

63106

NOT JUST A NUMBER, BUT A BARRIER TO HEALTH AND ECONOMIC EQUITY

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For many of us, returning to our normal pre-COVID-19 lives is not yet a reality. This is especially true for the most vulnerable among us nationwide, as the pandemic has fallen heaviest on minority and marginalized communities. Although COVID hospitalizations and deaths have diminished and the unemployment rate has fallen, inflation and interest rates are soaring for the first time in decades. Furthermore, affordable housing is now in shorter supply.

Residents in St. Louis' 63106 zip code have felt the impact. It is the sector just northwest of downtown that has long had the most problematic social determinants of health in the metropolitan area. Notably, average life expectancy there is 67, compared to 85 in 63105 in suburban Clayton, the St. Louis County seat, and one of the region's wealthiest communities.

In previous issues of *Health Progress*, readers were introduced to stories from residents of 63106. This final installment of this publication's 63106 series highlights how families continue to cope with the challenges of staying safe and healthy — physically and mentally — during the pandemic.¹

One of these accounts featured Misha Marshall, a 39-year-old registered medical assistant and mother of two who also serves as a caregiver for her elderly parents and her 37-year-old sister who has cerebral palsy. Marshall aspires to earn a master's degree in nursing and to become an RN — a step forward that could roughly double her income. However, her path to getting there has not been easy. Her experience is just one of many shared by other residents that shines a light on how the nation's patchwork support systems toggle between encouraging and discouraging well-intentioned citizens. Their stories — and those of many others yet untold — point out how efforts toward advancement of racial equity in the region and nationwide is multifaceted, ongoing work in need of systemic reforms.

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— MISHA MARSHALL

OVERCOMING NURSING EDUCATION CHALLENGES

St. Louis, the state of Missouri and the nation need more people like Marshall. Vacancies for registered nurses in the St. Louis area increased from 11.2% in 2020 to 20.3% in 2021, according to the Missouri Hospital Association.^{2,3} Overall, Missouri hospitals reported a staff nurse vacancy rate running at 19.8% — an increase from 12% in 2021.⁴ At that time, Missouri had 33,692 nurses working in hospitals and 8,334 vacant staff nurse positions, according to the data. As the pandemic took its course, nurses suffering from burnout began leaving the profession, taking early retirement and refusing requests to work overtime.

While there are plenty of positions now available, the pipeline is clogged. Nursing schools turned away nearly 1,300 qualified applicants in 2020, in part due to a shortage of teachers.⁵

It would be hard to find anyone more qualified than Marshall to join the ranks. She has worked in clinical settings across the region for more than a decade. Her caregiving has gone beyond patients at work, her family and in one case, a complete stranger.

And for that, she paid a steep price.

On a blizzard evening in 2019, Marshall, to be safe, hired an Uber to take her from her home near downtown St. Louis to the hospital in the suburbs where she worked.

Not far from the hospital, traffic slowed to a crawl, then stopped. Marshall could see that a driver just ahead had gotten stuck in a snowbank. The driver needed a push. Marshall leaped out of the Uber and made her way to the other car, tapped on the window and told the elderly woman at the wheel she would try to help.

Unfortunately, Marshall slipped on the ice, and immediately knew she had broken her leg. The Uber driver drove her to the hospital, where X-rays confirmed that she had suffered a break in two places in her leg, along with a dislocated ankle.

“From that one night, I was out of work for five months,” she recalls. “I was supposed to be living my best life. And here I am, lying in the street with ice and thinking, ‘Don’t help nobody no more.’”

Her remark made out of frustration, Marshall, of course, wanted to keep helping people by continuing her education to pursue a nursing degree. But then a series of adversities followed. At the time of her fall, she had enrolled in the nursing program at St. Louis Community College. She asked to take a medical leave, which she said had been approved by a school administrator. But then her paperwork got lost. When she reapplied, her request was rejected. Subsequent appeals didn’t yield results.

After recovering, Marshall returned to work as a pediatric registered medical assistant at Affinia Healthcare, a clinic not far from her home. But then came more misfortune. Marshall’s 75-year-old mother took a fall at home and had to be rushed to the hospital, where she would remain for several weeks. She would be readmitted three more times after suffering further setbacks.

With all that to handle, along with continuing to care for her sister and father, who also was becoming increasingly infirm, Marshall decided to leave her job with Affinia. Her plans to continue her education would also have to wait.

Ever resourceful, Marshall returned to a small dessert business she started in 2016 to stay financially afloat. Then, finally some good fortune arrived: a friend referred Marshall to Square, the financial services and digital payment company that had recently relocated a few blocks from her home. She was hired and promoted to payroll specialist.

“The company has a structure that supports people who need to be caregivers to loved ones, which really helped,” Marshall says. “They never gave me the feeling that I would have to choose between my family and my job.”

Even so, Marshall hasn’t given up on her dream



Photo by Wiley Price Jr./The St. Louis American

In May 2020, Steven Jones was living in St. Louis, but unemployed and struggling with epilepsy near the start of the pandemic. Since then, he has found a path to better health and employment, but his work is in Columbus, Ohio. He hopes to return to St. Louis, where three of his daughters continue to live with their mother.

to earn her nursing degree and has found an ally in her quest: Mimi Hirshberg.

Hirshberg recently retired as a faculty member at the College of Nursing at the University of Missouri–St. Louis, where she was well-known as a mentor for disadvantaged applicants and students, whether providing some preparation for standardized tests, reviewing concepts from texts or negotiating with health care bureaucracies.

After learning about Marshall’s situation, Hirshberg placed her with an academic advisor at the university to discuss academic possibilities. Hirshberg believes Marshall can find a path toward fulfilling her dream. “I just want to help her get through all the stages. I think with her experience and intelligence, she could pretty much breeze through (to getting a master’s in nursing). It’s just a matter of finding the best program.”

This past July, Hirshberg noticed that BJC HealthCare in St. Louis announced that it would offer full-tuition scholarships to nursing students at Goldfarb School of Nursing at Barnes-Jewish College who would agree to work for the health system for three years after graduation.⁶ She mentioned to Marshall that perhaps she could qualify.

“I am going to be in school — whatever I have

to do,” Marshall said. “If that means selling cupcakes, cookies or cake pops, that’s what I’m going to do.”

Although her dream may be deferred for now, Marshall says it will not be denied.

A PATHWAY TO QUALITY HEALTH CARE

As with Marshall, a personally improving economic picture in the latter part of 2021 and first half of 2022 benefitted Steven Jones, another 63106 resident previously featured in *Health Progress*. He has found work that is fulfilling, interesting and comes with benefits.

But it came at a cost. Jones is now living in Ohio, hundreds of miles from his daughters.

When Jones’ plight was first shared in *Health Progress* in fall 2020, he was living in a two-bedroom apartment in Preservation Square, a subsidized housing complex just a mile from downtown St. Louis. He had been laid off from his job as a garage custodian downtown due to the pandemic.

Jones’ epilepsy disorder prevented him from driving, so his employment options were limited. In the meantime, he was finding it difficult to access and navigate health care through Missouri’s

Today, Steven Jones sounds buoyant about his prospects. With the new job and improved health care coverage through his employer, it was as if he had found a GPS to guide him through the thicket of government regulations that had stumped him previously.

Medicaid program. Two clinics were within a manageable commute for Jones, but they were often crowded with people seeking appointments and COVID testing.

But at least while living in St. Louis, Jones regularly saw three of his daughters, who lived nearby with their mom. A fourth daughter, his eldest, lived with her mother in Charlotte, North Carolina, but would visit on occasion.

To save money, Jones decided to move to Columbus, Ohio, in December 2020 to live with his mother. It was then that his luck began to change health and employment-wise.

Under a physician's care in Ohio, Jones' seizures abated. Increasingly he was able to sense when a convulsion was coming and take measures to mitigate its impact, helping him to gain more control of his life. He was then able to find

work as a part-time custodian and moved into a place of his own in July 2021. Soon afterwards, he applied for a position as a customer service representative with Spectrum, an internet and cable TV provider, and was hired in April 2022, making \$20 an hour and receiving a host of benefits. Living with epilepsy presents distinct disadvantages, but in this instance, Jones' condition provided a hiring incentive: the federal government provides tax credits to businesses that hire people with disabilities under the Work Opportunity Tax Credit program.⁷

Today, Jones sounds buoyant about his prospects. With the new job and improved health care coverage through his employer, it was as if he had found a GPS to guide him through the thicket of government regulations that had stumped him previously.

Also in his favor is an economy that — at least for the time being — has put workers in his field in high demand. It's not lost on Jones that his employer is also looking for customer service reps in St. Louis. "In 90 days, if my metrics are good with my current position, I can ask for a move," he says.

"Now I'd like to talk to a lawyer to see if I can get a driver's license. Then, I can move on my own. I will have a stable income and a good work history when I come back to St. Louis."

PURSUIT FOR A SAFE FOUNDATION

Just as Jones was finding a path to a brighter future, one of his former neighbors, Kim Daniel, found herself on the brink of homelessness.

At the time Jones departed his apartment in Preservation Square, violent crime was becoming an increasing problem in his neighborhood. It weighed even more on Daniel, who lived alone in a second-floor unit. In the spring of 2020, a neighbor's boyfriend fired shots that penetrated the wall of her apartment, an account she shared previously in *Health Progress*. Last summer, a

BEFORE FERGUSON BEYOND FERGUSON

THE 63106 PROJECT

Before Ferguson Beyond Ferguson, a non-profit racial equity storytelling project, has been shining a light on the lives of people in the 63106 zip code as they deal with the daily impact of the pandemic.

St. Louis media outlets agreed to collaborate with Before Ferguson Beyond Ferguson and carry stories in serial fashion — a new episode every few months. Eight families have been covered with one or more installments. The project thanks its funders listed on its web page, including significant support from the Pulitzer Center.

The stories can be found at <https://beforefergusonbeyondferguson.org/63106-project/>.



Photo by Brian Munoz/St. Louis Public Radio

Kim Daniel details how she wants to decorate her new St. Louis apartment on Feb. 17, 2022. After years of waiting for Section 8 assistance, she finally moved into a residence in a safer neighborhood.

youth she had mentored was murdered in a drive-by shooting down the street. She could see the makeshift memorial friends and family placed at the spot from her balcony.

Daniel became increasingly desperate to find a way out.

Her hopes rested on a slender reed. More than a decade ago, Daniel had applied for a Section 8 voucher that would provide a subsidy to cover three quarters of her rent, along with allowing her to find a unit in another part of town.

The Section 8 system, established in 1978 by Congress and administered by the U.S. Department of Housing and Urban Development (HUD), has been chronically underfunded.⁸ So it was no surprise that Daniel had to wait so long in the queue. “I got to the point where I didn’t think it ever was going to happen,” she recalls.

But last summer, the St. Louis Housing Authority notified her that her wait was over and issued her a voucher. Weeks later, she located a lovely two-bedroom unit in a

complex located near the Lafayette Square neighborhood just south of downtown, the apartment within walking distance to a park, restaurants and most importantly, a full-service grocery with fresh food.

But at the end of that autumn, just 10 days ahead of her move-in date, Daniel collapsed with blood clots in her abdomen, legs and upper left ventricle — essentially a stroke. She would spend the next two months in the hospital and a rehabilitation facility and could no longer get around without a walker or a wheelchair. She now needed an accessible apartment.

The complex near Lafayette Square had such a unit and agreed to put it on hold for Daniel until she was released from a rehab facility. But the unit was more expensive, and the Housing Authority and HUD would need to approve a larger subsidy.

Initially, her request was denied. The Housing Authority told Daniel her situation no longer fit the government’s formula for Section 8 support. Daniel’s sister, Kenvee



Listen to CHA’s previous podcast about the 63106 project. Dick Weiss, the project’s co-founder, joins resident Kim Daniel who discusses the challenges she and her neighbors face in their community.

Daniel, was in disbelief.

To help her sister return to health and crusade for her increased housing benefit, Kenvee took an unpaid leave of absence from her job in Hawaii. The two moved to a wheelchair-accessible hotel room (at nearly \$100 a night) in St. Louis County as Kenvee mounted a full-court press in support of her sister.

On a near daily basis, she sent polite but demanding emails to the Housing Authority and HUD to grant Daniel a larger housing voucher to cover the rent at the Lafayette Square complex. She also got in touch with Niya Foster, a fair housing specialist with the Metropolitan St. Louis Equal Housing and Opportunity Council. Foster pointed out to the Housing Authority that its own rules allowed for a “reasonable accommodation

request” that would permit the agency to relax its payment standards.

Daniel’s situation soon caught media attention, and her story was shared on St. Louis Public Radio in February.⁹ Later that day, a representative from the Housing Authority told Daniel that the path had been cleared for her to move into the Lafayette Square complex. Three days later, she signed a lease, and, with assistance from her family, she moved into her handicapped-accessible unit the following day. For the first time in three-and-a-half months, she had a place to call home.

Not lost on Daniel nor those involved in helping her were all the extraordinary measures and people it took to find housing for a deserving, resourceful citizen with health issues. “I would have

POVERTY’S COMPLEX WEB CAN HARM HEALTH

In 2020, residents in St. Louis’ 63106 zip code had a median household income of \$21,000,¹ with many struggling to make ends meet and often having to choose whether to pay rent, buy groceries or keep up with needed medications.

Jason Purnell, PhD, MPH, vice president of community health improvement for BJC HealthCare, cited a study demonstrating the difference in life expectancy between the top 1% of income earners and the bottom 1% is 15 years for men and 10 years for women.²

“There is no question that people with lower incomes in under-resourced communities continue to face health care access issues,” Purnell says, “but factors like unemployment or underemployment, housing, food and financial insecurity, lack of reliable transportation and fewer years of education all make it more likely that individuals are in poor health by the time they are seen for clinical care.”

The families portrayed here have struggled over generations to build wealth, and in many cases, it has

affected their health. Misha Marshall’s family is the only one featured that has managed to qualify for a mortgage and purchase a home. Even so, Marshall has had to work multiple jobs following high school to help her family manage.

The other families are renters with most depending on federal aid to make the rent. Their neighborhoods are, or were, unsafe, and most do not have easy access to fresh food. Even finding an affordable place to live is challenging. One recent housing study for St. Louis found that for every 10 people with annual incomes below \$20,000 who were looking for an apartment, there were only five affordable and available units.³

“Housing is critical to health,” says Cristina Garmendia, author of the study and principal at URBNRX, which advises governments on using data to inform policymaking.

Garmendia says her study — called the St. Louis Affordable Housing Report Card — found dozens of issues that get in the way of lower-income residents seeking a safe place

to live. For instance:

- Builders have few incentives to construct affordable housing in the suburbs, where there are already plenty of people who are able to pay higher rates.

- Landlords who have lower-cost apartments are reluctant to participate in government programs because they are required to be vigilant in keeping their units up to code.

Cookie-cutter solutions won’t work in St. Louis city and county, which is made up of 92 jurisdictions, plus unincorporated areas.

How does housing impact health? If a roof leaks, water can seep into the walls and mold can result. Inhaling mold spores can spur allergic reactions and cause asthma attacks.⁴ These issues are especially harmful to children, who are susceptible not only to allergies but lead poisoning from paint in older buildings and air pollutants from nearby industrial areas. “These cause lifelong impairments,” says Garmendia.

But if a resident reports the problem and the landlord fails to address

been lost in the system without them,” she says.

ENABLING POSITIVE CHANGE FOR STRUGGLING YOUTH

When the FDA approved use of the first COVID vaccine in December 2020,¹⁰ many Americans greeted the news with joy and relief. However, for Beverly Jones — and many other residents in 63106 — this development did not bring a sense of comfort. Many Blacks do not trust the health care system and were skeptical that a safe and effective vaccine could be developed so quickly.¹¹

Jones had contracted the illness a few months earlier and battled it for two weeks at home. She was perhaps lucky to have survived it, given that she suffers from lupus, fibromyalgia, osteoarthritis and chronic obstructive pulmonary disease.

Even after all she endured from COVID, she

told a reporter, “I ain’t in no big hurry to get it,” when the vaccine became widely available.¹²

Since then, Jones, 59, has been vaccinated and boosted. She is not one bit happy about it, but the St. Louis Job Corps Center — a residential education and job training program for youth and young adults where she works as an adviser — had made COVID vaccinations a requirement. Jones never wanted to lose her connection to the center’s young people, so she complied.

“It was either get the shot or I can’t work,” she says. “That’s the way the world works sometimes. We’re being forced to do things we don’t want to do.”

Later, the federal courts would step in and issue a block against the vaccine mandate for federal workers,¹³ so Jones could stop taking the shots. But

RESOURCES

For more information on the impact of housing on community health, see further resources below:

■ Centers for Disease Control and Prevention Community Guide: Compiled by the Community Preventive Services Task Force, this guide lists education and housing-related interventions like quality early childhood education, high school completion programs and housing vouchers in its review of health equity research literature.

<https://www.thecommunityguide.org/sites/default/files/assets/what-works-fact-sheet-social-determinants-health-p.pdf.pdf>.

■ A Framework for Public Health Action—The Health Impact Pyramid: Dr. Tom Frieden’s health impact pyramid notes that socioeconomic factors are likely to have the largest impact on population health outcomes.

<https://doi.org/10.2105/AJPH.2009.185652>.

it, authorities might revoke the landlord’s occupancy permit, forcing the tenant to move out. This, in turn, can trigger stress reactions and cause depression and other mental health issues.

If there is any good news revealed through the study, says Garmendia, it is that civic leaders are recognizing that housing/health issues stymie growth in a metropolitan area that is losing both population and commerce. The report card, she says, gives officeholders the evidence they

need to act.

Purnell also sees reason for optimism. “There is a role for health care in moving further upstream to address the root causes of health disparities in the social and economic conditions of communities,” he says.

Purnell’s team at BJC HealthCare has developed a “community health improvement strategy” that he says is informed by the lived experiences of those who face health and other inequities every day, stating that the health care organization is “commit-

ting to increasing hiring, purchasing and impact investment in areas that have faced decades of disinvestment. We’re also working to improve the food environment, supporting health in schools and working to provide support from the prenatal to the postpartum period for individuals giving birth and their babies.”

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she said, “I’m just going to go ahead and get it, because it makes no sense not to now.” (To date, Jones has suffered no side effects from the vaccine.)

Jones says authorities would be better advised to lay off the mandates and focus on the health of young people who are at turning points in their lives. She speaks of the need for “second-chance employment.”

“A lot of people have convictions on their records for nonviolent crimes, but that doesn’t mean we should throw them away. We need a program that is easily accessible to help them get their records expunged,” she says.

Jones was once in that category. She had a drug addiction and is in recovery, with a felony on her record. It took her years to get her life back together. But she earned an associate degree in human services and a certificate of proficiency in criminal justice at St. Louis Community College in 2003. She went on to earn a bachelor’s degree at Fontbonne University in 2006, then three years later, earned a master’s degree in business management at Fontbonne. During that time, she accumulated an exemplary work record, earning the praise of her supervisors.

Jones said that in her town and in today’s environment, she feels like the exception that proves the rule. Although it wasn’t easy for her, she would like to make it easier for others to get their lives on the right track.

OVERCOMING ROADBLOCKS

At the start of summer 2022, life was looking a little brighter for Tyra Johnson, a single mother of three whose experiences during the pandemic were last shared in the spring 2021 issue of *Health Progress*. In 2020, Johnson lost her job; and her eldest children, Meegale, now 8, and Madison, 6, missed more than a year of in-person school. Fortunately, she was able to bring her youngest, Mason, into the world without complications.

Like Kim Daniel and Steven Jones, her former neighbors, Johnson moved out of the crime-ridden Preservation Square neighborhood. Last year, she found an apartment across the Mississippi River in East St. Louis, Illinois. Though the city has a national reputation for crime, Johnson felt the new complex would be safer than Preservation Square where, like Daniel, bullets had been fired into her unit. Her new quarters also were closer to her mother who could help babysit her kids.

Then, just months later, Johnson landed a job at a Walmart in Granite City, Illinois, a 15-minute



Photo by Aisha Sultan

Tyra Johnson holds her youngest child, Mason, while helping her older children prepare to go back to school in January 2022.

drive from her home. As an overnight shift worker, she would earn \$19 an hour and among the benefits was a program that would help her earn her GED. Johnson had never made more money in her life and felt fortunate.

But only weeks later, Johnson’s car broke down, requiring expensive automotive work. After being repaired, her vehicle was stolen, and she was unable to cover the loss.

Johnson would begin taking the bus to work, but it took more than an hour each way. Ever resourceful, she found a 24-hour day care that offered subsidized support. Still, just getting the kids there on public transportation would take a couple of hours. She also relied on the unsustainable option of having her mom watch her children overnight.

To compound her stress, Johnson was dealing with a traffic ticket for driving without a license. To get it dismissed, though, she needed to get a license, and she was unable to do so without a car.

“I need transportation. I need day care. I can’t do this anymore,” she said in a *St. Louis Post-Dispatch* article.¹⁴ After Johnson’s story

appeared this past July, a reader created a GoFundMe site on Johnson's behalf. By the end of August, more than 100 people had donated more than \$15,000. Two local Muslim organizations also purchased a car to replace her stolen vehicle.

Now with a car, Johnson's quest to provide a stable life for her kids and to advance her education are within her grasp. Although a natural optimist, Johnson remains cautious, never really knowing what might lie ahead.

The same is true for many residents in 63106 and marginalized communities nationwide. COVID has tested their resilience and taken its toll. Perhaps the pandemic will finally abate. But unless and until more privileged communities find common cause with their neighbors, as things continue to change, the more they will remain the same.

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Previous articles about the 63106 Project appear in the Fall 2020 and Spring 2021 issues of *Health Progress*.

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