

## **American Geriatrics Society (AGS) Comments: National Academies of Science, Engineering, and Medicine's (NASEM's) Discussion Draft of a Preliminary Framework for the Equitable Allocation of a Vaccine for the Novel Coronavirus**

The American Geriatrics Society (AGS) appreciates the committee's emphasis on the healthcare workforce and older adults in its draft framework. AGS members work to improve health, independence, and quality of life and to ensure older adults have access to high-quality care free of ageism. The AGS believes vaccination strategies should focus on achieving the greatest possible reductions in disease-related death and morbidity. We strongly recommend that our national vaccine allocation strategy:

1. Prioritize the health workforce, broadly defined to cover workers across care settings, including in long-term care, assisted living, and other congregate living facilities, as well as in home and community-based settings.
2. Prioritize access for high-risk populations, including older adults, those living in congregate settings, people with chronic health conditions, and communities of color.
3. Avoid using age as a criterion, given the diversity of the older adult population. We believe it is not the role of any organization, this committee, or the government to assign different values to individual life based on age, income potential, or other factors. We respectfully recommend that the committee instead consider the effect of vaccine distribution on public health, mortality, and decreasing demands on the healthcare system.

The AGS recommends that the committee include an expansive definition of the healthcare workforce, one comprehensive as to type of worker and care setting. Our health and personal care workforce provides expertise not just in acute care hospitals but also in nursing homes, assisted living, and other congregate living facilities, as well as at home and in the community.<sup>1,2,3,4</sup> We must ensure that direct care workers—certified nursing assistants, home care workers, dietary aides, and others are prioritized.<sup>3,4</sup> This is in addition to priority for health professionals such as doctors, nurses, pharmacists, physician assistants, and social workers.<sup>3,4,5</sup> Preventing infection in healthcare workers is an important public health intervention to decrease exposure for us all—but most critically, for our vulnerable populations.<sup>3,4,5</sup>

We appreciate that older adults, people with chronic conditions, and others at high risk of dying from COVID-19 are prioritized in the draft framework. However, the AGS is concerned that portions of the underlying analysis lean on stereotypes that potentially devalue older adults. We refer specifically to the idea that age in and of itself is a potential criterion for

<sup>1</sup> <https://onlinelibrary.wiley.com/doi/epdf/10.1111/jgs.16537>

<sup>2</sup> <https://onlinelibrary.wiley.com/doi/epdf/10.1111/jgs.16539>

<sup>3</sup> <https://onlinelibrary.wiley.com/doi/epdf/10.1111/jgs.16477>

<sup>4</sup> <https://onlinelibrary.wiley.com/doi/epdf/10.1111/jgs.16510>

<sup>5</sup> <https://khn.org/news/lost-on-the-frontline-health-care-worker-death-toll-covid19-coronavirus/>

making allocation decisions.<sup>1,2</sup> Our current reality is that, due to advances in our understanding of diseases and how to treat them, people are living healthy lives even when they have chronic conditions.<sup>1,2,6</sup> When this framework is implemented, resting these recommendations on an analysis that does not reflect the complexity and diversity of how we age runs the risk of discriminating against older people.

We strongly encourage the committee to include a summary of the recent AGS position statement “Resource Allocation Strategies and Age-Related Considerations in the COVID-19 Era and Beyond,” addressing equitable allocation of scarce resources in the section of the report beginning on p. 13, which provides summaries of allocation frameworks developed for this pandemic.<sup>1,2</sup>

The AGS allocation framework is rooted in the premise that a just healthcare system should treat similarly situated people equally.<sup>1,2</sup> The AGS outlined several core principles that are important to the equitable distribution of a vaccine. These are:

- 1. Age should never be used to exclude someone categorically from a standard of care, nor should age “cut-offs” be used in allocations.**
- 2. To avoid similar biases, factors such as “life-years saved” and “long-term life expectancy” should not be used, since they disadvantage older adults and are often unreliable.**
- 3. When assessing comorbidities, decision makers should carefully consider the impact of age, race, ethnicity, and social determinants of health.**
- 4. Resource allocation strategies must be transparent, applied uniformly, and regularly (and rigorously) reviewed.**

The AGS appreciates committee’s focus and commitment to developing a fair and equitable strategy that is transparent and free of ageism or other discrimination. Thank you for the opportunity to comment.

<sup>6</sup> <https://onlinelibrary.wiley.com/doi/epdf/10.1111/jgs.15644>