One of NC's most COVID-stricken ZIP codes is in Raleigh. Meet the people who live there.

Sophie Kasakove

NC health experts talk about where are we in the pandemic

Duke's Dr. Viviana Martinez-Bianchi and UNC's Dr. David Wohl discussed where we stand on the coronavirus pandemic during a live COVID-19 Q&A.

Have questions about the vaccine? We spoke with local health experts to get answers.

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In some ways, the daily routine at Crystal Jones' house in southeast Raleigh isn't so unlike what it was a year ago. By the time the sun rises, her husband has already left for his job as a welder at a machine manufacturing plant. Later in the day, her daughter drives to Garner for her shift as a cashier at a soul food restaurant. Her son heads to Food Lion to stock the shelves, and on weekends joins his sister for the afternoon shift at the same restaurant. On most days, traffic slows their commute as crowded buses make their halting trips down Rock Quarry Road.

"At the beginning [of the pandemic] the traffic kind of slowed, I didn't see as many cars go by," said Jones, who now does her job managing retirement accounts at a bank from home. "But maybe after that first month or whatever you saw that traffic in the neighborhood still moving — because everybody still had to go to work."

It was at the end of a shift in late July, Jones suspects, that someone in the family brought COVID-19 home with them. It could have been her husband: There have been outbreaks at the manufacturing plant where he works. But it could just as easily have been her daughter, who is face to face with customers all day, or her son, who works in crowded grocery store aisles.

Her daughter and husband tested positive, too, but Jones, who has sickle-cell anemia, was hit much harder by the virus. "At one point it got kind of scary for me, but I didn’t want to let [my family] know that I was scared," she said. "I did not have to go to the hospital, but it got really close."

For weeks, she could barely get out of bed, forcing her to take a leave of absence from her job.

Jones is one of over 7,000 people who have contracted COVID-19 in her ZIP code — 27610 — which has had more cases than any other ZIP code in the state. Since May, 27610 has consistently reported among the highest rates of COVID-19 per 10,000 residents of any ZIP code in the Triangle, according to numbers from the Department of Health and Human Services. As of March 3, 27610 had the third highest in the Triangle, with 1,005 cases per 10,000 residents.

As the pandemic spread, Jones and her neighbors found themselves at the center of a storm of risk factors for contracting and becoming seriously ill from COVID-19. In Jones' ZIP code, 15% are uninsured, according to census estimates, nearly double the countywide rate. Nearly half are low income, according to analysis of census surveys by the Robert Graham Center, with many working low wage, front-line jobs. Five percent of households are overcrowded, with more than one person per room, according to an analysis by Carolina Demography, compared with about 2.3% of households statewide.

It took three months for Jones to finally feel well enough to get back to work. But then in January, she developed cold-like symptoms. She tested positive again. She couldn't believe it: throughout the
pandemic, she’d only left the house for occasional errands. For months, her husband and kids had immediately thrown their clothes into the laundry and gotten into the shower after work. On Sundays, instead of making their usual drive down Rock Quarry Road to Macedonia New Life Church, they’d crowded around their computer to watch the live-streamed service.

But with her family having no choice but to continue going to work, the biggest risks remained beyond their control.

“It’s fairly impossible to have a tight, close-knit pod for your family when you have essential workers in your household,” said Keisha Bentley-Edwards, a professor of medicine at Duke University. She says that as the pandemic has worn on, the multiple risks associated with low-wage work have become clear.

“They often don’t have to just work on site but also have limited access to care and also have instability as far as their work schedule that wreaks havoc on their home life but also on their health in terms of their stress levels.”

Like many ZIP codes across the country that share this litany of what public health experts call “social determinants of health,” 27610 is majority Black: 64% according to 2019 census estimates.

“They have not stopped going and going. It’s like, you don’t work, you don’t pay bills,” Jones said. The same is true for many of her neighbors, whom Jones sees embark on their regular commute every day. Adding to the risk, she guesses that many essential workers in her area go to work even if they’re sick. “They can’t afford to be off for 10-14 days, so they may be going in hoping that it’s not that.”

Poverty creates COVID-19 risks

As the first cases of COVID-19 appeared in 27610, Rev. Dr. Joe Stevenson kept doing what he’s done for 15 years as pastor at Macedonia New Life Church: identify the gaps in government services where people in his community fall through, and try to patch them up.

For years, the church had already served dozens of families at monthly food distributions. With the pandemic, Stevenson’s job became figuring out how to serve as many people as possible as demand skyrocketed and donations fell, and managing COVID-19 testing at the church, where Jones had received her two positive tests.

The stark impact of the pandemic on 27610 is devastating, Stevenson said, but — given the preexisting hardship — not surprising.

The economic struggles that have led many members of the church and their family members to continue working high-risk jobs, often without health care, also force them to live in high-risk housing situations. “Because of the disparities, people are living together, perhaps one, two, three generations deep,” Stevenson said. “Nothing threatens or challenges the health and wellbeing of any particular people worse than economic disparity.”

County public health officials were also quick to identify the compounding risk factors in the area. They targeted the area for testing sites and in the last couple of months for vaccination sites.

But to community leaders like Stevenson, such initiatives seem to address the symptom, rather than the root cause.

“It’s difficult to catch up with anything with a reactive paradigm,” he said. “A proactive stance is pouring support in what you already know. You already know that there’s a health disparity in our community, you already know that there’s economic disparity. You already know that people are going hungry ... Don’t we already know what the issues are? So fix the issues now. Because it’s not a matter of if there’s another pandemic, it’s a matter of when.”

County health officials say they have made concerted efforts to address disparities in 27610 for decades.

Lechelle Wardell has worked to reduce health disparities in 27610 — which has high rates of heart disease, diabetes and obesity — and other areas for 25 years as a program consultant with Wake County.

Wardell said programs over those years — like educational events and community meetings to promote health and economic development, training churches to start their own health ministries, and a working group focused on infant mortality — have led to incremental progress.
“The reason we were able to activate so quickly is because of the relationships and the work that has been already going on,” Wardell said.

But she understands Stevenson’s frustrations. “When you’re talking about issues that are embedded into the fiber and the fabric of the infrastructure of the community, that takes long-term work,” she said. “It can feel like nothing’s happening or it’s slow going because we try to chip away at it piece by piece.”

Other pastors at some of the neighborhood’s wide network of churches have been similarly frustrated by what they say is too little, too late.

Just up Rock Quarry Road from Macedonia New Life, Pastor Mitch Summerfield says providing resources on the ground has always been as important as spiritual support at Word of God Fellowship Church. He learned that from his parents, who founded the church in 1988, when southeast Raleigh was still mostly farmland and forest.

“I just take responsibility for things that I need to do for my community. I never looked at it like I do now,” said Summerfield. Now, he says, the demands on his church reveal the longstanding lack of government resources in the area that has created such an acute need. “That’s one thing that the whole COVID thing has done is made you look at things differently, things that you maybe didn’t notice before.”

**Churches offer vaccine in 27610**

On a Saturday morning in early February, Stevenson greeted church members and neighbors from under a bright, patterned mask. He was seeing many of them for the first time in almost a year. He himself had just recovered from an asymptomatic case of COVID-19 a few weeks before.

Over the course of the day, 100 people filed through the church’s multipurpose room to receive their first dose of the coronavirus vaccine. At 16 other churches and one community center across 27610 that day, 1,700 people 65 and older received shots as part of a partnership between WakeMed and Wake County.

In a Sunday school classroom converted into a waiting room, Jean Dunn sat with a nurse in case she had a negative reaction to the shot.

She was glad for the chance to get the shot but worries that many others in 27610 will be more hesitant.

“It’s the lack of trust. You sometimes can’t get out of your head things that have passed as a Black person,” said Dunn. She pointed to the Tuskegee experiment, in which Black men participating in a medical study of syphilis were left to suffer from the disease. But just as harmful to trust, she said, is the longstanding lack of access to medical care for many in 27610.

“It’s the difference in when you go to the doctor and how they treat you sometimes and listen to you, not really having the funds to go to the doctor, not having the insurance to cover you,” said Dunn.

Non-profits like Urban Ministries, which provides health and other services to people in Wake County, have stepped in to fill some of these gaps. Many of its patients from 27610 have preexisting conditions like diabetes and hypertension that make COVID-19 more deadly.

According to Peter Morris, executive director of Urban Ministries, low insurance rates combined with “relative lack of trust in the health care system” means that many 27610 residents “delay just a little bit to seek medical care…. We tend to hear about patients when they’re in the hospital.”

About a fifth of the residents of 27610 were estimated to have delayed or not sought health care due to cost in 2017, according to an analysis of CDC and census data by the Robert Graham Center.

In Knightdale in 1955, when she was 3 or 4 years old, Dunn recalled, her mother’s appendix burst while her siblings were all at school. They didn’t have a car or any way to get to the hospital. So, recalling home remedies she’d seen her mother use, Dunn gave her a glass of buttermilk to drink and a cold compress for her head. A doctor later told Dunn the remedies had saved her mother’s life.

Few people in her community had regular access to doctors: there were few doctors that people could afford, or who would see Black patients. “You did a lot of home remedies yourself … It was just more or less that you didn’t have, so you did the best you could,” she said.

She’s encouraged by the turnout at vaccination events in the area, and planned to encourage her friends and neighbors to get vaccinated, too, she said, pressing her “I got my dose of hope” sticker to her lilac jacket on her way out of the classroom.
Lessons learned from the pandemic

The vaccination effort in 27610 has been a relative success: Wake Public Health has vaccinated 1,381 residents, the fourth highest number among ZIP codes in the county. And community leaders say the feeling of hope is real, not just a tagline on a sticker.

"It's one of those things where they saw people giving attention to southeast Raleigh," said Hardy Watkins, chair of the Worthdale neighborhood association in 27610. "Even though there were so many down, it gave them some hope that southeast Raleigh is now being addressed, attention is being paid to it."

The county’s efforts to partner with churches and community organizations to deliver the vaccine are a particular source of optimism, Watkins said. He hopes that these efforts will continue beyond the pandemic.

"The answers to the problems that exist in my neighborhood and in everybody else’s neighborhood are already within the neighborhood," Watkins said. "It’s just a matter of identifying and accessing those answers by getting to know what’s available."

Bentley-Edwards, the Duke professor, agrees that the pandemic has driven partnerships in communities that could have vast public health benefits, if maintained.

"We built infrastructure around the pandemic that should have existed in the past but hasn’t for whatever reason. How are we going to use those new technologies and new ways of communicating with people, tracking diseases? Because COVID is not the first and only virus that we’ve had to deal with," she said.

It's been months since Jones' second positive diagnosis for COVID-19, but her cough still lingers as a reminder of those months she spent sick with the virus.

She says that she hopes that efforts to make information and resources more accessible during the pandemic continue. "It's kind of hard to participate in something that you don't know it's going on," she said, adding that she's often felt that her and her neighbors aren't adequately informed about meetings and opportunities to have their voices heard. "We get no information. We're not represented and it's hard to represent if you're not even aware."

"Sometimes things seem like they're changing and it's just for a moment," said Jones. "I want the momentum to stay up, and not just fade out like it's just a coming and going thing — no, this is a lifetime thing."

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Members of the Jones family from left, Crystal, J'Lere, Robert and Zareius pose in front of their home in Raleigh's 27610 zip code. Members of the family have twice tested positive for COVID-19. Since May, the zip code has consistently reported among the highest rates of COVID-19 per 10,000 residents of any zip code in the Triangle. Travis Long tlong@newsobserver.com
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