



Brief No. 6, June 2007

**HOPE VI:**  
*Where Do We Go  
from Here?*

## Relocation Is Not Enough

### *Employment Barriers among HOPE VI Families*

Diane K. Levy and Mark Woolley

The HOPE VI program seeks to improve economic self-sufficiency among original residents of severely distressed public housing developments and to improve the developments themselves. The self-sufficiency goal is particularly challenging in light of the extreme poverty, low education levels, and poor health many residents experience. Underlying the goal are hypotheses about how change would take place—that families would realize gains by moving to resource- and job-rich areas, by living among neighbors who could serve as role models and sources of employment information, or by accessing job and education services through the program's community and supportive services, or CSS, component (Cove et al. forthcoming; Popkin et al. 2004).

HOPE VI's CSS, which at many sites offers job training and placement services, is intended to benefit residents directly and to increase families' chances of meeting criteria for living in the new mixed-income developments—an important point in light of employment requirements for tenancy at some redeveloped sites.<sup>1</sup> Employment affects not only a family's self-sufficiency, therefore, but its housing options as well. However, there are no established standards for CSS service packages or implementation practices. To date there is no evidence on the effectiveness of the voluntary CSS services for improving residents' self-sufficiency.

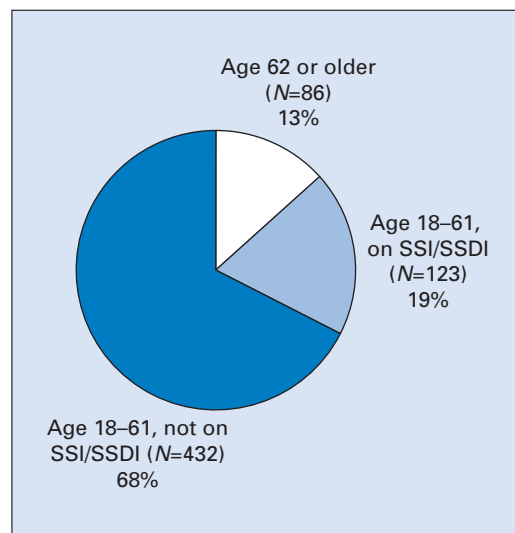
Through the HOPE VI Panel Study, we have tracked residents from five sites where relocation began in 2001 (see text box on page 9). We surveyed residents before relocation in 2001 and again in 2003 and 2005. According to evidence from the study, HOPE VI has led to improved life circumstances for many residents, who report living in better housing located in safer neighborhoods (Buron, Levy, and Gallagher 2007; Popkin and Cove 2007; Comey 2007). But these improvements in living conditions have not affected employment. At baseline, 48 percent of the working-age respondents were not employed—the same share as at the 2003 and 2005 follow-ups. In this brief, we explore why there has been no change. Our findings suggest 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.

### Overview of Sample

To examine factors that affect employment, we focus on the portion of survey respondents that could be expected to be in the labor market—adults between 18 and 61 years old who do not receive Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) (figure 1).<sup>2</sup> We include only respondents who participated in each survey round in order to consider a range of health factors for

*To date, HOPE VI relocation and job-related supportive services have not affected Panel Study participant employment rates.*

FIGURE 1. *Employment Brief Sample*  
Respondents at all 3 waves (N = 641)



Sources: 2001, 2003, and 2005 HOPE VI Panel Studies.

which we added questions at the follow-up in 2003. With these parameters, the sample for this brief includes 432 respondents, which accounts for 49 percent of the baseline sample. Of the 641 respondents who participated in each of the three rounds of surveys (72 percent of the baseline sample), 555 (87 percent) were age 18 to 61 by 2005. Of this working-age group, 123 (22 percent of the 555) received SSI or SSDI.

The vast majority of respondents in this group are female heads of household (93 percent), with an average age of 39. Ninety percent of the respondents are African American, and 10 percent are Hispanic. The majority of households are very poor—even among the employed and even among those whose household income has increased. For instance, 284 households (69 percent) had incomes below the federal poverty level in 2005. Among the employed, this share is 57 percent.<sup>3</sup>

### Nearly Half of Respondents Have Cycled In and Out of Employment

Though aggregate employment levels did not change during the course of the study, many respondents moved into and out of the workforce. As shown in figure 2, just over half the working-age group reported stable employment status from baseline to the second follow-up in 2005, with 24 per-

cent of respondents reporting never being employed at the time of the surveys and 29 percent reporting being employed at baseline and at the 2003 and 2005 follow-ups. Thirty-seven percent experienced one change in employment status during the four years from the baseline to the 2005 follow-up survey: nearly half this group (18 percent) lost their employment and did not regain it during the study period, while the other 19 percent gained employment at the 2003 follow-up and retained it or gained employment at the 2005 follow-up. About 10 percent of respondents experienced a high level of cycling, changing employment status at each of the two follow-up surveys.

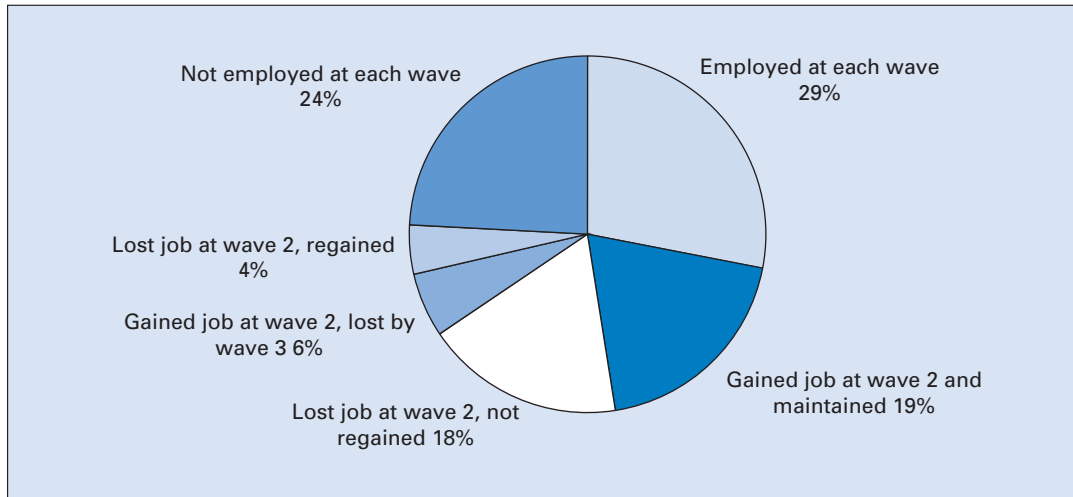
We examined employment cycling to determine whether certain barriers or changes in those barriers were related to gains or losses of employment over time.<sup>4</sup> Based on findings from the 2003 follow-up and other research on employment barriers, we considered a number of factors likely to serve as barriers among working-age respondents: adult and child health status, respondent level of education, presence of children younger than age 6 in the household, access to transportation, and location of jobs. Our multivariate analysis showed that three of these factors strongly predict not being employed in 2005—poor adult health, having less than a high school education, and the presence of young children in the home. These factors affect employment cycling in slightly different ways.<sup>5</sup>

### Poor Health Is the Major Barrier to Employment Gains

In 2005, as in 2003, we found a strong relationship between poor health and not working (Levy and Kaye 2004). When asked to rate their overall health in 2005, nearly one-third of the working-age respondents (32 percent) reported poor health, and most of them (62 percent) were not employed.

Findings from the 2005 follow-up show how strongly HOPE VI Panel Study respondents are debilitated by their ailments: the strongest predictor of not working was having severe challenges with physical mobility. Forty percent of respon-

FIGURE 2. Job Cycling in the Employment Sample



Sources: 2001, 2003, and 2005 HOPE VI Panel Studies.

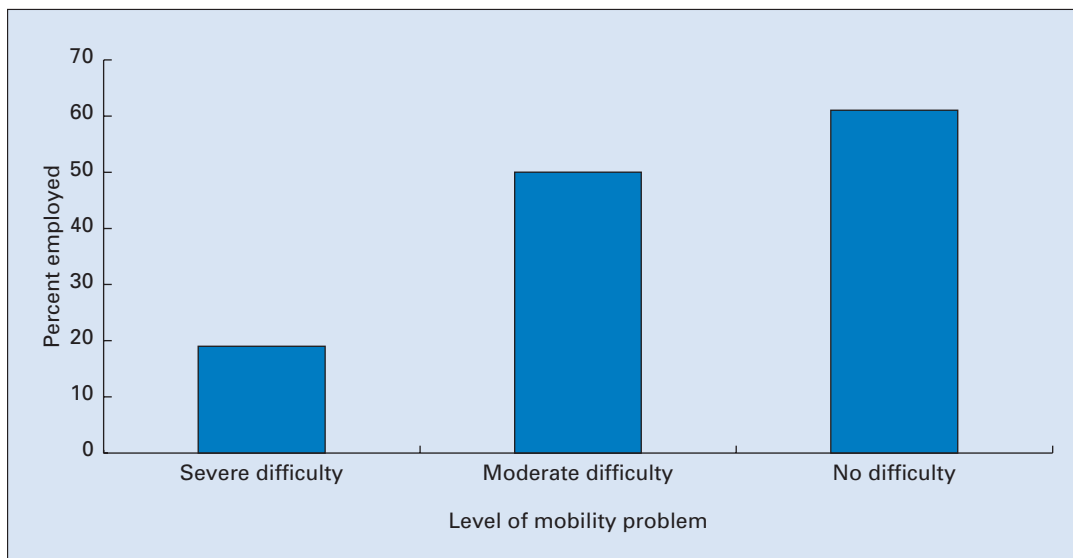
dents reported moderate or severe difficulty with mobility.<sup>6</sup> Only 38 percent of the respondents with mobility problems were employed in 2005. Further, employment clearly decreases as severity increases. As shown in figure 3, of the 60 percent reporting no mobility difficulty, 61 percent were employed; of the 25 percent reporting moderate difficulty, 50 percent were employed; and of the 15 percent reporting severe difficulty, 19 percent were employed. But after controlling for other respondent characteristics, only severe mobility limitations were significantly related to employment status.

In fact, while 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.<sup>7</sup>

The HOPE VI Panel Study shows strikingly high rates of depression, much higher rates than in the general population (Harris and Kaye 2004; Manjarrez, Popkin, and Guernsey forthcoming). Our analyses show that depressed respondents are unlikely to be employed. Among the 12 percent that reported depression, about one-quarter (27 percent) were employed.<sup>8</sup>

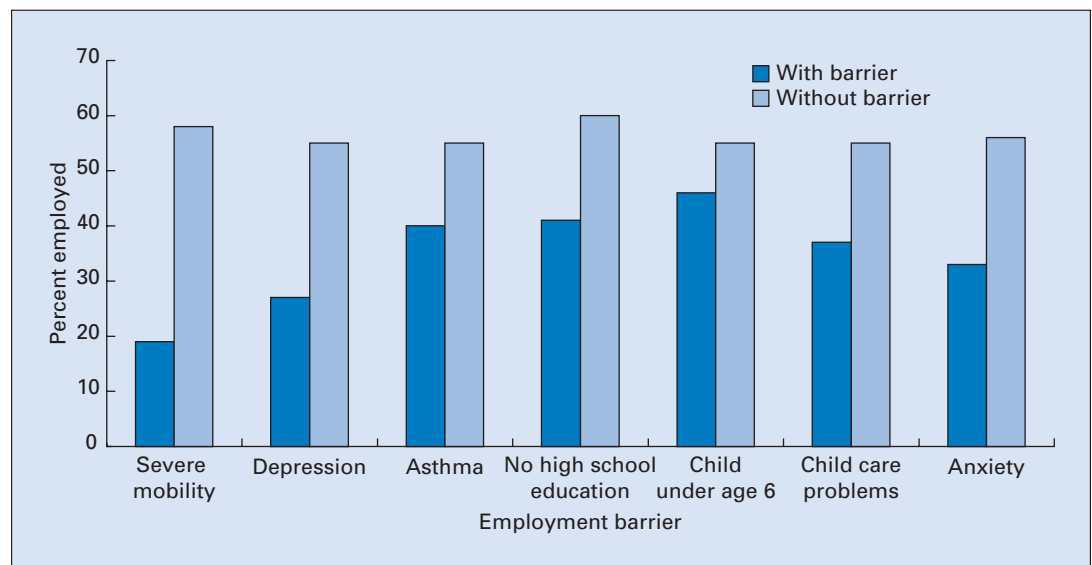
*Severe physical mobility challenges were the strongest predictor of not working.*

FIGURE 3. Mobility Problems and Low Employment



Source: 2005 HOPE VI Panel Study.

FIGURE 4. Barriers and Low Employment



Source: 2005 HOPE VI Panel Study.

After controlling for other factors, depression lowered the chances a respondent was employed by 22 percentage points.<sup>9</sup>

These factors—poor mental health and physical mobility—were the most significant barriers limiting respondents' ability to gain employment over time (see figure 4 for key employment barriers). In fact, while a typical respondent not employed in 2003 but facing no employment barriers had a 20 percent chance of gaining employment by 2005, depression or severe mobility problems greatly reduced the chances of gaining employment, lowering the probability by 18 and 14 percentage points, respectively.<sup>10</sup>

Asthma also serves as an employment barrier, though not as strong a one as the other significant health barriers. Respondents reporting symptoms of asthma were 16 percentage points less likely to be employed than those without asthma. Nearly one-fifth of respondents (19 percent) reported asthma symptoms.

Obesity is a major problem for the HOPE VI Panel Study sample: 49 percent of analysis sample respondents were obese in 2005. However, 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."

It is interesting to note that like employment, the reported rates of the predictive barriers themselves have shown little net change over time. What change there has been tends to be negative. For example, problems with physical mobility held fairly steady at the individual level between the 2003 and 2005 follow-up surveys (we did not ask about physical mobility at baseline). Nearly two-thirds (63 percent) of respondents reported no change in mobility, 17 percent reported an improvement, and 20 percent reported a decline. Similarly, 5 percent of respondents suffered from depression at baseline but did not report depression at the 2005 follow-up, whereas almost 8 percent of respondents developed depressive symptoms by the 2005 follow-up after having reported none at baseline. Likewise, there was some change on an individual level in the share of respondents reporting asthma, though the percentage remained stable in the aggregate—4 percent of the sample improved by the 2005 follow-up while 4 percent became asthmatic.

We had anticipated that young children growing older would lead to gains in employment as children become old enough to enroll in school. Among respondents with a child younger than 6 years old and who were not employed at the 2003 follow-up, over a quarter (28.2 percent) had the young child age out of this age category by the 2005 follow-up. However, we

found no statistically significant relationship between the aging of young children above age 6 and gains in employment between the two follow-up surveys.

Though the data do not show a relationship between age of children and employment gains, we do see strong evidence that respondents with children younger than age 6 and those who reported problems with child care were less likely to be employed. Slightly more than one-third of respondents had children younger than age 6 in the home (35 percent). Of these respondents, fewer than half (46 percent) were employed in 2005. Among the 17 percent of the working-age group who reported a lack of child care as an employment problem, 37 percent were employed. Respondents with children younger than age 6 and those who reported problems with child care were 14 and 15 percentage points less likely to be employed, respectively, than other respondents with older children or those who did not report trouble with child care.

### Education, Health, and Young Children at Home Affect Employment Retention

Retaining employment is equally as important as gaining it, yet certain factors make job retention a challenge. Even if an adult with a barrier gains employment, data suggest that the barrier can negatively affect job tenure. A typical respondent who was employed at the 2003 follow-up and faced no employment barriers had an 89 percent chance of retaining employment. However, suffering from depression or asthma, lacking a high school education, or having young children in the home in 2003 independently decreased the chances of working at the 2005 follow-up by 40, 14, 12, and 12 percentage points, respectively.<sup>11</sup>

In addition, respondents who developed a mobility problem or added a young child to their household between the two follow-up surveys were less likely to be working at the 2005 follow-up.<sup>12</sup> About 21 percent of respondents employed at the 2003 follow-up experienced new mobility difficulty by the 2005 follow-up. Among these respondents, 43 percent were no longer employed at the 2005 follow-up, while among those whose mobility status stayed the same or improved, just 21 percent were not employed at 2005. Among

respondents employed at the 2003 follow-up who gained a young child between the follow-up surveys, 37 percent were not employed in 2005—significantly higher than the 26 percent rate of leaving employment among respondents with no change in the presence of a young child in the home.

### Education Can Reduce the Negative Impact of Certain Barriers

Education continues to be a strong predictor of employment at the 2005 follow-up.<sup>13</sup> Among the 58 percent of respondents that completed a high school education, a clear majority, 60 percent, were employed. Even after controlling for other factors, respondents without high school degrees or the equivalent were 16 percentage points less likely to be employed than those with high school educations.

Education appears to mitigate other employment barriers. Specifically, among residents who reported asthma or had a child younger than age 6 in the household and yet were employed at the 2005 follow-up, a clear majority held a high school degree or its equivalent. For instance, among respondents with young children in the household at the 2005 follow-up, 58 percent of those with high school educations were employed, compared with just 32 percent of those without high school educations. Similarly, among respondents with asthma at the 2005 follow-up, 46 percent of those with high school educations were employed, while just 28 percent of those without high school educations were employed.<sup>14</sup>

Poor mental health, however, can undermine the positive impact of education. Among respondents with high school educations, a lack of employment is related to depression. Specifically, among high-school-educated respondents, 77 percent of those who were depressed were not employed, while just 34 percent of those not depressed were also not employed.<sup>15</sup> The interaction between depression, education, and employment may imply that mental health problems overwhelm the positive effects of a high school education. Another explanation might be that those with a high school education and unable to obtain employment are more likely to become depressed.

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*Education appears to mitigate employment barriers of asthma and young children in the household, but poor mental health can undermine education's positive impact.*

## Conclusion

Promoting self-sufficiency is an important goal of the HOPE VI program. However, findings from our HOPE VI Panel Study illustrate the limitations of a relocation and voluntary supportive services strategy for addressing the challenges disadvantaged residents face. HOPE VI, through relocation and job-related supportive services, has not affected employment rates among participants in the Panel Study to date. As we stated at the outset, the overall rate of employment has not changed since baseline, even though individuals have moved into and out of jobs. Rates of problems that act as employment barriers have not changed much either, and the small net changes that have occurred have been for the worse. If residents of distressed public housing are to improve their life chances, policymakers need to couple relocation with a focus on the barriers that are keeping residents out of or shortening their time in the workforce.

### **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. In this light, efforts to improve the physical mobility of adults and help people manage their asthma more effectively could be considered employment-related initiatives. Assessing mental health and encouraging treatment could be viewed similarly, as could helping people access safe and affordable child care for both preschool-age and school-age children. In short, working with people where they live to address challenges they face in a number of areas could prove effective in increasing employment over time.

Project Match, a program started in Chicago in 1985, is an example of a more holistic approach to working with public housing residents. Though it does not focus on employment barriers per se, the program works with disadvantaged residents to set incremental goals that over time can lead toward employment by increasing skills, confidence, and identities as workers (Herr and Wagner forthcoming).

**Encourage adults without high school educations to earn GEDs.** Education can mitigate some barriers, while the lack of

education serves as a barrier in its own right. A high school-level education affects the likelihood that people are employed and that they move into employment if previously not employed. It can also reduce the negative impact that asthma and the presence of young children in the home can have on employment. Providing incentives for people who do not have high school educations to earn GEDs might very well lead to improvements in employment rates over time.

Research supports this suggestion. Though MDRC's Welfare-to-Work experimental research found that employment-focused programs have greater impact on job take-up than education-focused programs, the most effective program of the 11 sites studied included both strategies. MDRC also cautions against extending the results from their study of a particular welfare program to all programs working to move people into employment, writing that their findings could be affected by the fact that some participants left welfare and, therefore, the welfare-to-work program, before completing GEDs. The suggestion is that programs with a GED component need to encourage program completion in order for benefits to accrue (Hamilton et al. 2001). An extensive review of research examining the economic benefits of a GED reached conclusions of interest for our public housing population (Tyler 2002). Research that accounted for selectivity bias in GED programs found that low-skilled men and women who earn GEDs realize greater economic benefits than do those who start out with higher skills. Though Tyler's paper focuses on the impact of a GED on earnings, it also addresses the mechanisms by which outcomes might occur. One hypothesis is that having a GED offers an advantage to job applicants by serving as a signal to potential employers that an applicant with a GED is a stronger job candidate than a similar applicant without a high school diploma or GED.

**Acknowledge that some portion of working-age adults likely will be unable to gain employment or will lose current employment, especially due to decreasing physical mobility or depression.** Over one-fifth (22 percent) of the working-age adults in the Panel Study receive SSI or SSDI. To the people who have met criteria to receive disability-related financial assistance we can add the adults who, though not formally

recognized as disabled, reported severe physical mobility limitations or depression, the majority of whom are not employed. Though our analysis indicates that some people with moderate limitations realized improvements in mobility, those with severe limitations were less likely to do so. 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. Depressed adults likewise showed little improvement in mental health; accessing quality mental health services could begin to treat their needs now, which might lead to increased employment over time.

**Structure flexibility into screening criteria.** Families interested in returning to newly built HOPE VI developments face a number of screening criteria, one of which may be employment. The employment criteria likely will eliminate the HOPE VI housing option for some families because of physical mobility limitations that might not qualify as disabilities by federal guidelines, or because of depression, a lack of a high school education, asthma, or young children in the home or the lack of access to decent child care. Even households that meet employment criteria might face housing stability concerns in the future if the adults in the home lose their jobs, which our analysis of employment cycling suggests is likely for many people. The factors that affect people's ability to get jobs also affect their ability to retain jobs over time. Allowing a degree of flexibility in screening requirements for people who have one or more serious employment barriers could expand the housing options for a portion of original residents who could be good tenants, even if they have difficulty gaining or keeping jobs.

**Incorporate a work-related initiative into public housing developments.** Whether a Project Match holistic approach is favored or the place-based approach of Jobs-Plus, including a program in all public housing developments likely would increase employment over the long run. Especially as some of the most disadvantaged residents relocate from HOPE VI sites to other public housing developments, the need to provide supports and incentives for employment will become greater, as people with even fewer resources are concentrated

in the remaining public housing stock. The Jobs-Plus evaluation found that significant increases in employment and earnings are possible with a place-based approach (Bloom, Riccio, and Verma 2005). The programs must receive housing authority support and be implemented effectively for positive benefits to accrue, but if done so, the developments that remain stand a better chance of increasing the economic diversity and employment rate among even severely disadvantaged residents.

## Notes

1. Employed applicants to the HOPE VI housing in Atlantic City, New Jersey, and Durham, North Carolina, receive preference on the waiting list. In the Chicago site, prospective tenants need to work a minimum of 30 hours a week and prove continuous employment for at least two years.
2. No data on SSI or SSDI receipt were available at the 2005 follow-up. Research shows, however, that once individuals begin to receive SSI or SSDI, they tend to receive benefits for several years (Rupp and Scott 1995). For this reason, respondents were excluded from the analysis sample if they received SSI or SSDI at baseline or at the first follow-up in 2003. As a result, the working-age group of respondents might include some heads of household that began receiving SSI or SSDI between 2003 and 2005, and who we would therefore not expect to be in the labor force.
3. Precise data on household income level were not available. We estimated household poverty status using the household size, the federal poverty guidelines for 2005, and a survey question in which respondents identified household income in one of seven income categories (<http://aspe.hhs.gov/poverty/01poverty.htm>).
4. We examined employment cycling through responses to the survey question "Do you currently work for pay?" Data are limited to the time of the surveys, thereby missing any moves into and out of employment that might have occurred between surveys.
5. We controlled for respondent age, race, sex, marriage status, housing assistance, and public housing tenure.
6. Mobility was assessed using questions from the Activity of Daily Living series. Responses of "a little difficult" or "somewhat difficult" were grouped as moderate difficulty with mobility; responses of "very difficult" and "can't do at all" were grouped as severe difficulty.
7. 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.
8. Depression was assessed using questions and a method from the Composite International Diagnostic Interview (CIDI).

9. Reports of feeling worried, tense, or anxious for most of one month of the preceding year also significantly correlated with employment status. Because this measure of anxiety and the measure of depression were strongly correlated, we did not analyze them together.
10. The correlation of a severe mobility status was significant at the 10 percent level.
11. Asthma and the presence of a young child in the household were each significant at the 10 percent level.
12. Changes in mobility and in the presence of a young child were each significant at the 10 percent level.
13. The survey did not assess education level in the follow-up surveys, limiting our ability to assess the impact of changes in education on employment status.
14. The bivariate associations were statistically significant for a child under age 6 (at the 1 percent level) and asthma (at the 10 percent level). While the signs for terms testing the significance of interactions between high school education and employment barriers in multivariate models indicated a positive impact of a high school education, the terms were not statistically significant.
15. The interaction between depression and high school education was significant in the multivariate models as well as bivariate associations (at the 5 percent level).

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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 HOPE VI program is now up for reauthorization; if reauthorized, it will run for another 10 years.

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 \$6.3 billion HOPE VI program, HUD has awarded 609 grants in 193 cities. As of June 2006, HOPE VI revitalization grants have supported the demolition of 78,100 severely distressed units, with another 10,400 units 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 103,600 replacement units, but just 57,100 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 surveyed a sample of 887 heads of households and conducted in-depth, qualitative interviews with 39 adult-child dyads. We conducted the second wave of surveys in 2003 (24 months after baseline) and the third and final wave in 2005 (48 months after baseline). In 2003, we surveyed 736 heads of household and interviewed 29 adults and 27 children; in 2005, we surveyed 715 heads of households and administered 69 interviews. 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 response rate for each round of surveys was 85 percent. We were able to locate, if not interview, nearly all sample members; the largest source of attrition was mortality.

The Panel Study sites are Shore Park/Shore Terrace (Atlantic City, NJ); Ida B. Wells Homes/Wells Extension/Madden Park Homes (Chicago, IL); Few Gardens (Durham, NC); Easter Hill (Richmond, CA); and East Capitol Dwellings (Washington, DC). These sites were selected as typical of those that had received HOPE VI grants in 1999 and 2000 but that had not yet begun revitalization activities.

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 was 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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