



**Committee on Equitable Allocation of Vaccine for the Novel Coronavirus
National Academies of Sciences Engineering & Medicine
September 2, 2020**

Good Afternoon Distinguished Guests and Colleagues,

My name is David Schless and I am president of the American Seniors Housing Association, an organization with approximately 500 member companies involved in the full spectrum of seniors housing including independent living, assisted living, memory care, and continuing care retirement communities. Our industry houses and cares for nearly 2 million older adults and employs almost 1 million team members in these settings.

- I thank you for the opportunity to share our views today regarding the framework for COVID-19 vaccine distribution when it becomes available. Upon review of the Preliminary report, we are pleased to see health care workers and high-risk seniors are recommended population groups for inclusion in Phase 1 in a four-phased approach to COVID-19 vaccine allocation. ASHA supports this recommendation but would also like to recommend more specificity assigned to these stated groups as I will explain.
- Senior living communities operate in addition to the well-recognized and critically important nursing and skilled nursing home settings that are so often generally referenced to convey long term care in its entirety. In fact, the draft report currently calls for the first phase to include those older adults living in congregate settings and cites nursing homes and skilled nursing facilities as examples.

- While there are differences in the two settings, the senior living industry is very much serving on the front lines during this COVID-19 crisis, along with the rest of the health care system, including nursing homes. And so, unless senior living settings (both residents and employees) are expressly defined and included in the recommendations for prioritized vaccine allocation, they will be at risk of being inadvertently excluded.
- Let me share some data about senior living residents:
- The prevalence of certain chronic conditions among the seniors housing population makes our residents a higher risk than other older adults living at home for COVID-19 infection, death, and other poor outcomes. According to the Centers for Disease Control and Prevention (CDC), people with chronic kidney disease, chronic lung disease (such as COPD), diabetes, and serious heart conditions are at a higher risk for severe illness from COVID-19. These conditions are prevalent among assisted living residents with 68% having at least one of these conditions.
- Compared to private housing, residents of independent living and assisted living are older and have higher rates of cognitive and functional impairment. Our residents average well over 80 years of age and often exhibit one or more chronic conditions. Given these and other health risk factors, and our ever-changing understanding of this highly contagious virus, senior living residents are at increased risk of serious illness and death if infected with COVID-19.
- Further, the need to quarantine and isolate residents to keep them safe from infection, can lead to loneliness, which is often linked to increased health risks. In a recent report from the National Academies of Sciences, Engineering and Medicine, researchers found that social isolation was associated with a 50 percent increased risk of dementia. As communities begin to allow visits from families and friends to alleviate the dangerous side effects of quarantine, the risk of infection from outside parties will remain a concern.
- An operators' ability to prevent and mitigate transmission of COVID-19 in their communities is affected by the rate of infection in the surrounding geographies, as well as access to personal protective equipment (PPE) and testing for current infection. These are circumstances largely out of our

control despite our best efforts, thus supporting the call for prioritization in vaccine distribution.

The Workforce:

- The senior living workforce has been serving selflessly on the front lines of this pandemic, performing in heroic ways and risking their own health for the safety and comfort of the seniors they serve. These caregivers, nurses, housekeepers, restaurant staff and others interact with the residents daily, placing themselves in danger of either contracting the disease themselves or carrying the virus asymptotically and leading to resident infections. The consequences for each of these scenarios is dangerous and can be mitigated when a vaccine is developed and distributed.
- We cannot serve our vulnerable seniors unless our staff are free from COVID-19. Screening for symptoms and testing that returns results in 5-7 days offers little help in the face of this pandemic. This industry has suffered from a workforce shortage prior to the pandemic. The additional staffing required to address COVID-19 in our communities underscores the need for a healthy workforce. It is also important to not underestimate the relationships between a caregiver and a resident. In many ways they are dependent on each other and reflect a necessary balance that we strive to protect.

Conclusion

- We hope that you give serious consideration to our comments and expressly include senior living residents and its workforce in all references to long term care or congregate care settings in the final report to be included in the Phase 1 allocation. Without this clarification, we fear our industry will be overlooked much like it has been for the dissemination of testing and supplies of PPE. While most of our smart and thoughtful operators have managed to address these shortcomings in a variety of ways(at a significant expense and with much stress), being left out of vaccine prioritization will be a dangerous disservice to the seniors they serve and employ.
- Thank you for your time and attention.

Thank you.

David Schless