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Opportunity

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Testimony of Susan Popkin, Urban Institute, prepared for the hearing on HOPE VI
Reauthorization, June 21, 2007.

The HOPE VI program targeted some of the most beleaguered housing in this country—dilapidated public housing developments that had failed to deliver on the promise of decent housing for the poor. The goals of the HOPE VI program are ambitious and include “improving the living environment for residents of severely distressed public housing” and “providing housing that will avoid or decrease the concentration of very poor families.” If successful, the program has the potential to dramatically improve life circumstances for the families who endured the terrible conditions in distressed public housing. The policymakers who created the program hoped that these improvements in the quality of residents’ neighborhoods would also help residents in other ways, particularly in becoming self-sufficient (Popkin et al. 2004).

The HOPE VI Panel Study is the only national study of outcomes for HOPE VI families and was intended to address basic questions about where residents move and how HOPE VI affects their overall well-being (Popkin et al. 2002). The study was initiated in 2000; at that time, seven years into the HOPE VI program, there was little reliable evidence about what had happened to original residents. Many critics were asserting that relocation and involuntary displacement would inevitably leave residents worse off, sending them to communities that were little better than the distressed developments where they started (c.f. National Housing Law Project 2002; Keating 2001), while housing authorities were claiming great successes with their new developments.

The study has tracked the experiences of a sample of 887 original residents from five developments slated for revitalization in 1999 and 2000 (Shore Park, Atlantic City, NJ; Wells/Madden, Chicago, IL; Easter Hill, Richmond, CA; Few Gardens, Durham, NC; and East Capitol, Washington, DC). Respondents were surveyed at baseline in 2001, prior to relocation, and followed up in 2003 and again in 2005.¹ At baseline in 2001, survey respondents at all five sites reported intolerable conditions, with a substantial

proportion reporting hazards like peeling paint, mold, inadequate heat, and infestations of cockroaches and other vermin. Crime was rampant; virtually all (90 percent) of the residents reported serious problems with drug trafficking, drug use, and gang activity. Even worse, about 75 percent viewed violent crime (shooting, assaults, and rape) as “big problems.” The surrounding neighborhoods were equally troubled—extremely high poverty, predominantly minority neighborhoods with high rates of unemployment, welfare reciprocity, and other ills.

After tracking residents through the relocation process, the HOPE VI Panel Study is able to address effectively the question of whether HOPE VI has succeeded in its goal of improving residents’ life circumstances or whether the critics’ predictions have been realized. We find that for the most part, former residents are living in neighborhoods that are dramatically safer and offer a far healthier environment for themselves and their children. However, a substantial minority continue to live in traditional public housing developments that are only marginally better than the distressed developments where they started. These findings demonstrate the ways in which HOPE VI has improved the quality of life for many original residents, while underscoring the need to continue to seek solutions for the problems that have kept too many from being able to take advantage of new opportunities.

Most Residents Have Not Moved Back

By 2005, 84 percent of the families in the HOPE VI Panel Study had relocated from the five HOPE VI sites. The remaining 16 percent of the respondents still living in their original developments were from either Atlantic City’s Shore Park or Chicago’s Wells, where the housing authorities were doing staged relocation. The largest number of families—43 percent—had received Housing Choice Vouchers, and 22 percent had moved into other traditional public housing developments. Another 10 percent were

renting in private-market units with no assistance, and 4 percent had become homeowners. Approximately 1 percent of the HOPE VI Panel Study respondents were either homeless or in prison in 2005.

Redevelopment was under way in all of the sites by 2005, although none were completed. Therefore, it is not surprising that only 5 percent of the Panel Study respondents had moved into a newly remodeled HOPE VI unit by the 2005 follow-up. Atlantic City's Shore Park, where the housing authority was building a revitalized unit for every household that wanted one, had the greatest share of original families (14 percent) who had moved back into redeveloped HOPE VI units. Other research suggests that return rates to HOPE VI sites overall have varied considerably from less than 10 percent to 75 percent, with the largest numbers returning to sites that were rehabilitated rather than demolished and rebuilt—not the case in any of these five sites. Based on this evidence, it seems likely that the final figures for returning for the HOPE VI Panel Study sites will increase somewhat over time, but will remain relatively low.²

The reasons for this low rate of return are both positive and negative. With the shift to mixed-income developments, there are simply fewer public housing units on site. Some sites have imposed relatively stringent screening criteria that have excluded some former residents. And, on the positive side, many former residents who have received vouchers are satisfied with their new housing and are not interested in returning. Finally, at a few more troubled sites, long histories of mismanagement and neglect mean that residents do not trust the housing authority's promises of better conditions and choose not to return (Buron et al. 2002; Popkin et al. 2004). With low rates of return, the program has not met its initial vision of residents coming back to live in revitalized developments; for most original residents, the major impact of HOPE VI is relocation.

Most Residents Are Living in Substantially Better Housing

Residents who have moved to the private market or mixed-income developments reported substantial improvements in the quality of their housing. We asked families to rate their current housing as “excellent, good, fair, or poor.” In 2005, 68 percent of voucher holders and homeowners rated their housing as excellent or good, as did 64 percent of unassisted renters. More than three-fourths (85 percent) of families living in the new HOPE VI units gave their units high ratings. In contrast, a much smaller share of households in public housing rated their housing as excellent or good. Only 39 percent of those in the original public housing (those that had not yet been relocated) gave their units high ratings in 2005. And only about half of those relocated into other public housing (49 percent) rated their housing as excellent or good.

At baseline in 2001 and at each of the follow-ups, we asked respondents about a series of specific housing problems, such as broken heating units, insect and rodent infestation, broken toilets, and peeling paint. Those who moved to the private market or to mixed-income developments reported significantly fewer problems. In contrast, those who remained in traditional public housing—either their original development or a different one—experienced virtually no improvement in housing quality over time; about 40 percent of those living in other public housing and about 60 percent of those in the original public housing units reported having two or more problems at the baseline and at the 2005 follow-up (Comey 2007).

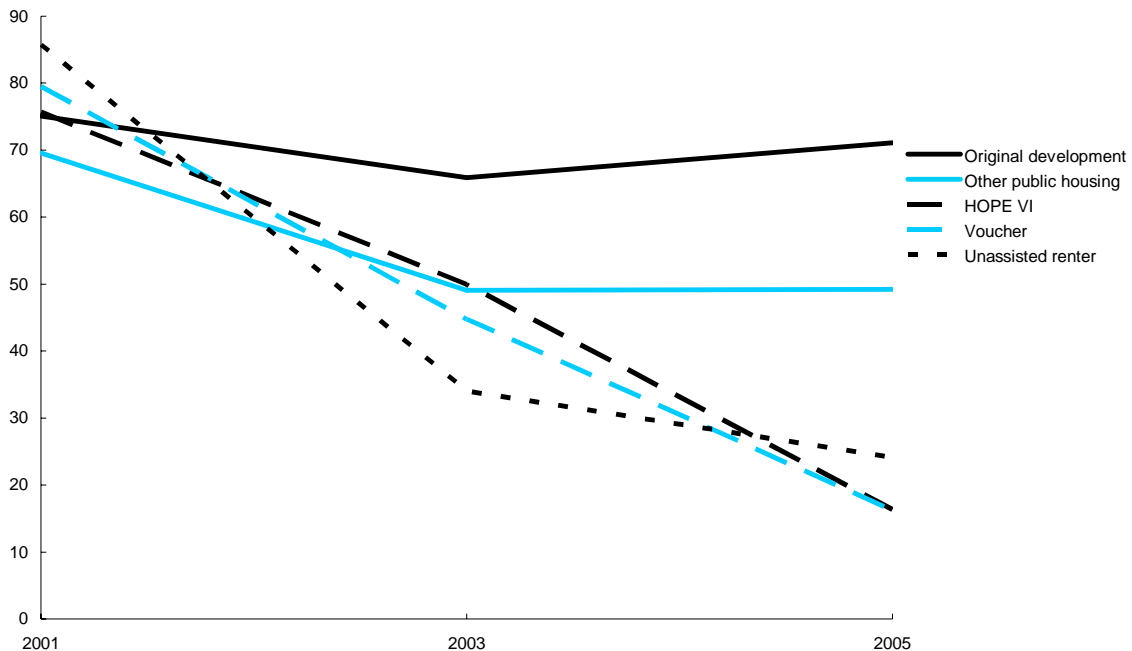
Residents Are Living in Dramatically Safer Neighborhoods

Fear of crime has profound implications for residents, causing stress and social isolation. At the final follow up in 2005, relocation had brought about a profound impact in residents’ life circumstances. Those residents who left traditional public housing—voucher holders and unassisted renters and homeowners—were living in neighborhoods

with considerably lower poverty (Comey 2007). Further, these movers and those living in mixed-income developments reported conditions far safer than in their original developments. For example, the proportion of respondents reporting “big problems” with drug sales dropped from 78 percent at baseline to 47 percent in 2003, and declined even further to 33 percent in 2005—a drop of 45 percentage points. The trends for virtually every measure of neighborhood safety showed the same dramatic decline (Popkin and Cove 2007).

The trends for respondents who had moved to mixed-income developments or to the private market (with vouchers or on their own) were even more striking. Figure 1, which shows the trends in respondents reporting big problems with drug trafficking by housing assistance status, dramatically illustrates the “safety benefit” these relocatees have gained from moving out of distressed public housing. These respondents report extraordinary improvements in their conditions. For example, while about 80 percent of

Figure 1. HOPE VI Panel Study Respondents Reporting that Drug Selling in Their Neighborhood is a “Big Problem,” by Housing Assistance (percent)



voucher holders and HOPE VI movers had reported big problems with drug trafficking in their original neighborhoods at baseline, only 16 percent reported the same problems in their new neighborhoods in 2005.

The trends for perceptions of violent crime were the same—at baseline, more than two-thirds of the respondents reported big problems with shooting and violence in their developments; in 2005, just 17 percent of voucher holders reported big problems in their new communities. The trends for the relatively small numbers of HOPE VI movers, unassisted renters, and homeowners were identical.

These improvements in safety have had a profound impact on residents' quality of life. Relocates' comments reflected a wide range of life improvements, including allowing their children to play outside more frequently, less fighting among neighborhood children, sleeping better, and generally feeling less worried about drug dealing and shootings in the neighborhood. Our statistical analysis shows that those who have moved with vouchers report less worry and anxiety and have lower depression scores than those who remain in traditional public housing. With such small numbers of respondents living in mixed-income, we cannot see accurate statistical trends, but given that they experienced the same improvements in housing quality and neighborhood safety, it is likely that they have experienced the same benefits in terms of quality of life as those who received vouchers (Burton Levy, and Gallagher 2007).

Children in Voucher Households Are Better Off

Children are particularly vulnerable to the effects of HOPE VI relocation. On one hand, children are the most likely to benefit in important ways from improved housing quality—and reduced exposure to risks like lead paint or mold—and from safer, less distressed neighborhoods. On the other hand, moving can disrupt their education and friendships and even put older youth at risk for conflict with local gangs. The HOPE VI

Panel Study sample included questions on parental reports of children's behavior—an indicator of children's mental health—to see how relocation affects children. Overall, we find that children whose families received vouchers are faring better after relocation than those who moved to other traditional public housing developments (Gallagher and Bajaj 2007). Parents of children in families that relocated with vouchers report lower rates of behavior problems³ in 2005 compared with their children's behavior in 2001, prior to relocation. In 2001, 53 percent of children in voucher households demonstrated two or more behavior problems, but by 2005, this proportion dropped to 41 percent. Although the pattern held for both boys and girls in voucher households, only the decline for girls was statistically significant. Again, because the numbers are small, we cannot see statistically accurate trends for households who moved to mixed-income developments, but given the similar trends for housing and neighborhood quality, their outcomes are likely similar to those for voucher holders.

However, while children who moved to the private market are doing better, those whose families moved to other public housing are not faring as well. In 2005, children in voucher households were more likely than children in other public housing to exhibit five out of six positive behaviors (62 versus 43 percent).⁴ They were also marginally less likely to exhibit two or more delinquent behaviors (3 versus 12 percent).⁵ The trends for delinquent behavior for the children still living in traditional public housing are especially disturbing. The incidence of delinquent behaviors has increased for youth still living in their original development (by 12 percentage points) and youth in other public housing (by 10 percentage points), while it has changed in no significant way for youth in the voucher households. And our analysis shows that the incidence of delinquent behaviors has skyrocketed (by 24 percentage points since 2001) for those girls still living in their original development, waiting for relocation. This spike is primarily driven by increasing

rates of school suspensions (28 percentage points) and going to juvenile court (24 percentage points). This finding suggests that girls, in particular, are suffering from the ill effects of being left behind in developments that are becoming increasingly dangerous and chaotic as vacancies increase.

Voucher Holders Have Trouble Making Ends Meet

While HOPE VI residents who have moved to private-market housing with vouchers are doing well in many ways, our research shows that many are having difficulty making ends meet (Buron, Levy, and Gallagher 2007). Moving out of public housing presents new financial management challenges: private-market property managers can be less forgiving of late rent payments than public housing managers, making it imperative that rent is paid on time. Also, since utilities are generally included in the rent in public housing, many former public housing residents are inexperienced in paying utility bills. They can find coping with seasonal variation in utility costs, particularly heating costs in the winter, or spikes in gas costs very daunting.⁶ At the 2005 follow up, we found that voucher holders were significantly more likely than public housing residents to report financial hardships related to paying utilities and providing adequate food for their family. Nearly half (45 percent) of voucher holders reported trouble paying their utility bills, compared with just 8 percent of residents in other public housing. Likewise, voucher holders (62 percent) were more likely than public housing households (47 percent) to report financial hardships paying for food. However, voucher holders were significantly less likely than public housing residents to be late paying their rent. In essence, our findings suggest that, when faced with the trade-offs, most voucher holders chose to pay their rent on time to avoid risking their housing and instead delayed their utility payments and cut back on food or

other items. This problem is one that it is likely to also affect residents who move to mixed-income developments where utilities are not included in rents. Policymakers and housing authorities need to pay particular attention to this issue because it can undermine housing stability and leave residents vulnerable to losing their vouchers.

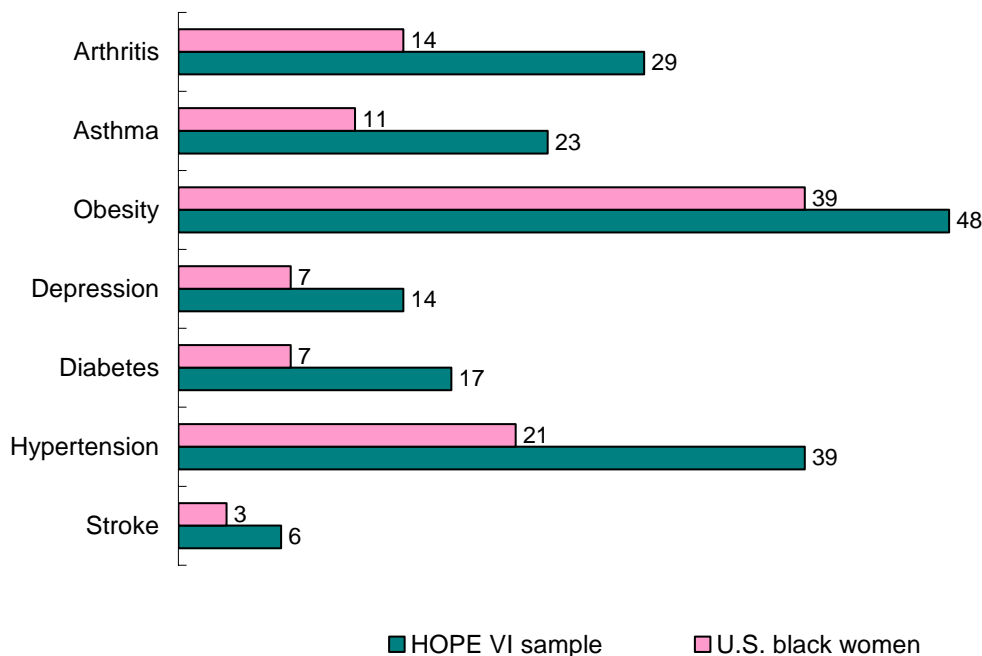
Poor Health is the Biggest Challenge

We identified poor health as a major issue for HOPE VI Panel Study respondents at the baseline in 2001 (Popkin et al. 2002). Our 2005 findings that this problem has intensified over time: in 2005, two out of every five respondents (41 percent) identified their health condition as either “fair” or “poor” (Manjarrez, Popkin, and Guernsey 2007). Further, at every age level, HOPE VI Panel Study respondents are much more likely to describe their health as fair or poor than other adults overall and even than black women, a group with higher-than-average rates of poor health.⁷

Figure 2 illustrates the shocking dimensions of the health challenges HOPE VI Panel Study respondents’ face, showing the percentage of respondents who report having been diagnosed with seven major medical conditions (arthritis, asthma, obesity, depression, diabetes, hypertension, and stroke). For every condition except obesity, the proportion of HOPE VI Panel Study respondents reporting being diagnosed is twice or more than that for black women nationally. For obesity, the difference is still large—about 10 percentage points. Mental health is a very serious problem—not only depression, but also reported rates of anxiety and other indicators are very high: overall, 29 percent of HOPE VI respondents indicated poor mental health.⁸

In addition to having much higher than average rates of serious health conditions overall, a significant number of HOPE VI Panel Study respondents face the burden of multiple serious health problems. Across the sample, 73 percent of the respondents

Figure 2. Presence of Chronic Illness among HOPE VI Respondents and African American Women Nationwide, 2005 (percent)



Source: Authors' calculations from the 2005 HOPE VI Panel Study and National Health Interview Survey.

reported that their doctor had told them that they had at least one of these conditions, almost half reported two or more of these five conditions, and *nearly a quarter reported having three or more*. Nearly half (45 percent) indicated that their health condition needed regular, ongoing care. Not only do HOPE VI Panel Study respondents report high rates of disease, they are also clearly very debilitated by their illnesses: one in four respondents reported having such difficulty with physical mobility that they could not walk three city blocks, climb 10 steps without resting, or stand on their feet for two hours.

Finally, comparing death rates between individuals in HOPE VI Panel Study and black women nationally highlights the extreme vulnerability of this population. For three different age categories, the death rate of HOPE VI residents exceeds the national

average for black women—which is already high relative to other races (Murray et al. 2006)—with the gap increasing dramatically at older ages. We cannot determine whether the high mortality rate for HOPE VI Panel Study respondents is attributable to the effects of involuntary relocation—without a true comparison group, we do not have hard evidence about what might have happened to these residents in the absence of HOPE VI revitalization. What we do know is that among the residents who died, the overwhelming majority reported fair or poor health at baseline (79 percent). Likewise, 83 percent of the deceased reported having an illness or needing chronic care at baseline. These residents were already frail, and the stress of living in distressed public housing may have contributed to their distress and increased their vulnerability. But the high death rate, particularly among older respondents, underscores the need for intensive medical services and supports for public housing residents facing involuntary displacement. It may also justify a more detailed case-by-case analysis to reconstruct the deceased mover's stories in an effort to better understand what went wrong.⁹

HOPE VI Did Not Affect Employment

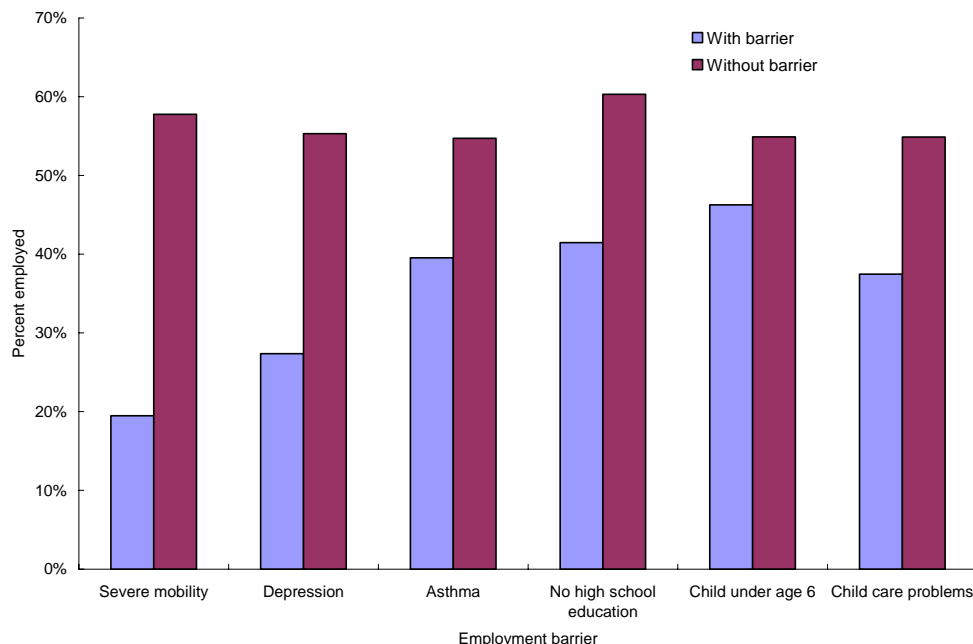
In addition to providing residents with an improved living environment, the HOPE VI program seeks to help them attain self-sufficiency. However, we find that while there have been dramatic improvements in quality of life, there have been no overall changes in employment (Levy and Woolley 2007). At baseline, 48 percent of the working-age respondents were not employed—the same share as at the 2003 and the 2005 follow-up. Our analysis suggests that HOPE VI relocation and voluntary supportive services are unlikely to affect employment or address the many factors that keep disadvantaged residents out of the labor force.

As discussed above, HOPE VI Panel Study respondents are in extremely poor health; these health problems are by far the biggest barrier to employment. Among

working-age respondents, nearly a third (32 percent) reported poor health, and most of them (62 percent) were unemployed. The strongest predictor of not working was having severe challenges with physical mobility. Forty percent of respondents reported moderate or severe difficulty with mobility; less than half (38 percent) of these respondents were employed in 2005. As figure 3 shows, a typical respondent with no employment barriers had a roughly 82 percent chance of being employed; severe mobility problems lowered this probability by 40 percentage points.¹⁰ Depression also substantially reduced the probability of being employed, as did having been diagnosed with asthma. Obesity did not have a direct effect on employment but rather was associated with other serious health problems. Relative to nonobese respondents, obese respondents were more likely to report having mobility difficulties, asthma, and an overall health status of “fair” or “poor.”

While health was clearly the biggest obstacle to obtaining—and keeping—a job for HOPE VI Panel Study respondents, other factors affected employment as well.

Figure 3. Barriers and Low Employment



Source: Authors' calculations from the 2005 HOPE VI Panel Study.

Specifically, not having a high school diploma, having children under age 6, and having problems with adequate child care also reduced the probability of employment for working-age respondents.

HOPE VI Did Not Cause an Increase In Homelessness

A main criticism of the HOPE VI program is that intentionally relocating residents—even temporarily—increases the likelihood that some residents will end up homeless. Housing authorities have been accused of “losing” residents and not providing them with the relocation assistance to which they were entitled; critics in some cities have claimed increases in shelter populations. However, most of the evidence has been anecdotal, and while there has been much rhetoric on both sides, there has been no hard evidence to support or disprove critics’ claims that HOPE VI increases homelessness.

To address this concern, we used the HOPE VI Panel Study data to conduct a systematic analysis, first identifying residents who report experiencing homelessness or are doubled up with other households (and considered “precariously housed”) and then, second, looking at the available data on nonrespondents in our sample—that is, those we were unable to interview—to see if we could determine their housing status. The results of this analysis indicate that there is no evidence that HOPE VI caused an increase in homelessness. Less than 2 percent (or 12 of the 715 respondents to the follow-up survey in 2005) reported experiencing homelessness at some point during the four years since relocation started in 2001.¹¹ Another 5 percent of respondents were “precariously housed”—that is, they were doubled-up with friends or family. These figures are comparable to those from other studies of public housing populations (McInnis, Buron, and Popkin 2007). We are able to account for nearly all of the respondents whom we were not able to interview at the two follow ups. Our analysis shows that these “nonrespondents” were probably slightly more likely (about one

percentage point) to have become homeless than those we interviewed, but the differences are likely to be small.

Families who live in distressed public housing typically have very low incomes, health problems, and are likely to have complex family situations. Our analysis, particularly the comparison to other public housing populations, suggests that financial vulnerability, rather than HOPE VI relocation, places these families at risk for housing insecurity.

HOPE VI Is Not the Solution for the “Hard to House”

Hard-to-house residents—families coping with multiple complex problems such as mental illness, severe physical illness, substance abuse, large numbers of young children, weak labor-market histories, and criminal records—are less likely than other residents to realize significant improvements in their quality of life as a result of HOPE VI revitalization. Our earlier work showed that these residents make up a substantial proportion of the population at all five sites and more than two-thirds of the households in Chicago’s Wells and Washington’s East Capitol developments (Popkin, Cunningham, and Burt 2005). In 2005, we found that, at every site, hard-to-house families were more likely to end up in traditional public housing than in the private market, and so ended up little better off than they were at baseline. Placing them in other traditional developments—or, as in Atlantic City’s Shore Park and Chicago’s Wells, leaving them in the parts of the development awaiting revitalization—may well have kept them from becoming homeless. But concentrating multiproblem families in a few traditional developments may well mean that those developments rapidly become as—or even more—distressed than the developments from which these families came. Clearly, we need to continue to search for solutions for families who have long relied on distressed public housing as the housing of last resort.

Where Do We Go From Here?

For most original residents, the major HOPE VI intervention has been relocation; only a small number returned to revitalized HOPE VI communities. Many critics predicted that relocated residents would end up concentrated in other very poor, minority communities that would leave them little better off—and perhaps worse off—than they were in their original developments. But results from the HOPE VI Panel Study show that, in fact, relocation has meant profound benefits for their quality of life. For residents who have moved to the private market with vouchers, become homeowners, moved off assistance, or moved to new mixed-income developments, the HOPE VI program has more than met its goal of providing an improved living environment. There is no question that the enormous improvement in safety and consequent reduction in fear of crime is the biggest benefit for many original residents. With these major improvements in life circumstances, it is possible that living in these safer neighborhoods may have long-term benefits for the mental and physical health of adults and children.

However, a substantial minority of original residents (about a third) have not gained the same benefit. A relatively small number—about 16 percent of survey respondents—remain in their original developments, living in conditions that are rapidly deteriorating as vacancies increase. This problem is the result of both the housing authorities' choice to stage relocation and redevelop sites in phases and of some families' complex personal situations, which make it very hard to house them in either the private market or in new mixed-income developments that have stringent screening criteria. Another group of residents (about 22 percent of the survey respondents) relocated to other traditional public housing developments. Although these residents report statistically significant reductions in perceptions of drug trafficking and violent crime, the reality is that these communities are still extremely dangerous and few would

regard them as an improvement over their original distressed developments. Again, our analyses suggest that hard-to-house residents are more likely to end up in these traditional developments and thus are less likely to have truly benefited from the HOPE VI intervention.

These findings have several important implications for policy.

Encourage more families to choose vouchers rather than rely on traditional public housing. Families who have moved to the private market are living in better housing in safer neighborhoods; those who relocated to other traditional developments are in situations that are nearly as bad as the distressed developments where they started. If the goal of HOPE VI is to improve families' living environments, then relocating them to other public housing undermines the program's intent. The U.S. Department of Housing and Urban Development (HUD) should require housing authorities to offer meaningful relocation counseling to help residents make informed choices and provide long-term support to help more families succeed in the private market—or, ultimately, to return to new, mixed-income housing. A “vouchers-plus” model where relocatees receive ongoing case management and support for a period of at least two years would ensure that families make a successful transition and are able to remain in safer neighborhoods. Housing authorities should track and maintain contact with voucher movers so they can make effective choices about whether or not to return to the revitalized development. Finally, policymakers should make sure that utility allowances for voucher holders—and mixed-income movers—keep pace with heating costs so that they are not at risk for hardship and housing instability.

Be sensitive to the needs of children in HOPE VI relocation plans. Children remaining in their original development, particularly girls, are worse off than they were before their neighbors relocated. Many girls are having problems in school and

becoming involved in the juvenile court system. Partially vacated HOPE VI sites are not safe places for children, possibly because of increased gang activity, social disorder, and isolation. It is critical that redevelopment plans consider the needs of families with children by scheduling family moves during the summer and giving priority to families with children so they are not left in partially vacated HOPE VI sites.

Provide more support to vulnerable residents during relocation. The worsening health and high mortality rates for the HOPE VI Panel Study respondents imply an urgent need for better and more comprehensive support for families as they undergo the stress of involuntary relocation. Effective case management is particularly important for older and more vulnerable residents, who are particularly likely to suffer serious consequences (Smith and Ferryman 2005; Fullilove 2004). Housing authorities should coordinate with health providers, provide support throughout the relocation process, and follow up for at least 12 months after the move. Further, they should plan their redevelopment processes carefully so that moving is not rushed and the most vulnerable residents do not have to move more than once.

Address barriers to employment in order to improve employment outcomes. Efforts that address key barriers could prove more effective than job training or placement efforts alone in improving the chances that former and current public housing residents move into employment or retain jobs they already have. From this perspective, efforts to improve the physical mobility of adults and help people manage their asthma more effectively could be considered employment-related initiatives. Identifying adults with severe mobility limitations and working with them to stabilize or improve their mobility could improve health and possibly even employment rates more effectively than directing them first to employment-related services. Likewise, assessing mental health and encouraging treatment could also be viewed as an employment-

related service, as could helping people access safe and affordable child care for both preschool-age and school-age children. Encouraging adults without a high school education to earn a GED might also lead to improvements in employment rates over time. Further, housing authorities should consider incorporating work-related initiatives into new, mixed-income developments that include supports and incentives for employment. Finally, housing authorities need to structure flexibility into their screening criteria to reflect the fact that some otherwise good tenants are not going to be able to meet employment requirements because of health or other barriers.

Develop models to serve hard-to-house families so they do not remain concentrated in high-poverty, traditional public housing developments. If housing authorities continue to move their most troubled residents to other public housing, those communities will rapidly become as unpleasant and dangerous as the distressed developments that received the HOPE VI grant. To avoid perpetuating the problem, we need new and creative approaches to helping this very needy population. The Urban Institute is testing an intensive case management model in two Chicago public housing communities to try to address the complex problems that make relocating some public housing families so challenging. These services include dramatically reduced caseloads; family- rather than individual-level case management; a strengths-based approach; a transitional jobs program; and long-term follow-up (as long as three years). Other models include those based on transitional assistance to the homeless, particularly family-supportive housing that offers a rich package of services on site. There are no simple solutions to this problem and none that are low cost, but we believe that it is both cost effective and just to try to help these families find safe, stable housing situations.

Continue to seek effective strategies for addressing the crime and physical deterioration in public housing. Policymakers and researchers have long known that

public housing developments are particularly vulnerable to crime. Drug trafficking, gang domination, and violence are the legacy of poor construction, social isolation, indifferent management, ineffective policing, and the concentration of too many poor households in a single community. There have been many attempts to address the problems, some more effective than others (Popkin et al. 2000). Since the shift in emphasis from drug elimination to public housing transformation in the 1990s (Popkin et al. 2004), there has been less attention to crime-prevention strategies. But as long as substantial numbers of families continue to live in traditional public housing developments, it is essential that we ensure these communities are safe, decent places.

Fund HOPE VI revitalization of the remaining stock of severely distressed public housing. Many original residents are living in substantially better conditions as a result of the HOPE VI program. But while HOPE VI has done much to improve the living conditions of many former residents of distressed public housing, researchers estimate that there are still between 47,000 and 82,000 public housing units that are severely distressed (Turner et al. 2007). The families that live in distressed developments likely face the same daily fears and threats as the families in the HOPE VI Panel Study who remain in traditional public housing, suggesting a continued need for a serious federal investment in addressing this problem.

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¹ The response rate at each wave was 85 percent. The largest source of sample attrition was mortality. In 2005, we were able to locate or account for all but 20 of the original respondents. Finally, we also conducted in-depth interviews with 33 households (parents and youth) at each wave. The majority of respondents are African-American, single female heads of household. For a full description of the study methods see Popkin et al. (2002).

² For other studies that have examined rates of return, see Holin, Buron, and Baker (2002); Buron et al. (2002); and National Housing Law Project (2002).

³ Behavior Problems Measure: Respondents were asked to indicate how often the child exhibited any one of the seven specific negative behaviors, taken from the Behavior Problems Index: trouble getting along with teachers; being disobedient at school; being disobedient at home; spending time with kids who get in trouble; bullying or being cruel or mean; feeling restless or overly active; and being unhappy, sad, or depressed. The answers ranged from “often” and “sometimes true” to “not true.” We tracked the proportion of children whose parents reported that they demonstrated two or more of these behaviors often or sometimes over the previous three months.

⁴ Positive Behavior Measure: This scale requires respondents to rate how closely each of the following six positive behaviors describes their child: usually in a good mood; admired and well liked by other children; shows concern for other people's feelings; shows pride when doing something well or learning something new; easily calms down after being angry or upset; and is helpful and cooperative. The list of behaviors was derived from the 10-item Positive Behavior Scale from the Child Development Supplement in the Panel Study of Income Dynamics. Each behavior was rated on a scale ranging from 1 ("not at all like this child") to 5 ("completely like this child"). We track the proportion of children with at least 5 out of 6 behaviors rated relatively high ("a lot" or "completely like this child").

⁵ Delinquent Behavior Measure: Respondents were asked if over the previous year their child had been involved in any of the following five activities: being suspended or expelled from school; going to a juvenile court; having a problem with alcohol or drugs; getting into trouble with the police; and doing something illegal for money. We track the proportion of children involved in two or more of these behaviors.

⁶ See, for example, Buron et al. (2002) and Orr et al. (2003).

⁷ Many health problems vary significantly by gender and race, and because over 88 percent of the adults in the HOPE VI Panel Study are women and 90 percent are black, a sample of black women nationally is used as the comparison group. The national data cited in this testimony are published by the U.S. Department of Health and Human Services, calculated from the National Health Interview Survey in 2005. National Health Interview Survey data are broken down by sex and race, but not further by poverty status. Nationally, approximately one-third of all black women live in households with incomes below the poverty level. Therefore, the comparison data are biased slightly upward in terms of better health because of the relatively better economic well-being of the national population of black women compared with the HOPE VI sample. However, even limiting the comparisons to similar gender, race, and age groups, adults in the HOPE VI study experience health problems more often than other demographically similar groups.

⁸ Indication of mental health was based on a scale derived from the CIDI-12, or Composite International Diagnostic Interview Instrument. This scale is called the CIDI-12, or Composite International Diagnostic Interview instrument. The series includes two types of screener questions that assess the degree of depression and the length of time it has lasted. The index is then created by summing how many of the seven items respondents reported feeling for a large share of the past two weeks. If a respondent scores three or higher on the index, their score indicates a major depressive episode.

⁹ This type of analysis was done for an earlier analysis of uprooted communities (Fullilove 2004).

¹⁰ We tested the difference in the probability of employment with and without a specific employment barrier for an unmarried, high-school-educated, African American female respondent using a housing voucher and facing no additional employment barrier. Unless otherwise noted, statistical significance is reported for probability values of 5 percent or less.

¹¹ We identified respondents as homeless if they lived in a homeless shelter or on the streets at the time of the 2003 or 2005 follow-up interviews or they reported having lived on the streets or in homeless shelters in the 12 months before the interview.