



Brief No. 5, October 2004

A Roof Over Their Heads:
*Changes and Challenges for
Public Housing Residents*

How Are HOPE VI Families Faring? Health

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HOPE VI survey respondents have alarmingly high rates of many chronic health problems, including obesity, hypertension, diabetes, and depression.

The HOPE VI program aims to improve neighborhood conditions by revitalizing distressed public housing communities and assisting residents with moving to better housing in less distressed neighborhoods (Buron 2004; Comey 2004). In addition to housing, one goal of the HOPE VI program is to address the social and economic needs of the original residents. The HOPE VI Panel Study is tracking the well-being of residents from five sites where relocation began in 2001 (see page 7). Our baseline survey indicated that health—both physical and mental—is a major concern for HOPE VI Panel Study families (Popkin et al. 2002). Adult respondents reported extremely high rates of overall poor health. Several physical health problems were significantly more prevalent among HOPE VI adults than among the overall population, and even more prevalent than among minority women nationwide,¹ a group that already has higher prevalence rates for many health problems than whites and men. The proportion of respondents reporting problems with depression and anxiety was also very high.

Relocation may be particularly difficult for residents coping with serious physical or mental health conditions. The stress of having to move may exacerbate existing problems, and the need to be close to transportation, social supports, and medical services may limit residents' options for relocation. To realize the HOPE VI program's goal of creating new mixed-income communities, some hous-

ing authorities plan to impose work requirements on residents returning to revitalized sites; those suffering from physical or mental health problems may not be able to meet such requirements. Some sites offer supportive services to facilitate enrollment in education and job training programs. However, residents suffering from serious health problems may not be able to take advantage of such services or take steps toward becoming economically self-sufficient.

Because of the unexpected severity of reported health problems at baseline, health was a major focus of the follow-up survey in 2003. This brief details the prevalence of several physical and mental health problems among residents in the HOPE VI Panel Study sample, and discusses how these serious health challenges may affect residents' relocation experiences and their long-term prospects for improving their economic circumstances.

Many Adults Report Poor Overall Physical Health

The overall health of those in the HOPE VI sample is significantly worse than national rates.² Forty-one percent reported their overall health was fair or poor,³ a rate over three times greater than national self-reports of fair or poor health for all adults in the United States and about twice that of black women nationally (NHIS 2004, 63). As expected, older respondents report

worse health than younger adults (figure 1).

Panel Study respondents report worse health in every age group than do black women nationally. More alarming, younger women in the sample are even more likely than their older counterparts to be in worse health than all black women nationally. Within the younger age group (those age 18–44), the proportion that reported fair or poor health was more than two and a half times that of black women nationally. The rates of fair or poor health were about twice as high as the national sample of black women among the middle age group, and about 50 percent higher among the older panel study group. Another indication of the poor health among 18- to 44-year-olds is that one in four reported a chronic health problem.⁴ These findings raise concerns about future health implications for these young adults and how much any intervention may increase self-sufficiency.

Serious Physical Health Problems Are Widespread

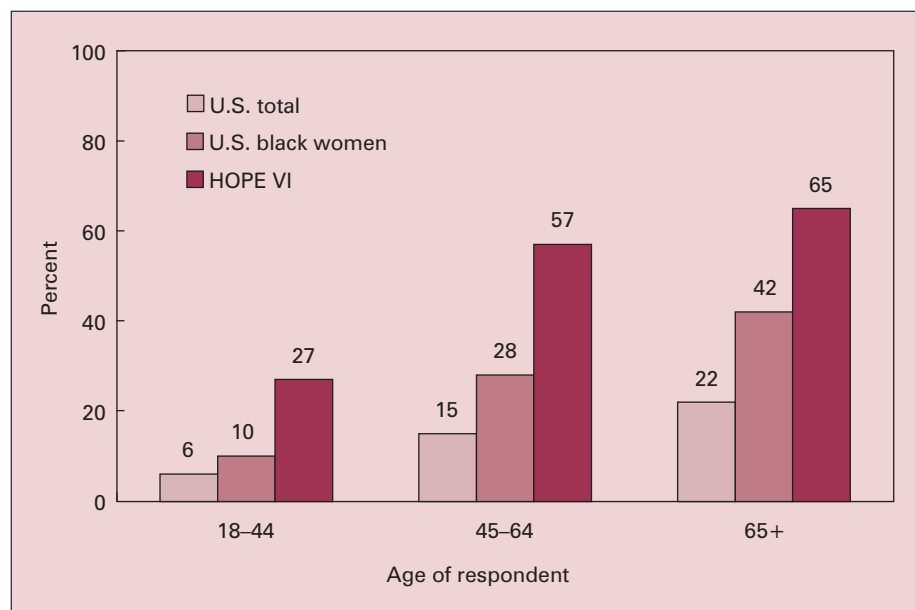
The HOPE VI Panel Study survey included specific questions about five physical health problems: obesity, hypertension, diabetes, arthritis, and asthma. These health problems

are prevalent among poor and minority populations, and may make relocation difficult or prevent economic self-sufficiency for HOPE VI adults because they limit mobility or employability. The prevalence of each health problem among HOPE VI adults is significantly higher than national prevalence rates, even when comparing the HOPE VI sample to other African American women nationally (table 1).

Obesity is the most common health problem measured in the HOPE VI Panel Study. Obese adults have higher risks for diabetes, hypertension, asthma complications, and limited physical mobility, which may make relocation more difficult or cause problems for getting or keeping a job. Almost half the respondents were classified as obese (47 percent)⁵. Following the national trend, respondents 45 to 64 years old had the highest obesity rate, but their rate was only slightly higher than the rate for black women nationally. The obesity rates for the older and younger age groups were each about 40 percent higher than their national comparison cohorts.

Over one-third of the respondents had been diagnosed with hypertension.⁶ Respondents in the youngest age group (18 to 44) were diagnosed with hypertension at about twice the rate of black women

FIGURE 1. Adults Reporting Fair or Poor Health



Sources: HOPE VI Panel Follow-up Survey (2003) and NHIS (2001).

Note: The total sample size is 736 for the HOPE VI sample and 12,613 for the NHIS sample 18 years and older.

TABLE 1. Adults Reporting Diagnosed Health Problems (percent)

	Total HOPE VI sample	18–44 years old		45–64 years old		65+ years old	
		HOPE VI	U.S. black women	HOPE VI	U.S. black women	HOPE VI	U.S. black women
Obesity	47	46	33	51	47	40	29
Hypertension	37	21	11	56	50	73	69
Diabetes	15	5	4	27	16	38	26
Arthritis	28	15	10	42	29	62	35
Asthma	22	24	12	19	14	18	10

Sources: HOPE VI Panel Follow-up Survey (2003) and NHIS (2001).

Note: The total sample size is 736 for the HOPE VI sample and 12,613 for the NHIS sample 18 years and older.

nationally (21 percent versus 11 percent). This disparity is partially a result of the relatively high rates of obesity among this young group. The share diagnosed with hypertension was more than twice as high among obese 18- to 44-year-olds as among those who were not obese. In fact, almost 33 percent of young obese adults had been diagnosed with hypertension, compared with only 13 percent of those who were not obese, suggesting that these younger adults are particularly at risk for serious health problems.

The prevalence of diabetes among HOPE VI Panel Study respondents is more than 30 percent higher than for black women nationally.⁷ Unlike hypertension, where the disparity between younger adults in the HOPE VI sample and the national sample of black women was much larger than disparities between the older age groups and their national samples, diabetes is far more prevalent among HOPE VI adults 45 and older—both absolutely and relative to national comparisons for black women.

More than one in four respondents (28 percent) reported that they had been diagnosed with arthritis,⁸ a rate slightly higher than for adults nationally.⁹ Arthritis is more prevalent for HOPE VI residents in every age group compared with black women overall, but the disparity is even greater for those 65 years old and older. Arthritis often causes problems with physical mobility, and adults suffering from arthritis may require accessible units.

More than one in five adults in the HOPE VI sample reported that they had been diagnosed with asthma (22 percent), which is a share twice as high as national estimates (11 percent) (CDC 2001). The factors that cause asthma are not well understood, but likely involve an inherited tendency to develop the disease combined with exposures to environmental triggers, including housing and neighborhood quality (Public Health Advisory Board 2002). Poor adults, particularly those in public housing, likely have higher asthma rates owing to some of these environmental factors as well as problems managing the disease once it has been diagnosed, including affording routine health care or maintenance medications, and understanding or using the medication as prescribed.

About one in eight adults in the HOPE VI sample reported having had an asthma attack in the past year (or, about half of those diagnosed), about three times the share of asthma attacks reported by a national sample of adults (CDC 2001). About one in 12 adults in the HOPE VI sample had visited the emergency room or an urgent care center for an asthma attack (about one-third of those who had been diagnosed), while less than 1 percent of adults nationally had done the same. Adults in the HOPE VI sample are twice as likely to have been diagnosed with asthma, but a larger share are far more likely than other adults with asthma to suffer from attacks and visit urgent care centers because of the disease.

I had what they call a silent heart attack . . . I learned a lesson and I learned to try to take care of myself and stay well, so I can take care of them. And with my high blood pressure and high cholesterol, you know, I mean, I'm up in age. I'm closer to seventy than sixty.

—Shore Park resident
raising four
grandchildren,
Atlantic City, 2003

Many Adults Have Multiple Health Problems

Underscoring the severity of the health challenges, most HOPE VI Panel Study respondents—72 percent—reported at least one of the five physical health problems discussed above (figure 2). Just slightly more than one-third of even the youngest age group (18 to 44) reported none of those problems, while less than 10 percent of those 65 or older reported no health problems. So, in addition to having little money (Levy and Kaye 2004) and living in poor, and often violent, neighborhoods (Buron 2004), most HOPE VI households are negotiating relocation while coping with multiple physical health problems.

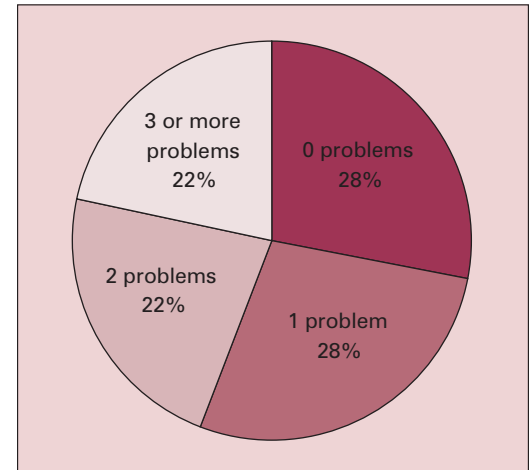
In addition, while the adults in the sample have their own health concerns, many also report caring for children with serious health problems. Nine percent of the HOPE VI households have at least one child between age 8 and 16 in fair or poor health,¹⁰ more than three times the figure for all children nationally. The prevalence of fair or poor health among HOPE VI children was significantly higher than national samples of poor children (6 percent) and black children (4 percent) under 18. About one-quarter of the children in the HOPE VI Panel Study survey had been diagnosed with asthma, a share about twice as high as national estimates for children in this age group (Dey, Schiller, and Tai 2004).

The combination of health problems among adults and children in the same household creates more challenges for these families: Five percent of HOPE VI households include both an adult and at least one child in fair or poor health. Combine that 5 percent with the 36 percent of households who reported only an adult in fair or poor health and the 4 percent who reported only a child in fair or poor health, and 45 percent of all households in the sample report at least one person in fair or poor health.

Poor Mental Health Is Also Prevalent among Hope VI Adults

Living in distressed, high-crime communities can seriously affect residents' mental health and well-being, causing stress, anxiety,

FIGURE 2. Number of Physical Health Problems Reported by HOPE VI Adults



Source: HOPE VI Panel Follow-up Survey (2003).

Note: The total sample size is 736. Physical health problems are obesity, hypertension, diabetes, arthritis, and asthma.

ety, and depression for both adults and children (Aneshensel 1992; Fitzpatrick and La Gory 2000). Depression can make managing such basic functions as parenting and employment more difficult. It can also exacerbate physical health problems because of the links between depression and reduced immune system function, and because depressed adults often do not follow the proper regimens for dealing with problems (Harris and Lustman 1998). Seventeen percent of HOPE VI Panel Study respondents reported that they had experienced a major depressive episode in the past year, a figure almost three times as high as for women nationally.¹¹ There are considerable variations by age group. Seventeen percent of those 18 to 44 years old reported suffering from depression, compared with 21 percent of those 45 to 64 years old and only 6 percent of those over 65 years old.

Respondents with physical health problems are more likely to have experienced a major depressive episode than those who do not report such problems. Recent studies have found decreased levels of depression among adults who moved voluntarily from public housing to lower poverty and lower crime neighborhoods (Orr and Feins 2003). But HOPE VI residents are involuntary relocatees, and may not experience the same benefits.

Adults in the HOPE VI sample are twice as likely to have been diagnosed with asthma, but a larger share are far more likely than other adults with asthma to suffer from attacks and visit urgent care centers because of the disease.

Health Problems Limit Mobility and Employment

HOPE VI Panel Study respondents' health problems make it difficult for many to carry out ordinary daily physical activities. About half of respondents reported difficulty with physical mobility (51 percent), meaning that at least one of the following activities was at least somewhat difficult: walking one-quarter of a mile, standing on their feet for two hours, or walking up 10 stairs without resting. Slightly more than one-quarter of the sample reported severe difficulties with at least one mobility activity—that is, the activity was very difficult or impossible.

More than one-quarter of the overall sample reported that their own physical health was such a problem in the past year that they “could not take a job or had to stop working, or could not attend education or training activities.” Among those who were not currently employed, health problems present serious barriers to work. Indeed, almost half of those who were not employed (42 percent) reported a physical health limitation to work, while only 8 percent of those who were employed reported limitations. More than one-quarter of the 18- to 44-year-olds who were not employed reported physical health barriers to work (28 percent), and more than half of those 45 to 64 years old who were not working reported barriers (59 percent).¹² Remember, this younger group experiences extremely high rates of several physical illnesses, as detailed earlier in table 1.

Policy Implications

As a group, our findings indicate that HOPE VI Panel Study respondents have alarmingly high rates of many chronic health problems, such as obesity, hypertension, diabetes, and depression. Each health problem documented in the HOPE VI survey is significantly more prevalent among HOPE VI respondents than the national population of adults.

From a public health perspective, the geographic concentration of this population with severe health problems is an opportunity for health programs to serve this group efficiently. Adults living in public housing are exposed to a range of envi-

ronmental factors that may affect their health. Physical health problems are often caused or exacerbated by poor housing or neighborhood quality (e.g., lead, mold, allergens, pollution). Mental health problems may be exacerbated by the physical health problems or from living in unsafe or violent neighborhood conditions. Whatever their underlying cause, these problems are not likely to dissipate quickly, or perhaps ever, after moving from the distressed HOPE VI development. These health problems will affect many residents' ability to relocate and achieve economic self-sufficiency.

Improvements in health may result from improvements in housing and neighborhood quality or from residential mobility out of the neighborhood. The extremely low incomes among this population suggest that dealing with the effects of living in such extreme poverty—such as poor nutrition, differential health care, and stress from living in neighborhoods characterized by high crime levels—is critical. Health programs that aim to seriously combat the poor health conditions among these very poor households must address a wide range of solutions.

In addition to these broad policy concerns, our findings suggest some specific recommendations for helping these vulnerable residents cope with the stresses of relocation.

■ Relocation assistance is critical, particularly for those with health problems.

For many residents at HOPE VI developments, relocation is the main program intervention. Before, during, and after the move from the original public housing development, housing authorities have the opportunity to offer supportive services. Relocation services should ensure that residents who need adequate health care are linked to it. The high levels of depression among this population highlight the need for special supportive services that deal directly with mental health problems to help residents make a successful transition to their new housing. For some residents, this means transportation to established medical providers; for others, it may mean helping them relocate

Now I'm in an area [where] I can have some kind of relaxation. I have peace now. Didn't have peace there . . . I was stressed out. I was stressed out about my children, I was stressed out about the surroundings. I was just stressed out and if you would have to live in Easter Hill, you would be stressed out too.

—Easter Hill resident, Richmond, 2003

close to health services or finding new services after they move. If residents do not at least maintain their current medical supports, relocation may exacerbate their existing health problems.

■ **HOPE VI sites need to consider the prevalence and type of health issues when planning for redevelopment.**

Many accessible units are built in elderly and disabled developments. This policy brief highlights the prevalence of health problems in households headed by the nonelderly, many of whom are also raising children. Some of these heads of households may be grandparents who are caregivers for grandchildren or other relatives, but this brief also highlights the prevalence of health problems among those less than 45 years old. Housing authorities need to adequately assess the needs of the population eligible to live in the revitalized units, to ensure that authorities accommodate households with health problems, particularly those problems that limit physical mobility.

■ **Housing authorities need to have reasonable expectations for economic self-sufficiency among former HOPE VI residents.**

A main goal of the HOPE VI program, in terms of residents, is to increase the levels of economic self-sufficiency among the nonelderly. As demonstrated in this policy brief, the transition from extreme poverty (as detailed in Levy and Kaye [2004]) to self-sufficiency will entail far more than education and job training programs. Almost half of those who were not working in 2003 reported that they had a physical health problem that limited their employment. While some of these adults could likely find jobs that might accommodate their health problems and concomitant physical health limitations, many will be unable to work full-time year-round because of their health problems. Others con-

tinue to have problems working because of responsibilities for caring for small children or ill household members. These limitations on work mean that many households will be ineligible to move to new HOPE VI housing units if work requirements at the new site do not allow exceptions for dealing with chronic health problems.

Health problems among HOPE VI residents are even more prevalent than among a national sample of black women, who experience these problems far more than national samples of adults overall. Poor households, minorities, and women endure inequalities in housing quality, neighborhood characteristics, and experiences in the medical system (Smedley, Stith, and Nelson 2003). Clearly, not all these problems can be solved by housing policies alone, but considering the layers of these inequalities HOPE VI residents face is crucial to developing effective policy solutions.

Notes

1. Because many health problems vary significantly by gender and race, and because over 90 percent of the adults in the HOPE VI Panel Study are women and 89 percent are African American, a sample of black women nationally is used as the comparison group. The national data cited in this brief are published by the U.S. Department of Health and Human Services, calculated from the National Health Interview Survey in 2001.

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 to the HOPE VI sample. 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.

2. All health information is based on self-reports.

3. The question read, "In general, would you say your health is excellent, very good, good, fair, or poor?"
4. Respondents were asked, "Do you have any illness or recurring health condition that requires regular, ongoing care?"
5. Obesity is measured by a person's body mass index based on self-reported height and weight.
6. Respondents were asked, "Have you ever been told by a doctor or other health professional that you had hypertension, also called high blood pressure?"
7. Respondents were asked, "Have you ever been told by a doctor or other health professional that you have diabetes or sugar diabetes?"
8. The HOPE VI survey asks if arthritis has been diagnosed by a doctor or medical professional. The NHIS asks if respondents experienced pain, aching, stiffness, or swelling in the past 12 months on most days for at least one month.
9. See "Prevalence of Self-Reported Arthritis or Chronic Joint Symptoms among Adults—United States, 2001," <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5142a2.htm>.
10. The HOPE VI data have limited information about children in the household because the survey only asked questions of one "focal" child per household in that age category. Thus, these data likely under-report the prevalence of households that have children with health problems.
11. According to the National Institute of Mental Health (2001), "Major depressive disorder affects approximately 9.9 million American adults, or about 5.0 percent of the U.S. population age 18 and older in a given year. Nearly twice as many women (6.5 percent) as men (3.3 percent) suffer from major depressive disorder each year. These figures translate to 6.7 million women and 3.2 million men."
12. Detailed analysis of employment issues for the HOPE VI sample (see Levy and Kaye 2004) examines issues for adults under 62. The relationship of health limitations and employment is very similar for those under 62 and those under 65, as done in this analysis.

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HOPE VI Program

Created by Congress in 1992, the HOPE VI program was designed to address not only the bricks-and-mortar problems in severely distressed public housing developments, but also the social and economic needs of the residents and the health of surrounding neighborhoods. This extremely ambitious strategy targets developments identified as the worst public housing in the nation, with problems deemed too ingrained to yield to standard housing rehabilitation efforts.

The program's major objectives are

- to improve the living environment for residents of severely distressed public housing by demolishing, rehabilitating, reconfiguring, or replacing obsolete projects in part or whole;
- to revitalize the sites of public housing projects and help improve the surrounding neighborhood;
- to provide housing in ways that avoid or decrease the concentration of very low income families; and
- to build sustainable communities.

Under the \$5 billion HOPE VI program, HUD has awarded 446 HOPE VI grants in 166 cities. To date, 63,100 severely distressed units have been demolished and another 20,300 units are slated for redevelopment. Housing authorities that receive HOPE VI grants must also develop supportive services to help both original and new residents attain self-sufficiency. HOPE VI funds will support the construction of 95,100 replacement units, but just 48,800 will be deeply subsidized public housing units. The rest will receive shallower subsidies or serve market-rate tenants or homebuyers.

HOPE VI Panel Study

The HOPE VI Panel Study tracks the living conditions and well being of residents from five public housing developments where revitalization activities began in mid- to late 2001. At baseline in summer 2001, we conducted close-ended surveys with a sample of 887 heads of households across five sites and conducted in-depth interviews with 39 adult-child dyads. The second wave of surveys was conducted 2003, 24 months after baseline. We conducted follow-up surveys with 736 households and interviews with 29 adults and 27 children. We also interviewed local HOPE VI staff on relocation and redevelopment progress, analyzed administrative data, and identified data on similar populations for comparative purposes.

The panel study sites are Shore Park/Shore Terrace (Atlantic City, New Jersey); Ida B. Wells Homes/Wells Extension/Madden Park Homes (Chicago, Illinois); Few Gardens (Durham, North Carolina); Easter Hill (Richmond, California); and East Capitol Dwellings (Washington, D.C.).

The principal investigator for the HOPE VI Panel Study is Susan J. Popkin, Ph.D., director of the Urban Institute's A Roof Over Their Heads research initiative. Funding for this research is provided by the U.S. Department of Housing and Urban Development, the John D. and Catherine T. MacArthur Foundation, the Annie E. Casey Foundation, the Rockefeller Foundation, the Robert Wood Johnson Foundation, the Fannie Mae Foundation, the Ford Foundation, and the Chicago Community Trust.

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A Roof Over Their Heads: Changes and Challenges for Public Housing Residents

The Urban Institute's "A Roof Over Their Heads: Changes and Challenges for Public Housing Residents" research initiative examines the impact of the radical changes in public housing policy over the past decade. A major focus is how large-scale public housing demolition and revitalization has affected the lives of original residents. A second key area of interest is the impact of neighborhood environments on outcomes for public housing families. A third focus is evaluating strategies for promoting mobility and choice for assisted housing residents.

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