



Committee: Directly to Council
Committee Review: N/A
Staff: Linda McMillan, Senior Legislative Analyst
Purpose: Receive briefing and have discussion – no vote expected
Keywords: Coronavirus, COVID-19

AGENDA ITEM #3A
 March 2, 2021
Discussion

SUBJECT

Novel Coronavirus (COVID-19) Update and County Health Planning
 Discussion of Equity in the Vaccine Rollout

EXPECTED ATTENDEES

- Dr. Travis Gayles, County Health Officer and Chief of DHHS Public Health Services
- Dr. Earl Stoddard, Director, Office of Emergency Management and Homeland Security
- Dr. Raymond Crowel, Director, Department of Health and Human Services

COUNCIL DECISION POINTS & COMMITTEE RECOMMENDATION

- Council sitting as Board of Health to receive updates.

DESCRIPTION/ISSUE

The Council will receive an update on the public health data and emergency response to the COVID-19 public emergency from Dr. Gayles, Dr. Stoddard, and Dr. Crowel.

The Council will receive an overview of Montgomery County efforts to increase equity in the vaccine rollout.

Background Information

State and County Data on February 18, 2021 (Maryland.gov website)

February 25, 2021	Confirmed Cases	Confirmed Deaths	Probable Deaths
Maryland	379,466	7,623	182
Montgomery County	62,896	1,363	45

Vaccine Allotments and Distribution

On December 23, 2020, the Montgomery County Health Department received its first allotment of vaccine to be distributed in accordance with the Maryland State vaccination plan. The County has created a vaccine dashboard:

<https://www.montgomerycountymd.gov/covid19/vaccine/>

Montgomery County Health Department (DHHS)*

Date	MC Residents received 1 st Dose	MC Residents Fully Vaccinated
February 25, 2021	137,353 (13.1%)	61,226 (5.8%)

The County website also has information on alerts, preregistration, and links to other vaccination sites.

Montgomery County Case Metrics (from Montgomery County website)

Montgomery County has updated its metrics that are used for determining when it is safe to move to different phases of reopening businesses and other activities. Each indicator also has a metric for Very High, High, Moderate, Low, or Very Low risk of transmission/utilization. Indicators can be viewed at: <https://www.montgomerycountymd.gov/covid19/data/>

Primary Indicators

Seven-day average number of new confirmed cases per 100,000 population. As of February 24, there is a **HIGH** risk of transmission.

18-Feb	19-Feb	20-Feb	21-Feb	22-Feb	23-Feb	24-Feb
12.6%	12.3%	11.1%	10.8%	10.6%	10.8%	11.2%

Fourteen-day average percentage of tests administered resulting in a positive test. As of February 23, there was a **LOW** risk of transmission.

18-Feb	19-Feb	20-Feb	21-Feb	22-Feb	23-Feb	24-Feb
3.9%	3.8%	3.7%	3.6%	3.3%	3.3%	NA

Secondary Indicators

Percent change in new cases per 100,000 population during the last seven days compared to the previous seven days. As of February 24, there was a **VERY LOW** risk of transmission.

18-Feb	19-Feb	20-Feb	21-Feb	22-Feb	23-Feb	24-Feb
-32.9%	-29.9%	-36.2%	-31.9%	-29.9%	-20.9%	-12.3%

Percent of hospital inpatient beds in the community that are occupied. As of February 24, there was a **LOW** rate of utilization.

18-Feb	19-Feb	20-Feb	21-Feb	22-Feb	23-Feb	24-Feb
78.7%	79.4%	74.0%	75.1%	75.7%	77.4%	77.3%

Percent of Intensive Care Unit (ICU) beds in use. As of February 24, there was a **MODERATE** rate of utilization for the system. Certain hospitals may be at capacity.

18-Feb	19-Feb	20-Feb	21-Feb	22-Feb	23-Feb	24-Feb
74.9%	77.0%	76.5%	78.6%	76.5%	75.4%	82.4%

Percent of inpatient beds in the community occupied by patients with COVID-19. As of February 24, there was a **HIGH** rate of utilization.

18-Feb	19-Feb	20-Feb	21-Feb	22-Feb	23-Feb	24-Feb
14.4%	13.7%	12.6%	13.1%	12.8%	13.0%	12.3%

The State and County websites include information on cases and deaths by age. The following is a summary of the State data for February 25 and County data for February 23.

Maryland	Confirmed	Confirmed	% of Cases	% Confirmed
February 25, 2021	Cases	Deaths	By Age	Deaths by Age
Age:				
0-9 years	18,847	3	5.0%	0.0%
10-19 years	36,293	6	9.6%	0.1%
20-29 years	68,877	34	18.2%	0.4%
30-39 years	65,219	74	17.2%	1.0%
40-49 years	57,581	206	15.2%	2.7%
50-59 years	57,257	576	15.1%	7.6%
60-69 years	38,760	1,206	10.2%	15.8%
70-79 years	22,046	1,941	5.8%	25.5%
80+ years	14,586	3,575	3.8%	46.9%
Not available	0	2	0.0%	0.0%
Total	379,466	7,623	100.0%	100.0%

Montgomery County	Confirmed	Confirmed	% of Cases	% Confirmed
February 23, 2021	Cases	Deaths	By Age	Deaths by Age
Age:				
0-9 years	3,658	0	5.8%	0.0%
10-19 years	6,277	0	10.0%	0.0%
20-29 years	10,821	0	17.3%	0.0%
30-39 years	10,661	20	17.0%	1.5%
40-49 years	10,142	44	16.2%	3.3%
50-59 years	9,118	90	14.6%	6.7%
60-69 years	5,896	185	9.4%	13.7%
70-79 years	3,008	281	4.8%	20.8%
80+ years	3,041	732	4.9%	54.1%
Not available	4	-	0.0%	0.0%
Total	62,626	1,352	100.0%	100.0%

The following is the State website report on statewide case and death data for race and ethnicity.

Maryland	Confirmed	Confirmed	% of Total	% Confirmed
February 25, 2021	Cases	Deaths	Cases	Deaths
African American (NH)	108,638	2,639	28.6%	34.6%
Asian (NH)	8,541	265	2.3%	3.5%
White (NH)	131,069	3,911	34.5%	51.3%
Hispanic	61,141	699	16.1%	9.2%
Other (NH)	17,810	76	4.7%	1.0%
Not available	52,267	33	13.8%	0.4%
Total	379,466	7,623	100.0%	100.0%

Equity in Vaccine Rollout

Nationally, in the State of Maryland, and in Montgomery County there has been an inequitable administration of the COVID-19 vaccine. At-risk populations including, seniors, low-income residents, and people of color face barriers that include lack of access to internet, computers, and computer skills, language barriers, transportation barriers, time (both to search for a vaccine appointment and to attend a clinic), and misinformation about the vaccine. While DHHS is focused on equity in administering the doses it receives, other sites in the State including the mass vaccination sites and the retail pharmacies do not have the same focus and the retail pharmacies do not have the same data reporting requirements.

The Council requested a discussion of equity in rollout and the strategies being used or under consideration to increase equity in vaccinations.

Attached as background information for this issue are three articles: A Washington Post article from February 19, 2021, “Mobile clinics, free rides have done little so far to improve vaccine equity in the D.C. region (attachments (3)-(6); and two Kaiser Health News articles: “As Vaccine Rollout Expands, Black Americans Still Left Behind” (attachments (7)-(9), and “‘Cruel’ Digital Race for Vaccine Leaves Many Seniors Behind” (attachments (10)-(13)).

In previous sessions with the Council, DHHS has explained how they are looking at preregistration, case, and death data to understand where there are hotspots that should be targeted to increase the number of residents who preregister and get appointments for vaccination. Two maps from last week’s presentation show this information are included at attachments (1) and (2).

There are currently 357,840 preregistrations. Some are duplicates and about 5% did not indicate race/ethnicity. Data shows under-representation for African Americans/Blacks and Hispanics.

	County Population	Preregistration
White	43%	66%
African American/Black	19%	8%
Asian/Pacific Islander	15%	15%
Hispanic	20%	9%
Other	4%	2%

The County has identified 13 General Hotspot Zip Codes as those that are underrepresented and highly impacted by the virus by deaths and/or cases. These zip codes all have majority-minority populations.

Zip Code	Cumulative Cases per 100,000 population	Percent Minority Population
20901	6,500	60%
20902	8,400	68%
20903	8,600	90%
20904	7,800	80%
20906	8,600	74%

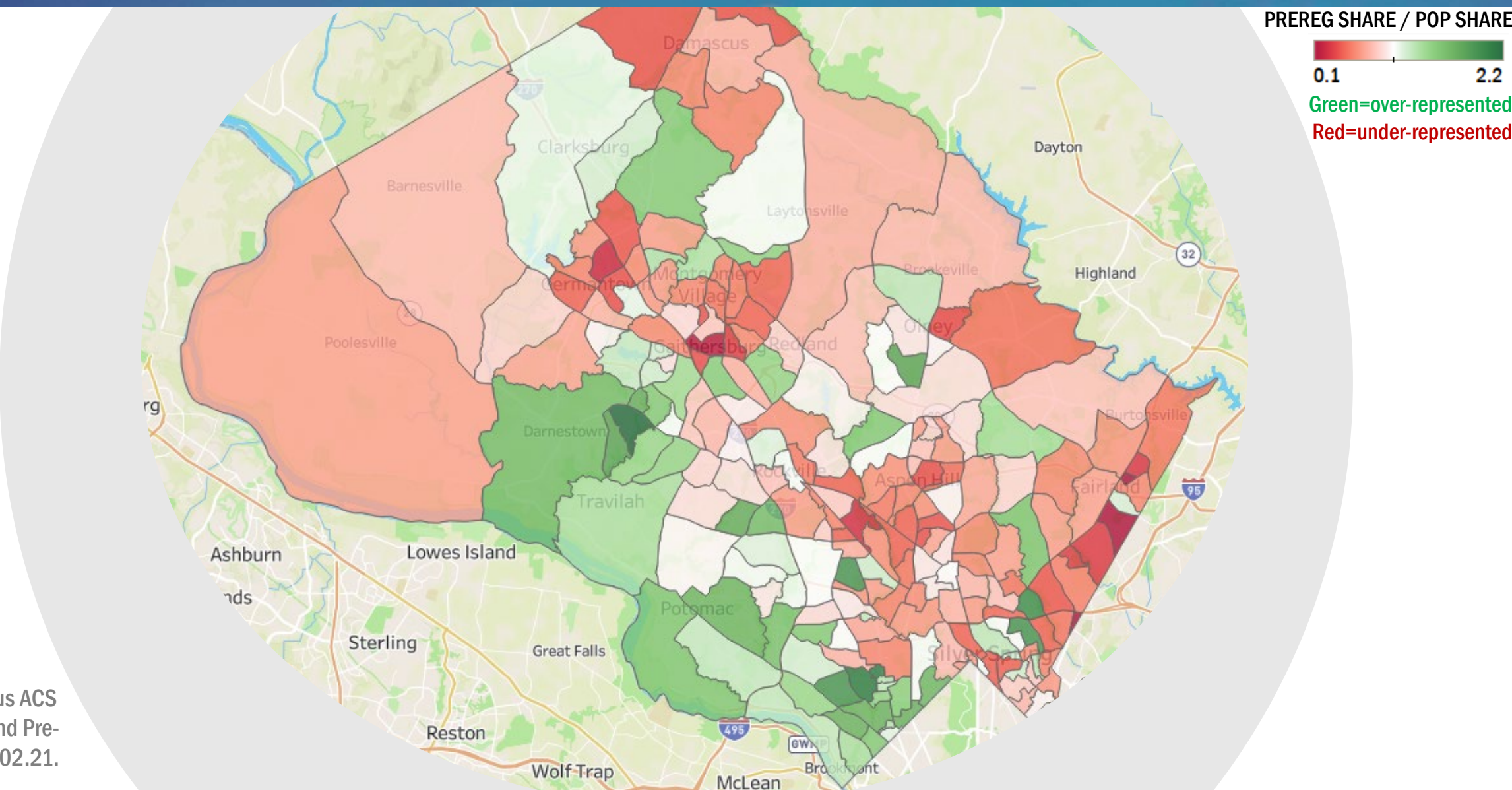
Zip Code	Cumulative Cases per 100,000 population	Percent Minority Population
20912	5,800	64%
20860	5,900	51%
20874	5,900	66%
20876	5,200	73%
20877	9,100	77%
20878	4,200	52%
20879	5,900	70%
20886	7,800	72%

*data from County website 2/25/2021

The Governor has announced the Maryland Vaccine Equity Task Force, led by Maryland National Guard Brigadier General Janeen Birkhead. He says it will work with the state's 24 local health departments (LHDs) to focus COVID-19 vaccination efforts on underserved, vulnerable, and hard-to-reach populations to ensure the equitable delivery of vaccines.

Alternative format requests for people with disabilities. If you need assistance accessing this report you may [submit alternative format requests](#) to the ADA Compliance Manager. The ADA Compliance Manager can also be reached at 240-777-6197 (TTY 240-777-6196) or at adacompliance@montgomerycountymd.gov

PRE-REGS (75+): GEOGRAPHY—OVER/UNDER-REPRESENTED TRACTS



Source: Census ACS 2015-2019 and Pre-Regs through 02.21.

Note: this map compares a Tract's share of the 75+ population vs. its share of 75+ pre-registrations. Tracts in green are over-represented, while those in red are under-represented. This map highlights the tracts that have the lowest relative share of their population pre-registered, rather than the largest absolute gaps. ⁽¹⁾

EQUITY FRAMEWORK—PRIORITY ZIP CODES

**PRIORITIZATION BASED ON
RELATIVE RISK PROFILE**

- 1 - General hotspot
- 2 - Hotspot for at least one sub-group
- 3 - Other
- 4 - Low population

Mobile clinics, free rides have done little so far to improve vaccine equity in D.C. region

By

[Antonio Olivo](#)

Feb. 19, 2021 at 2:03 p.m. EST

Washington Post

Inside Fairfax County's government center one recent morning, elderly residents streamed in to get their first dose of the [coronavirus](#) vaccine, underscoring a problem that has vexed officials across the greater Washington region.

In a county of 1.1 million residents, where 26 percent of the population is Black or Latino, nearly everyone getting a shot was White.

Amid a vaccine shortage where savvy residents have [snapped up online appointments](#), local officials are working to more evenly administer doses through such initiatives as mobile vaccination clinics and free rides to appointments.

So far, however, those efforts have had little impact, fueling concerns that the blue-collar workers and immigrants who have [suffered the most](#) during the pandemic will remain vulnerable to severe illness.

"A lot is at stake," said Jeff C. McKay (D-At Large), chairman of the Fairfax County Board of Supervisors. "It makes it much more difficult to stop the spread of the virus because those people have to go to work. They live in communities where people are in close quarters, and they potentially are exposing others."

Vaccination data broken down by race and ethnicity in the region has been incomplete, prompting Virginia Gov. Ralph Northam (D) this past week to sign emergency legislation that requires demographic information to be taken when doses are delivered.

Of the 947,000 Virginians who shared their demographic details while receiving vaccinations, 12 percent were Black and 5 percent were Latino, even though those groups make up 29 percent of the state's population.

In Maryland, where African Americans and Latinos are 40.6 percent of the population, Black residents received 16 percent of the vaccine doses in cases where demographic details are known, and Latinos received 4 percent. The District reports that among vaccinated residents who shared their information, 17 percent are Black and 3 percent are Latino, despite the fact that those groups make up nearly 57 percent of the city's population.

Some of the discrepancy may be due to the fact that some of the groups that are currently eligible for vaccinations — including teachers, firefighters and elderly residents in pricey long-term care facilities — tend to be predominantly White, local officials say.

But many health-care workers — including in nursing homes — are overwhelmingly people of color, which should help offset that disparity.

Officials say the poor showing is also due to a lack of Internet access in some households, limited transportation options for vaccine appointments and [an array of untrue claims about vaccine safety](#) that has fostered a sense of hesitancy.

Several efforts to reverse the trend are underway.

In D.C., Baltimore City and Prince George’s County, health officials and hospitals have started using mobile clinics to vaccinate elderly residents in public housing and apartment buildings in predominantly Black and Latino neighborhoods. D.C. officials also recently launched a pilot program to stage vaccine clinics [inside neighborhood churches](#).

Montgomery County and the District [prioritize residents of certain hard-hit Zip codes](#) for vaccine appointments, and Montgomery is holding virtual town halls about vaccinations for African Americans and Latinos and enlisting community groups to distribute informational fliers outside ethnic grocery stores and other businesses.

Fairfax also relies on community organizations and religious groups, and offers free rides to seniors who can’t make it on their own to the county government center, which serves as the primary site for first doses while neighborhood clinics handle second doses. But the service so far has not reached much of its intended audience.

John Niles, 77, who is White, was among the fewer than 30 people who had taken advantage of the free ride service as of Thursday.

Niles, who lives a short drive from the county government center, found out about the service on social media after his car died a few days before his appointment. While waiting in front of his house for his driver, the retired cellist marveled at how confusing the vaccination process has been so far.

“I’m lucky,” he said just as Barry Wickersham drove up in his SUV to ferry him to his appointment. “There is a lot of fear out there about this whole thing.”

Wickersham, whose nonprofit Shepherd’s Center of Fairfax-Burke contracts with the county for shuttle services for the elderly, said his organization has tried to service the Route 1 corridor in southeastern Fairfax, where many lower-income Blacks and Latinos live about 22 miles from the main government center.

But “we haven’t gotten much interest,” he said. “There is a certain distrust of organizations that are not them or their church.”

Among Latino immigrants, false vaccine claims are spreading as fast as the virus

Fairfax health officials said they hope to boost interest in inoculations among immigrants and African Americans through virtual town halls that explain the safety of vaccinations.

During a recent session with Latino immigrants in the Herndon area, county epidemiologist Rene F. Najera encountered the anxiety that many undocumented immigrants have over a government-run vaccination program.

Some are convinced the vaccinations are unsafe, while others see an appointment inside a county government center as an invitation to get deported.

“This is good for all residents of the United States,” Najera told the group in Spanish. “When I say ‘residents,’ I don’t mean just legal residents.”

McKay said the county’s limited supply of vaccine — part of a national shortage that should be alleviated in coming months — means more aggressive initiatives, including mobile vaccine units, are likely to be “many weeks” away.

“We can’t go out with vaccines into the community and administer them until we can get through the list of people who have already preregistered,” McKay said, noting that there are 103,000 residents in the county’s queue for appointments. “If we were in those neighborhoods now, aggressively going after folks, we don’t have the vaccines to actually vaccinate them.”

Baltimore Health Commissioner Letitia Dzirasa said her city can’t afford to wait for its vaccine supply to increase.

African Americans in Baltimore, who represent 60 percent of the city population, have been slammed by the virus, representing the majority of the city’s covid-19 deaths so far.

But only 30 percent of vaccine recipients whose demographic information is known are Black, and 3 percent are Latino, according to [the city Health Department](#).

They teach all day. Between classes, they find vaccine appointments for strangers.

In partnership with the Johns Hopkins University schools of medicine and nursing, the city recently launched mobile vaccination teams to inoculate elderly residents in predominantly Black and Latino neighborhoods.

Skepticism about vaccine safety has played a role in the low uptake rate, Dzirasa said. But, mostly, residents in those neighborhoods have told the mobile teams that they were confused by the process of registering for a vaccine appointment online.

“It can be a little bit challenging to navigate, even if you have access to the Internet, even if you’re technically savvy,” Dzirasa said.

So far, she said, nearly all of the residents who've been approached by the mobile teams have signed up for the vaccine.

In Montgomery County, council member Nancy Navarro (D-District 4) said she is worried about immigrants who work as nannies, part of an informal economy in the region that includes housekeepers and home contractors who regularly interact with people but are not yet eligible for vaccinations. Navarro said the state health department requires 100 doses per week to be set aside for licensed child-care providers in the county but does not account for the thousands who are unlicensed.

“Even when you say: ‘Okay come, and please make sure you preregister,’ the fact that they are not able to access the vaccine creates a real disconnect and a real problem,” Navarro said. “We’re a county with a lot of resources, and still it’s a challenge.”

As Vaccine Rollout Expands, Black Americans Still Left Behind

By [Hannah Recht](#) and [Lauren Weber](#) January 29, 2021

This story also ran on [NBC News](#). It can be [republished for free](#).

Black Americans are still receiving covid vaccinations at dramatically lower rates than white Americans even as the chaotic rollout reaches more people, according to a new KHN analysis.

Almost seven weeks into the vaccine rollout, states have [expanded eligibility](#) beyond front-line health care workers to more of the public — in some states to more older adults, in others to essential workers such as teachers. But new data shows that vaccination rates for Black Americans have not caught up to those of white Americans.

Seven more states published the demographics of residents who have been vaccinated after [KHN released an analysis](#) of 16 states two weeks ago, bringing the total to 23 states with available data.

In all 23 states, data shows, white residents are being vaccinated at higher rates than Black residents, often at double the rate — or even higher. The disparities haven't significantly changed with an additional two weeks of vaccinations.

In Florida, for example, 5.5% of white residents had received at least one vaccine dose by Jan. 26, compared with 2% of Black residents. That's about the same ratio as two weeks ago, when the rates were 3.1% and 1.1%, respectively.

African Americans are being left behind because of barriers stemming from structural racism, as well as a failure to address nuanced hesitancy and mistrust about the vaccines and the medical system overall. The ongoing vaccination gap has prompted officials from around the nation to call for action.

“With covid-19 continuing to take a disproportionate and deadly toll on communities of color, we need urgent solutions to address health inequities and crush this virus,” said Rep. [Steven Horsford](#) (D-Nev.), first vice chair of the Congressional Black Caucus. He said he is working to pass legislation to address inequity.

Across the U.S., non-Hispanic Black Americans are 1.4 times more likely to contract covid, and 2.8 times more likely to die of it, than white Americans, according to a Centers for Disease Control and Prevention [analysis](#).

The ongoing disparity in vaccinations may be a self-fulfilling prophecy: A [new KFF poll](#) shows a correlation between people who know someone who has gotten the vaccine and their

willingness to get it. (KHN is an editorially independent program of KFF.) Thus, it is harder to gain ground in communities that don't have many people getting vaccinated.

One of President Joe Biden's first [executive orders](#) prioritized covid data collection. He also established the COVID-19 Health Equity Task Force, led by Dr. [Marcella Nunez-Smith](#), who [cited KHN's analysis](#) in a CNN town hall Wednesday when describing the country's vaccine inequity. She stressed the task force's need to build confidence in the vaccine and fix access issues.

But Dr. [Céline Gounder](#), a former covid adviser for Biden, cautioned there is no quick fix to the structural inequities reflected in the numbers — and Congress still needs to decide on Biden's \$1.9 trillion covid relief plan.

“If they fund it in full, you'll have the money to do some of these things,” Gounder said. “What you really need to do is change the system so it doesn't happen in the first place.”

Earlier this month, the CDC told KHN it planned to add race and ethnicity data to its dashboard, but could not say when.

Citing KHN's initial analysis, Sen. Elizabeth Warren (D-Mass.) [tweeted](#) on Jan. 19 that the CDC “needs to add race and ethnicity data to its public dashboard immediately — we can't address what we can't see.”

On Wednesday, CDC spokesperson Kristen Nordlund said officials plan to release the data publicly early next week.

Vaccine providers have already been required by the CDC to collect race and Hispanic ethnicity information for each person they vaccinate. In states that refused KHN requests for the data, [local reports suggest](#) disparities can be stark.

Many of the states that have shared data by race put it on dashboards that are difficult to understand. Some report data by dose, meaning that people who have received both doses are represented twice.

All 23 states that are reporting data by race break out numbers for Black and white residents. But beyond that, data is often limited. Eight of them do not report specific numbers for Native Americans and Alaska Natives, who are dying from covid at 2.6 times the rate of white Americans, according to the CDC study.

Massachusetts, for example, combines all data for people whose race is unknown with Native Americans, Alaska Natives, Native Hawaiians, Pacific Islanders and others.

Race and ethnicity information in health care data is often incomplete, and [covid data is no exception](#). Although most states that provide the data have relatively low rates of missing information, in a few states race or ethnicity demographics are missing for half the people who have been vaccinated.

The data on Hispanic ethnicity is particularly fraught. Those who give vaccines are supposed to ask patients about both race and Hispanic ethnicity in separate questions, because Hispanics can be of any race or combination of races. In nearly all states that break out such numbers separately, the percentage missing Hispanic ethnicity information is far higher than those missing race information. Hispanic Americans have died at far higher rates than non-Hispanic white Americans.

The CDC data release should help standardize what data is available — in addition to possibly providing clarity on the dynamics in the 27 remaining states — but it is not yet clear how the CDC will address the gaps in data collection.

‘Cruel’ Digital Race For Vaccines Leaves Many Seniors Behind

By [Will Stone](#) February 4, 2021

With millions of older Americans eligible for covid-19 vaccines and limited supplies, many continue to describe a frantic and frustrating search to secure a shot, beset by uncertainty and difficulty.

This story also ran on [NPR](#). It can be [republished for free](#).

The efforts to vaccinate people 65 and older have strained under the enormous demand that has overwhelmed cumbersome, inconsistent scheduling systems.

The struggle represents a shift from the first wave of vaccinations — health care workers in health care settings — which went comparatively smoothly. Now, in most places, elderly people are pitted against one another, competing on an unstable technological playing field for limited shots.

“You can’t have the vaccine distribution be a race between elderly people typing and younger people typing,” said Jeremy Novich, a clinical psychologist in New York City who has begun a group to help people navigate the technology to get appointments. “That’s not a race. That’s just cruel.”

While the demand is an encouraging sign of public trust in the vaccines, the challenges facing seniors also speak to the country’s fragmented approach, which has left many confused and enlisting family members to hunt down appointments.

“It’s just maddening,” said Bill Walsh, with AARP. “It should be a smooth pathway from signing up to getting the vaccine, and that’s just not what we’re seeing so far.”

Glitchy websites, jammed phone lines and long lines outside clinics have become commonplace as states expand who’s eligible — sometimes triggering a mad dash for shots that can sound more like trying to score a ticket for a music festival than obtaining a lifesaving vaccine.

After being inundated, some public health departments are trying to [hire](#) more staff members to handle their vaccination hotlines and specifically target seniors who may not be able to navigate a complicated online sign-up process.

“Just posting a website and urging people to go there is not a recipe for success,” said Walsh.

‘Terribly Competitive’

Like many other seniors, Colleen Brooks, 85, had trouble sorting through the myriad online resources about how to find the vaccine where she lives, on Vashon Island in the Puget Sound near Seattle.

“It was an overwhelming amount of information,” she said. “I knew it was here someplace, but it wasn’t easy to find out how to get it.”

After making calls, Brooks eventually got a tip from a friend who had spotted the vaccines being unloaded at their town pharmacy. When she dropped by her health clinic to inquire about how to sign up, it happened they were giving out shots that same day.

“That was totally serendipitous for me, but I actually personally know several seniors who just kind of gave up,” said Brooks.

Finding out how to get a vaccine appointment was more straightforward for Gerald Kahn, 76, who lives in Madison, Connecticut.

Kahn got an email notice from the state’s vaccine registration system telling him to make an appointment, but he ran into problems at the very end of the sign-up process.

“As much as I would pound my finger on the face of my iPad, it didn’t do me any good,” he said.

So Kahn did what many have and called a younger family member, who was able to help him finish signing up.

“I think there are a lot of people my age, maybe the preponderance, who can only go so far into the internet, and then we’re not only stymied but also frustrated,” he said.

When Helen Francke, 92, logged on for a vaccine at the designated time, she discovered the spots available in Washington, D.C., filled up almost instantaneously.

“It was evident that I was much too slow,” she said. “It’s terribly competitive and clearly favors those with advanced computer skills.”

The next week, Francke tried calling and going online — this time with the help of her neighbors — without success.

“If I had had to depend on the D.C. vaccination website and telephone, I’d still be anxious and unsuccessful,” said Francke, who got a shot only after finding information on a neighborhood discussion group that directed her to a hospital.

In Arizona, Karen Davis, 80, ended up on a roundabout quest through state and hospital websites with no clear sense of how to actually book an appointment.

“I kept trying to do it and kind of banged my head against the wall too many times,” she said.

Davis, a retired nurse, called her doctor and the pharmacy and then eventually turned to a younger relative, who managed to book a 5 a.m. appointment at a mass vaccination site.

“I’m sure they did not expect older people to be able to do this,” she said.

Miguel Lerma, who lives in Phoenix, said his 69-year-old mother has been unsuccessful in finding a shot.

“She’s not an English speaker and doesn’t know technology well, and that’s how everything is being done,” said Lerma, 31.

Lerma said it’s especially painful to watch his mother struggle to get the vaccine — because he lost his father to covid last year.

“She’s mourning not only for my dad, but she’s also suffering as an adult now because she depended on him for certain tasks,” Lerma said. “He would’ve handled all this.”

‘Desperate’ Seniors Look for Help

[Philip Bretsky](#), a primary care doctor in Southern California, said his older patients would typically call him or visit a pharmacy for vaccines like the annual flu shot, rather than rely on novel online scheduling systems.

“That’s not how 85-year-olds have interacted with the health care system, so it’s a complete disconnect,” he said. “These folks are basically just investing a lot of time and not getting anything out of it.”

California’s [recent](#) decision to change its vaccination plan and open it up to those over 65 only adds to the confusion.

Bretsky said his patients are being told to call their doctor for information, but he isn’t even sure when his office, which is authorized to give the vaccines, will receive any.

“Patients in this age group want to know that they’re at least being heard or somebody is thinking about the challenges they have,” he said.

There are some local efforts to make that happen.

In the village of Los Lunas, New Mexico, public health workers [held](#) an in-person sign-up event for seniors who needed assistance or simply a device connected to the internet.

A [Florida senior](#) center recently held a vaccination registration event and a clinic specifically for people over 80 who might not have a computer.

Novich, the clinical psychologist in New York, teamed up with a few other people to create an informal help service for older adults. It began as a small endeavor, advertised through a few synagogues and his Facebook page. They've now helped more than 100 people get shots.

“We have a huge number of requests that are just piling up,” said Novich.

“People are really desperate and they're also confused because nobody has actually explained to them when they are expected to get vaccinated. ... It's a big mess.”

The ongoing shortage of vaccines has led Novich to halt the service for now.

This story is part of a partnership that includes [NPR](#) and KHN.