Dr. Emery-Tiburcio share that she is a general psychologist at Rush University Medical Center and co-director of the Rush Center for Excellence and Aging and SAMHSA-funded E4 Center of Excellence for Behavioral Health Disparities in Aging. Dr. Emery-Tiburcio spoke on the critical nature of the

intersection of depression and suicide, substance use disorders, and mental illness, and when these intersect, not only can they exacerbate mental health issues, but they can also create a physical health issue; then as we overlay on socioeconomic status, ethnic and racial minority status, these are the most vulnerable of older adults. The E4 Center is funded by SAMHSA to provide extensive education about older adult and mental health, substance use, and substance abuse. In addition, the Center works to educate generalist clinicians on providing services to older adults. The E4 Center has been conducting policy academies across states, so far in Nebraska, Illinois, and Pennsylvania, on critical issues within those states on housing and serious mental illness. Dr. Emery-Tiburcio closed by stating the critical nature of including family caregivers in access during COVID was a significant challenge to ensure that adequate healthcare was provided safety. Family caregivers can be the most powerful tools for older adult health in the hospital, particularly for those with dementia and for those who developed delirium.

Mr. Jose Velasco asked the SAMHSA speakers about specific projects or initiatives aimed at helping caregivers for older adults in relation to emotional fatigue. Dr. Bellamy replied that as part of the COVID-19 relief funding that the federal government received for the Disaster Distress Helpline, SAMHSA set up peer-to-peer support group networks, with one specific to family caregivers. Dr. Emery-Tiburcio shared that Rush University Medical Center is in the process of a national rollout of a program that health systems can implement on emotion fatigue aimed at ensuring caregivers have what they need to be effective caregivers.

Public Comments

Members of the public were invited to provide comments on challenges, opportunities, and strategic priorities for public health and medical preparedness, response, and recovery specific to the needs of older adults before, during, and after disasters. The summary of public comments is outlined in Table 1, with a synopsis of oral remarks below.

Ms. Gail Myers, Deputy Director for the New York State-wide Senior Action Council presented a few remarks on including community-based organizations in disaster preparedness planning and response. Ms. Myers shared her believe that disaster preparedness efforts are often siloed, so improving the interoperability between hospitals, nursing homes, home care, public health, as well as including community-based not-for-profits that are trusted by the community. Ms. Myers shared an example from March 2020, New York State-wide Senior Action Council put out a newsletter in the mail because to reach older adults with COVID-19 information. Ms. Myers shared her organization's experience in supporting vaccine appointments. Challenges with computer-based platforms for scheduling proved difficult to navigate for many who are not computer savvy. During Hurricane Sandy and Ida in New York, seniors and others trapped in high-rise apartments without food, water, or medications and were subjected to power outages. Ms. Myers offered that the committee consider this type of situation in their deliberations. Ms. Myers public comments closed with recommending that the Ombudsman program investigate disaster planning best practices and preventing scamming after disasters.

TABLE 1. REQUESTS FOR REQUESTS TO PROVIDE COMMENTS FOR APRIL 6TH, PUBLIC MEETING

Requester	Question / Comments	Type
Gail Myers, Deputy Director, NY State-Wide Senior Action Council	Focus on 1. including community-based organizations in disaster response, 2. health facility disaster planning and community input, 3. coordination between area agencies on aging/local police and disaster responders, 4. proactive measures Long Term Care Ombudsman should take, and 5. application of principles relating to disaster planning to localized problems such as power outages.	Public
Trinh Phan, Senior Staff Attorney, Justice in Aging	<p>I work at Justice in Aging and provide technical assistance on SSI and Social Security to legal services and aging and disability providers. I recently got a tangential question from a legal services provider who has been thinking about the impacts of climate change on the low-income clients they serve, and the best way for their organization to get involved as this becomes a bigger issue. What laws or regulations (or modifications) should be put in place in advance to try to ease the burdens on low-income communities, and particularly older adults and people with disabilities who disproportionately suffer the impacts of global warming? Are there changes that can help existing systems respond better to climate events that make neighborhoods less livable or force low-income folks out of their homes and communities? What is the best way to support that advocacy as it happens?</p> <p>This is a great question to which I have no answer. I listened in to the joint NACSD and NACIDD committee meeting last week, and it seemed possible that this kind of question might fall within the work the committees are doing on disaster preparedness and response. If it does, it would be great to know how/where best to direct legal services, aging and disability providers interested in learning more and engaging with the committees' work on this topic. These kinds of groups have a lot of on-the-ground information about their communities and a strong interest in solving the practical fallout of these bigger issues, and it would be great to know where to send them where they can be of most use.</p>	Written

Wrap-Up

Dr. Kellman thanked attendees, committee members, invited speakers, and public attendees for attending the meeting and offered attendees to send comments and questions to NACSD@hhs.gov, which the NACSD DFO will distribute as needed and consider for future meetings. Dr. Kellman concluded the March 30, 2022, April 1, 2022, and April 6, 2022 meeting series and shared information on the other advisory committees.

Dr. Kellman adjourned the meeting at 1:30 p.m. Eastern standard time

Informational Links⁴

- [National Advisory Committee on Seniors and Disasters:](https://aspr.hhs.gov/AboutASPR/WorkingwithASPR/BoardsandCommittees/Pages/NACSD/default.aspx)
<https://aspr.hhs.gov/AboutASPR/WorkingwithASPR/BoardsandCommittees/Pages/NACSD/default.aspx>
- Aging/Older Adults and Epidemic and Disaster Resources:
 - [Centers for Disease Control and Prevention COVID-19 Mortality Overview:](https://www.cdc.gov/nchs/covid19/mortality-overview.htm)
<https://www.cdc.gov/nchs/covid19/mortality-overview.htm>
 - [CDC COVID-19 Vaccinations in the United States:](https://covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-total-admin-rate-total) https://covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-total-admin-rate-total
 - [Financial Times Hong Kong Omicron Deaths Expose Limits of Fraying zero-COVID policy:](https://www.ft.com/content/6e610cac-400b-4843-a07b-7d870e8635a3) <https://www.ft.com/content/6e610cac-400b-4843-a07b-7d870e8635a3>
- Emergency Preparedness and Chronic Disease Resources:
 - [CDC Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19 Information for Healthcare Professionals:](https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html)
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html>
 - [CDC Preventing Chronic Disease Research Underlying Medical Conditions and Severe Illness Among 540,667 Adults Hospitalized with COVID-19 March 2020-March 2021:](https://www.cdc.gov/pcd/issues/2021/21_0123.htm) https://www.cdc.gov/pcd/issues/2021/21_0123.htm
 - [CDC Emergency Preparedness for People With Chronic Diseases:](https://www.cdc.gov/chronicdisease/resources/infographic/emergency.htm)
<https://www.cdc.gov/chronicdisease/resources/infographic/emergency.htm>
- Social Determinants of Health Resources:
 - [CDC Health Equity:](https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/index.html) <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/index.html>
- Social Vulnerability Index Resources:
 - [CDC/ASTDR Social Vulnerability Index:](https://www.atsdr.cdc.gov/placeandhealth/svi/index.html)
<https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>
 - [CDC PLACES Local Data for Better Health:](https://www.cdc.gov/places/index.html) <https://www.cdc.gov/places/index.html>
- Online library with hundreds of resources for organizations that serve older adults and their caregivers:
 - [SEARCH FIND HELP For Organizations Serving Older Adults and Caregivers in Public Health Emergencies:](https://searchfindhelp.org/) <https://searchfindhelp.org/>

⁴ These links were shared with the public meeting attendees in the Zoom chat feature during the meeting proceedings.

- [HHS Office of Climate Change and Health Equity, within the HHS Office of Health:](https://www.hhs.gov/ocche/index.html)
https://www.hhs.gov/ocche/index.html
- SAMHSA COVID Resources:
 - [SAMHSA Training and Technical Assistance Related to COVID-19:](https://www.samhsa.gov/coronavirus/training-technical-assistance-related-covid-19)
https://www.samhsa.gov/coronavirus/training-technical-assistance-related-covid-19
 - [SMI Advisor Telepsychiatry in the Era of COVID-19:](https://education.smiadviser.org/diweb/catalog/item?id=5915061)
https://education.smiadviser.org/diweb/catalog/item?id=5915061
 - [SMI Advisor Serious Mental Illness and COVID-19:](https://education.smiadviser.org/diweb/catalog/item?id=5915139)
https://education.smiadviser.org/diweb/catalog/item?id=5915139
 - [SAMHSA COVID-19 and Behavioral Health Disparities for Black and Latino Communities in the U.S.:](https://www.samhsa.gov/sites/default/files/covid19-behavioral-health-disparities-black-latino-communities.pdf) https://www.samhsa.gov/sites/default/files/covid19-behavioral-health-disparities-black-latino-communities.pdf
 - [Technology Transfer Centers Upcoming COVID-19 Training and Events:](https://techtransfercenters.org/centers/global-atcc/ttc-upcoming-covid-19-related-events)
https://techtransfercenters.org/centers/global-atcc/ttc-upcoming-covid-19-related-events
 - [Virtual Native Talking Circles:](https://attcnetwork.org/centers/national-american-indian-and-alaska-native-atcc/event/virtual-native-talking-circles-14) https://attcnetwork.org/centers/national-american-indian-and-alaska-native-atcc/event/virtual-native-talking-circles-14
 - [These are Not Normal Times Tips to Be Well Anyway:](https://attcnetwork.org/centers/mid-america-atcc/event/these-are-not-normal-times-tips-be-well-anyway)
https://attcnetwork.org/centers/mid-america-atcc/event/these-are-not-normal-times-tips-be-well-anyway
- [Disaster Technical Assistance Center \(DTAC\):](https://www.samhsa.gov/dtac) https://www.samhsa.gov/dtac
- SAMHSA Disaster Distress Helpline: 1-800-985-5990 call or text
- The Dialogue, Monthly Bulletin, Supplemental Research Bulletin, Disaster Behavioral Health Information Series Resource Center – link for older adult tips:
 - [SAMHSA Resources for Older Adults:](https://www.samhsa.gov/resource-search/dbhis?keys=Older+Adults&op=Search) https://www.samhsa.gov/resource-search/dbhis?keys=Older+Adults&op=Search
 - [SAMHSA Disaster Behavioral Health Information Series Resource Center:](https://www.samhsa.gov/resource-search/dbhis?keys=Older%20Adults&op=Search&rc%5B0%5D=audience%3A20218)
https://www.samhsa.gov/resource-search/dbhis?keys=Older%20Adults&op=Search&rc%5B0%5D=audience%3A20218
- [HHS Healthy People, what are social determinants of health:](https://health.gov/healthypeople/objectives-and-data/social-determinants-health)
https://health.gov/healthypeople/objectives-and-data/social-determinants-health

Appendix 1. NACSD April 6th Meeting Biographies.

National Advisory Committee for Seniors and Disasters Voting Members

Sue Anne Bell, PhD, FNP-BC, FAAN



Sue Anne Bell is faculty at the University of Michigan School of Nursing. Dr. Bell's research focuses on the health and well-being of aging populations in the context of a disaster, where she studies the long-term health impact of disasters with an emphasis on chronic health conditions and the relationship between community resilience, aging and disasters. Over the course of her career, Dr. Bell has made national-level policy contributions in disaster preparedness and response, including at the Federal Emergency Management Agency, the National Academies of Medicine, Science and Engineering, and in invited testimony before the U.S. Senate. She is active in disaster response as a nurse practitioner through the U.S. Department of Health and Human Service's National Disaster Medical System with

recent deployments to the COVID-19 pandemic response, Hurricane Maria in Puerto Rico and the 2018 Paradise, California wildfires. She holds Editorial Board positions on the journals *Pre-Hospital and Disaster Medicine* and *Journal of Emergency Nursing*. Dr. Bell received a BSN from The Florida State University, an MSN from Emory University, and completed her PhD at the University of Michigan School of Nursing, as well as postdoctoral training in Health Policy.

Lisa M. Brown, PhD, ABPP



Lisa M. Brown, Ph.D., ABPP, is a Professor and the Director of the Trauma Program at Palo Alto University and an Adjunct Clinical Professor, Stanford University School of Medicine. She is a licensed clinical psychologist who is boarded in geropsychology. Prior faculty positions have been in the School of Aging Studies, the University of South Florida, and the James A. Haley Veterans Hospital, Tampa, Florida. She is the former President of Division 20, Adult Development and Aging, American Psychological Association (2020-2021), and the founder of the Disasters and Older Adults Special Interest Group, Gerontological Society of America.

Her clinical and research focus is on trauma, resilience, and aging. Her research has explored the use of social marketing to enhance messaging and increase appropriate use of disaster services during the recovery phase; evaluated state models for regulatory responsibility for disaster preparedness, response, and recovery; and examined the use of behavioral health services after disasters. She has authored more than 150 journal articles and book

chapters and served as a co-editor of the *Psychology of Terrorism (2007)*, Oxford University Press. She recently co-authored the *Trauma-Informed Care Guidebook for Implementation of Trauma-Informed Best Practices for International Criminal Investigations Conducted by the United Nations (2021)*. Dr. Brown's research experiences and collaborative relationships with first responder groups and long-term care organizations led to the development of the Psychological First Aid Field Guide for Nursing Home Residents.

During the past two decades, Dr. Brown has served on numerous state, national, and international boards, committees, and commissions. She served as the Assistant Clinical Director of Disaster Behavioral Health Services, Florida Department of Health, and has conducted program evaluations of the Substance Abuse Mental Health Services Administration (SAMHSA) and Federal Emergency Management Agency (FEMA) crisis counseling programs. Dr. Brown also served on the Disaster Mental Health Subcommittee of the National Biodefense Science Board Federal Advisory Committee and the Centers for Medicare & Medicaid Services (CMS) Coronavirus Commission on Safety and Quality.

Dr. Brown is a Fellow of the Gerontological Society of America and American Psychological Association Division 20. She is the recipient of two Fulbright Specialist awards with the University of the West Indies, Mona, Jamaica (2014) and Massey University, Palmerston North, New Zealand (2015). Dr. Brown is the proud mother of four children, an avid gardener, an outdoor enthusiast, and a curious traveler.

Debbie Dalpoas-Ward



Debbie is a member of the Choctaw Nation of Oklahoma and has diligently served her tribe of 200,000 tribal members for more than 35 years, and currently holds the position of Deputy Director of Operations, Office of Emergency Management. In this role she upholds the values of the Choctaw Nation—Faith, Family and Culture—by helping communities and individuals plan for and manage disasters. She has been instrumental leading teams during the COVID-19 pandemic and organized the vaccine rollout to prioritize tribal elders. Debbie’s servant leadership continually inspires others. She loves spending her free time with her friends and family.

Maria Greene, MS



Maria Greene, M.S. and Masters Gerontology Certification, is a consultant with extensive knowledge and experience in human services and support programs for older adults and people with disabilities. She has over twenty years of state government experience in Georgia including ten years as Director of the Division of Aging Services (DAS). With her broad experience in the administration and delivery of services, she has successfully assisted other States in improving their programs and services for older adults and adults with disabilities. Since 2010 she has been working with national associations, state governments, and HHS ACL and DHS FEMA related projects. She is a former FEMA Disability Integration Advisor with Emergency Management Institute training in the Incident Command System.

Ms. Greene is a graduate of Georgia State University and GSU Gerontology Institute. She lives in Franklin, North Carolina and enjoys creating pottery and hiking.

Tommy Ibrahim, MD, MHA



Tommy Ibrahim, MD, MHA is President & CEO of Bassett Healthcare Network. Dr. Ibrahim has held leadership positions within the health care industry for the past 15 years, most recently serving as Executive Vice President and Chief Physician Executive for INTEGRIS Health in Oklahoma. Previously, Dr. Ibrahim served as Chief Physician Officer and Vice President of Medical Affairs at Mercy Health Network in Des Moines, and as Senior Vice President and Chief Physician Executive at St. John's Hospital in Springfield, Illinois. He received his Doctor of Medicine degree and his Bachelor of Medical Science degree at St., Christopher's College of Medicine and completed his Internal Medicine Residency at Greater Baltimore Medical Center, an academic affiliate of Johns Hopkins, in Baltimore, MD. Dr. Ibrahim holds a Master of Science degree in Health Administration from Seton Hall University. He received a Graduate Certificate in Organizational Behavior and Executive Coaching from the University of Texas, in Dallas, and was nominated to Modern Healthcare as one of the 50 Most Influential Clinical Leaders of 2019.

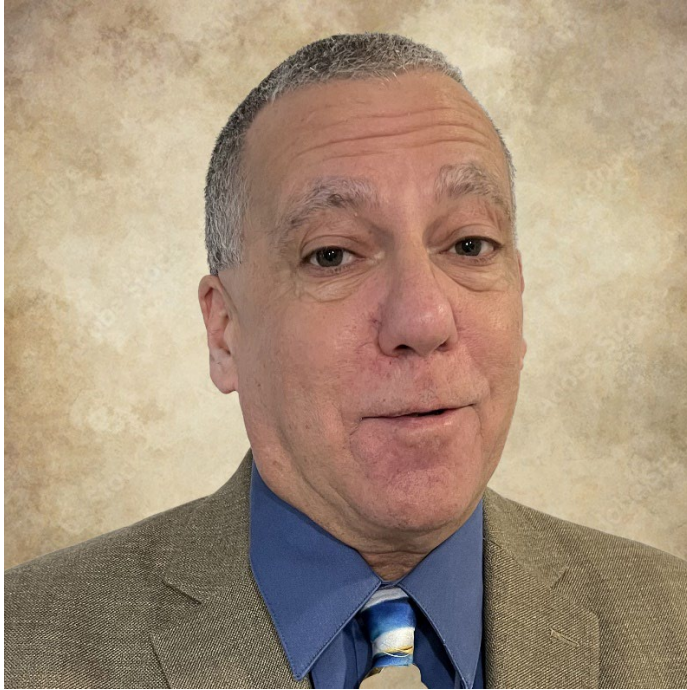
Dr. Ibrahim is a practicing internist and boarded in internal medicine and hospital medicine. He is a Fellow of the American College of Healthcare Executives, Fellow in Hospital Medicine, and received the Certified Physician Executive accreditation from the American Association of Physician Leadership. Dr. Ibrahim has held board positions with Autism Oklahoma, Health Alliance for the Uninsured, and The Iowa Medical Education Collaborative, where he served as board chair from 2014-17. Founder of the J. Christian Autism Foundation, he was a Medical Missionary for International Medical Relief in 2016 and was a GI research assistant for the National Institutes of Health in 2009.

Mary Russell, EdD, MSN



Mary Russell has been involved in a spectrum of emergency preparedness, response and recovery at the local, county, state, and international levels. Her background has included practice as an emergency nurse and emergency management coordinator for multiple disaster events in Boca Raton, Florida. She has served as a founding member and chairperson for the model program Healthcare Emergency Response Coalition in Palm Beach County Florida; an author of multiple emergency management books; as faculty for numerous webinars and national conferences including at the Center for Disaster Healthcare Preparedness at the University of South Alabama; and as a Subject Matter Expert for the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response TRACIE project (Technical Resources, Assistance Center and Information Exchange).

Greg Santa Maria, DHSc



Greg Santa Maria is the Executive Director of the South Dakota Health Care Coalition. He has nearly 30 years of experience in Emergency Medical Services and Healthcare Emergency Management and specializes in the development of complex healthcare response plans for large organizations. Greg has a special interest in the fusion of EMS into healthcare preparedness plans and is currently heading a task force to accomplish that goal. Greg was instrumental in the evacuation of 240 skilled nursing and assisted living residents in Kissimmee, Florida during Hurricane Dorian, and was recognized by Saint Vincents Hospital, his former employer in New York City for his role in the response to the terrorist attacks on the World Trade Center on September 11th, 2001. Greg has recently received his doctorate in health science from A.T. Still

University and spends his spare time playing guitar and singing to his German Shepherd Dog Brutus.

David Dosa, MD



Dr. David Dosa MD, MPH is an Associate Professor of Medicine and Health Services, Policy and Practice at Brown University. He is also an adjunct professor in the College of Pharmacy at the University of Rhode Island. Dr. Dosa is a practicing geriatrician/internist at the Providence VAMC where he directs the Primary Care Geriatrics Clinic and is a member of the Division of Geriatrics and Palliative Care at Rhode Island Hospital. Dr. Dosa has current research funding related to his work on Antibiotic Stewardship, Emergency Preparedness, Food Insecurity, Long Term Services and Supports, and the COVID-19 pandemic from the Veteran's Administration, National Institutes on Aging, and several foundations. He has authored over 80 peer-reviewed publications to date and several book chapters.

Dr. Dosa completed his medical school training at The George Washington University and then his residency in Internal Medicine and Geriatrics Fellowship at the University of Pittsburgh. In addition to his clinical and research activities, he helped design the Executive Masters of HealthCare Leadership program at Brown University where he teaches a course on Healthcare Regulation. Dr. Dosa has received several National Awards including a Humanities Award from the National Hospice and Palliative Care Organization, a Research Career Award from the Veteran's Administration, and a New Investigator Award from the American Geriatrics Society. He is also the New York Times bestselling author of *Making Rounds with Oscar: The Extraordinary Gift of an Ordinary Cat*. This book spent months on the bestseller list and has been published in over 30 countries worldwide.

Anna Fisher, PhD



Dr. Anna Fisher is a Certified Dementia Practitioner, Certified Montessori Dementia Care Professional, a QAPI Certified Professional, and licensed practical nurse. Dr. Fisher serves as the Hillcrest Health Services education expert for business lines that include assisted living, memory support, adult day services, in-patient rehabilitation, outpatient therapy, home health care, private duty, telehealth, palliative, hospice, and skilled nursing care. Dr. Fisher is also an adjunct professor in the College of Arts and Sciences at Bellevue University, a board member of the Hillcrest Health Services Foundation, Bellevue Public Schools Foundation board member and officer, and co-producer of the television program series, *Now What?*, about elder care and dementia. Dr. Fisher is a lifelong learner and passionate about teaching in the community. An avid distance runner, Dr. Fisher enjoys spending time with her family, and especially running around with her grandchildren.

Martha Morrison, MS

Martha Morrison is a retiree who lives in Newfield, Maine, a rural community southwest of Portland and close to the New Hampshire border. With a master's degree in administration of health services from the University of Houston-Clear Lake and subsequent certificates in both gerontology and regulatory ethics, she is presently completing her last semester of a University of Southern Maine public health degree program. Following decades of health care employment that include responsibility for hospital disaster planning, Martha now participates in activities of the Maine Public Health Association, the Healthcare Coalition of Maine, and the Medical Reserve Corps. As a health care emergency response volunteer, during the past two years she has helped staff many area COVID vaccination and treatment clinics. Currently a member of the governing board of a rural federally qualified health center (FQHC), Martha devotes much of her time, as founder and unpaid director, to a non-profit dedicated to increasing Mainers' access to unaffordable prescription medicines.

Jennifer Olsen, DrPH, MPH



Dr. Jennifer Olsen, an experienced epidemiologist, serves as Chief Executive Officer of the Rosalynn Carter Institute for Caregivers (RCI), which promotes the health, strength, and resilience of caregivers throughout the United States. Prior to joining RCI, Olsen managed the Ending Pandemics in Our Lifetime initiative at the Skoll Global Threats Fund, and prior to that she served as Fusion Division Director in the Office of the Assistant Secretary for Preparedness & Response at the U.S. Department of Health and Human Services, where she developed and implemented an analytics platform to increase awareness and information sharing during public health emergencies. She also previously held roles with the Defense Threat Reduction Agency, where she conducted scenario modeling. Olsen holds a B.A. in biomathematics from Rutgers University, an M.P.H. in Epidemiology from The George Washington University, and a Dr.P.H. from the University of North Carolina. She lives in Plains, Georgia – a town of 700 people, and has become familiar with rural health challenges and opportunities.

Denis Rainey



Denis Rainey is the Senior Vice President – Facilities & Emergency Management with 14 years of experience in operations of a top ten national, multi-state, company operating Assisted Living and Senior Living communities. His focus for the last five years has been leadership in the multi-state Emergency Management for these communities – planning, mitigating, and leading in disasters both natural and manmade. In addition, he is an industry chair and State Emergency Response Team, (SERT), member for the North Carolina Emergency Operations Center. Denis also serves as an appointed member of the North Carolina Governor’s Advisory Council on Aging. His knowledge and years of experience in elder care and operations of Long-Term Care communities especially during disaster situations has enabled him to lead and inspire others through hands-on training, group training, and speaking in various venues and state conferences. When not focused on crisis or disaster, Denis’ joy comes from his wife, two adult children and spouses, six grandchildren, the outdoors, and his spiritual life.

James Robinson, MS



Chief James Robinson serves as the Assistant Chief of Thompson Valley Emergency Medical Services in northern Colorado. Throughout his thirty-three-year career, James has worked in volunteer, private and governmental EMS, retiring from the Denver Paramedic Division as Assistant Chief at the end of 2019 after twenty-six years with the City and County of Denver. He has been involved in numerous local, state, and national emergency medical services (EMS), public health, preparedness and emergency management initiatives. Prior to returning to EMS, James was the Senior Director of Resident Risk Management, Safety and Preparedness for Spectrum Retirement Communities from 2019 through 2021, serving as the company's incident commander for its response to COVID-19 for nearly fifty senior living communities in ten states. He is a big-picture thinker who is adept at collaboration and coalition building to solve thorny problems. James has an undergraduate degree in human services from Metropolitan State University of Denver, a master's in national security studies and homeland security from the Naval Postgraduate School and is a

graduate of Cohort VI of the Harvard National Preparedness Leadership Initiative. He is a husband and father of two daughters, loves ice hockey, the outdoors and spending time with friends and family.

Michael Wasserman, MD



Doctor Michael Wasserman is a geriatrician who has devoted his career to serving the needs of older adults. He has been a tireless advocate for vulnerable older adults during the COVID-19 pandemic, with multiple peer reviewed publications and television appearances. He served as a member of the National Academy of Science's "A Framework for Equitable Allocation of Vaccine for the Novel Coronavirus" Committee and was a member of California's Community Vaccine Advisory Committee. He is Editor-in-Chief of Springer's upcoming textbook, *Geriatric Medicine: A Person-Centered Evidence Based Approach*. He previously served as Chief Executive Officer overseeing the largest nursing home chain in California. Prior to that, he was the Executive Director, Care Continuum, for Health Services Advisory Group, the Quality Improvement Organization for California. In

2001 he co-founded Senior Care of Colorado, which became the largest privately owned primary care geriatrics practice in the country, before selling it in 2010. Springer published his books, "The Business of Geriatrics," and "Primary Care for Older Adults: Models and Challenges" in 2016 and 2017. In the 1990's he was President and Chief Medical Officer for GeriMed of America, a Geriatric Medical Management Company, and developed GeriMed's Clinical Glidepaths in conjunction with Drs. Flaherty and Morley of St. Louis University's School of Medicine Geriatric Division. In 1989, in the *Journal of the American Geriatrics Society*, Doctor Wasserman published "Fever, White Blood Cells and Differential Count in Diagnosing Bacterial Infection in the Elderly," the findings of which are now part of the McGeer Criteria, used widely in nursing homes to evaluate residents for infections.

Dr. Wasserman is a graduate of the University of Texas, Medical Branch. He completed an Internal Medicine residency at Cedars-Sinai Medical Center and a Geriatric Medicine Fellowship at UCLA. He spent five years with Kaiser-Permanente in Southern California where he founded Kaiser's first outpatient Geriatric Consult Clinic. He was formerly a Public Commissioner for the Continuing Care Accreditation Commission. He serves on the Thousand Oaks Council on Aging and was the lead delegate from the State of Colorado to the 2005 White House Conference on Aging. Dr. Wasserman is Vice-Chair of the Board for the Wish of a Lifetime From AARP. He is a board member and chairs the Public Policy Committee for the California Association of Long-Term Care Medicine.

Invited Speakers to the April 6th National Advisory Committee for Seniors and Disasters Public Meeting

Centers for Disease Control and Prevention

Peter A. Briss, MD, MPH



Peter A. Briss, MD, MPH, is the Director of the Office of Medicine and Science of the National Center for Chronic Disease Prevention and Health Promotion, where he is also Medical Director. His work focuses on improving public health science, including establishing or strengthening connections between health care and public health. During 31 years at the Centers for Disease Control and Prevention (CDC), Dr. Briss has worked on issues including vaccine-preventable disease, lead poisoning, tobacco use, oral health, cancer, and heart disease. He has authored or coauthored more than 100 publications with an h-index of 59, coedited the *Guide to Community Preventive Services*, and worked on several emergency responses including serving as incident manager leading CDC's response to an outbreak of e-cigarette or vaping product use associated lung injury (EVALI). He has served on many expert panels, including the board of directors of the National Quality Forum. Board-certified in internal medicine and preventive medicine, he also works as a clinician at Grady Memorial Hospital in Atlanta. He earned his

medical degree at The Ohio State University and his Master of Public Health degree in Health Management and Policy from the University of Michigan. He completed training in epidemiology and preventive medicine at the CDC.

Nikki Bellamy, PhD, MA



Dr. Nikki Bellamy joined SAMHSA in 2000. She currently serves as a federal project officer with SAMHSA CMHS EMHTSSB. Dr. Bellamy is the lead for the interagency agreement between SAMHSA and the Federal Emergency Management Agency (FEMA) Crisis Counseling Assistance and Training Program (CCP), maintains a portfolio of CCP grants including many related to the COVID19 pandemic. She also directs the CCP data collection and evaluation effort, which includes an online, remote data entry and reporting website. Additionally, Dr. Bellamy is a co-project officer on the SAMHSA Disaster Technical Assistance Center contract. Dr. Bellamy leads the work of the SAMHSA Disaster Distress Helpline and maintains a SAMHSA Emergency Response Grant (SERG) to assist with behavioral health staff training for recovery to the 2018 Pennsylvania synagogue mass violence shooting incident. She holds a B.A. in psychology from Spelman College in Atlanta; an M.A. in psychology from the Catholic University of America in Washington D.C.; and a Ph.D. in health promotion and education/psychology

from the University of Utah in Salt Lake City. Dr. Bellamy enjoys spending time with her father, husband, and son biking, golfing, skiing, and swimming.

Maggie Jarry, M.Div., MS



Maggie Jarry, M.Div. is the Emergency Coordinator for the Substance Abuse and Mental Health Services Administration (SAMHSA) within the U.S. Department of Human Services. As the Emergency Coordinator for SAMHSA, Ms. Jarry coordinates with federal partners to support national disaster and emergency mitigation, preparedness, response, and recovery efforts. Emergency coordination establishes and maintains collaboration between SAMHSA, other government agencies, and nongovernmental agencies to improve behavioral health outcomes for communities impacted by disasters, public health emergencies and mass trauma events. Ms. Jarry holds a Master of Divinity from Union Theological Seminary in the City of New York at Columbia University; a Master of Science in Nonprofit Management from the Milano School of International Affairs, Management and Urban Policy at The New School; and Bachelor of Arts degrees from the University of Arizona.

Eric Weakly, MSW, MBA



Eric Weakly is the Western Branch Chief in the Division of State and Community Systems Development, Center for Mental Health Services at the Substance Abuse and Mental Health Services Administration (SAMHSA). The Division manages the Mental Health Block Grant, which provides funds and technical assistance to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and 6 Pacific jurisdictions. The Division also administers the Projects for Assistance in Transitions from Homelessness (PATH), the Protection and Advocacy for Individuals with Mental Illness (PAIMI) programs, the Minority Fellowship Program (MFP), and the Historically Black Colleges and Universities Center for Excellence (HBCU-CFE). Prior to working at SAMHSA, Eric was a project officer at the Administration for Community Living working on with the No Wrong Door/Aging and Disability Resource Centers, Inclusive

Transportation, and Supported Decision-Making projects. Eric also led programs at the local level in Illinois on mental health, long-term services and support, and protective services. Eric has led and participated in several facility-level, local, and regional disaster planning, response, and recovery efforts. Prior to work in administration, Eric worked as a social worker with older adults and families. Eric currently lives in Frederick, Maryland with his family and two pet rabbits.

Erin Emery-Tiburcio, PhD, ABPP



Dr Erin Emery-Tiburcio an Associate Professor of Geriatric & Rehabilitation Psychology and Geriatric Medicine at Rush University Medical Center, as well as Co-Director of the Rush Center for Excellence in Aging (aging.rush.edu). She is past-Chair of American Psychological Association Committee on Aging, past-President of the Society for Clinical Geropsychology, and currently co-chairs the APA taskforce to revise the APA Guidelines for Working with Older Adults. Dr. Emery-Tiburcio is committed to educating the healthcare workforce about the unique needs of older adults. To accomplish this, Dr. Emery-Tiburcio is Co-Director of CATCH-ON, the HRSA-funded Geriatric Workforce Enhancement Program based at Rush University Medical Center (www.catch-on.org) and the SAMHSA-funded E4 Center: Engage, Educate, Empower for Equity, The Center of Excellence for Behavioral Health Disparities in Aging (www.e4center.org) at Rush.