

Program Evaluation

Clarksdale HOPE VI

Community Supportive Services



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Community Supportive Services
Program Evaluation

Final Report on:
How Do Former Clarksdale Residents Fare After Relocation?

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Revised

September 2011

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Dr. Stone is the primary contact for this survey study. She was recruited as a Co-PI at baseline (2005- June 2008) to oversee the survey data collection. She developed the protocol for the survey research study and secured the Institutional Review Board of the Human Subjects Committee at the University of Louisville. In her role as a PI (2008-2010) she developed the follow-up proposal as a continuation of the quantitative study conducted at baseline augmented with a small number of in-depth interviews and a focus group with the case managers. She extracted the stratified random sample from the sampling frame provided by the PI and LMHA, oversaw the survey data collection at both points in time, conducted the data management and the quantitative analyses, and was the main writer of the reports.

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Ms. Daily was instrumental in revising the follow-up instrument and ensuring the cultural appropriateness of the language and of the questions. Furthermore, she was a tremendous force during the data collection; thanks to her dedication and determination we were able to reach a high response rate at follow-up.

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Ms. Patrick was student in the Advanced Research Practice course taught by Dr. Stone at Kent/UofL. She was recruited to assist with the literature review and the program description for the baseline report, sections that were carried over into the follow-up report.

ACKNOWLEDGEMENTS

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Data has been entered by two students, Tatiana Skorka at baseline and Le Kiesha Davis at follow-up. Dr. Stone also entered the data for control, at both points in time.

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EXECUTIVE SUMMARY

HOPE VI was designed to revitalize the nation's most severely distressed public housing by demolishing current developments, developing mixed income communities, de-concentrating poverty, helping increase family self sufficiency and resident management of properties (Abt Associates, Inc., 1999). The HOPE VI Initiative aims to reshape neighborhood in terms of resident characteristics, business activity and levels of community collaboration.

Through the federal HOPE VI program, Louisville Metro Housing Authority (LMHA) is replacing the distressed housing of Clarksdale area, located in downtown Louisville, Kentucky, by creating a mixed-income neighborhood on its existing footprint and by developing public housing units scattered throughout the city.

Study Purpose

This research evaluation study aims to determine if the social welfare of the residents improved during the period between the time of relocation and follow-up; to measure residents' level of satisfaction with the process of relocation and its impact on the former residents of Clarksdale; and, to assess the utility of the supportive services on family self-sufficiency and of their correlates.

The main goal of the Clarksdale HOPE VI panel study is to identify the changes that occurred in the residents' social and economic characteristics after the urban revitalization program and as a result of their utilization of community support and family self-sufficiency services, made available through this program. The focus is on the indicators of self-sufficiency and wellbeing, such as residents' socioeconomic characteristics, satisfaction with the relocation process and the relocation

outcomes, perception of safety in the new neighborhoods, and perception of the helpfulness of the services provided to the families.

Quality of Life in Clarksdale

Until 2005, Louisville's residents knew the Clarksdale area as a public housing project with high poverty, where drug dealing, prostitution, and other criminal behavior were a harsh reality. The urban area where these apartments were located was the least likely to attract commercial and real estate investments and thus to generate jobs, inevitably becoming an economic burden for the community. Thus, the purpose of the Housing Opportunities for People Everywhere (HOPE) VI federal program is to assist the local government to redevelop areas- such as Clarksdale - to reduce the poverty rates and improve the quality of life for the local community.

Neighborhood Characteristics

Clarksdale area, now known as Liberty Green, is located in downtown Louisville, Kentucky, within US Census Tract 59 (CT59). The Clarksdale community was an enclave within CT59, where 695 families, with more than 50% of their family members being children, were living in poverty, being exposed to habitual crime, while only a few miles away other Louisville families enjoyed much better quality of life.

Population Profile

Clarksdale households included 1,767 individual residents, of which 874 were adults and 893 were children below age 18. There were 1,157 females (65.5%) and 610 males (34.5%). Of the 1,767 residents, 276 (15.6%) were 5-year olds or younger children, 617 (34.9%) were 6-year and 18-

year olds; 806 (45.6%) were adults ages 19 to 64, and 68 (3.8%) were ages 65 or older.

Majority of residents were African-American (1,716 or 97.1%); 41 were

Caucasian (2.3%) and 10 were of other race (0.6%).



Source: www.brokensidewalk.com

Community and Supportive Services

As part of the redevelopment efforts, former Clarksdale residents have the opportunity to participate in the Community and Supportive Services (CSS) case management program. Through the CSS residents are offered a comprehensive array of educational and job training services, and are referred for a variety of other services, including health and dental care, across the community.

The CSS services, and the referrals for additional services, are intended to prepare individuals for success in the workplace and move them along an incremental path to economic self-sufficiency, but also to help them integrate in the community. Case managers play a critical role in linking the former Clarksdale residents to a vast array of existing community services, and in assisting with input in the re/design of programs/services to ensure that they meet the needs of the clients. Client needs are identified and addressed through an

intensive, individually focused case management system.

Case management is available to any and all residents who express interest. A case manager serves approximately 40 families with direct services including goal setting, planning, motivation, job retention and advocacy, while referring them for other various services –depending on the client needs and wants - available through the CSS network.

The available CSS activities reflect the needs and goals of residents as expressed in the resident surveys, resident meetings, and focus groups conducted before the project began:

- Tutoring/mentoring
- Youth programming
- GED training
- Computer classes
- Vocational training
- Home-ownership counseling
- Career/financial counseling
- Obtaining medical jobs
- Obtaining construction jobs.

DATA AND METHODS

This study was thought up as a panel study with a quasi-experimental research design. However, so far we collected data only at two points in time, so for the time being it is a simple pre-post survey design. We used both quantitative and qualitative data collection methods.

The evaluation questions refer to the change in the following areas: housing, education, employment, income, health, neighborhood safety, satisfaction with the services received and perceived benefits of those services. These questions address the main purpose of the evaluation, but it also allows us to conduct additional research, such as for instance to attempt to tease out the impact of the neighborhood contextual effect on a set of individual outcomes, including health.

Survey data was collected from the main adult in the family using face-to-face interviews during the academic year of 2005-2006 (baseline) and during 2008-2009 academic years (follow-up).

Respondents were randomly selected at baseline using a stratified random technique with the family structure as a stratifying criterion; they were invited to participate in the baseline and in the follow-up surveys.

At follow-up, the survey instrument included most of the questions that were asked baseline and had some additional items, such as residents' satisfaction with the support services.

We attempted to augment our survey data with administrative data downloaded from the tracking system, and with in-depth interviews. We interviewed eight former Clarksdale residents using an interview guide/unstructured questionnaire; the eight participants resided across the county and were relocated with different options. The in-depth interviews did not bring significantly more information as compared

to the surveys, and thus we stopped interviewing at the time no new information was identified. Finally, we conducted one focus group with the case managers.

RESULTS

Demographic Characteristics

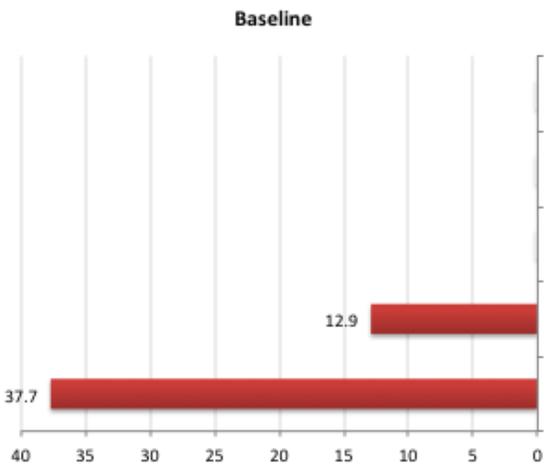
In the overall population majority (97%) were African American, 87% were female heads-of-household, and 2.1% were married.

All respondents in the survey sample were African-American, majority of respondents were women (89.5%), and very few of them were married (3.8%). The demographic figures at baseline and at follow-up are fairly similar. As compared to the population, the baseline and the follow-up samples had a slightly higher proportion of female respondents, but the difference was not significant.

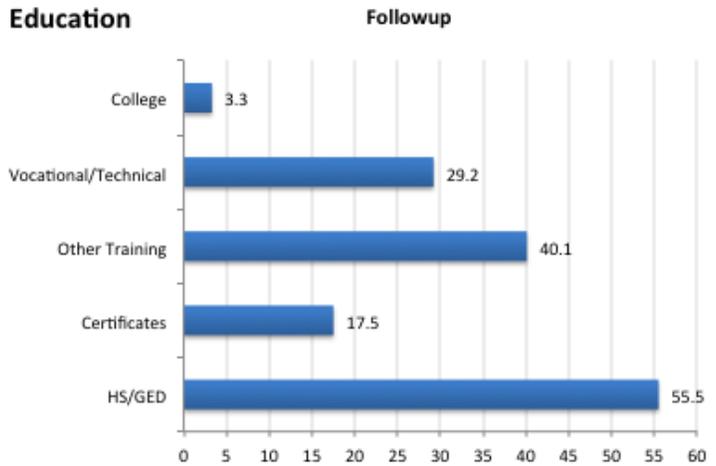
The 342 households included in the baseline sample consisted of 848 people, of which 451 (53.2%) were children and 397 (46.8%) were adults; there were 557 (65.7%) females and 291 (34.3%) males. These proportions were about the same at follow-up, although the sample size dropped to 274 households. The average age of the survey participants was 41 years (SD = 16) in 2005-2006 and 44.7 (15.7) in 2008-2009.

Education

At baseline, 37.7% of the survey respondents were high school graduates or had a GED high school equivalency. At follow-up, 55.5% completed high school and/or GED was recorded, which is a significant increase. The participation rate in training, vocational and technical programs increased too. In addition, there were nine individuals who graduated with a college degree, and one of these nine was a doctoral student at the time of the follow-up survey.



Education



Employment and Income

At baseline, majority of respondents were unemployed (72.5%), and had no earned income (60.8%); 302 out of 342 or 88.3%, were below the federal poverty level, while the rest were at or only slightly above the poverty level.

Of the 302 surveyed households with income below federal poverty levels, 180 were households with children: 421 or 93.3% of the total number of 451 children in our sample were living in poverty.

At follow-up, the proportion of households below poverty was significantly smaller: 210 of the 274 surveyed households or 76.6% were below poverty. The proportion of residents with lower incomes decreased while the proportion of respondents with higher incomes increased.

Barriers to Employment

At baseline, the main barriers encountered during the job search were the lack of transportation (27.4%), of childcare (23.8%), presence of disability (22.6%), lack of jobs (17.7%) and lack of work experience (16.1%). At follow-up, the main barrier to finding or holding a job was not the lack of transportation or childcare, as we would have expected, but rather, it was the perceived poor health and low education of respondent or of a family member.

There was a significant decrease in the proportion that lacked transportation (13.4%), childcare (13.4%), work experience (9.4%); 6%

said there is a lack of jobs, and 4.5% reported physical or mental disability.

The proportion of individuals with two or more barriers to employment has significantly increased from 24.3% at baseline to 53.1% at follow-up. This shows that although there were significant improvements in the training and education of the former Clarksdale residents, they are still under prepared to compete for the jobs available on the market as compared to the rest of the unemployed labor force. At the time of the follow-up data collection the economic recession was at its worse levels; many highly skilled workers were laid off in 2008 and after.

Social and In-Kind Supports

While majority of former Clarksdale residents were eligible for in-kind supports, the administrative and the survey data showed that at baseline only 14.3% were taking advantage of cash assistance.

At follow-up a smaller proportion of residents were receiving cash assistance (5.1%), most likely due to either reaching the time limit or the number is simply under-reported. The proportion of people receiving food stamps or other type of in-kind supports increased from 67.8% at baseline to 73% at follow-up.

There was a slight increase in the proportion of social security income recipients, and a slight increase in the proportion of residents with supplemental security income for adults and children.

Housing

Overall, of the 274 residents surveyed at follow-up 233 or 85% continue to have some type of subsidy: 80.3% had government or charity housing subsidy, and 4.7% had some other type of subsidy. Among those with housing subsidy, 220 of the 233 or 94.4% received government or charity subsidy, and 13 of the 233 (5.6%) received other type of subsidy. Most common subsidy types were either in the form of public housing (66.5%) low rents or as Section 8 (29.2%) payments.

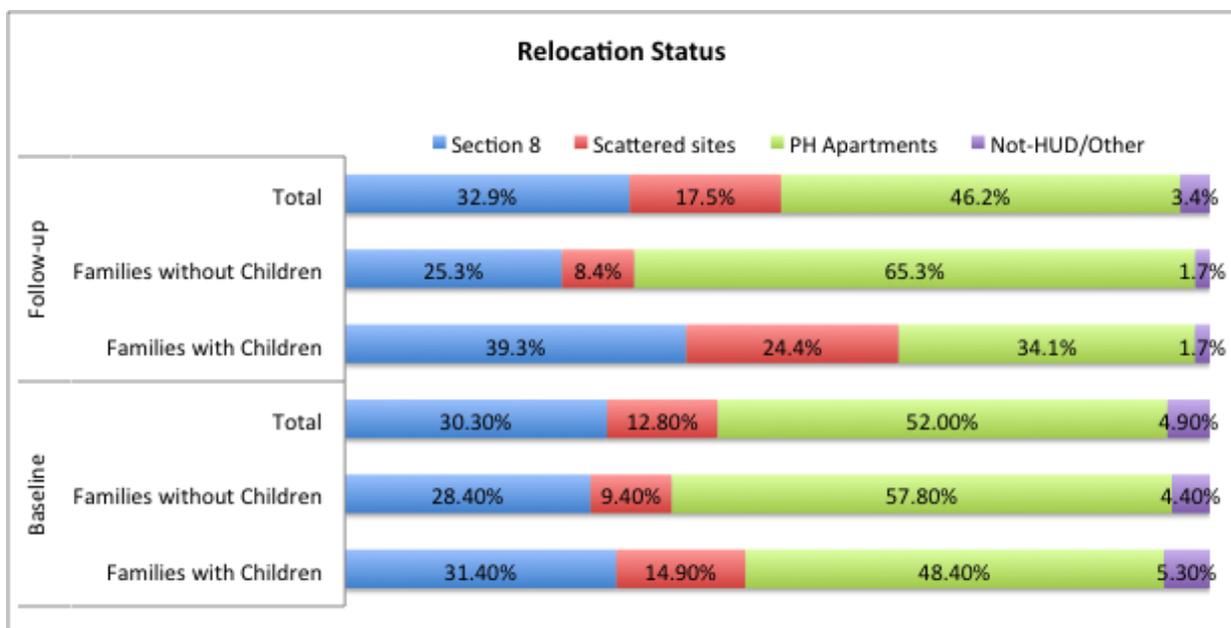
As of December 2010, there were 43 former Clarksdale families who moved back into redeveloped area; an additional 71 families from other public housing developments in Louisville have moved in the Liberty Green development.

At follow-up majority (76.5%) of the residents were satisfied with their current home;

64.6% received their first housing preference, 15% received their second preference; 63.2% resided at follow-up at the same address where they were originally relocated.

About 40% were happy they moved out of Clarksdale, 18% did not feel happy or unhappy about it, while 42.3% were unhappy about the move. Further, 44.2% said that they have better housing conditions than they had in Clarksdale, another 26.6% stated that their current housing was as good as the one in Clarksdale was, and 26.3% said that their housing was worse than their housing in Clarksdale was.

As we show later in this report, majority (75.9%) of the survey respondents were satisfied or very satisfied with the relocation services; and, majority (76.7%) said that their case manager was very helpful or helpful.



Health

At follow-up there was a significant decrease in the proportion of respondents who used emergency rooms for regular care (5% as compared to 10.8% at baseline); a greater proportion of respondents were using a doctor's office (27.7% as compared to 20.8% at baseline) and fewer went to a clinic (31% vs. 57% at baseline).

There was an increase in the proportion of residents who postponed medical and dental care

within the past 12 months. When comparing the proportion of respondents who postponed health care or filing prescriptions due to lack of health insurance and the proportion of respondents who did not seeking dental care due to lack of dental insurance, we noted that dental care was more likely to be neglected.

Overall, at follow-up, the proportion of respondents who perceived their overall physical health as good, very good or excellent was

58.8%, 31% said their health is fair, and 9.9% said that they are in poor overall physical health.

- Respondents with ages 62 or older (66.7%) were more likely to be in fair or poor health than the younger (35.2%) respondents.

72.9% of respondents perceived their mental health as good, very good, or excellent, and another 23% rated it as fair; only about 3% said they were in poor emotional health. There were no differences by age in the perceived emotional health.

Children

Health: For both points in time, over 90% of children were in good/very good/excellent health; over 72% had the same health status as they did during the prior year, and about 24% were in somewhat better or much better health; for 4% of the children parents' perceived their health to be worse off than it was during the previous 12 months.

Education: At baseline a large proportion of parents stated that their children were unable to concentrate (62.6%¹), to sleep (17%), and that children felt unhappy (34.4%) or tense (20.7%). Further, many said that their children felt inferior (8.8%) to their peers, did *not* get along with their classmates (57.5%), tried to cope by lying or cheating (49%), and did poor school work (25.5%).

At follow-up children had more stability, felt more accepted in their schools and got along better with their peers (58%), feeling happier (68%), and less tense (81%). The most significant change was recorded in the proportion of children who did not get along with peers, which decreased from 57.5% to 42.2%.

Extracurricular Activities	%Baseline	%Follow-up
Sports	21.0	31.4
Lessons	13.3	23.3
After School	24.9	34.4
Organized activities	18.1	32.6

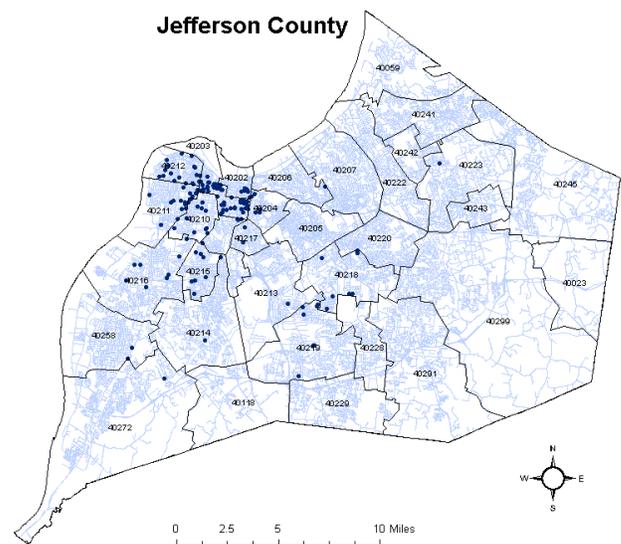
¹ These percentages refer to the proportion of children with a specific characteristic, and are based on parents' responses to these questions.

A significant increase was noted in the proportion of children engaging in extracurricular activities.

Relocation

Many Clarksdale residents were reluctant to relocate when they first learned about the HOPE VI redevelopment, especially if they were long-term residents and Clarksdale was the only home they knew. The main reasons for not wanting to relocate were losing physical proximity to other family members, need for children to change schools, being farther away from the work place and the potential lack of access to public transportation.

The most interested in relocating were the families with children. Among the top reasons favoring relocation were to move into a larger and better home, have access to better schools, get away from gangs and drugs, and live in better neighborhoods.



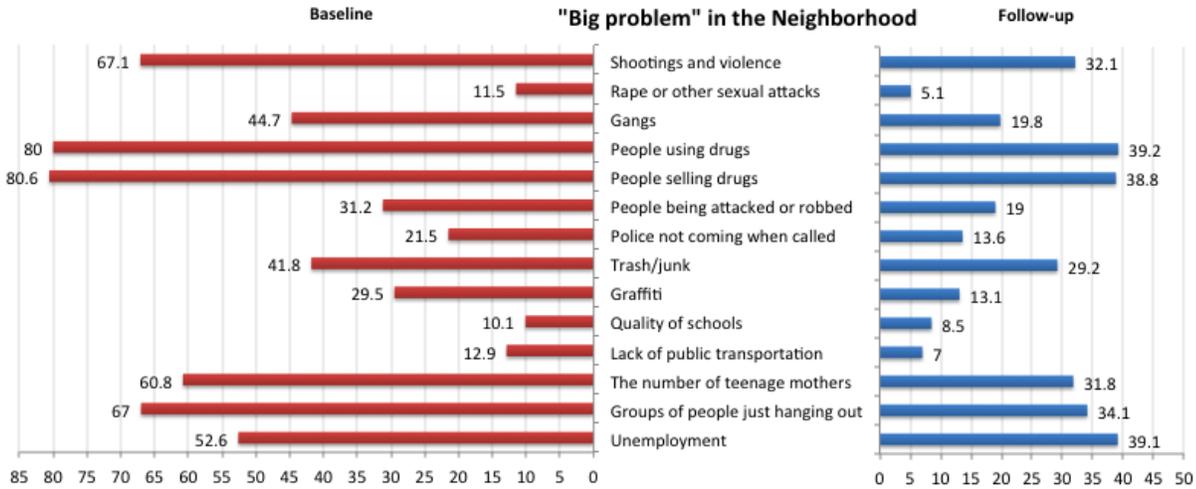
Neighborhood Context

The least problematic issues in the Clarksdale area included availability of transportation, the access to good schools, and police responsiveness. The biggest problems in Clarksdale (baseline) were related to the neighborhood safety, such as drug selling, drug using, shooting and violence, people just hanging out.

The new neighborhoods are better off on the indicators that were the “big problem” in Clarksdale. The largest gain was in the indicators

that measure quality of the social environment, the neighborhood safety. The proportion of residents who found social issues such as drug using and selling, shooting and violence, presence of gangs, teenage mothers, graffiti, and

trash/junk, a big problem in their (new) neighborhoods decreased significantly as shown in the figure below.



CONCLUSION

The CSS/FSS network developed by the Louisville Metro Housing Authority is an excellent example of a functional and productive community partnership that works toward advancing the quality of life and wellbeing of our most vulnerable citizens, children, elderly and their families. They have been successful in increasing the number of people with high

school degree or higher, of those trained in different professions, and of those with work experience, in a very short period of time. We recommend maintaining a high level of activity in the network of community partners, to continue to engage the former residents of Clarksdale in this network, and to develop an outlet to air the success of this program.

I. INTRODUCTION

HOPE VI was designed to revitalize the nation's most severely distressed public housing by demolishing current developments, developing mixed income communities, de-concentrating poverty, helping increase family self sufficiency and resident management of properties [1].

The HOPE VI initiative aims to reshape highly impoverished neighborhoods in terms of their resident characteristics, business activity and levels of community collaboration. Through the federal HOPE VI program, Louisville Metro Housing Authority (LMHA) is replacing the distressed housing of the Clarksdale area, located in downtown Louisville, Kentucky, by creating a mixed-income neighborhood on its existing footprint and by developing public housing units scattered throughout the city. As part of the redevelopment efforts, former Clarksdale residents have the opportunity to participate in the Community and Supportive Services (CSS) case management program.

This research evaluation study aims to determine if the social welfare of the residents improved during the period between the time of relocation and follow-up; to measure residents' level of satisfaction with the process of relocation and its impact on the former residents of Clarksdale; and, to assess the utility of the supportive services on family self-sufficiency and of their correlates.

The main goal of the Clarksdale HOPE VI panel study is to identify the changes that occurred in the residents' social and economic characteristics after the urban revitalization program and as a result of their utilization of community support and family self-sufficiency services, made

available through this program. The focus is on the indicators of self-sufficiency and wellbeing, such as residents' socioeconomic characteristics, satisfaction with the relocation process and the relocation outcomes, perception of safety in the new neighborhoods, and perception of the helpfulness of the services provided to the families. Thus, the evaluation of the Clarksdale HOPE VI program is focused on indicators such as: residents' characteristics, satisfaction of the residents with the process and outcomes, indicators of social welfare of the residents, and residents' perception with regards to the helpfulness of the services provided to the families.

The HOPE VI CSS program evaluation includes a baseline and a follow-up survey of the former residents of Clarksdale. The focus of this study is to contrast and compare the baseline and the follow-up socioeconomic profile of the former Clarksdale residents, and their perceived quality-of-life before and after relocation.

Data utilized for this study are: Clarksdale baseline survey data (N=343 households), Clarksdale follow-up survey data (N=274 households), LMHA administrative data from the tracking system, and the 2000 US Census (2010 US Census data was not available at the time this report was originally submitted, January 2011).

The administrative tracking data includes CSS participation information for all original Clarksdale residents. This system was not developed for research purposes, but rather for the type of reporting required by the Housing Urban Development; it includes the most recent tracking data on each case. Once cases reach the goals in their case plan, the case is subtracted and is not tracked any longer. Thus, tracking data at a specific point in time speaks solely of

the caseload size and characteristics at that time; it does not yield trend information.

Census data (at block group level) is used to compare the neighborhoods in which the residents were relocated with their former Clarksdale neighborhood. The data available from Census includes socio-demographic and economic data.

We report on the information we collected from a random sample of former Clarksdale residents regarding their: perceived health and wellbeing, current employment and education attainment, perception of crime and safety, perception of the built environment, sense of community, and interpersonal support, perception of relocation.

It is noteworthy that we are currently working on an analysis of the relationship between individual and neighborhood level indicators and health outcomes.

QUALITY OF LIFE IN CLARKSDALE BEFORE HOPE VI

While this material was presented in the baseline report, we include it here for the purpose to inform the reader - or remind, as may be the case- what the social and economic situation was in Clarksdale before the HOPE VI redevelopment.

Until 2005, Louisville's residents knew the Clarksdale area as a public housing project with high poverty, where drug dealing, prostitution, and other criminal behavior were a harsh reality. The urban area where these apartments were located were the least likely to attract commercial and real estate investments and thus to generate jobs, inevitably becoming an economic burden for the community [8-11]. The purpose of the Housing Opportunities for People

Everywhere (HOPE) VI federal program [1, 14] is to assist the local government to redevelop Clarksdale, to generate and stimulate economic growth, and to reduce the poverty rate.

As with other public housing sites [1, 2] across the United States, Clarksdale housing was developed for the low-income working families, but over the years the population profile changed significantly. With the increase in supply of affordable homes in the suburbs, middle class working families moved out of public housing, while the very low-income ones remained there or moved in [15]. Low incomes yielded minimal revenue and thus minimal investments in the management of public housing, leading to substandard housing that is very expensive to maintain. Further, unkempt housing had a negative impact on the revenue of local businesses; over the years the majority of them moved to neighborhoods with higher economic status. With the businesses leaving the area, there were lost employment opportunities, driving this area into an even deeper poverty.

Along with the economic and social issues, such as poverty, unemployment, and high crime, the buildings in the HOPE VI areas are demolished due to health hazards that could not have been eradicated otherwise. Examples of hazards identified in the literature are mold, lead and asbestos, and rats and cockroach infestation. Not only that it was less costly to demolish and rebuild energy efficient units than renovate the existing ones, but the area was also known for decades for its high crime and poverty rates and became an undesirable place to live carrying a stigma that time was transferred to the individuals residing there. It would have been very difficult to attract higher income groups or businesses in this area, and without them would have been

very hard if not impossible to restore and rebuild the social and economic environment.

To conclude, the Clarksdale neighborhood carried a social stigma that could only be removed by tearing down the old neighborhood and rebuilding it under a different name. The dire physical, social and economic state of the neighborhood had to be addressed with a wrap around approach that included physical, economic, and social rehabilitation of the area and most importantly of the lives of people in this community.

CLARKSDALE HOPE VI

Louisville Metro Housing Authority (LMHA) received a HOPE VI grant from the Housing Urban Development (HUD) agency in Washington, DC. They developed a network of private and public agencies to work together to rebuild the Clarksdale area under a new name, Liberty Green. The new development has energy efficient housing, a mix of publicly and privately owned units. Some units are available at market value prices while others are subsidized and prices are set based on a sliding income scale. The intent of this pricing strategy is to attract people with at various social and economic capitals, which would in turn attract business investment to the area.

The social rehabilitation plan includes more than rebuilding the physical environment and bringing a new and diverse population in the area. The residents of Clarksdale and of neighboring areas were strongly encouraged to participate in the redevelopment process, to make their voices heard, and to contribute to the rebuilding of their community. To achieve this goal, a relevant and meaningful case management program had to be developed. This program

had to address the primary barriers individuals in this community had, to assist and guide them on a path that would lead them out of poverty.

A series of community supportive services [15, 16] were made available as part of a case management program, with the overarching goal to improve the social and economic capital of the residents directly impacted by the Clarksdale development project. While the original case management was provided primarily by the staff in the Department of Human Services, due to a series of issues and resident complaints, the LMHA took leadership of the case management through its Department for Special Programs.

The LMHA further developed a comprehensive plan to meet the complex needs of this population, and streamlined the service delivery system to avoid duplication of services. Services were provided to the residents by the LMHA case managers and by staff of other local, sub-contracted, agencies. The three main objectives of this program are to improve education, job readiness, and life skills.

CLARKSDALE NEIGHBORHOOD CHARACTERISTICS

Clarksdale area was located in downtown Louisville, Kentucky, within US Census Tract 59 (CT59). Louisville and Jefferson County merged in January of 2003 to form the Louisville Metropolitan Area, also referred to as Louisville or Jefferson County. The Clarksdale neighborhood was an enclave within CT59, where 695 families were living in poverty and being exposed to habitual crime. Only one third of the Clarksdale households had earnings from work, while the other two-thirds had different types of income supports. Note

that the CT59 also includes a very high-income neighborhood that skews the data significantly. For instance, according to the US Census, the proportion of African Americans in CT59 was 65% (table 1), while in Clarksdale was – as we will show later- over 98%. The census data was not available specifically for the Clarksdale area, and the CT59 data does not fully represent this area.

The unemployment rate in the CT59 was at least double the rate at the county level over the past 20 years; for instance, in April 2000 when Jefferson had the lowest unemployment rate (3.3%) the CT59 had 9.4%.

The income and employment data of the US Census in 2000 show that 57.7% of residents in the CT59 were in poverty, 53.2% of the households had earnings from employment as compared to the county rate of 78.9%, and only 10% of the households had retirement income as compared to 18.8% the county rate. The retirees had very low incomes due to working and retiring from low paid job. Others were receiving social security income, supplemental security income (SSI) or cash assistance. Note that the social security and supplemental security income are federal programs for people ages 65 or older or who have a physical or mental disability. Finally, the proportion of people who took advantage of cash assistance income, also known as welfare, was more than three times higher in the CT59 area (10.6%) than in the rest of the county (3.1%); majority in this group were single mothers with less than high school education. About 83% of the families in the CT59 area had a female as a head of household who had at least one child age 5 or below; at the county level this rate was 13.7%.

Furthermore, the children in this area were more likely to live in poverty (78.7%), to have a single parent (86.3%) with below a high school education (39%), to be born out of wedlock to teen mothers (17%), to be born with below normal weight (16%), and to have a disability (16.2%), as compared to children living in other areas of the county. Along with the indicators of deep poverty due to low income and low education, this highly segregated area was also known for its high crime rates. For instance, in 2003-2004, the rate of offenses in this area was 14.7%, more than twice the county rate of 6.1%, while the rate of arrests was almost three times higher (11.9% as compared to 4.3%).

CLARKSDALE POPULATION PROFILE

As shown in our baseline report, Clarksdale households included 1,767 individual residents (Table 2), of which 874 (49.5%) were adults and 893 (50.5%) were children below age 18. Specifically, of the 1,767 residents, 276 (15.6%) were 5-year olds or younger children, 617 (34.9%) were 6-year and 18-year olds; 806 (45.6%) were adults ages 19 to 64, and 68 (3.8%) were ages 65 or above. There were 1,157 females (65.5%) and 610 males (34.5%). Majority of residents were African-American (1,716 or 97.1%), 41 were Caucasian (2.3%) and 10 were of other race (0.6%).

The data for the marital status, education, and employment is reported only for the relevant age categories. Thus, of the 959 individuals who were ages 16 or older, 242 (25.2%) were single, 18 were married (2.1%), and 59 were divorced, separated, or widowed (6.8%); marital status information was not available for 640 of the residents age 16 and above.

Table 1. Characteristics of the Clarksdale Neighborhood

Socio-Demographic and Economic Characteristics	Census Tract 59 (CT59)		Jefferson County	
	N	%	N	%
Population 1990	5577	1.0	538,406	100
Population 1999	5077	0.9	571,414	100
By Age Groups (1999)				
0-17	1427	28.1	134,429	23.5
18-64	3158	62.2	358,979	62.8
65 or older	492	9.7	78,006	13.7
Births 2000-2005	627		56,737	
Mother below age 20	115	18.3	6,675	11.3
Mother not married	517	82.5	25,036	42.5
Mother not High school graduate	334	53.3	26,882	45.6
Low birth weight	93	14.8	5,398	9.2
% Minority	-	65.6	-	23.4
% Children in Single Parent homes	-	62.7	-	25.6
Below High School education	-	39.1	-	18.2
Dropout 7-12 grades	19	10.6	1,948	5.0
Free /reduced lunch	475	80.0	48,965	42.3
Disability Rates by age				
5-20	-	19.9	-	8.8
21-64	-	36.1	-	19.9
65+	-	66.7	-	42.0
% Below Poverty				
People of all ages	-	57.7	-	12.4
Families	-	57.2	-	9.5
% Children <18	-	78.7	-	18.1
% Population 65+	-	43.7	-	8.8
% Single mother with children age ≤ 5	-	83.4	-	13.7
Households (1999) with:	2,499		287,012	
Earnings	1,330	53.2	226,641	78.9
Social Security	650	26.0	77,670	27.1
Supplemental Security	420	16.8	12,901	4.5
Public Assistance	265	10.6	8,878	3.1
Retirement	249	10.0	53,847	18.8
Median Income (1999)				
Household		\$9,367		\$39,457
Family		\$10,639		\$49,161
\$ Per Capita Income		\$9,198		\$22,352
Offenses (2003)	745	14.7	34,630	6.1
Offenses (2004 and 2005)	1369	13.5	73,313	6.4
Arrests (2003)	603	11.9	24,527	4.3
Adults	574	-	22,421	-
Juvenile	29	-	2,106	-

The employment, education and income data paint quite a bleak picture. Only 118 (12.3%) of the 959 residents of working age

were employed, and the majority, 617 (64.3%), had no work experience. The unemployment rate among the former

Clarksdale residents was over 87%. Barriers to employment, such as lack of education or work experience, and the difficulties with child care arrangements, can be overcome for a large proportion of the residents through participation in case management. Further, at baseline, of the 874 adults who were ages 19 or older only 215 (24.6%) were high school graduates and another 42 (4.8%) had a GED; 617 residents, or 70.6% had less than high school education. Ancillary services such as transportation and childcare were made available.

It was intriguing that this very poor population with so many young children there are only a few residents who were taking advantage of the cash assistance (welfare) and of in-kind supports such as Food Stamps and Medicaid.

The baseline data from the tracking system showed that in 2006 there were only 63 individuals (8.6%) receiving welfare assistance, 132 (18.1%) had Food Stamps, 23 (3.1%) had Medicaid, and another 23 (3.1%) had social security disability income; only 39 (5.3%) households with children support listed as a source of income.

STUDY PURPOSE

The focus of the evaluation was to assess **how former residents fare after relocation**, to assess whether the case management services helped them move toward/achieve self-sufficiency. It is also an accountability study, so the case management satisfaction questions were critical information in this report.

Note that this is a descriptive evaluation report, not an explanatory research paper. The data collected for this project will continue to be analyzed to test research hypotheses and results will be published in academic peer-reviewed journals.

This study is an outcomes evaluation for which we used a single group pre-post design. The baseline data collection started during summer 2005 and ended in June 2006, while the follow-up or post data collection started in July 2008 and ended in February 2009). The data was collected at two points in time from a representative sample, selected at random. Master degree students in social work at UofL conducted the interviews during face-to-face meetings.

The main goal of the Clarksdale HOPE VI panel study is to evaluate the proportional changes that occurred in the socioeconomic characteristics of the former residents of Clarksdale and to assess whether they had access to the community support and family self-sufficiency services made available through this program. In addition, we collected information about their social supports, health and wellbeing, housing satisfaction, neighborhood safety, along with their feedback on the helpfulness of the HOPE VI services and of the LMHA case managers.

At baseline we identified who is and who is not participating in the case management, because at that time we wanted to know how do they compare. At follow-up, some of those who were in the “non-participating” group at baseline took advantage of services and thus there was no comparison group any longer. Therefore, in the follow-up report the analyses were conducted and reported at sample level not at group level. The first wave of data (baseline) was used to assess the socioeconomic status of the Clarksdale population and of health and other social indicators, at the time of relocation.

At follow-up, a focus group with the case managers gave us an understanding of the complexity of the cases, of the challenges

their clients deal with every day. The second wave of survey data (follow-up) provides critical information with regards to the socioeconomic status of the residents' three years after the relocation.

Data on other factors such as the residents' health and wellbeing were also collected.

Table 2. Characteristics of the Clarksdale Population

	N	%
POPULATION		
Households	695	100.0
Female Head of Household	636	91.5
Individuals	1767	100.0
Adults	874	49.5
Children	893	50.5
DEMOGRAPHICS		
Age Categories	1767	100.0
0-5	276	15.6
6-18	617	34.9
19-64	806	45.6
65+	68	3.8
Race		
African American	1716	97.1
Marital Status		
Total Individuals Age 16 or older	959	100.0
Single	242	25.2
Divorced/Separated/Widowed	59	6.8
Married	18	2.1
Unknown	640	73.2
Education		
Total Individuals Age 19 or older	874	100.0
High School/GED graduate	257	29.4
Not GED/HS graduate	617	70.6
EMPLOYMENT AND INCOME (Age 16 or older)	959	100.0
Employment		
Employed	118	12.3
Unemployed	189	19.7
Unemployed/Unable to work	35	3.6
Unemployed/No work history	617	64.3
Income Sources		
Employment	118	12.3
Welfare/Cash assistance	65	6.8
Food Stamps	132	13.8
Medicaid	60	6.3
Disability Income	23	2.4
Child Support	39	4.1
Other	38	4.0
Barriers to Employment		
Physical/Mental Disability	46	2.6

Source: Administrative records as of December 2006

The factors (individual or contextual) conducive to change in the individual wellbeing, in our case of HOPE VI residents, are very little known in the literature. The survey data we collected might help us shed some light on the factors that residents perceive to be most important for their situation. To better capture residents' perception/opinion about the impact relocation had on their lives, along with their perceived helpfulness of the available services, and with their individual experience, eight unstructured open-ended interviews were conducted.

Thus, the data collected through the survey and in-depth interviews allow us to describe the changes that occurred in the lives of the former Clarksdale residents between the baseline (Wave I) and the follow-up (Wave II) in their physical and social environment, such as neighborhood quality of life and housing conditions, and in their personal development, such as education improvement, employment status, and overall wellbeing. Other changes at individual level that are expected within this timeframe are in the utilization of welfare and other social supports, school behavior of children, and community involvement. Finally, the ultimate outcome of this program, the residents' economic self-sufficiency, is expected over a much longer-term, about 7 to 12 years; however, early signs of progress toward achieving this goal should be noted in the proportion of residents with improved education and increased proportions of residents with work experience.

II. CLARKSDALE HOPE VI COMMUNITY AND SUPPORTIVE SERVICES

LMHA was committed to have the case management in place within 30 days of

receiving the grant. At the time of the award the case management was under the purview of the Department of Human Services, the same Agency that provided case management to the residents of the first HOPE VI grant, Cotter Lane, an area currently known as Park duValle.

The Cotter Lane former residents had numerous complaints about the HOPE VI services they were supposed to receive from the DHS case managers. When similar complains were made by the former Clarksdale residents, LMHA decided to assume the leadership role for the HOPE VI services, to avoid repeating the history of the first HOPE VI program in Louisville. Furthermore, in 2009, the Community and Supportive Services (CSS) and Family Supportive Services (FSS) were united to better reach out and serve the former residents of Clarksdale; we will continue to refer to this entity as CSS or case management.

The most vulnerable families, those with children and elderly, had higher priority to establish case plans through the CSS. The residents are offered a comprehensive array of educational and job training services. These services are designed to prepare individuals for success in the workplace and move them along an incremental path to economic self-sufficiency.

Case managers link residents to a vast array of existing community services and a number of new programs through an intensive, individually focused case management plan. Case management was made available to any and all residents of ages 19-64 that expressed interest. Residents ages 65 or over were provided services by a contracted agency, ElderServe, Inc.

A CSS case manager serves on average 40 families providing direct services including goal setting, planning, motivation, job retention and advocacy, while referring them for the variety of services available from CSS Partners. Case managers meet with residents in their home, at school, and/or at work, increasing their ability to take advantage of these services. Furthermore, to enhance the quality of the case management, LMHA has at least one case manager who specializes in serving Clarksdale's seniors.

A mental health/drug and alcohol counselor assists case managers in identifying residents with mental health/drug and alcohol issues, and ensures that access to necessary treatment is provided. The case management is extensively facilitated by the network of eight Neighborhood Places (NP) strategically located throughout the county. Through the NP health, education, and human services are easily accessible to the clients.

The available **CSS activities**² reflect the needs and goals of residents as expressed in the *resident surveys*, *resident meetings*, and *focus groups* conducted by LMHA and DHS before the HOPE VI project began. Residents were very interested in the following services:

- Tutoring/mentoring (69%),
- Youth programming (69%),
- GED training (67%),
- Computer classes (65%), and
- Vocational training (63%)
- Home-ownership counseling (71%),
- Career/financial counseling (66%),
- Obtaining medical jobs (53%) and
- Obtaining construction jobs (53%).

² The description of the LMHA services was carried forward from the baseline report and was taken from LMHA application of 2002.

The case management is extensively facilitated by the network of Neighborhood Places (NP) developed in 1993, when major human services providers in Louisville saw a need to come together to offer coordinated and accessible health, education and human services. The result was the creation of the eight Neighborhood Places (NP) strategically located throughout the Louisville/Jefferson County area. The NP partner agencies include the Department of Community Based Services of the Kentucky Cabinet for Health and Family Services, Jefferson County Government Departments of Human Services and Health, Jefferson County Public Schools, Seven Counties Services, Inc., and the City of Louisville.

Computer training is provided through the Neighborhood Networks program, housed in a state-of-the-art computer classroom in the new community center building. This is a comprehensive skills and knowledge development program, which offers both entry-level computer literacy instruction as well as college-level computer classes for public housing residents. Residents study three areas: computer fundamentals, key applications, such as Word processing and Excel spreadsheets, and using the internet to assist children with homework or get information. At the end of the program, students receive a free, rebuilt computer to take home, and are assisted in setting up an account with a free Internet access provider. LMHA estimated that the program will serve about 150 clients and will have a 75% completion rate.

Tutoring, mentoring and youth programs are high priorities to the residents of Clarksdale due to the high school dropout rate in the neighborhood (14.1%) as compared to 5.4% dropout rate for Jefferson County in 2000.

The school dropout problem is addressed by the CSS in a variety of ways. First, Jefferson County Public Schools (JCPS) reestablished Truancy Court at the nearby Lincoln Elementary School. Truancy Court is an innovative program where real judges preside over “court proceedings” and work with parents and students to improve school attendance. Second, the Family Resource Center at the Lincoln Elementary School provides supportive services such as parent workshops/support groups, in-school counseling for children, family counseling and family advocacy.

Furthermore, Louisville Metro Housing Authority offers a Youth Individual Development Account (IDA) program; up to 18 Clarksdale youth will be paid a stipend for community service, receive age-appropriate consumer and financial skills training, open free saving accounts and receive a match for the money they save. IDA funds can be used for school and educational related expenses.

Finally, JCPS has committed to create a “community school” in the revitalized area. This new “community school” is an important part of the efforts to move both youth and adults to a greater level of self-sufficiency.

The Archdioceses of Louisville and St. Boniface Parish also launched a new concept middle school on the northwestern corner of Clarksdale. This new school, named “Nativity School”, features 12-hour school days, in a year-round program, with single sex classes, and heavy parental involvement- this idea grew out of their after school counseling and tutoring program.

LMHA and other community organizations have additional programs for youth that are geared toward preventing damaging lifestyle

choices [4]. There are *self-esteem building* programs intended to help youth avoid substance abuse, domestic violence and early parenting. CHOICE Inc., a licensed alcohol/drug education agency, meets weekly with middle school children, covering issues such as positive decision making, developing coping skills, self-esteem, conflict resolution and refusal skills, school success, behavior, attendance, and family issues. Project Empower, funded through a Department of Labor Youth Opportunity Grant and located in an adjacent area, targets youth aged 14-21, and focuses on development of workforce and leadership skills for young people who lived in Clarksdale.

LMHA (2002) anticipated serving up to 196 youth in all of these programs. Goals include a reduction in the school dropout rate by 1% each year, improved school attendance (95% children attend school 90% of the time), and improved school achievement (75% of students will achieve grades equal to or better than the previous year). Success is measured by the number of youth who enroll, actively participate, and complete these programs; however, achieving the ultimate outcomes - behavioral changes - will be the real proof of success.

Adult education, particularly GED training, is a priority for the Clarksdale residents [4]. In 2002, 35% of Clarksdale’s residents 18 years and older did not have a high school diploma or GED, and about 14% had less than a 9th grade education. LMHA intends to engage 101 adults in continuing education programs. LMHA partnered with JCPS and included Adult Basic Education/GED classes as part of the case management, and established a Scholarship Program, which awards up to 10 renewable scholarships each year. The success of these programs is measured by: the proportion of residents

who improve their education by at least one grade level, who obtain their GED, enroll in college, receive LMHA scholarships, and/or graduate from college.

Job readiness and retention activities are also offered to case management clients. At the time of the Clarksdale HOPE VI application, only 16% of the employable adult residents age 18-62 were employed. Moving these residents to work is a priority for the CSS team. Services include up-to-date employment posting, resume assistance, access to computers, faxes and phones for those who are looking for jobs. In addition, the Department for Community Based Services of the Kentucky Cabinet for Health and Family Services, which is the state welfare provider, will offer a number of retention incentives. These will include 3, 6, and 9-month employment bonuses of \$500 to keep family members working.

Employment training activities are made available to individuals who need additional job skills in the form of short-term training opportunities. The Louisville Medical Center and the Jewish Hospital provide *medical training* for Clarksdale residents and guarantees a job opportunity upon successful completion of the training. A carpenter's apprenticeship program is also provided in conjunction with the Kentucky State District of Carpenters AFL-CIO Joint Apprenticeship and Journeyman Training Program. This is available to five residents each year.

Life Skills training is a program that assists Clarksdale residents especially during the relocation period. Case management families are offered consumer and financial skills education as well as small business development training. Six of Louisville's community ministries (faith-based social service agencies) have also agreed to provide services to relocating families. The

community ministries have member sites throughout the County, and provide emergency and financial assistance, mentoring programs, and other services. The goal is to achieve some degree of economic self-sufficiency and move these residents toward home ownership.

LMHA created a **Home Ownership Counseling** program, which provides training in consumer and financial skills, money management, and how to clean up credit scores. Participating families are referred to LMHA's Section 8 Home Ownership Program and the Common Wealth IDA Program, which will match at a 1:2 rate for each dollar saved (up to \$500) annually, by participants. This money can then be used as a down payment for a house, start a business, or pay for college. CSS goals are to enroll 30 residents per year in home ownership counseling and 50 families in the Common Wealth IDA Program.

Finally, for the 59 households of residents ages 65 or older case management is offered in conjunction with **Elderserve, Inc.**, a nonprofit Metro United Way agency. Elderserve is located across the street from Clarksdale and, over 25 years, served more than 700 elderly and disabled residents with case management, home delivered meals, crime violations support, telecare, senior companions, recreational and social activities. Other services available to the former Clarksdale residents that address additional barriers to self-sufficiency are available through the CSS network include referrals for substance/ alcohol abuse treatment and counseling services, and for domestic violence, childcare, and transportation services.

The CSS plan also includes assistance to form a neighborhood association that can bring all of the residents together, forming a

stronger voice to advocate for the entire community. The options available through the CSS Clarksdale case management program are a unique blend that brings together residents and community agencies, working toward the same goal: to create a better and safer community, to improve the quality of life of the most vulnerable residents. Case management does not imply that a case is open at all times. An individual may work toward completion of a GED;

once this goal is reached, the case may be closed or subtracted the client may have continued to work toward a new goal. The person can also drop out if s/he wishes, at any time.

The following chart summarizes the type of programs tailored for the former and new residents of Clarksdale along with the intended outputs and outcomes for each of these programs.

PROGRAM OUTPUTS AND OUTCOMES CHART

Program	Output	Outcome
Computer training	Serve about 150 clients	75% completion rate
Tutoring, mentoring and youth programs	196 youth in all of these programs	Reduction in the school dropout rate by 1% each year Improved school attendance (95% children attend school 90% of the time), Improved school achievement (75% of students will achieve grades equal to or better than the previous year).
Adult education	Enroll 101 adults in continuing education programs	Scholarship Program which awards up to 10 renewable scholarships each year. Improvement of at least one grade level, - obtaining their GED, - enrolling in college, - receiving LMHA scholarships, - graduation from college.
Job readiness and retention activities Medical training Carpenter's apprenticeship program	All case management participants receive this service Guarantees a job opportunity upon successful completion of training Available to five residents each year.	It includes 3, 6, and 9-month employment bonuses of \$500 to keep family members working
Life Skills Training	Provided at time of relocation	Improvement in financial management skills
Home Ownership Counseling Program Commonwealth IDA Home Ownership	Enroll 30 residents per year in home ownership counseling Enroll 50 families	Will match at a 1:2 rate for each dollar saved (up to \$500) annually
Elderserve, Inc	59 adults age 65+	

III. METHODOLOGY

DATA AND METHODS

This study used mixed methods- quantitative and qualitative – to collect the data necessary to answer the research evaluation questions described below.

The quantitative component includes survey data collection at two points in time: baseline and follow-up. The two waves of interview data was collected from the same set of people:

- the baseline survey was conducted during the academic year of 2005-2006 and
- the follow-up was conducted later during 2008-2009 academic years.

The data was collected from the main adult in the family during face-to-face interviews. The interviews were conducted by graduate students in the master of social work program at the University of Louisville. They were trained to conduct the interviews as part of an independent study in research methods.

The survey sample was selected using a random stratified sampling technique, using family structure as the criterion. The stratification criterion utilized is the family structure; three groups were identified: families with children, elderly families, and families without children or elderly members. In addition to the quantitative data collected through surveys, administrative data from the tracking system was downloaded for all former residents of Clarksdale at the time of baseline and of follow-up.

At the time of follow-up we have also completed eight in-depth interviews with

individuals chosen at random from the list of former Clarksdale residents, and one focus group with the CSS case managers.

Finally, LMHA gave us unrestricted access to the online tracking system. However, this system was designed for administrative /case management/ tracking purposes, not for research purposes. The main limitation is that the point in time when the data is downloaded for analysis can lead to a different sample composition. In other words, the data downloaded from the tracking system can be different at different points in time; data at any point in time shows the present or latest known status of the case. This was a critical piece of information for our data collection strategy as it made us realize that it is important to have “fixed” points in time to do the download of the tracking files.

To conclude, the tracking data was downloaded during December 2006 and December 2007 while the baseline survey was ongoing, and again during December 2008 and December 2009 while the follow-up survey was ongoing; thus, we attempted to ensure comparability of the survey data with the administrative tracking records. The reason we downloaded the information twice at baseline and twice at follow-up is to account for any time lag in the data due to delays in data entry – which is a limitations of administrative records in general.

Once the data was downloaded, cleaned, merged, and unduplicated, we conducted the head count. As a final note, the “unduplicated” data means that if a case was active in case management in 2006 *and* in 2007 files, that case was only counted once. Also, if the person took advantage of more than one type of case management service she or he was counted only once. Same approach was used at baseline and at follow-

up. The makeup and the size of the caseload are different at different points in time.

The data from the tracking system was matched to the sample participants using resident ID numbers and/or social security numbers for the cases the resident IDs changed. Administrative data was used for several purposes; first, having the population data available made it possible to check for the representativity of the panel survey sample; second, it gave us access to the CSS referral information.

RESEARCH DESIGN

This is a panel study with a quasi-experimental research design. Data were collected using face-to-face surveys from a randomly selected sample at baseline, and then, the same group of people was invited to participate in the follow-up survey. The questionnaire for the baseline and follow-up included many of the same questions but with the wording adjusted to reflect the point in time of data collection. At follow-up we included additional items to measure clients' satisfaction with the support services.

The survey records were matched primarily by the resident identification number, and by social security number when the resident has moved and, as a result, his or her resident ID was changed. The data collected from the two surveys was matched and merged with the administrative data available through the LMHA tracking system.

Finally, eight unstructured qualitative interviews with former Clarksdale residents were conducted at follow-up, and also a focus group with the case managers. In addition, during the phone conversations meant for interview set up, residents volunteered information that while could not

be used in research, has helped the main author of this report to have a better understanding of the culture of the group and also to establish a rapport that we presume has contributed to the high survey response rates.

RESEARCH EVALUATION QUESTIONS

To attain a higher level of comparison between Clarksdale HOPE VI and other HOPE VI sites in the nation, we have considered the evaluation research of other revitalization projects when drawing our hypotheses. Thus, the data we collected allows us to produce additional reports to compare our results with available national data and with the results of other major studies of HOPE VI interventions.

The questions we attempted to answer in this report are focused on the change in outcomes that fall in the following seven categories or issue areas (Popkin et al., 2002):

- 1) Socioeconomic: education, employment
- 2) Housing and relocation
- 3) Neighborhood context
- 4) Social integration in the new neighborhood
- 5) Respondent health
- 6) Child health and education
- 7) Satisfaction with the services received and perceived helpfulness of the case management.

Some of these questions could not be answered with the data available at the time this report was due.

1. *Housing and Relocation:* What is the proportion of residents relocated to other public housing, in section 8 housing, or in assisted living communities? What is the count and proportion that returned to Liberty Green? What was the proportion that left

assisted housing? What proportion of elderly was relocated in assisted-living housing?

2. *Neighborhood*: How do residents feel about their new neighborhood? How do the resident feel about their new neighborhood as compared to their former neighborhood?

3. *Social Integration*: Did residents experience a sense of community after relocation? What were their interactions with the new neighbors? How did residents perceive their quality of life in the new neighborhood?

4. *Health*: Were there any environmental health hazards present in their new homes? If so, what type? What are residents' perceived levels of physical and mental health at follow-up? How do respondents perceive their health as compared to 12 month before? How did residents perceive their access to health and social services before relocation?

5. *Children*: What was the residents' perceived level of physical and mental health for their children? How many children are in special education programs? Are birth outcomes better in the new area of residency? What is the rate of participation in extracurricular activities for children and adults? What was the proportion of children who experienced behavioral and emotional problems? Are the rates of teenage pregnancy and school dropout different, better off or worse off, in the area of new residence?

6. *Socioeconomic*: What was the residents' employment status at baseline and at follow-up? What proportion of residents had earned income? What proportion of residents had at least a high school education? What proportion of residents participated in job readiness and/or employment training

programs? What proportion of clients received education assistance? What proportion of clients participated in financial training? What proportion of households experienced hardships, what type of hardships were these?

7. *Service Outcomes*: What did the resident's glean from their participation in various programs and services offered as a part of the HOPE VI program? What is the count and proportion for which relocation data was unavailable? What is the proportion of residents who used CSS services? What types of support services were provided, and what were the patterns of utilization of services? What was the residents' experience with the relocation services? How do residents feel about the helpfulness of the case managers?

DATA SOURCES

We collected survey and administrative data at individual resident and at family levels. The primary data source for the summative component of the evaluation is a survey conducted at two points in time:

- 1) the baseline data was collected between July 2005 and June 2006, and
- 2) the follow-up data was collected during July 1, 2008 and March 1, 2009; in addition to the survey, in-depth interviews were conducted between March and June 2009.

The second data source used is the administrative tracking system maintained by the LMHA. Once the baseline survey data was available, it was matched and merged with the administrative data, by resident identification number.

At follow-up, because the resident identification numbers have changed with the change in the address and the type of

housing subsidy they received, we had to also use the social security numbers, the names of the respondent, and their family case ID to match the baseline and the follow-up survey data.

For some data items (ex, employment status, income, health insurance) information was available from both sources, and when we found any inconsistencies between the two data sources, we used the data collected via the surveys in the analyses.

SAMPLING PROCEDURES

The sample was selected at baseline from the list of former residents of Clarksdale, using a stratified random technique, with family structure being the stratum criterion.

At baseline, we identified three types of families that resided in Clarksdale:

- Families with children,
- Families of older adults and with no children, and

- Families without children and without older adults.

Due to the small number (59) of families with adults ages 65 and over, all were retained in the sample; note that majority of these “elderly” households were homes with a single older adult. For the other two groups, it was estimated that to achieve a ± 5 percent precision level and 95 percent confidence level, there would need to be a minimum sample of 200 of the 388 families from the group with children, and 155 of the 248 families without children or older adults. Note that some families with children also included older adults.

The final targeted sample size was 405 households: 195 families with children, 59 elderly families and 151 “other families”. Further, to account for non-responses we over-sampled the latter two groups by 30%, obtaining a final pool of 524 households (269 with children, 59 elderly, and 196 “other”) as shown in the Table 3 below.

Table 3. Sampling and Survey Participation by Family Structure (stratifying criteria)

Families	Population		Target Sample		Target +30%		Baseline		Follow-up	
	N	%	N	%	N	%	N	%	N	%
With children	388	55.8	195	48.1	269	51.3	188	55.0	148	54.0
No children/no elderly	248	35.7	151	37.3	196	37.4	116	33.9	94	34.3
Elderly only	59	8.5	59	14.6	59	11.3	38	11.1	32	11.7
Total	695	100.0	405	100.0	524	100.0	342	100.0	274	100.0

Thus, at baseline, survey data was collected from 343 households; the response rate was slightly above 84 percent of the targeted sample size. One survey was incomplete and was excluded from the analyses; thus, the baseline reporting is based on the information collected from 342 households: 38 families of elderly, 188 families with children, and 116 “other” families, without children and without elderly. Two of the

surveys did not have a matching record in the administrative data; these two cases were from the families with children group. Administrative data was available for 340 surveyed households at baseline, while the survey data is reported for 342 households. The survey response rates were different across the three groups. The highest response rate was in the group of families with children where we were able to reach

96.4% (188 of 195) of the targeted sample size. From the group of families with no children and no older adults the response rate was 76.8%, or 116 of 151. Finally, the lowest response rate was in the elderly group; only 38 of the 59 or 64.4% of targeted older adults were interviewed.

team contacted all 343 residents who participated in the baseline survey. We used several methods to track these individuals, some traditional (ex, visit the latest known address) and some modern (ex, Lexis-Nexis database).

Figure 1 displays the number of respondents at each point in time overall and by sampling group. At follow-up, the research

Thirteen of the 343 baseline survey participants passed away, leaving us with a total of 330 possible interviews.

Table 4. Survey Response Rates

	Selected	Baseline		Follow-up		Baseline & Follow-up of all Sampled
		Participants	Response Rate	Participants	Response Rate*	
Families:	N	N	%	N	%	%
With children	195	188	96.4	148	78.7	75.9
Without children or elderly	151	116	76.8	94	81.0	62.3
Of elderly with no children	59	38	64.4	32	84.2	54.2
Total	405	342	84.4	274	80.1	67.7

* Only baseline participants were invited to participate in the follow-up, and thus they are used as denominator

Baseline and follow-up survey data was collected from the main adult in the household or the most knowledgeable adult about the family during a face-to-face interview. Specific instructions on how to choose the individual to interview were provided to the interviewers.

We collected information on the socio-demographic profile of the family, on the school attendance and extracurricular activity involvement of children, physical and mental health for the family members, their access to health and social services, and their sense of community and interpersonal support.

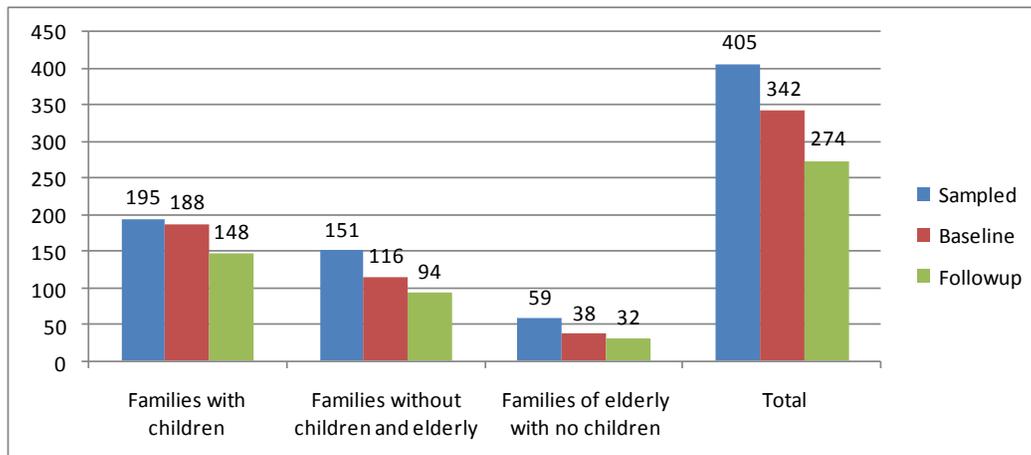


Figure 1. Number of Sampled and Interviewed Residents at Baseline

The sampling procedure described above yielded a different chance or likelihood to be selected in the study for the households in the three different groups. Therefore, during analyses the data was weighted using appropriate weights, computed as shown below (Exhibit A). Nevertheless, during the data analyses we realized that because the group representation in the baseline and follow-up samples are closely matching the group proportions found in the population, weighting did not make a difference in the results; crude and weighted proportions were the same.

Exhibit A. Computing Sample Weights

```
COMPUTE weight=$sysmis.  
IF (group=1) weight= 1/ (188/388).  
IF (group=2) weight= 1/ (116/248).  
IF (group=3) weight= 1/ (38/59).  
Execute.
```

DATA COLLECTION

The baseline survey was conducted between July 2005 and June 2006, with appropriate confidentiality procedures set in place, as described in the baseline report. There were two employees who conducted surveys during the summer and fall of 2005, and seven graduate students who conducted surveys during the spring semester of 2006; one student was hired part-time to continue to conduct surveys after the end of the semester. Each respondent was rewarded for participation in the study with a \$25 Kroger gift card.

Similarly, to collect the second wave of data, the follow-up data, we recruited and trained 12 students that conducted surveys during the fall semester of 2008. Two of the students, the most productive and detail oriented, have been temporarily hired to continue conducting surveys during the spring semester of 2009.

At both points in time we conducted a number of mailings; five at baseline and seven at follow-up. Although we have achieved response rate of over 80% we continued trying to reach out to all of the baseline participants for whom we had valid addresses during the entire spring of 2009.

The 8 qualitative interviews with the residents and the focus group with the case managers were also completed by June 30, 2009. Again, each participant was rewarded for participation in the quantitative and/or the qualitative study with a \$25 Kroger gift card. Signed and dated consent forms are maintained in a locked file cabinet at the University of Louisville.

Administrative data was downloaded from the LMHA website during the month of December in 2006, 2007, 2008, and 2009 as detailed earlier in this section. The 2006 and 2007 data were combined (merged and unduplicated) for the baseline time, while the files downloaded in 2008 and 2009 were combined for the follow-up time.

DATA ITEMS

The baseline survey included questions about the family structure, Clarksdale neighborhood and housing, social cohesion, safety, and about their feelings regarding the relocation. Specifically, we collected demographic and socioeconomic characteristics for all individuals in the family, school attendance, extracurricular activity involvement, data on physical and mental health of adults and of children, on the access to health and social services, on the perceived interpersonal support and on the sense of community while residing in Clarksdale.

Similarly, the follow-up survey included questions about the family structure, the

neighborhood of relocation, including as compared to their home in Clarksdale. Once more, we collected demographic and socioeconomic characteristics for all individuals in the family, including school attendance, physical and mental health of adults and of children, access to health and social services, perceived interpersonal support, and sense of community in the new neighborhood of residence. At follow-up, additional questions were added to learn about the social services utilized by the former Clarksdale residents after relocation, about their satisfaction with each service utilized and about the outcomes of these service utilizations.

Physical and mental health were measured using several validated scales: Chronic Stress scale developed by Turner, Wheaton and Lloyd (1995), Radloff's Depression scale (1977), Derogatis Anxiety Subscale of the Symptom Checklist (1994), the Yesavage Depression (1988) scale for the elderly, and the Physical Health measure of Ware, Kosinski, and Keller (1996). Demographic items were adapted from the National Survey of American Families (1999).

CONFIDENTIALITY PROCEDURES

Due to the need to follow-up with the participants at baseline, we collected contact information for the respondent and for at least one other person with whom they kept in close contact. Further, due to the need to merge the survey data collected at the two points in time with the administrative data, we matched the caseIDs with the social security numbers available in the administrative system.

To protect respondents' privacy, once the data has been merged we have assigned a unique case identification number to each

resident who participated in the surveys. Further, all identification information was deleted from the database used for analyses, and no information gathered during the interviews can be linked to the individual respondents in any type of reporting. A master database that included the "caseID", the names and all other identification information about the respondents was stored securely, and was available at the time second wave of interviews were collected. Only the Dr. Ramona Stone had access to this database and only for the purpose to contact residents for the follow-up interviews.

The master database was destroyed at the time this report was written given that no further interviews will be conducted. The Human Subject Committee of the Institutional Review Board (IRB) at the University of Louisville approved the protocol detailing the confidentiality procedures as described here.

In August 2010 the principal investigator resigned from the University of Louisville to accept a position at the University of Kentucky (UK). Permission to continue the work on this project was obtained from the sponsor and from the IRB at UK.

DATA ANALYSES

The analyses of the survey and administrative data yield summaries of the demographic and socioeconomic characteristics of the sample and of the Clarksdale population.

The software used to analyze this information was SPSS; the SAS was used primarily for data management (merging and unduplicating of tracking data files). The results are presented in graphs and/or table formats. The univariate analyses

provide sufficient information about the distribution of the data and inform about the type of bivariate analyses that were appropriate to pursue.

Due to differences in probabilities to be selected in the sample across the three groups (defined by the family structure criterion) data had to be weighted accordingly when comparisons across groups were made. However, for descriptive and within group analyses no weighting was necessary. The desired outcome of the data analyses is to determine whether there is any significant change in the education level and employment rates, or other outcomes such as quality of life in the new neighborhoods.

IV. RESULTS

The results are presented separately for:

- a) the entire sample at the two points in time ($N_b=342$ at baseline; $N_f=274$ at follow-up),
- b) the households with at least one individual with age between 19 and 64, eligible for the CSS services, and with survey data at baseline and at follow-up ($N=234$)

DEMOGRAPHIC CHARACTERISTICS

A descriptive analysis of the basic demographic indicators is presented in Table 5. All respondents in the survey sample were African-American, majority of respondents were women (89.5%), and very few of them were married (3.8%). The figures at baseline and at follow-up are fairly similar to the data reported in Table 2, for the former population of Clarksdale housing development. In the overall Clarksdale population the majority (97%) of individuals were African American, 87% were female heads-of-household, and 2.1% were married.

The baseline and follow-up samples were 100% African American, and the proportion of female respondents was slightly higher as compared to the population, but the difference was not significant in either case.

The 342 baseline households consisted of 848 people, of which 451 (53.2%) were children and 397 (46.8%) were adults; there were 557 (65.7%) females and 291 (34.3%) males. These proportions were almost the same at follow-up. The average age of the survey participants was 41 years ($SD = 16$) in 2005-2006 and 44.7 (15.7) in 2008-2009.

FAMILY STRUCTURE

The family structure of the households has changed during the time between baseline and follow-up. There were 234 households with adults eligible for the CSS services at follow-up, and they included 650 family members. The **CSS eligible group** of respondents who participated in both baseline and follow-up surveys, included 6 households had elder adults ages 65 or older. Among the households with children of ages 0 to 5: there were 42 households with 1 child ages 0-5, 19 households with 2 children 0-5, and 10 households with 3+ children of ages 0-5.

Figure 3 shows the distribution of households by the number of family members, while figure 4 displays the number and proportion of households with a specific number of children. **Within the group of 234 CSS eligible households** 17 respondents were males, all others (217) were females; 71.4% were single/never married; 21.4% were divorced, separated or widowed; 6% were married. Further, 95 households (41%) had no children, 78 households (33%) had 1 or 2 children, and 61 households (26%) had 3 or more children.

Table 5. Characteristics of Survey Participants

	Baseline		Follow-up	
	N	%	N	%
SURVEY RESPONDENTS				
Cases/Households	342	-	274	-
People in Households	848	-	712	-
Children in Households	450	-	362	-
Household Type				
All families with children	188	55.0	148	54.0%
Only adults <65, no children	116	33.9	94	34.3%
Only adults 65+, no children	38	11.1	32	11.7%
DEMOGRAPHICS				
Respondent's Gender				
Female	306	89.5	251	92.0
Male	36	10.5	22	8.0
Respondent's Age				
18-24	44	13.0	5	1.8
25-34	107	31.1	97	35.5
35-49	94	27.2	72	26.0
50-61	50	14.8	53	19.4
62+	47	13.9	47	17.2
Total valid	342	100.0	274	100.0
Respondent's Age (mean/SD)	41.3	16.0	44.7	15.7
Marital Status				
Single – never married	234	68.5	180	65.7
Married	13	3.8	15	5.5
Other	95	27.7	79	28.8

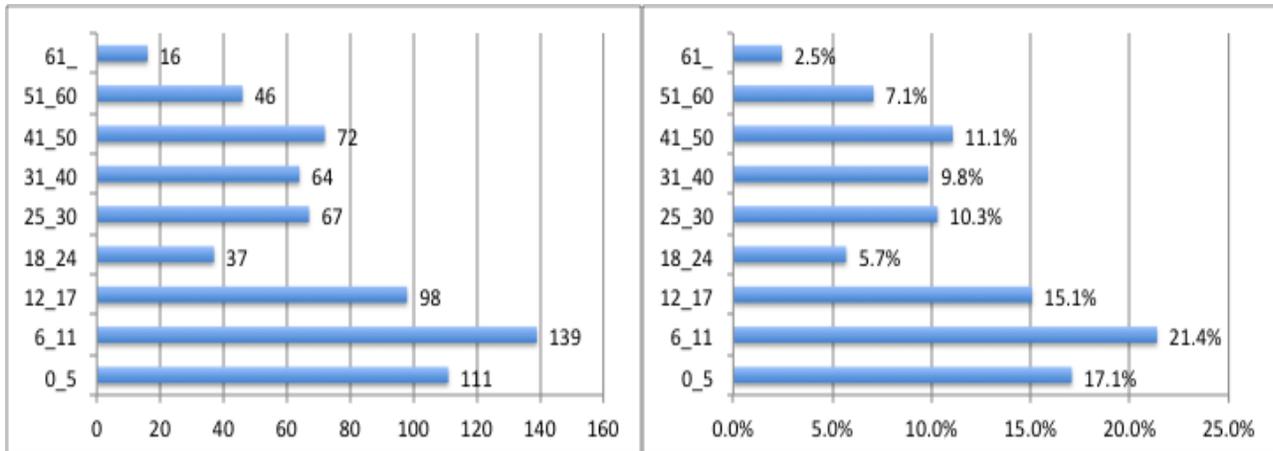


Figure 2. Composition of CSS Eligible Households by Age of Family Members (Follow-up)

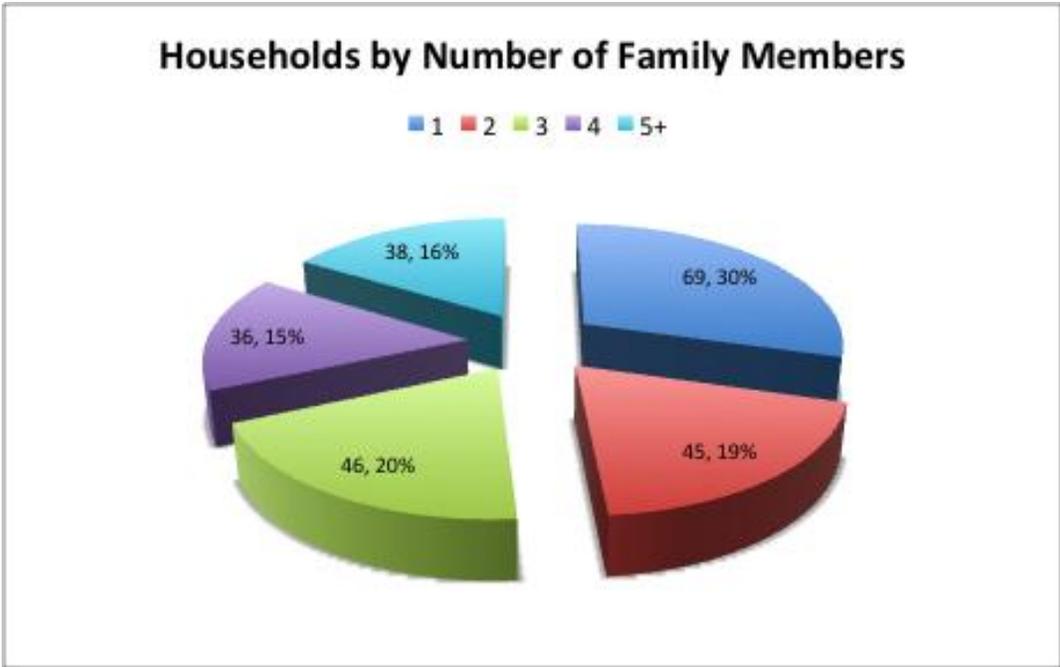


Figure 3. CSS Eligible Households by the Number of Family Members

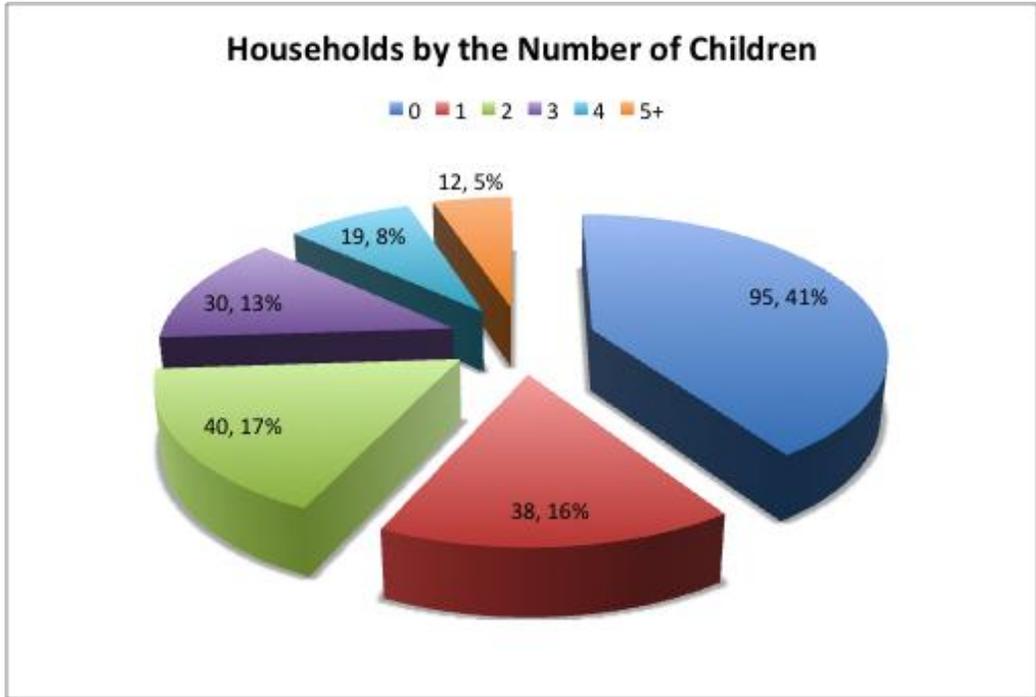


Figure 4. CSS Eligible Households by the Number of Children

EDUCATION AND JOB READINESS TRAINING

At baseline, 37.7% of the survey respondents were high school graduates or had a GED high school equivalency (figure 5), while at follow-up we noted a significant increase in the number of high school and/or GED graduates (55.5%) was recorded, along with a high participation rate in training (40.1%), vocational and technical (29.2%) programs. In addition, there were nine individuals (3.3%) who graduated with a college degree, and one of these nine was accepted in a doctoral program at the time of the follow-up survey.

These figures are conservative as they are **computed including the entire sample** as a denominator, not only the group that was

eligible for CSS services (ex, to improve education, employability). We report the data in this manner, to account for the changes that occurred in the family structure between the time of baseline and follow-up. Specifically, the families are more mixed than they were at baseline. More elderly reside with their adult children at follow-up as compared to baseline.

The significant improvement in education shown in table 6 and is presented in a bar graph in figure 5.

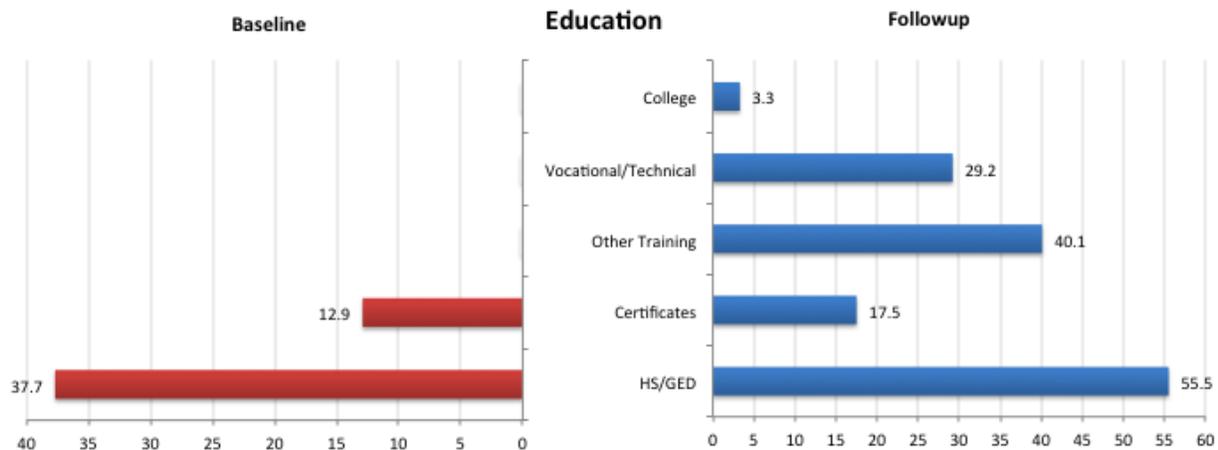


Figure 5. Highest Level of Education Completed (%) at Baseline and at Follow-up

Table 6 shows that during the earlier stages of the CSS program a larger proportion of residents were enrolled in job readiness and employment trainings. For instance, at baseline there 24.4% of the respondents were taking classes or attending workshops related to employment search as compared to 18.6% at follow-up. Similarly, smaller proportion of respondents was enrolled in a GED or college program at follow-up (10.9%) as compared to the baseline (16.7%). Certainly, these proportions are influenced by the need of the residents for

these programs. As the group of residents who graduate from these programs increases, there will be fewer who will need to enroll in the future. The proportion of respondents taking advantage of apprentice/job training programs was virtually the same at baseline and at follow-up (14.9% and respectively 14.2%)

We triangulated the survey data with the administrative data from the tracking system; we learned that at baseline 27 residents were enrolled in job readiness

training programs and 77 were taking advantage of job skills programs. After school tutoring was provided to 40 children, family self-sufficiency support services to 17 children, and 21 children were provided with other services, such as mentoring and counseling.

Thus, a significant proportion of residents have improved their

- level of education (47% increase)

- and/or received certificates, a 35.6% increase
- 29.2% completed technical or vocational or technical training as compared to 0% at baseline and
- 40.1% completed other educational training.

These educational achievements greatly improve the residents' chances for obtaining and maintaining employment.

Table 6. Education and Job Readiness Training

	Baseline		Follow-up	
	N	%	N	%
Respondent's Education				
High School/GED	129	37.7	152	55.5
Certificates	44	12.9	60	17.5
Training other than HS/GED	0	0	110	40.1
Vocational/Technical	0	0	80	29.2
Associate/Bachelor/Graduate	0	0	9	3.3
During the last 12 months, did you or any other adult in your household take....				
Classes or workshops to help you/them look for work	87	24.4	51	18.6
Courses or apprentice programs that trained you/them for a specific job	51	14.9	39	14.2
Classes to earn a regular high school diploma or GED?	57	16.7	30	10.9
College courses or programs for credit toward a college degree	36	10.5	30	10.9

EMPLOYMENT AND INCOME

At baseline, majority of respondents were unemployed (72.5%), and had no earned income (60.8%). By the time we completed the collection of the baseline survey data, there were 366 people with new job placements of which 85 were employed for six months or longer, and 106 were employed within two years from relocation.

As shown in Table 7, at baseline 302 out of 342 surveyed households or 88.3%, were below the federal poverty level, while the rest were at or only slightly above the poverty level. Of the 302 surveyed households with income below federal poverty levels, 180 were households with

children. Specifically, there were 421 or 93.3% of the total number of 451 children in our sample who were living in poverty.

At follow-up, the proportion of households below poverty was significantly smaller; 210 of the 274 surveyed households or 76.6% were below poverty even though the proportion of respondents who were unemployed (73.4%) or had no earned income (72.3%) were higher than at baseline.

The most important findings in this section are that there is:

- a lower proportion of residents with below poverty incomes at follow-up

(77.6%) as compared to the baseline (88.3%);

- a higher proportion of residents with work experience (84.3% at follow-up vs. 65.5% at baseline),
- a relatively constant proportion of residents who are employed part-time (15-16%),
- and a significantly greater proportion of residents with 35+ full-time jobs (40.4% at baseline vs. 47.9% at follow-up)
- at follow-up the proportion of residents with lower incomes decreased while the proportion of respondents with higher incomes increased,

are suggesting that the former Clarksdale residents are in better position to obtain or maintain a job. These figures are conservative as the denominator includes all 274 respondents no matter whether they are in the labor force or not. The *employment rate* for the 234 CSS eligible respondents only (19-64 years of age) was estimated to be about 29.5%, as we show later in table 9, which is significantly higher than the employment rate at baseline.

Assuming that the true value of the employment rate is at the most conservative value reported in this section, 26.6%, we note that an overall decrease of lower than one percentage point is actually quite low giving the current economic recession. The job market is significantly more competitive at the time of follow-up as compared to the baseline, as many workers with higher education levels and with significant work experience have been laid off and are now competing for the jobs available on the market.

Over 70% of the residents employed at baseline obtained their jobs after the relocation; of the 94 (27.5%) who were employed at the time of the baseline interview, 29% had their job for three to

twelve months, and almost 37% had their job for less than three months; only 22.8% had their job for three or more years, and another 11.4% were at the current job for at least one but less than three years.

Of those employed, 40.4% worked 35+ hours (full-time), 43.6% worked between 20 and 35 hours per week (part-time), and about 16% worked less than 20 hours per week in odd, temporary, or seasonal jobs.

At follow-up the proportion of respondents who were at their current job for three or more years was about the same, but the proportion of respondents at their current job for one to three years has almost twice as high, increasing from 14.6% to 28.8%. This change supports our argument that job readiness and employment-training programs are effective in preparing the residents to compete on the job market.

From the in-depth interviews, we learned that along with inadequate education and work experience, a significant issue in job search was the lack of experience in searching for a job and in negotiating the pay. One resident said that her case manager's guidance and support was critical in her ability to land her first better-paid job.

Figure 6 provides a visual of the number of new jobs secured by former Clarksdale residents over time; this graph supports the claim that most new jobs were secured in the early stages of the case management. The case managers were expected to assist residents in becoming more employable and more competitive on the job market, and it is our assessment that they have succeeded to increase significantly the proportion of former Clarksdale residents who: improved their education, gained work experience, and/or obtained and maintained employment.

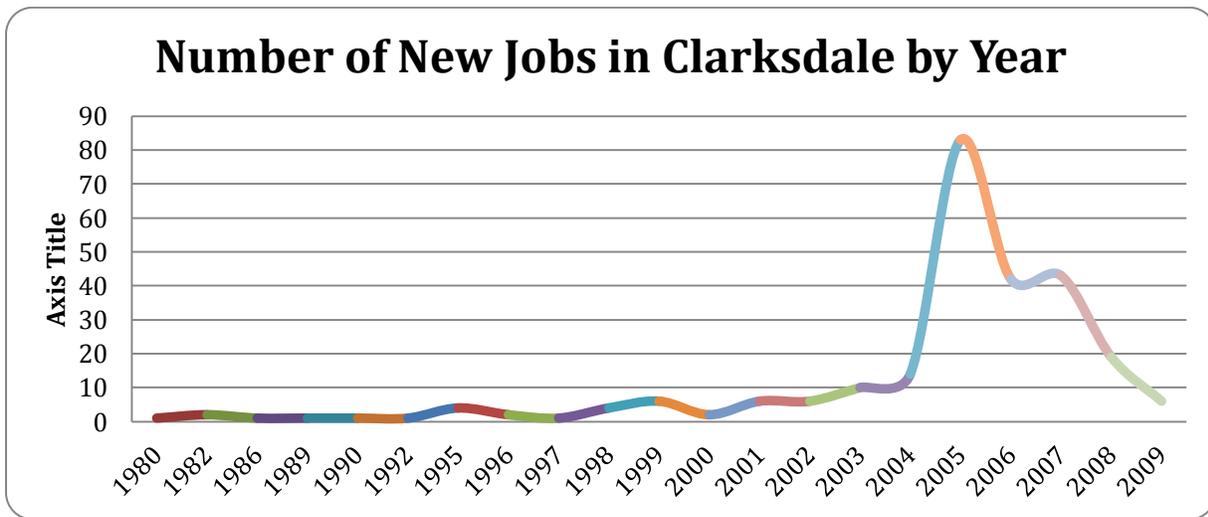


Figure 6. Number of New Jobs by Year (LMHA Tracking System)

Table 7. Employment Status

	Baseline		Follow-up	
	N	%	N	%
EMPLOYMENT				
Ever worked for pay/ Work experience	224	65.5	231	84.3
Currently employed/work for pay	94	27.5	73	26.6
Has multiple jobs	9	9.6	3	1.1
Average \$/hour (mean, SD)	8.6	2.2	9.9	5.4
Number of work hours/week				
Less than 20 hours	15	16.0	11	15.1
20 - 35 hours	41	43.6	27	37.0
35 hours and more	38	40.4	35	47.9
Transportation to work (employed group)				
Bus	36	38.3	28	38.6
Owns car	34	36.2	32	43.8
Walk	6	6.4	3	4.1
Other	18	19.1	7	9.6
At current job for:				
Less than 3 months	28	22.8	8	11.0
More than 3, but less than 6 months	14	11.4	6	8.2
Six months to 1 year	18	14.6	11	15.1
One to three years	18	14.6	21	28.8
Three years or more	45	36.6	27	37.0

BARRIERS TO EMPLOYMENT

Further we provide information on specific barriers to employment. We collected information about the main reason for not working at the time of the survey, and on the factors that made it difficult for them to look for, or maintain employment within the previous 12 months.

Although at baseline the surveyed residents did not perceive lack of work experience and of high school education as being the main barriers to employment, the data on the proportion with lack of work experience (35.4%) and of high school education

(62.3%) supported the significant efforts made by the case managers to increase the pool of employable residents among this group.

This goal was achieved as already shown in tables 5 and 6; at follow-up 84.3% had work experience and 55.5% had a high school equivalent education.

Note that it is likely that the difference in the results regarding the barriers to employment may be due in part to the increased awareness regarding the importance of education and of the work experience when searching for employment.

Table 8. Barriers to Employment

	Baseline		Follow-up	
	N	%	N	%
UNEMPLOYED	248	72.5	201	73.3
Main Reason for not working				
Illness/Disable	91	36.7	105	52.2
Cannot find work	39	15.7	17	8.5
Taking care of home/family	39	15.7	6	3.0
Going to school	11	4.4	9	4.5
Retired	15	6.0	11	5.5
Other	38	15.3	53	26.4
No response	15	6.0	0	0.0
Main Barrier to finding/holding a job				
Lack of Transportation	68	27.4	27	13.4
Lack of Child Care	59	23.8	27	13.4
Disability	56	22.6	9	4.5
Lack of Work Experience	40	16.1	19	9.4
Lack of Jobs	44	17.7	12	6.0
Other (poor health, low education)	5	2.0	35	17.4
Number of Barriers to Employment				
0	16	6.3	0	0.0
1	156	61.2	60	46.9
2	57	16.6	42	32.8
3+	26	7.7	26	20.3
Looked for a job in the past 12 months (unemployed group)	148	59.7	128	63.7

Table 8 shows the number and proportion of respondents at baseline and at follow-up who were unemployed, by the main reason for not working, their job searching

behavior, and the main perceived barriers to finding employment.

Job Search. To increase the hourly wage, many former Clarksdale residents trained for

better-paid jobs, such as construction trades. Of the 248 respondents who were unemployed at the time of the baseline survey only 148 or 59.7% searched for a job within the prior 12 months, as compared to 63.7% of the 201 unemployed respondents at follow-up. This increase may be due to a variety of factors, including loss of employment, new residents entering the labor force as a result of age, older children, or as a result of completing education and job readiness training programs.

Reasons for Not Working. Among the unemployed, at baseline, the majority claimed that illness or disability is the main reason for not working, or that they have to provide care to a family member; this pattern changed at follow-up. Specifically, respondents' main reason for "currently not working": there was an increase in the claim of health problems (36.7% at baseline, 52.2% at follow-up); a decrease in the claim of inability to find a job in the area (15.7%, respectively 8.5%), or caring for another family member (15.7%, respectively 3%).

- 14 disabled, 5 with social security disability
- 13 physical health issues,
- 4 have mental health issues
- 26 have social security income

Perceived Main Barrier. With regards to the main barrier encountered during the job search, at baseline the lack of transportation (27.4%), of childcare (23.8%), disability (22.6%), the lack of jobs (17.7%) and the lack of work experience (16.1%) were mostly quoted by respondents. At follow-up, the main barrier to finding or holding a job was not the lack of transportation or childcare as we would have expected, but rather, it was the perception of poor health and the inadequate education for the available jobs that were invoked.

There was a significant decrease in the proportion of residents who lacked transportation (13.4%), childcare (13.4%), work experience (9.4%); 6% said there is a lack of jobs, and 4.5% claimed disability.

Number of Barriers. The proportion of individuals with two or more barriers to employment at follow-up has significantly increased from 24.3% to 53.1%. This finding is critical and should be interpreted in the macro context of the local employment market. It appears that although we have seen significant improvements in the training and education of the former Clarksdale residents, they are still under-prepared for the jobs currently available on the market as compared to the rest of the unemployed labor force.

There was a significant increase (from 2% to 17.4%) in the proportion of respondents who had "other" barriers. These barriers included poor health and low/inadequate education. The increase in the proportion of residents who perceived their education as inadequate for the current job market can be partly due to the increased awareness of the importance of education in obtaining and maintaining employment, but also due to the reality of the current job market. On the same token, efforts were made to increase awareness of the importance of health and personal care, which are known barriers to employment.

Table 9 and figure presents education, employment and income information for the sample of **234 households with at least one individual who is eligible for the CSS services (ages 19-64)**, overall and separately for the households with children and for those without children.

Within the CSS eligible households, the employment rates increased from 31.4% to 34.5% within the group with children, and

remained relatively constant within the group without children. The proportion of high school or GED graduates increased in both groups, although the group with children has significantly higher increases as compared to the group without children.

Overall, within the CSS eligible households, the proportion of high school/GED

graduates increased significantly from 42.8% to 59.8%.

Similarly, the proportion of CSS eligible respondents with work experience increased significantly from 63.2% to 75.6%. The group without children (57.3% to 80%) improved significantly on this indicator, more than the families with children (67% to 72.7%) did.

Table 9. Education, Employment, and Supports

	HH With Children		HH Without Children		Total	
	Baseline	Follow-up	Baseline	Follow-up	Baseline	Follow-up
Employed	31.4%	34.5%	22.6%	22.1%	28.9%	29.5%
HS/GED grad	43.6%	64.0%	41.4%	53.2%	42.8%	59.8%
Work Experience	67.0%	72.7%	57.3%	80.0%	63.2%	75.6%
TANF/KTAP	21.3%	7.2%	7.8%	1.1%	16.2%	4.7%
Food Stamps	81.0%	79.1%	59.8%	56.8%	71.0%	70.1%
Barriers to employment (main)						
Transportation	12.2%	9.3%	6.0%	6.4%	9.8%	8.2%
Child care	30.3%	45.7%	-	-	-	-
No barriers	17.5%	2.6%	20.5%	2.0%	18.7%	2.1%

Within the CSS eligible households,

- in addition to the 69 respondents working for pay there were 32 household members are employed
- 48 respondents have full-time benefits
- 89 respondents had at least one month of employment for a total working days of 134,425
- 14 have child support,
- 9 have kinship care



Figure 7. Maintaining Employment

Table 10. Volunteering In the past 12 months

		Never		Few times/year		Few times/ month		Once+ /week	
		Baseline	Follow-up	Baseline	Follow-up	Baseline	Follow-up	Baseline	Follow-up
Participated in volunteer activities	N	174	106	98	96	37	32	33	40
	%	50.9	38.7	28.7	35.0	10.8	11.7	9.6	14.6
Attended a religious service	N	82	55	106	87	68	51	85	81
	%	24.0	20.1	31.0	31.8	19.9	18.6	24.9	29.6

Table 10 shows that respondents at follow-up also engaged in volunteer activities and attended religious services more often. These are measures of social engagement, and of social capital. Communities with members who are engaging in social activities are more likely to have and develop their social networks and increase their sources of social supports. The slight increase in these measures is encouraging as it suggests

EARNINGS

The average hourly wage was \$8.60 at baseline and \$9.90 at follow-up, which are still much lower than the Louisville Metropolitan area level of \$13.92 in 2006 and \$19.22 in 2010 (as reported by the Bureau of Labor Statistics). However, these figures are hardly comparable given that our respondents are at significant disadvantaged when comparing their education and work experience to the general population, especially in a large urban area.

Furthermore, the hourly wages differ greatly from one industry to another. Thus, a more appropriate comparison would have been by industry and types of job or positions respondents have. But, we did not anticipate the need to collect such detailed information regarding employment; besides, this would be a very difficult task even if specific detail with regards to the exact job description of each respondent would be available.

To compensate for this limitation, we provide examples of the Louisville Metro hourly wages in several commonly held jobs in the low income populations: the hourly wage for food preparation and serving related jobs was \$8.98; the healthcare support occupations such as nursing aids earned \$10.66 per hour; retail jobs average hourly pay was \$16.82, and construction jobs were paid at an average of \$18.54 per hour.

SOCIAL IN-KIND SUPPORTS

While majority of former Clarksdale residents were eligible for social supports, the administrative and the survey data showed that at baseline only 14.3% were taking advantage of cash assistance. Many of these cases appeared to have been enrolled in cash assistance (welfare) and in-kind support (Food Stamps, Medicaid) programs soon after relocation.

Still, at follow-up a smaller proportion of residents were receiving cash assistance (5.1%), while the proportion of people who received food stamps assistance or other type of in-kind supports increased from 67.8% at baseline to 73% at follow-up.

We also noted an increase in the proportion of social security income recipients (table 11), and a slight increase in the proportion of residents with supplemental security income for adults and children.

Table 11. Income and Poverty

		Baseline		Follow-up	
		N	%	N	%
POVERTY	Below Poverty	302*	88.3	210	76.6
INCOME (respondent's) from employment					
	No earned income	226	66.1	198	72.3
	<= 5,000	12	3.5	3	1.1
	5,001 - 10,000	55	16.1	13	4.7
	10,001 – 15,000	15	4.4	19	5.5
	>15,000	34	9.9	38	13.9
	Refused	8	2.3	-	-
Sources of Income (past 12-month)					
	Work	94	27.5	73	26.6
	Food stamps	232	67.8	200	73.0
	Cash assistance/welfare	49	14.3	14	5.1
	Social Security Income	56	16.4	59	24.1
	Supplemental Security Income (adult disability)	72	21.1	65	23.7
	Supplemental Security Income (child disability)	33	9.6	29	10.6
	Unemployment benefits	-	-	5	1.8

*Note: the baseline proportion of respondents in poverty is a conservative estimate; eligibility for public housing is determined by poverty level. Thus, the true rate at baseline must be close to 100%

HOUSING RELOCATION

Clarksdale residents had several housing relocation options, the two main options being other public housing units in the city and Section-8 vouchers for homes scattered throughout Jefferson County.

By the end of 2007, about 41% of all former residents were residing in other public housing developments, 12% at scattered sites; another 26.5% had housing vouchers, 1.5% moved in the new Liberty Green housing complex that replaced Clarksdale neighborhood and, a little above one percent had housing without assistance from HUD. At that time, for 127 of the total of 695 households or 18.4% relocation or current housing information was not available.

At baseline, the tracking system data showed that majority of former Clarksdale households were relocated to other public housing units (51.6%), or received housing vouchers (26.3%). Housing services were

provided at that time to 21 residents (home ownership support services); 11 residents who had individual development plans, or were involved in “self-help” operations graduated from the home ownership program and received a substantial down payment to buy their own home.

At follow-up (table 12), our survey data shows that the proportion of residents in public housing developments is about the same (51%) as it was at baseline. But, the proportion of residents who reside on scattered sites increased to 14.9%, and the proportion of residents with housing vouchers increased to 28.4%; the proportion of residents who returned to Liberty Green increased from 1.5% to 3.2%.

As of December 2010, there were 43 former Clarksdale families and 71 other families from public housing developments who moved in the Liberty Green area.

Of the 274 residents surveyed at follow-up, 233 or 85% had some type of subsidy:

- 80.3% had government or charity housing subsidy, and
- 4.7% had some other type of subsidy.

Among those with housing subsidy, 220 of the 233 or 94.4% received government or charity subsidy, and 13 of the 233 (5.6%) received other type of subsidy. Most common subsidy types were either in the form of public housing (66.5%) low rents or as Section 8 (29.2%) payments

Table 12. Housing of Relocation

	N	%
Beecher Terrace	101	29.5
Sheppard Square	46	13.5
Other Public Housing	30	8.8
Liberty Green	11	3.2
Housing Choice Voucher	97	28.4
Scattered Sites	51	14.9
Housing - Not HUD-Assisted	6	1.8
Total	342	100.0

Overall, 65.9% of all 234 CSS-eligible families with children who participated in our survey have been moved out of public housing developments, to either scattered sites or section 8 housing.

Table 13 displays the follow-up relocation information on the type of housing received by the CSS eligible households, by type of family: with or without children. Figure 8 presents this information for baseline and follow-up. About a third of all CSS eligible families have received section 8 housing, another 17.5% relocated to scattered sites, and 3.4% reside in non-HUD housing. Thus,

majority (53.8%) of the CSS eligible households moved away from the public housing developments. Furthermore, within the CSS-eligible families with children there were 39.3% who received section-8 subsidy, another 24.4% moved to scattered sites, and less than 2% are in non-HUD homes. The map below (exhibit B) shows the areas of relocation for the survey respondents.

Table 13. CSS-Eligible Families by Type of Housing at Follow-up

	Families with Children		Families without Children		Total	
	N	%	N	%	N	%
TRACKING SYSTEM						
Section 8	53	39.3%	24	25.3%	77	32.9%
Scattered sites	33	24.4%	8	8.4%	41	17.5%
PH Apartments	46	34.1%	62	65.3%	108	46.2%
Not-HUD/Other	4	1.7%	4	1.7%	8	3.4%
Total	132	100%	94	100%	234	100%
SURVEY						
Housing subsidy	116	84.7%	76	80.9%	192	83.1%

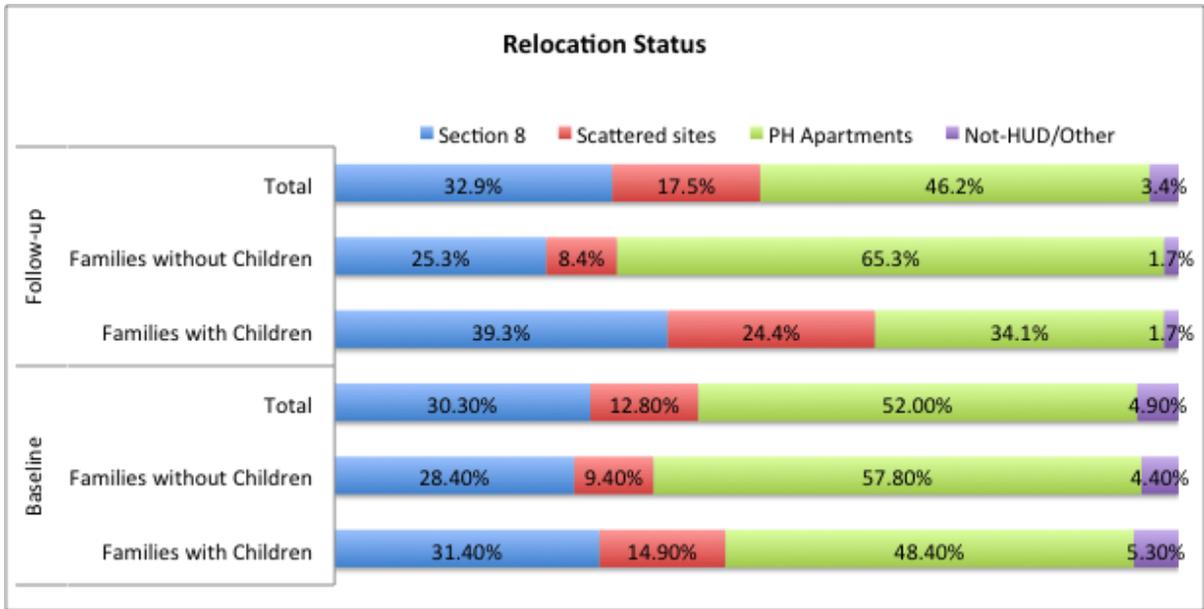


Figure 8. Relocation Status for CSS-eligible Households at Baseline and at Follow-up

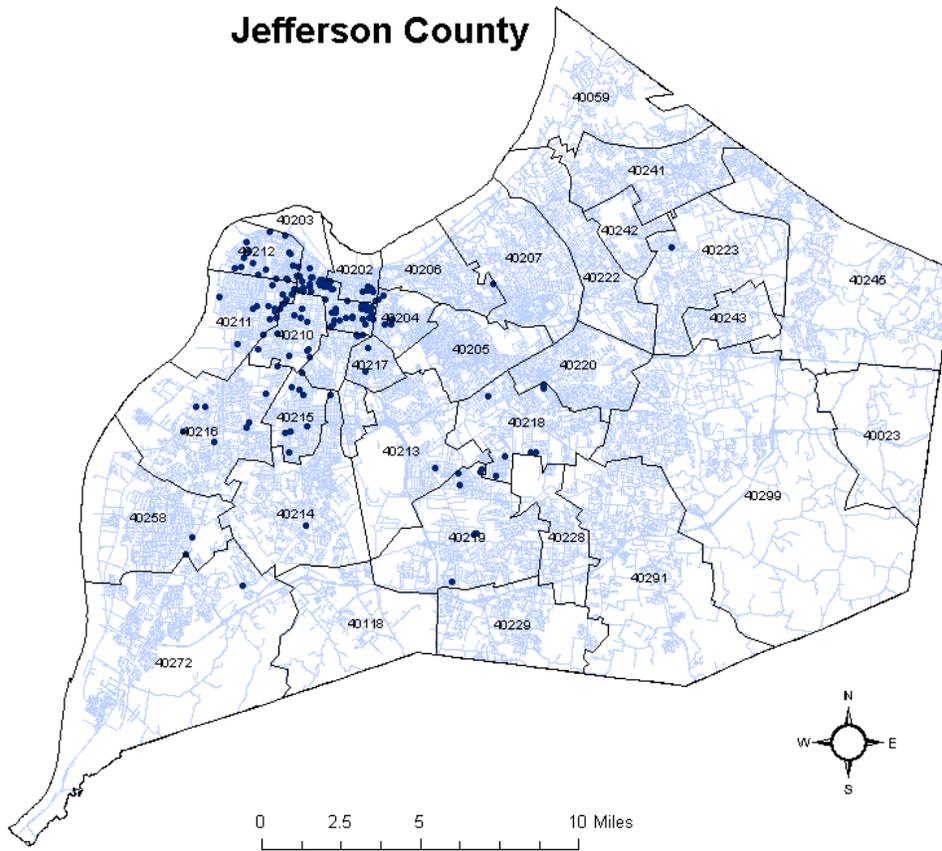


Exhibit B. Distribution of Former Clarksdale Residents at Follow-up by Zip Code

HOUSING SATISFACTION

The data shows that a significant proportion of families continue to receive housing assistance, but the main question is how did the quality of housing change between baseline and follow-up; and, how did the residents perceive the change.

This section presents information collected about the level of satisfaction of the former residents of Clarksdale with the relocation services in general, and with their new homes.

The data on the levels of satisfaction with the relocation services is presented for the entire sample for follow-up in table 17,

while figure 9 includes only CSS-eligible cases.

Overall, 75.9% of the 274 respondents were satisfied or very satisfied and 14.2% were not satisfied or were very unsatisfied with the relocation services.

Of the CSS eligible residents (figure 9):

- 77% were satisfied or very satisfied with the relocation services,
- 7% were neither satisfied nor unsatisfied, while 16% were dissatisfied or very dissatisfied.

What do we know about the residents that were not satisfied with their housing?

Table 14. Satisfaction with Relocation Services

Satisfaction with the relocation services provided by the Housing Authority	N	%
Very satisfied/Satisfied	208	75.9
Neither satisfied or unsatisfied	17	6.2
Unsatisfied/ Very unsatisfied	39	14.2
Not applicable – did not take advantage of any services	9	3.3
No answer	1	0.4
Total	274	100%

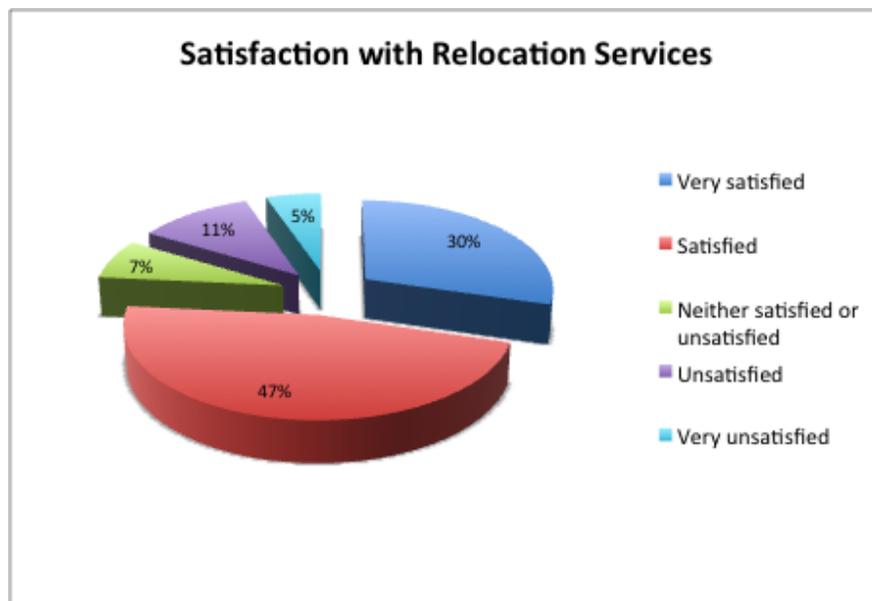


Figure 9. Satisfaction with Relocation Services (CSS eligible respondents, N=234)

Table 15. Received requested housing? (CSS eligible respondents, N=234)

		Yes, 1 st preference		Yes, 2 nd preference		No		Total
		N	%	N	%	N	%	N
Satisfaction with current housing	Very satisfied	62	78.5	9	11.4	8	10.1	79
	Somewhat satisfied	65	71.4	13	14.3	13	14.3	91
	Somewhat dissatisfied	9	39.1	5	21.7	9	39.1	23
	Very dissatisfied	14	46.7	5	16.7	11	36.7	30
	Total	150	67.3	32	14.3	41	18.4	223
Current housing compared to Clarksdale	Much better	62	87.3	6	8.5	3	4.2	71
	Better	18	56.3	6	18.8	8	25.0	32
	About the same	34	65.4	6	11.5	12	23.1	52
	Worse	24	55.8	10	23.3	9	20.9	43
	Much worse	9	42.9	2	9.5	10	47.6	21
Total	147	67.1	30	13.7	42	19.2	219	
Feelings about moving out of Clarksdale	Very happy	43	78.2	9	16.4	3	5.5	55
	Pretty happy	28	80.0	1	2.9	6	17.1	35
	Neither happy nor unhappy	27	62.8	4	9.3	12	27.9	43
	Pretty unhappy	23	60.5	7	18.4	8	21.1	38
	Very unhappy	28	52.8	12	22.6	13	24.5	53
Total	149	66.5	33	14.7	42	18.8	224	

* The difference between the total N in the table and 234 is due to missing information on one or more variables

Using the CSS-eligible group (N=234) we conducted three crosstabulation analyses to test three different relationships, between receiving the requested type/location of housing, or not, and the respondent's:

- a) satisfaction with the current housing,
- b) his or her perception of the current vs. Clarksdale housing (figure 10)
- c) and his or her feelings about moving out of Clarksdale.

Table 15 shows that there is a steady decrease in the proportion of respondents who were satisfied with the relocation services drops for the group who received their second choice and drops even more for those who did not receive the requested location and type of housing.

From the same table it is apparent that the same pattern emerges for the relationship between the respondents' perception of the current housing as compared to Clarksdale housing. Those who received their second housing choice were more likely to assess their current housing as being worse or worse off than their Clarksdale housing.

Finally, individuals who received their preferred housing were more likely to be very or pretty happy about moving out of Clarksdale as compared to those who did not move to their first choice housing. Furthermore, we tested the relationship between respondents' satisfaction with their current housing and the types of housing subsidy they have (figure 10); again, we found a significant relationship.

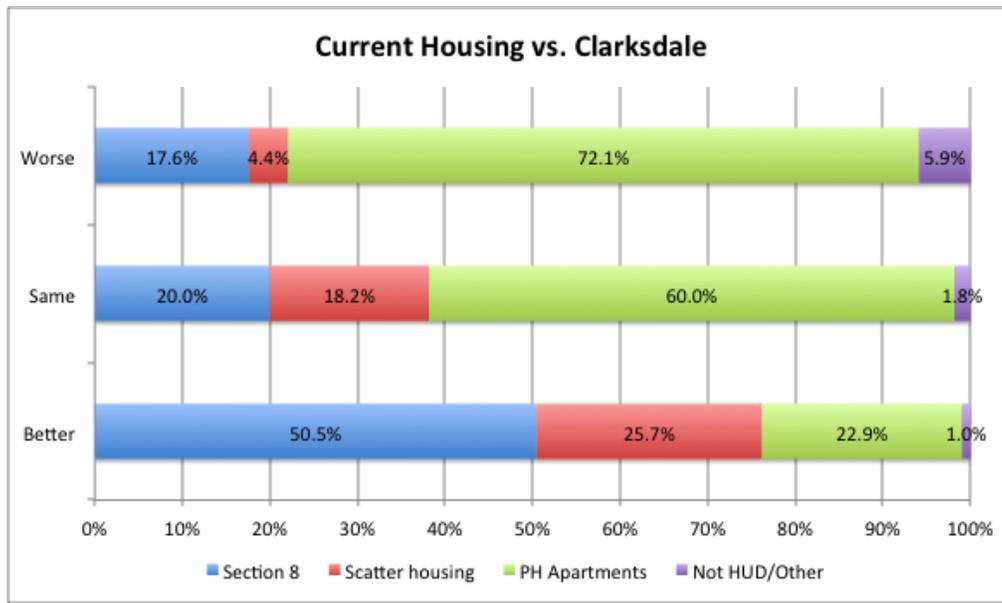


Figure 10. Perception of Housing Quality: Current vs. Clarksdale (N=234)

Table 16 shows several data related to housing for the entire sample.

- 59.7% lived in the same home in which they relocated from Clarksdale
- 64.1% received their first preference at relocation and another 14.1% received their second preference, for a total of 78.2%.

At follow-up, 44.2% had better housing conditions than they had in Clarksdale, another 26.6% stated that their current housing was as good as the one in Clarksdale was, and 26.3% said that their housing was worse than the housing they had in Clarksdale.

When asked about how happy they were to move out of Clarksdale, about 40% were happy, 18% did not have any feelings about this issue, while 42.3% were unhappy about the move.

Respondents' assessment of their current housing as compared to Clarksdale housing leads us to the next two questions:

- how many residents would want to move back into the area, in the Liberty Green apartments, and
- what are their characteristics?

There were 130 respondents, or 55.6% of the 234 CSS-eligible residents, who said that they have considered moving back to Liberty Green. These respondents are primarily families without children who live in other public housing developments. However, only 31 (23.8% of the 130 residents) of them submitted an application.

Residents residing on scattered housing or who had housing vouchers said that they do *not* want to return to Liberty Green, because they prefer a single-family home in a better neighborhood; some were relocated in single-family housing others were on the waiting list.

One additional note, we found an association between the respondents' satisfaction with relocation services and their employment status. Data collected from the CSS eligible households shows that there is a significant relationship between

the employment status of the respondent and his or her satisfaction with the relocation services: 87.9% of the respondents who are employed were satisfied or very satisfied

with the relocation services (chi-square (4) = 10.809, p=.029) as compared to 71.9% in the unemployed group.

Table 16. Satisfaction with Current Housing (N=274, follow-up)

	N	%
Current Housing: Satisfied	208	75.9
Received preferred housing		
1st preference	177	64.6
2nd preference	41	15.0
No	45	16.4
Other	11	4.0
Lives at current address since moving from Clarksdale	170	63.2
Considered moving to Liberty Green	148	54.0
Current Housing as compared to Clarksdale		
Better	121	44.2
Same	73	26.6
Worse	72	26.3
DK/NA	4	1.5
Happy has moved out of Clarksdale		
Happy	109	39.8
Neither nor/DK	49	17.9
Unhappy	116	42.3

Table 17 gives a detailed description of the type of housing in which former residents of Clarksdale moved.

- About a quarter (25.5%) resided in a 1-2 family home,

- another 10% resided in a building with maximum four apartments, and
- another 20.8% in a building with maximum 10 apartments.

Table 17. Type of Housing at Follow-up

	N	%
A one-family house detached from any other house	59	21.5
A one-family house attached to one or more houses (such as a duplex or townhouse)	5	1.8
A building with 2 apartments	6	2.2
A building with 3 or 4 apartments	27	9.9
A building with 5 to 9 apartments	57	20.8
A building with 10 to 19 apartments	81	29.6
A building with 20 to 49 apartments	13	4.7
A building with 50 or more apartments	17	6.2
Other	3	1.1
DK	6	2.2
	274	100

The elder group resides in public housing buildings especially equipped for individuals with health issues and/or physical impairments; these high-rise buildings have a large number of apartments. Also, there was one respondent who was residing in a homeless shelter and one other was residing with extended family.

Further, in figure 11 we present the data regarding basic indicators of housing quality.

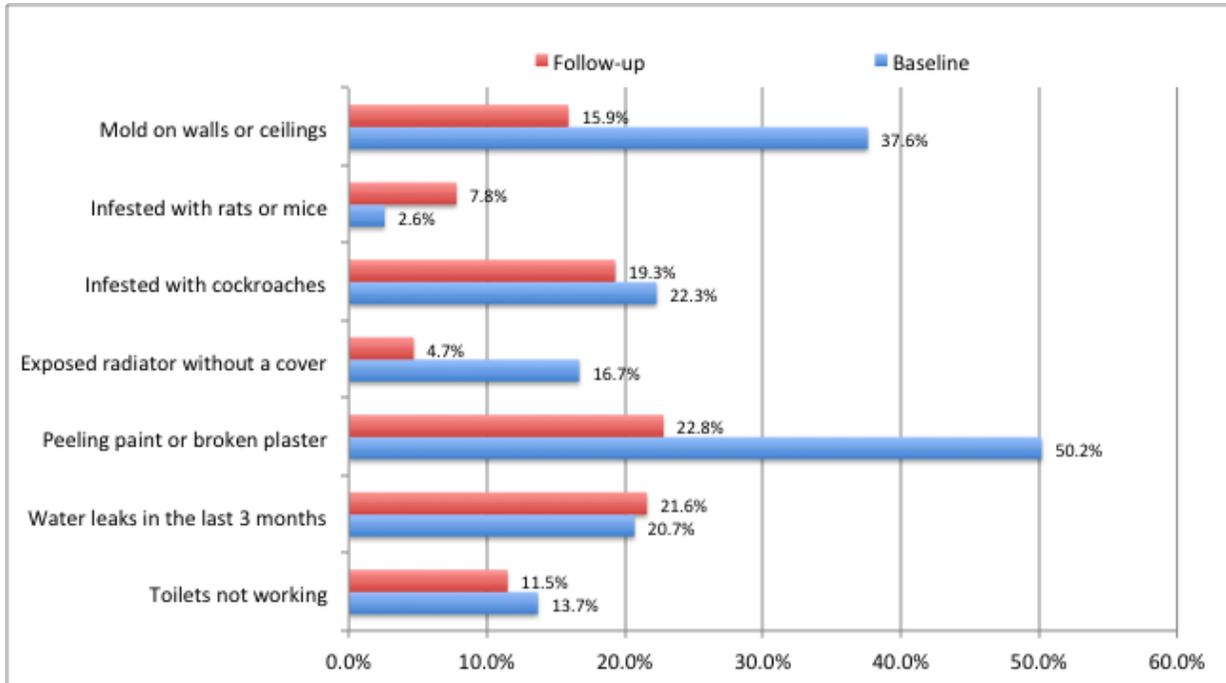


Figure 11. Housing Quality: Baseline vs. Follow-up

At baseline,

- 83 respondents (24.3%) said that their Clarksdale apartment was infested with cockroaches, and
- 12 (3.5%) said they had rats or mice, while
- more than a third (127 or 37.1%) said there were problems with mold on the walls, ceilings, or in the bathrooms.

40 or 14.6% said they had problems with mold on walls and ceilings.

At follow-up,

- 56 or 20.4% had cockroaches in their homes,
- 18 or 6.6% said that they had rats or mice, and

NEIGHBORHOOD SAFETY

Many Clarksdale residents were reluctant to relocate when they learned about the redevelopment, and of all, the long-term residents were the most reluctant to relocate.

At baseline, the data on the main reasons for not wanting to relocate showed that residents were primarily concerned with losing physical proximity to other family members, need for children to change schools, moving farther away from the work place and they feared that access to public transportation might be difficult.

The most interested in relocating were the *families with children*. Among the top reasons favoring relocation were to move into a larger and better home, have access to better schools, get away from gangs and drugs, and live in better neighborhoods. Among families with children, 34% did not want to move, 40% wanted to move to get away from drugs and violence, 11% wanted to move to get bigger apartment/home, 10% wanted to move close to family, 5% wanted to move to get better schools for their children.

Among the *other families*, with no children and no elderly, 45% did not want to move, 28% wanted to move to get away from drugs and violence, 13% wanted to move to get bigger apartment/home, 14% had other reasons.

Finally, among the *elderly*, 68% did not want to move, 13% wanted to move to get away from drugs and violence, 17% wanted to move for other reasons.

Overall, the top ranked problems were the sale and use of drugs, the groups of people who were “just hanging out” in the area, the number of teenage mothers, unemployment,

gang activity, and the trash/junk in the parking lots, streets, lawns, and sidewalks.

The biggest problems identified by the residents were related to the neighborhood safety, such as drug selling, drug using, shooting and violence, people just hanging out. The follow-up data shows that the neighborhood safety indicators that were most problematic in Clarksdale were not a problem or were only “some problem” in the new neighborhoods.

The least problematic issues in the Clarksdale area included availability of transportation, the access to good schools, and police responsiveness.

Table 18 displays the number and proportion of respondents who assessed specific indicators of neighborhood quality of life as being a big problem, some problem or no problem at baseline for the Clarksdale neighborhood, and at follow-up for their new neighborhoods. We also present the changes in the neighborhood level indicators in the figures 12 and 13.

Data shows that residents perceive their new neighborhoods as being better off on all indicators, but the greatest increased is observed on the exact same indicators that were a “big problem” in Clarksdale.

Figure 12 shows that at baseline 80% or more of the respondents said that selling and using drugs was a big problem in Clarksdale followed shooting, violence, and groups of people just hanging out (over 60% of the respondents). In figure 13, the blue bars (“a big problem”) show the difference in the proportion of respondents who perceived these social issues as a “big problem” in their neighborhood of residence at follow-up as compared to Clarksdale.

Table 18. Perception of Neighborhood Quality of Life

	Survey	A big problem		Some problem		No problem		Don't Know	
		N	%	N	%	N	%	N	%
Unemployment	Baseline	179	52.6	71	20.9	63	18.5	27	7.9
	Follow-up	107	39.1	62	22.3	61	22.3	45	16.4
Groups of people just hanging out	Baseline	227	67.0	62	18.3	46	13.6	4	1.2
	Follow-up	93	34.1	59	21.6	114	41.8	7	2.6
The number of teenage mothers	Baseline	206	60.8	70	20.6	33	9.7	30	8.8
	Follow-up	87	31.8	44	16.1	104	38.0	39	14.2
Lack of public transportation	Baseline	44	12.9	33	9.7	256	75.3	7	2.1
	Follow-up	19	7.0	33	12.1	216	79.1	5	1.8
Quality of schools	Baseline	34	10.1	76	22.5	193	57.1	35	10.4
	Follow-up	23	8.5	37	13.7	177	65.6	33	12.2
Graffiti	Baseline	100	29.5	114	33.6	122	36.0	3	0.9
	Follow-up	36	13.1	51	18.6	183	66.8	4	1.5
Trash/junk	Baseline	142	41.8	90	26.5	107	31.5	1	0.3
	Follow-up	80	29.2	65	23.7	127	46.4	2	0.7
Police not coming when called	Baseline	73	21.5	52	15.3	197	57.9	18	5.3
	Follow-up	37	13.6	42	15.4	166	60.8	28	10.3
People being attacked or robbed	Baseline	106	31.2	127	37.4	74	21.8	33	9.7
	Follow-up	52	19.0	68	24.8	135	49.3	19	6.9
People selling drugs	Baseline	274	80.6	44	12.9	7	2.1	15	4.4
	Follow-up	106	38.8	43	15.8	98	35.9	26	9.5
People using drugs	Baseline	272	80.0	41	12.1	6	1.8	21	6.2
	Follow-up	107	39.2	45	16.5	90	33.0	31	11.4
Gangs	Baseline	152	44.7	72	21.2	86	25.3	30	8.8
	Follow-up	54	19.8	38	13.9	154	56.4	27	9.9
Rape or other sexual attacks	Baseline	39	11.5	63	18.6	159	46.9	78	23.0
	Follow-up	14	5.1	30	10.9	197	71.9	33	12.0
Shootings and violence	Baseline	228	67.1	85	25.0	21	6.2	6	1.8
	Follow-up	88	32.1	61	22.3	118	43.1	7	2.6

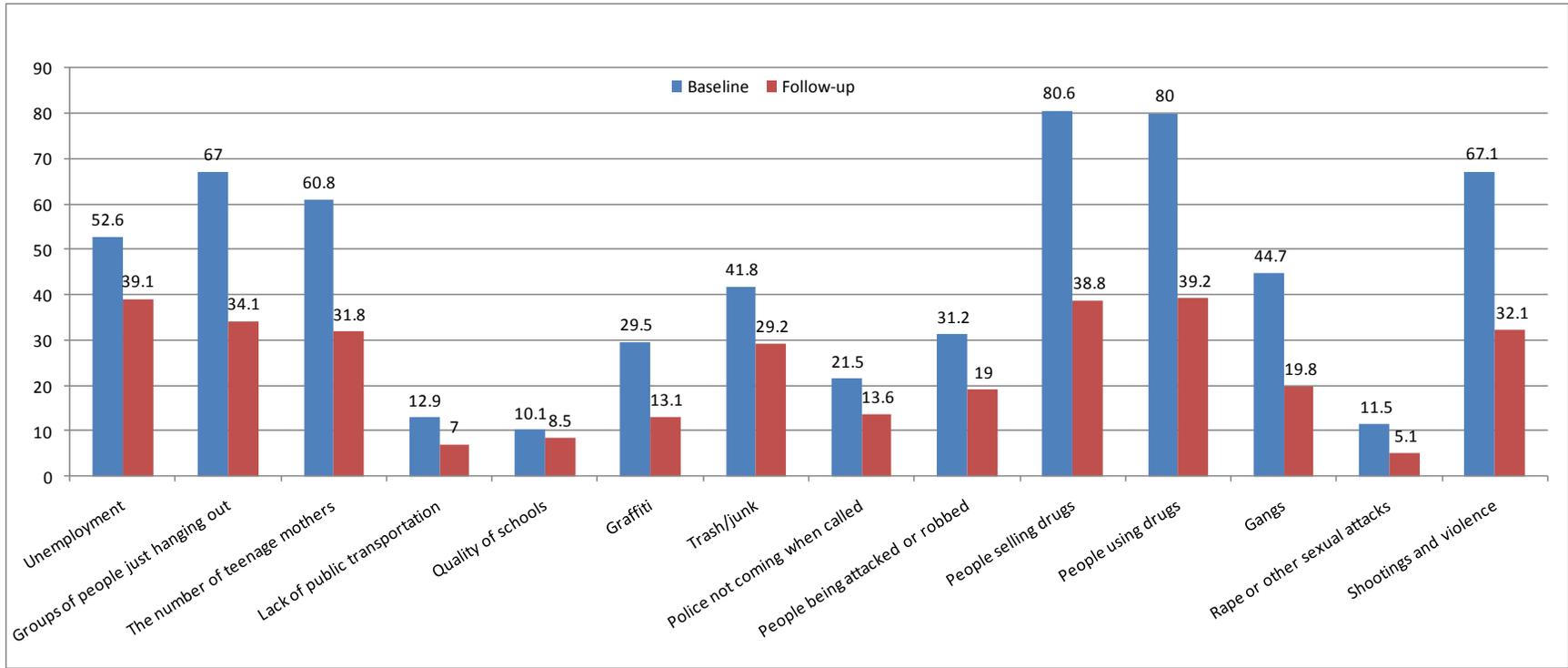


Figure 12. Quality of Life Indicators in Clarksdale (Baseline) and Current Neighborhood (Follow-up): %Big Problem

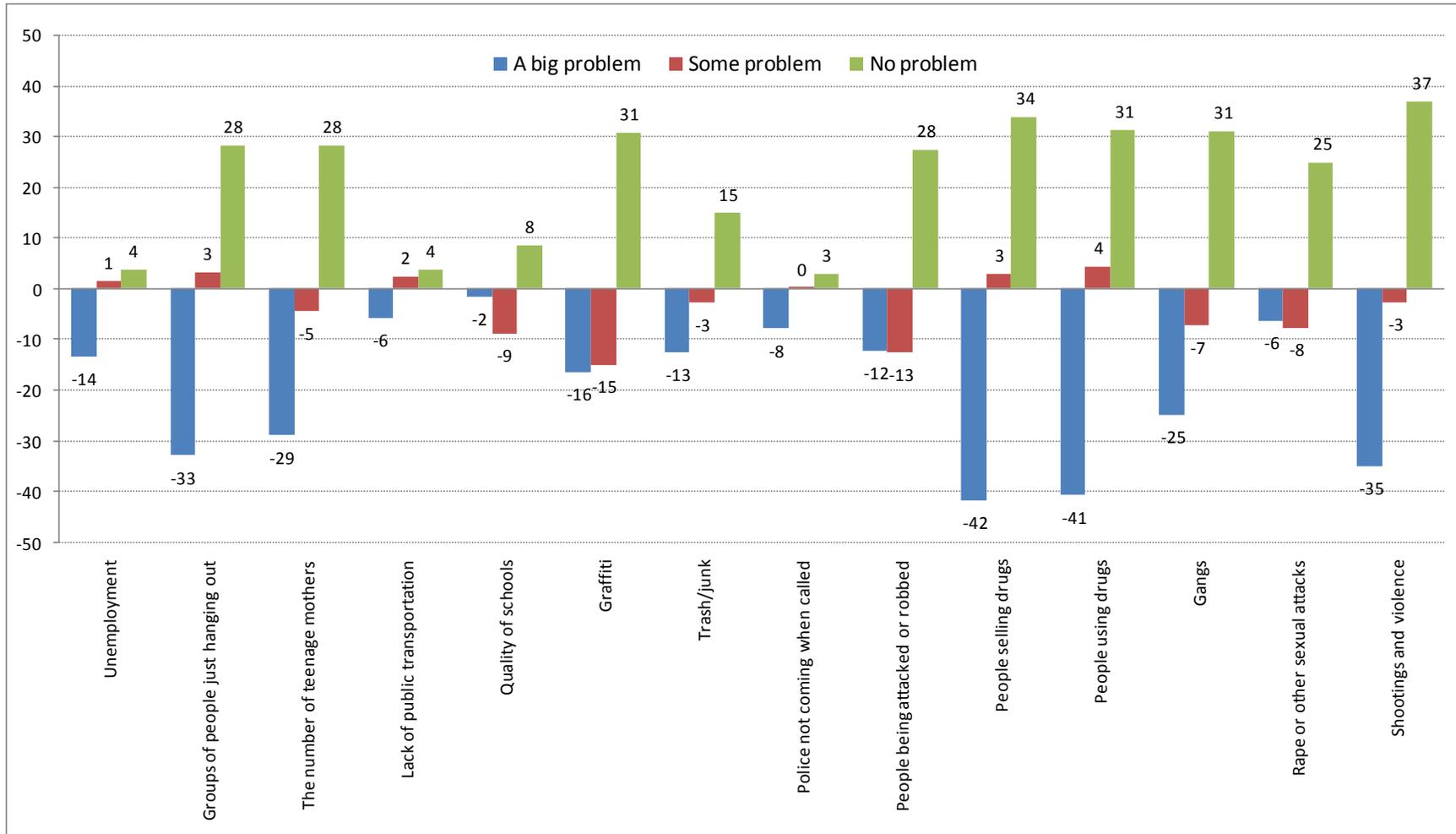


Figure 13. Change in the Quality of Life Indicators (% points difference between follow-up and baseline)

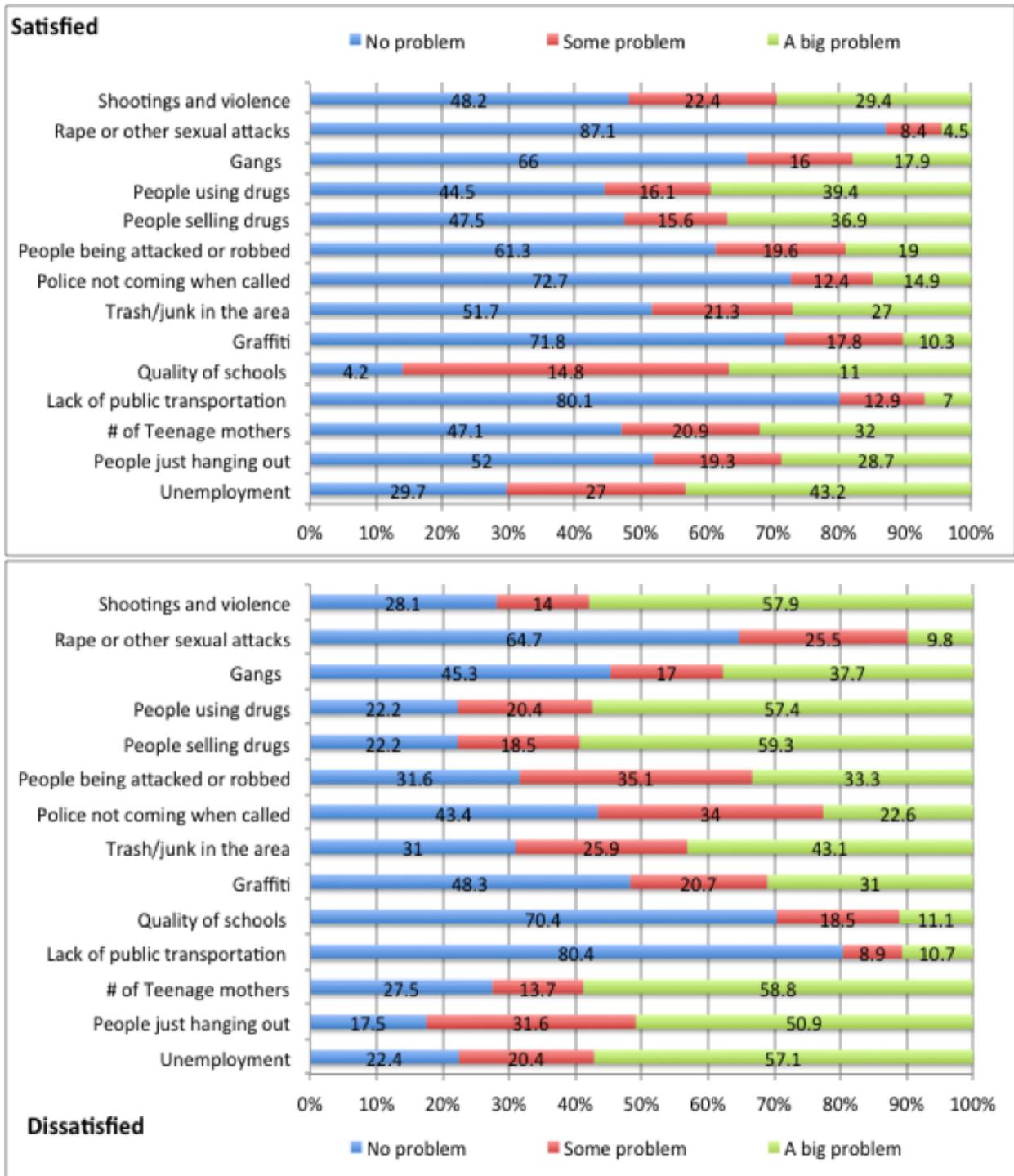


Figure 14. Satisfaction with Housing by Perceived Neighborhood Safety

Figure 14 shows that there is an association between respondents' satisfaction with their current housing and their level of perceived neighborhood safety. A smaller proportion

of residents would perceive indicators of neighborhood crime as being no problem (blue bar) in the group of residents who were dissatisfied with their housing as

compared to those who were satisfied. The results of the significance tests for the comparisons between the satisfied and dissatisfied groups in the perception of neighborhood safety are shown in table 19. Specifically, table 19 presents the value of the Chi-square test and the significance value of the test (p-value). The smaller the p-value the more significant the difference between the two groups (satisfied vs. dissatisfied) is.

The green bar shows the significant increase in the proportion of respondents who stated that the neighborhood safety issues were not

a problem at all. The largest decreases were noted in the proportion of residents who identified as “big problems” drug selling, drug using, and shooting and violence, followed by gangs, teen mothers, graffiti, and trash/junk.

The most significant changes however (the lowest p-values, $p < .001$ and largest chi-square values in table 19) were “people just hanging out”, “police not coming”, and graffiti”). Thus, the largest gains were in the indicators that measure quality of the social environment, the neighborhood safety.

Table 19. Housing Satisfaction by Current Neighborhood Safety Indicators

	Chi-square (df=2)	p-value
Unemployment	2.857	.240
People just hanging out	20.774	.000
# of Teenage mothers	11.615	.003
Lack of public transportation	1.277	.528
Quality of schools	0.424	.809
Graffiti	15.856	.000
Trash/junk in the area	8.040	.018
Police not coming when called	17.060	.000
People being attacked or robbed	15.054	.001
People selling drugs	11.237	.004
People using drugs	8.519	.014
Gangs	9.741	.008
Rape or other sexual attacks	13.095	.001
Shootings and violence	14.950	.001

NEIGHBORHOODS’ SOCIAL CAPITAL

Further, we wanted to know if these gains in neighborhood safety are reflected in the respondents’ answers related to how integrated they feel in their new neighborhoods as compared to their answers at baseline (table 20).

The quality of a neighborhood can be assessed in different ways, starting with the built environment and ending with the types of social organizations present on the community. Thus far we spoke about the quality of housing and the perception of neighborhood, primarily in terms of physical safety.

Following is information we collected about the residents' feelings with regards to their "fit" in the new neighborhood. These questions were asked at both points in time and need to be interpreted with caution, given that respondents were already relocated, and that majority had the same address at the two points in time.

We found that there was no change in the perception of the neighborhood as being a "good place to live", where neighbors share the same values and want the same things from their neighborhoods as respondents did. There was no change in how respondents felt about how much influence they have over their neighborhood.

Fewer respondents said that it is important to them to live in "this particular" neighborhood (39.4%) as compared to

46.2% at baseline. A significant increase was noted in the proportion of respondents who said that *only a few* of their neighbors know them (63.5% as compared to 46.2% at baseline). The proportion of respondents who could recognize most people living in the same area slightly decreased from 84.2% to 78.1%, and 73.4% felt at home in the neighborhood as compared to 77.8% at baseline.

Fewer respondents (44.5% as compared to 52.3% at baseline) expected to continue to live in their current neighborhood. A significantly higher proportion of respondents perceive the new neighborhoods as places where people get along with each other (70.4% as compared to 60.8% at baseline)

Table 20. Perception of Neighborhood of Residence

	Baseline		Follow-up	
	N	%	N	%
Do you think this neighborhood is a good place for you to live?	229	67.0	181	66.1
People in the neighborhood do not share the same values as you do.	184	53.8	145	52.9
Do your neighbors want the same things from the neighborhood as you do?	194	56.7	152	55.5
Can you recognize most of the people who live in your neighborhood?	288	84.2	214	78.1
Do you feel at home in this neighborhood?	266	77.8	201	73.4
Would you say that very few of your neighbors know you?	158	46.2	174	63.5
Do you care about what your neighbors think of your actions?	118	34.5	104	38.0
You feel you have no influence over what this neighborhood is like.	156	45.6	121	44.2
If a problem arises people who live here can get it solved	209	61.1	158	57.7
Is it very important to you to live in this particular neighborhood?	158	46.2	108	39.4
People in this neighborhood generally don't get along with each other.	134	39.2	81	29.6
Do you expect to live in this neighborhood for a long time?	179	52.3	122	44.5

CONTEXTUAL vs. COMPOSITIONAL

While the section above discusses the changes in the *contextual* neighborhood factors between Clarksdale and the new neighborhoods, in this section we show some of the *compositional* neighborhood differences that we identified thus far. This is very much a work in progress as we are waiting for Census 2010 data to become available.

Table 21 shows several macro indicators extracted from the US Census 2000 that are different in the new neighborhood of residence as compared to Clarksdale. Overall, on average, the areas do not differ significantly in their demographic and economic factors, although at follow-up the places of residence do seem to be slightly better off economically. The following indicators were at least one percentage point below or above the baseline level;

- Families: Female householder; no husband present (-1.3%)
- Ratio of income in 1999 to poverty level; 2.00 and over (1.2%)
- Income in 1999 below poverty level (-1.4%)
- Family Income in 1999 below poverty level (-1.7%)
- Families: Income in 1999 below poverty level; Female householder; no husband present (-1.1%)
- Families: Income in 1999 below poverty level; Female householder; no husband present; With related children <18 years (-1.3%)
- the change in all other indicators presented in table 21 were below one percentage point.

The data from table 21 is also presented graphically in Figure 15 to shows that the differences in the economic indicators between the new neighborhoods and those for the CT59 that are indicative of problematic neighborhoods are negative, and that the difference in (the only) indicator that shows improvement – the ratio of income to poverty level, which is defined below- is positive.

The ratio of income to poverty level is used to categorize people as above or below the poverty line, and to measure the depth of poverty.

The ratio of income to poverty of 2.0 (or income at 200% of poverty level) shows that the person is living in a household making twice the income designated as the poverty threshold. Translating this definition at the neighborhood level, this indicator shows that the new neighborhoods have an increased proportion of families who have income at least twice above the poverty level.

Table 21. Macro Indicators at Baseline (Clarksdale) and at Follow-up

	Baseline				Follow-up			
	N	Median (%)	Mean (%)	SD (%)	N	Median (%)	Mean (%)	SD (%)
Households: 2-or-more-person household; Family households; Other family; Female householder; no husband present; With own children under 18 years	336	35.3	30.9	14.3	335	32.8	30.3	15.7
Other family	342	77.1	65.7	22.6	341	69.9	64.5	23.9
Female householder; no husband present								
Female householder; no husband present, Unemployed	277	9.0	13.3	8.6	269	9.0	13.0	8.6
Households: With Social Security income	342	20.0	23.3	11.2	341	20.0	23.6	11.0
With Supplemental Security Income (SSI)	338	13.0	12.8	5.3	338	13.0	12.5	5.6
With public assistance income	324	23.4	18.0	10.4	326	18.9	17.2	10.5
Income in 1999 below poverty level	342	51.0	54.1	23.2	341	50.6	52.7	24.2
Ratio of income in 1999 to poverty level: Under .50	342	35.8	34.3	19.0	341	32.4	33.5	19.9
50 to .74	342	10.9	11.4	5.2	338	10.9	11.1	5.3
75 to .99	338	9.3	8.5	3.8	337	9.2	8.3	3.8
1.00 to 1.24	342	4.7	5.3	3.3	336	4.7	5.3	3.3
1.25 to 1.49	330	6.0	6.1	3.4	330	6.5	6.2	3.5
1.50 to 1.74	338	4.5	4.6	3.3	327	4.5	4.8	3.3
1.75 to 1.84	203	2.0	2.6	1.9	199	2.0	2.5	1.7
1.85 to 1.99	221	2.2	2.5	2.2	229	2.2	2.5	2.3
2.00 and over	342	21.9	27.1	18.5	341	23.2	28.3	19.7
Families: Income in 1999 below poverty level...	335	54.4	52.3	26.0	334	47.5	50.6	26.8
Female householder; no husband present	323	47.6	45.3	24.1	323	47.5	44.2	25.0
Female householder; no husband present with related children under 18 years	322	45.8	42.7	22.1	323	45.8	41.4	23.2

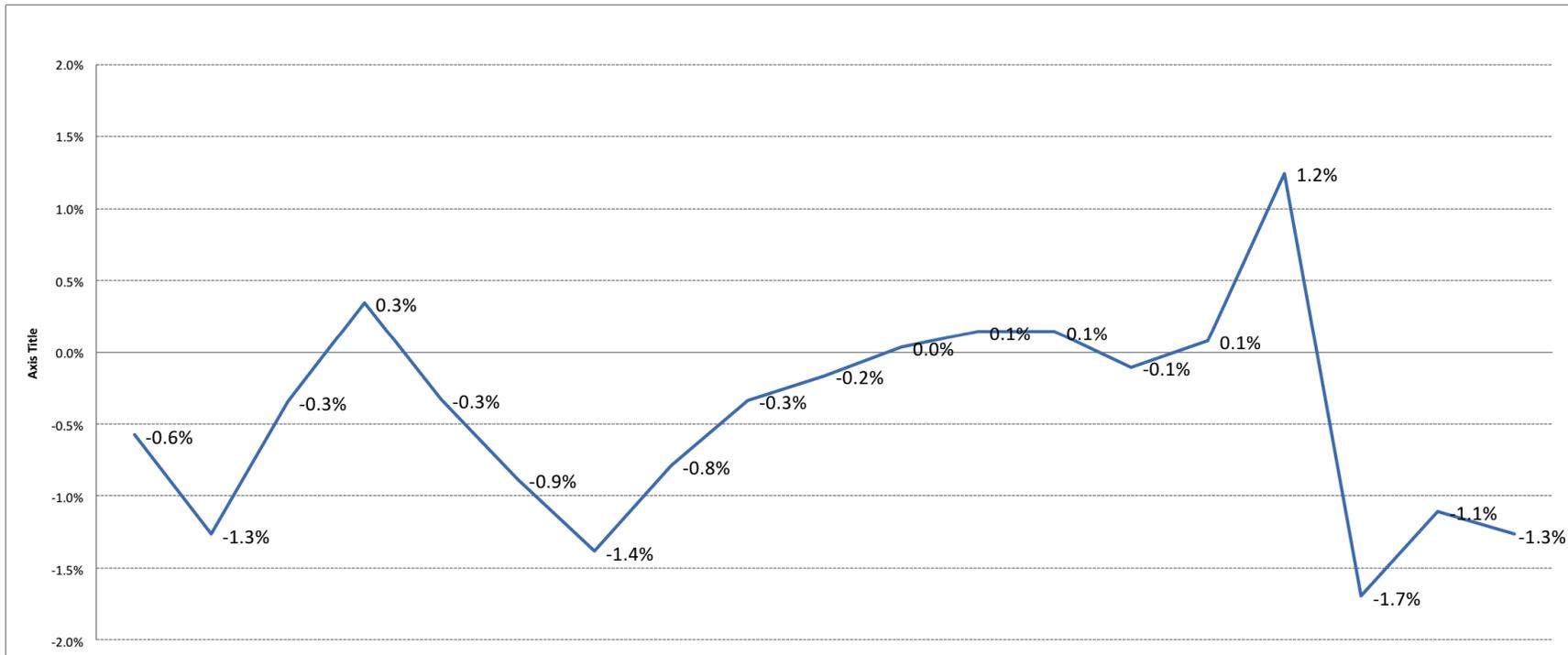


Figure 15. Differences in Neighborhood Economic Indicators (t2- t1)

As you read from left to right the greatest drops/peaks, note the following changes in the neighborhood characteristics:

Families: Other family; Female householder; no husband present	-1.3%
Income in 1999 below poverty level	-1.4%
Ratio of income in 1999 to poverty level; 2.00 and over	1.2%
Family Income in 1999 below poverty level	-1.7%
Families: Income in 1999 below poverty level; Female householder; no husband present	-1.1%
Families: Income in 1999 below poverty level; Female householder; no husband present; With related children <18 years	-1.3%

SOCIAL SUPPORT

At the time of relocation one of the major concerns was the impact of the move on individual and on family health and wellbeing. Social support is critical for all people although it is mostly discussed in the context of poverty issues. Thus, a particular concern in the HOPE VI literature was related to the breakage of the social networks that was assumed residents had in their original neighborhoods. This is because there is a belief that people and families in poverty provide more support for each other and benefit more from this support than people who are not in poverty do. The type of help exchanged is illustrated in table 23. In Clarksdale the social support appears to have been very strong (table 23).

Most respondents had friends (87%) or relatives (66%) in Clarksdale, as compared to 54% who had friends and 41.6% who had relatives in their new neighborhoods.

Furthermore, at baseline, many said that they would definitely be able to get help or support if they have ever had a physical or emotional health need (75%) or required financial support (35-40%).

At follow-up, the proportion of respondents who said that they would be able to get help in less severe situations was about the same, but the proportion of respondents who felt that they would be able to get help in severe cases, such as being confined to bed or needing significant financial support (items 6,7,8) decreased significantly.

- Reliability above .80 at baseline and at follow-up.
- The correlation between social support at baseline and at follow-up was $R=.480$, $p<.000$

Respondents with a good social support network at baseline were significantly more likely to have a good social support at follow-up.

Table 23. Social Support

	Baseline		Follow-up	
	N	%	N	%
1. Is there someone you could turn to if you needed to borrow \$10, a ride to the doctor, or some other small, immediate help?	306	89.5	250	91.2
2. Would someone be available if you were upset, nervous or depressed?	320	93.6	250	91.2
3. Is there someone you could contact if you wanted to talk about an important personal problem you were having?	320	93.6	260	94.9
4. Would the people in your personal life give you information, suggestions, or guidance if you needed it?	324	94.7	257	93.8
5. Is there someone you could turn to if you needed advice to help make a decision?	325	95.0	258	94.2
6. Is there someone who would help to take care of you if you were confined to bed for several weeks?	315	92.1	242	88.3
7. Is there someone you could turn to if you needed to borrow several hundred dollars for a medical emergency?	204	59.6	140	51.1
8. Is there someone you could turn to if you needed some financial support for a longer period of time, say \$100 each month?	205	59.9	127	46.4

HEALTH

Recent studies [13, 20] show that communities with high levels of social problems fare worse on all health indicators due to the high levels of stress experienced by people who have little to no control over their lives, little to no family and social support. Even when social support is present, when stress occurs *over a prolonged period of time*, it leads to poor physical and mental health outcomes [20].

The health status and health care seeking behavior of the survey participants and of their family members were measured using standard validated questions about their past, current or most recent physical and mental health problems, and about their health care and support seeking behavior.

The data on physical health reveals that:

At baseline, 34% of the respondents experienced health problems within the prior 12 months of the baseline survey, and 38% were still experiencing health problems at the time of the interview.

At follow-up, 29.9% experienced health problems in the past year, while 27% were still experiencing problems at the time of interview. For majority of the respondents with health problems, the health issues were upsetting or very upsetting at both points in time.

Overall, at follow-up, the proportion of respondents who perceived their overall physical health as good, very good or excellent was 58.8%, 31% said their health is fair, and 9.9% said that they are in poor overall physical health.

- Respondents with ages 62 or older (66.7%) were more likely to be in fair or poor health than the younger (35.2%) respondents.

The older group, respondents ages 60 or older, were significantly more likely to be in fair or poor health than the younger respondents (table 24). Naturally, the older a person is the higher the likelihood of poor physical health.

Table 24. Respondent's Health at Follow-up

Respondent age group	Age <60		Age 60+		Total	
	N	%	N	%	N	%
Experienced major health problems in the past 12 months	69	30.4	13	27.7	82	29.9
Perceived Overall Health						
Excellent	25	11.0	1	2.1	26	9.5
Very good	50	22.0	4	8.5	54	19.7
Good	72	31.7	9	19.1	81	29.6
Fair	57	25.1	28	59.6	85	31.0
Poor	22	9.7	5	10.6	27	9.9
Perceived Emotional Health						
Excellent	48	21.1	8	17.0	56	20.4
Very good	48	21.1	14	29.8	62	22.6
Good	71	31.3	11	23.4	82	29.9
Fair	52	22.9	11	23.4	63	23.0
Poor	8	3.5	1	2.1	9	3.3

One chronic disease of particular interest in this population is **asthma**. There were 70 respondents or 25.7% who said that they were diagnosed with asthma, and 36 of them had an asthma episode or attack within the past year (table 25).

Table 25. Prevalence of Asthma

	N	%
Has a doctor or other health professional ever told you that have asthma?	70	25.7
During the last 12 months, have you had an episode of asthma or an asthma attack?	36	14.4

Among the **CSS eligible households** (figures 17), at follow-up, about the same proportion (14.4%) had an asthma attack during the past 12 months, and a slightly lower proportion have been diagnosed with asthma (24.7%).

As mentioned earlier, our survey included several scales that measured mental health (the reliability coefficient for all of these scales was over 0.7).

The scale that measured poor symptoms of mental health asked respondents whether they experienced any of the listed behaviors and feelings all, most, some, or none of the time over the past month.

Table 26. Prevalence of Disabilities and Chronic Illnesses

	Source	N	%
Do you have any physical disabilities?	Survey	68	24.9
	Tracking	23	8.4
Do you have any mental disabilities?	Survey	36	13.3
	Tracking	6	2.2
Do you currently have any illness or chronic health condition that requires regular, ongoing care?	Survey	127	47.0
Did you have any illness or chronic health condition that required regular, ongoing care within the past three years?	Survey	124	45.4

The overall perceived emotional health shows that more respondents report a better mental or emotional health than physical health:

- 72.9% were in good or better emotional health,
- another 23% rated it fair, and
- only about 3% said they were in poor emotional health.

The data by age group showed that about the same proportion of people (26%) are in fair or poor mental health.

When we compared the survey and the administrative data on physical and mental disabilities (table 26) we learned that a significantly greater proportion of survey respondents stated that they have physical disabilities as compared to the proportion of residents who brought the case managers evidence regarding these disabilities.

Further, 47% of the survey participants said that they currently have an illness that requires ongoing care, and 45% had a chronic illness within the past three years.

The proportion of respondents with physical (20.2%) and mental (12.6%) disabilities was smaller within the CSS eligible households (figure 17) than in the overall sample.

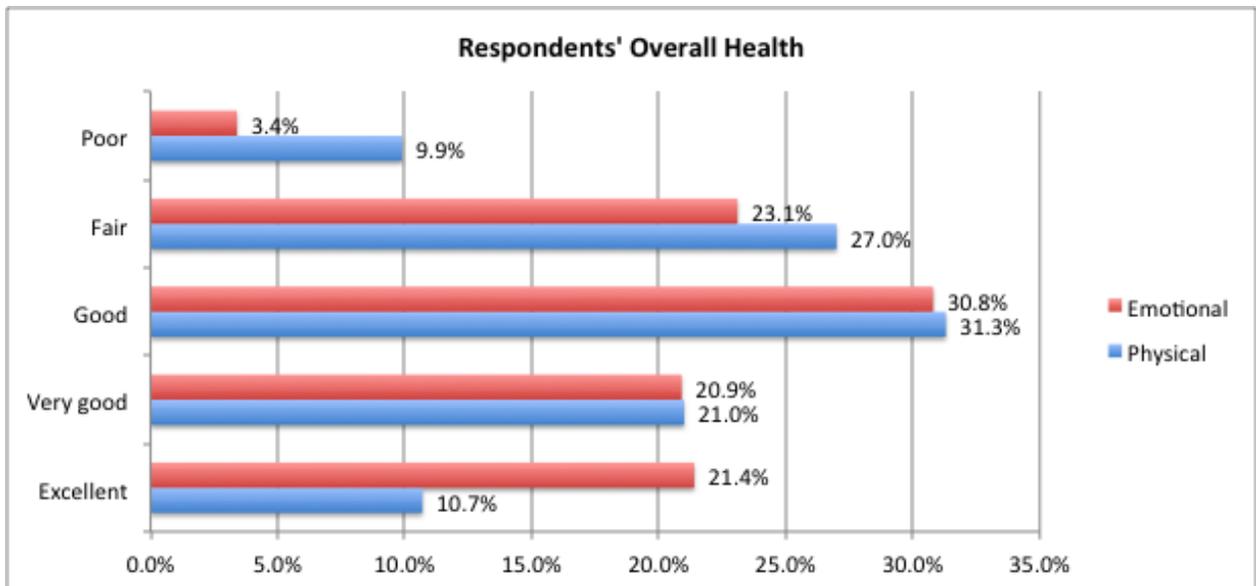


Figure 16. Respondent’s Perceived Physical and Mental Health at Follow-up

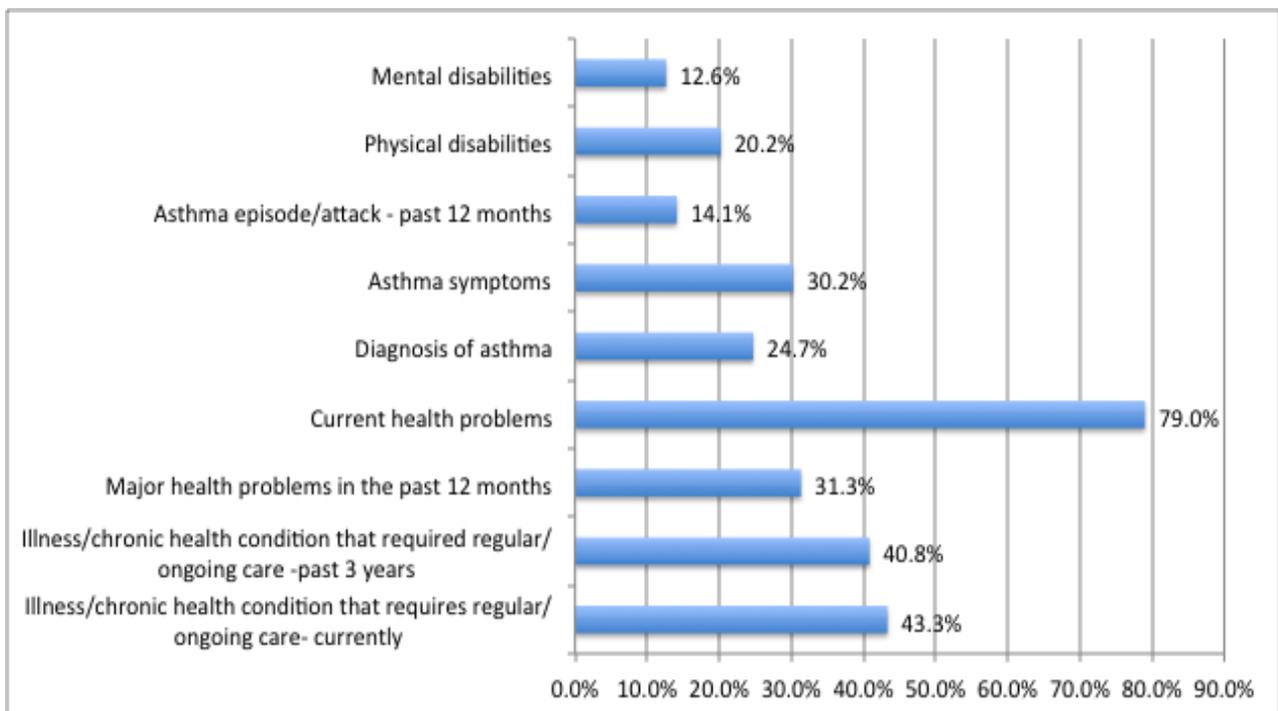


Figure 17. Identified Health Issues (CSS-eligible Households only)

Table 27 shows that at baseline 66% of the respondents said they felt calm and peaceful “most” or “all of the time” during the past month, while at follow-up only 48.2% fall into this category. This was also true for their responses on the question whether they

have been a happy person during the past month.

Still, at follow-up, fewer said that they felt nervous most or all of the time during the past month (10.6% compared to 13.7% at baseline), and about the same felt down and

nothing could cheer them up (5%-6%) or feel blue or downhearted (9% - 10%).

Table 27 displays the number and proportion of respondents in for each scale item, at both points in time. It is apparent that respondents who scored more extreme at baseline moved toward the middle of the scale. After collapsing the categories all and most of the time, and some and none of the time we conducted cross-tabulation analyses; these analyses show that there is a significant relationship between how respondents felt at follow-up and how they felt at baseline, especially in the case of positive items (feeling calm and peaceful, and being happy). The results show that significantly more than expected felt calm and peaceful ($\chi^2= 4.478$, $df=1$, $p<.034$) and significantly more than expected have been happy within the past month ($\chi^2= 13.456$, $df=1$, $p<.000$).

The other items had 25% or more expected counts under 5 and thus the validity of the

chi-square test is questionable in this situation- the test may yield different results with a larger dataset.

The CES-D depression scale developed by Radloff, and the anxiety subscale of the symptom checklist (SCL-90-R) developed by Derogatis in 1994 asked respondents to think how they felt and behaved over the past seven days. The two scales were highly correlated with each other ($R=.738$, $p<.000$).

At baseline, overall, 17% of all respondents had no signs of depression, 55% had low depression levels, while 18.7% and 9.4% showed moderate and respectively severe signs of depression.

In the elder group, 31.6% had moderate and 15.8% had severe signs of depression. At baseline, depression appeared to be most problematic in the population of older adults (60 and above) than in the younger group.

Table 27. Mental Health (how felt during the past month)

		Baseline				Follow-up			
		None of the time	Some of the time	Most of the time	All of the time	None of the time	Some of the time	Most of the time	All of the time
Been a nervous person?	N	176	118	24	23	128	117	14	15
	%	51.5	34.5	7.0	6.7	46.7	42.7	5.1	5.5
Felt calm and peaceful?	N	24	91	125	101	28	114	83	49
	%	7.0	26.6	36.5	29.5	10.2	41.6	30.3	17.9
Felt downhearted and blue?	N	178	132	18	13	135	110	21	7
	%	52.0	38.6	5.3	3.8	49.3	40.1	7.7	2.6
Been a happy person?	N	7	82	134	119	17	98	85	74
	%	2.0	24.0	39.2	34.8	6.2	35.8	31.0	27.0
Felt so down in the dumps that nothing could cheer you up?	N	240	81	12	8	205	56	13	0
	%	70.2	23.7	3.5	2.3	74.8	20.4	4.7	0.0

To decrease the fatigue respondents showed at baseline to the numerous mental health scales, we eliminated the scales that had the lowest reliability, especially if the number of items was larger, especially if there was

another scale that measured the same or highly correlated concept. The Derogatis anxiety subscale was applied at both points in time and due to the high correlation mentioned above, we can extrapolate that

changes in this scale are similar to the changes in the depression scale.

Cronbach's reliability of the Derogatis scale at baseline was $\alpha=.911$, with all 10 items being retained in the computation of the scale score, due to the fact that all items had content validity coefficients of .50 or above. The factor analysis showed that the scale was unidimensional – only one factor was extracted - and that this factor explained 57.75% variance existing in the 10 items.

At follow-up, Cronbach's reliability coefficient was $\alpha=.868$. Only nine of the 10 items were retained (item E was eliminated) based on the content validity criterion of .50 and above. The nine items loaded on a single factor that explained 50.31% variance. Note that at follow-up, there were 258 of the 274 or 94.1% valid responses. Of the 258, 177 or 68.6% had the same score at follow-up as they had at baseline, 42 or 16.3% had better scores, and 39 or 15.1% had worse off scores (figure 19).

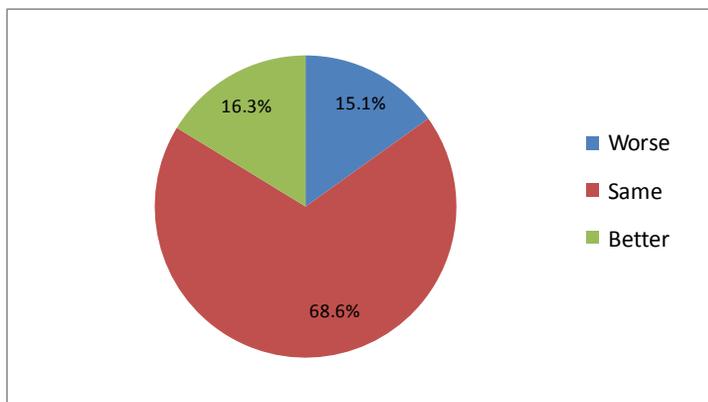


Figure 18. Changes in Mental Health

UTILIZATION OF HEALTH SERVICES

Table 22 and figure 19 show the data on the basic indicators of health services utilization for the overall sample and respectively for the CSS-eligible households. The baseline data on seeking care shows that for non-emergency medical care about 46% went to a clinic, 24% to a doctor's office, 22% used outpatient services, and 7% chose to go to the emergency room. Figures 18 and 19 provide the reader with a graph of several health indicators, accessing healthcare behaviors, and insurance information.

Although health services for low income families were available at the nearby

University of Louisville Hospital and 72% of the respondents lived within a 15 minutes walking distance from a doctor's office or a clinic, at baseline, 13.5% postponed medical care and 16.5% postponed filling a prescription, and 20% did not seek dental care due to a lack of insurance. At follow-up there was a significant decrease in the proportion of respondents who used emergency rooms for regular care. More respondents are using a doctor's office for regular care (27.7% as compared to 20.8%) or go to a clinic (57%).

Nevertheless, there was an increase in the proportion of residents who postponed medical and dental care within the past 12 months. While fewer postponed care or

filing prescriptions due to lack of health insurance, the lack of dental insurance was

the primary reason for not seeking dental care.

Table 22. Utilization of Health Service (overall)

	Baseline		Follow-up	
	N	%	N	%
Has medical card	-	-	154	56.4
Is covered by other medical insurance	-	-	69	25.2
Has a place to go or take a family member when sick or need health advice	321	93.9	243	93.8
For regular medical care clients go to:				
Doctor's office	71	20.8	76	27.7
Emergency room	37	10.8	18	6.6
Clinic	198	57.9	156	56.9
Hospital outpatient department	20	5.8	8	2.9
Other place	3	.9	4	1.5
No response	13	3.8	12	4.4
Nearest				
Bus stop 15minutes or less	341	99.7	273	99.6
Grocery store 15 minutes or less	284	83.0	234	85.4
Doctor/clinic 15 minutes or less	246	72.1	103	37.6
Doctor/clinic 16 to 30 minutes	79	23.1	100	36.5
Postponed within past 12 Months				
Medical treatment	46	13.5	52	19.1
Dental care	67	19.6	76	27.7
Prescription	56	16.5	46	16.8
Postponed due to Lack of Insurance				
Medical treatment	38	79.2	36	69.2
Dental care	37	55.2	54	71.1
Prescription	51	91.1	38	82.6

Note: Number of valid cases (denominator) may vary across data items due to missing data

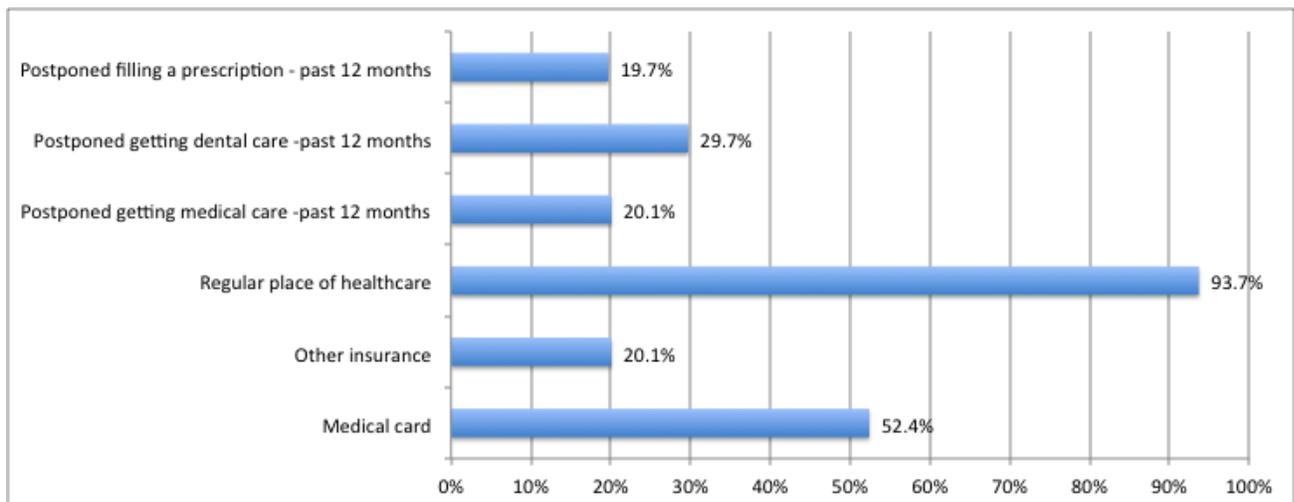


Figure 19. Health Behaviors and Insurance Data (CSS-eligible Households only)

CHILDREN

One purpose of the HOPE VI program is to break the cycle of poverty in which public housing residents are trapped. Thus, it is especially important to pay attention to the needs of the families with children who are very different and much more complex than adult-only families have.

At the core of the life course perspective of social epidemiology is that health and education conditions during childhood are strong determinants of the quality of life children will have as adults [20]. Growing up in neighborhoods with high levels of poverty, high crime rates, high rates of teen pregnancy and high rates of school dropouts, being exposed to gang activity, drugs,

prostitution, and domestic violence, has a severe impact on the child development and wellbeing [17] and it significantly reduces their ability to carry healthy, productive life as adults.

DEMOGRAPHICS

The administrative data showed that the majority (812 or 52.3%) of the former Clarksdale residents were children ages 0 to 18. The survey included 188 cases with 451 children. Overall, we collected survey data about 192 children (42.6%) ages 5 or below, 147 (32.6%) were between ages 6 and 11, and 112 (24.8%) were ages 12 to 18 (table 27).

Table 27. Distribution of Children by Age

	Baseline		Follow-up	
	N	%	N	%
Children 0 to 5	192	42.6	111	30.7
Children 6 to11	147	32.6	139	38.4
Children 12 to18	112	24.8	112	30.9
Total Children	451	100.0	362	100.0

Table 28 shows that at baseline of the 451 children, 378 or 83.8% lived with a single/never married parent and another 45 or 10% had a divorced or separated parent. While a change was not expected at follow-up – and we did not identify any significant differences-, this information is important to be reported, as it is indicative of the needs the families with children have.

Only about 5% of the children had a two-parent family (13 households); 90.6% of children ages five and below had a parent who had never been married and for another

5.2% the responsible parent was divorced or separated. In the group of children age 12 or younger, for which supervision at all times is required by law, 325 or 72% had a single parent, and only 60 of them or 18.5% had older siblings that could help with child care.

Therefore, lack of childcare for the single parent households with small children was one of the main barriers case managers had to eliminate, so parents can obtain and maintain employment.

Table 28. Children by Age and by the Marital Status of the Parent at Baseline

Marital Status	Age Group	0 to 5		6 to 11		12 to 18		Total	
	# Cases	N	%	N	%	N	%	N	%
Married	13	8	4.2	6	4.1	9	8.0	23	5.1
Widowed	29	-	-	3	2.0	2	1.8	5	1.1
Divorced	47	8	4.2	3	2.0	13	11.6	24	5.3
Separated	19	2	1.0	11	7.5	8	7.1	21	4.7
Never married	234	174	90.6	124	84.4	80	71.4	378	83.8
Total	342	192	100	147	100	112	100	451	100

SCHOOL ATTENDANCE

The data on school related issues were available for 427 of the 451 children at baseline. This is because not all of the children 5 years old or younger attended school or daycare. Majority of children who attended school were of preschool or in elementary school age (225 or 52.7%); 68 children (15.9%) were in middle school, and 25 or about 6% were in high school.

Table 29 displays the number and proportion of children by school grade, at baseline and at follow-up. At follow-up a larger proportion of children (80% as compared to 75%) attended school. There were fewer children of preschool and kindergarten age,

and more children in the elementary (22.4% as compared to 19.9%), middle (12.4% as compared to 11.5%), and high school (9.9% as compared to 5.9%).

A significant improvement was found in the proportion of students who engage in extracurricular activities (table 30); each type of extracurricular activity has an increase of at least 10 percentage points.

More students enroll in sports (31.4% as compared to 21% at baseline), 23.3% (as compared to 13.3%) take lessons (ex, music), and enroll in after school programs (34.4% as compared to 24.9%). The proportion of students who enroll in other organized activities was 32.6% at follow-up as compared to only 18.1% at baseline.

Table 29. Distribution of Children by School Grade

Grade	Baseline		Follow-up	
	N	%	N	%
Preschool	63	14.8	31	8.6
Kindergarten	28	6.6	19	5.2
1 to 3	85	19.9	81	22.4
4 to 5	49	11.5	45	12.4
6 to 9	68	15.9	77	21.3
10 to 12	25	5.9	36	9.9
Special Ed	2	0.2	0	0.0
Not Attending	107	25.3	73	20.2
Total	427	100	362	100

Table 30. Extracurricular activities

	Baseline		Follow-up	
	N	%	N	%
Sports	93	21.0	104	31.4
Lessons	59	13.3	77	23.3
After School	110	24.9	114	34.4
Organized activities	80	18.1	108	32.6

SCHOOL BEHAVIOR

School behavior and change of schools are significantly associated with each other; it is apparent that *all* children who changed schools had behavioral problems, and 60% did not get along with their peers. From table 31 it is apparent that a relatively large proportion of children (30.4%) attended new schools at the time of the baseline interview due to their family recent relocation.

In the group of children who did not change schools, only 40% had behavioral problems, and 24% did not get along with their peers.

As always, it is very hard to establish causation between changing schools and

problematic behavior, especially since the data also shows that within the prior 12 months of the baseline interview, 18 children skipped school, 45 were expelled from school, and 144 (49%) have been caught lying or cheating. These figures were similar to those at follow-up (47 expelled, 18 were caught skipping school). The data was available for 294 school age children at baseline and 289 at follow-up.

The proportion of children who changed schools at follow-up was significantly smaller, and in most cases was due to the natural progression of children moving from elementary to middle, or from middle to high school.

Table 31. School Attendance and School Behavior

	Baseline		Follow-up	
	N	%	N	%
School-Age Children	294	100.0	289	100.0
Has recently changed schools	117	39.8	88	30.4
Does <u>not</u> get along with peers	169	57.5	122	42.2
Is not happy	101	34.4	92	31.8
Feels inferior	26	8.8	18	6.2
Feels tense	61	20.7	55	19.0
Cares to do well in school	247	84.0	225	77.9
Cannot concentrate	184	62.6	186	64.4
Cannot sleep	50	17.0	62	21.5
Lies/cheats	144	49.0	159	55.0
Does poor school work	75	25.5	84	29.1

At baseline a large proportion of children seem to be unable to concentrate (62.6%), to sleep (17%), and they felt unhappy (34.4%) or tense (20.7%). Many of them felt inferior (8.8%) to their peers, did not get along with their classmates (57.5%), tried to cope by

lying or cheating (49%), and did poor school work (25.5%).

At follow-up some of these indicators improved, (top part of the table 27) while some worsen (bottom part of the table). It is

apparent that at follow-up children had more stability, felt more accepted in their schools and got along better with their peers, feeling happier, and less tense.

The most significant change was recorded in the proportion of children who did not get along with peers, which decreased from 57.5% to 42.2%. At baseline, about 84% of the school age children cared to do well in school while at follow-up this group represented only 78%.

Fewer children cared to do well in school, fewer can concentrate, sleep, and more lie/cheat and do poor schoolwork. This may

be simply due to the differences in the pools of children at baseline and at follow-up; children are at different ages and their interests and problems are different as they grow.

CHILDREN'S HEALTH

It is expected that growing up in better lower crime and lower poverty neighborhoods and greater engagement in extracurricular activities will translates into better emotional and physical health, all other things being equal.

Table 32. Children's Health

	Baseline			Follow-up		
	# Cases	# Children	% Children	# Cases	# Children	% Children
Perceived Overall Health						
Excellent	87	196	44.1	72	147	42.4
Very good	56	105	23.8	39	77	22.2
Good	60	107	24.2	39	91	26.2
Fair	28	33	7.5	19	28	8.1
Poor	2	2	0.5	4	4	1.2
Health Compared to 12-month						
Much better	29	55	12.4	25	50	15.7
Somewhat better	30	52	11.8	16	29	9.1
About the same	150	320	72.2	106	232	73.0
Somewhat worse	6	10	2.3	7	7	2.2
Much worse	3	3	0.7	0	0	0.0
No data	1	3	0.7	0	0	0.0

An attempt to identify some differences in health between baseline and follow-up is shown in table 32. We asked parents how do they perceive their children's health at baseline and at follow-up.

At baseline, health data was successfully collected for 442 out of 451 children or 192 out of 197 cases with children, while at follow-up health information was available for all children. Parents were asked to rate their children's health at the time of the

interview, and to compare their current health state to their health status the year before. Most children appeared to be in excellent to very good (67.9%) or good (24.2%) health; about 8% were in fair to poor health.

This distribution was very similar at follow-up when 64.6% of children were in excellent or very good health, 26.2% were in good health, and 9.3% were in fair or poor health.

Using paired t-tests we tested whether the decreased proportion of children with excellent or very good health was statistically significant- there were no significant differences in any of the five categories displayed in the top part of the table below. The t-values fell in the interval [-1, 0.901] with 273 degrees of freedom yielding probability values in the interval [.318, .915]; this means that we cannot reject- thus, have to accept- the starting hypothesis that there was no difference between the two points in time.

Further, the items that measured parents' perception of children's health as compared to the year before is presented in the bottom part of the table:

At baseline, 72.2% had the same health status, and 24.2% were in somewhat better or much better health, and 3.0% were in worse health.

At follow-up, 73% had the same health status, 24.8% were in better health, and only 2.2% had worsened health. Although, statistically there were again no differences in any of these categories, the pattern showed by this data is encouraging.

ELDERLY

This section of the results displays the information we have collected on the group of older respondents. The reader is reminded that the CSS services are intended for the age group 19-64; the respondents who were 65 or older were served by a local agency specialized in services for elderly (Elderserve, Inc.).

While at baseline we collected survey data from 38 families of older adults, at follow-

up there were 47 older adults. Figure 7 below shows that 68.1% or 32 adults were in families of older adults only, 17% or 8 respondents were in "other" families (without children), and 14.9% or 7 older respondents were in families with children.

The information collected from the older adults was primarily about their health issues as we expected that this group would have more health issues at follow-up. This is because the respondents' are older and thus are more likely to experience health problems.

Tables 33 and 34 present the data collected at both points in time. While table 29 shows the change in the physical health of the older adults, table 30 shows the changes in the emotional wellbeing. It is apparent that at follow-up a significantly greater proportion of older adults perceive their overall health as worse off than they perceived it at baseline.

Only 10.6% perceived their health to be excellent or very good as compared to 17.6% at baseline, and only 19.1% said their health was good as compared to 44.1% at baseline. The proportion of elders in fair or poor health increased from 38.2% to 70.2%.

A greater proportion were limited in the type of activities they could accomplish, 47.8% at follow-up compared to 38.2% at baseline; however, about the same proportion said they were accomplishing less than they would want due to physical health issues (38% at baseline, 39% at follow-up) and about the same were limited a lot in their ability to climb stairs (44% at baseline, and 43% at follow-up).

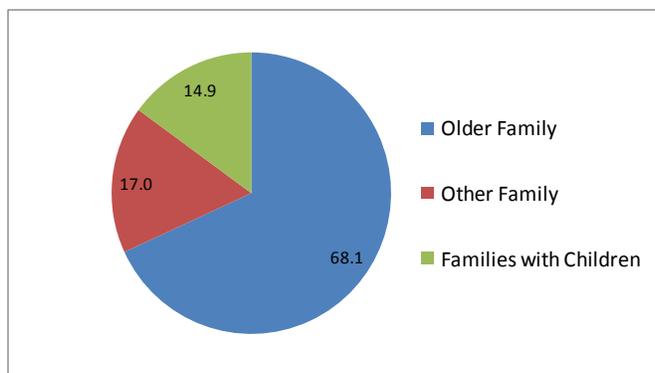


Figure 20. Distribution of Older Respondents by Type of Family

Further, a larger proportion (36%) of residents stated at follow-up that physical pain interfered with their daily activities moderately, quite a bit or extremely as compared to the baseline (24.5%).

Table 33. Physical Health and Daily Functioning in Elders

	Baseline		Follow-up	
	N	%	N	%
Perceived Overall Health: Excellent /Very Good	6	17.6	5	10.6
Good	15	44.1	9	19.1
Fair /Poor	13	38.2	23	70.2
During the past 4 weeks... as a result of your physical health				
Accomplished less than would like	13	38.2	18	39.1
Were limited in the kind of work or other activities	13	38.2	22	47.8
Moderate activities, such as moving a table, vacuum cleaner, bowling, golf				
No, not limited at all	21	61.8	18	38.3
Yes, limited a little	8	23.5	9	19.1
Yes, limited a lot	5	14.7	20	42.6
Climbing several flights of stairs				
No, not limited at all	11	32.4	7	14.9
Yes, limited a little	8	23.5	20	42.6
Yes, limited a lot	15	44.1	20	42.6
During the past 4 weeks how much did pain interfere with your work				
Not at all/A Little bit	26	76.5	29	64.0
Moderately	3	8.8	7	15.2
Quite a bit/ Extremely	5	14.7	10	21.7

Table 34. Mental Health in Elders

		Baseline		Follow-up	
		N	%	N	%
Have you felt calm and peaceful?	All of the time/ Most of the time	26	78.8	25	55.3
	Good bit of the time / Some of the time	7	21.2	17	36.2
	A little of the time/None of the time	0	0.0	4	8.6
	Total	33	100.0	47	100.0
Did you have a lot of energy?	All of the time/ Most of the time	17	50.0	21	44.7
	Good bit of the time / Some of the time	12	35.3	15	28.0
	A little of the time/None of the time	5	14.7	11	23.4
	Total	34	100.0	47	100.0
Have you felt downhearted and blue?	All of the time /Most of the time	4	12.1	3	6.4
	Good bit of the time /Some of the time	6	18.2	15	31.9
	A little of the time /None of the time	23	69.7	29	61.7
	Total	33	100.0	47	100.0

This pattern of deteriorating health was also noted in the older adults’ emotional health status; fewer felt calm and peaceful all or most of the time (55.3% as compared to 78.8%) and more had a lot of energy “a little” or “none of the time” (23.4% as compared to 14.7%).

CASE MANAGEMENT

While survey respondents ages 65 or older were not eligible for CSS case management services, they have received assistance through ElderServe, Inc and thus the questions about the satisfaction with the case management and the case managers.

Clients’ satisfaction with the relocation services and their opinion with regards to the helpfulness of their case managers were

measured at follow-up using two Lickert scale questions.

Majority of clients were satisfied or very satisfied (75.9%) with the relocation services, and also majority of them found the case manager helpful or very helpful (76.7%).

Note that the elderly families who were not eligible for services were retained in the denominator in Table 35.

- 18 (7.7%) respondents said that they did not take advantage of the case management

Of those who benefited from case management:

- 84.8% said that the case managers were helpful or very helpful, and 10.7% said that they were not helpful.

Table 35. Satisfaction with Case Management (Follow-up)

	N	%
Case Manager Helpfulness		
Very helpful/Helpful	210	76.7
Neither helpful or unhelpful	11	4.0
Not too helpful/ Not helpful at all	26	9.5
Not applicable – did not take advantage of any services	25	9.1
No answer	2	0.8

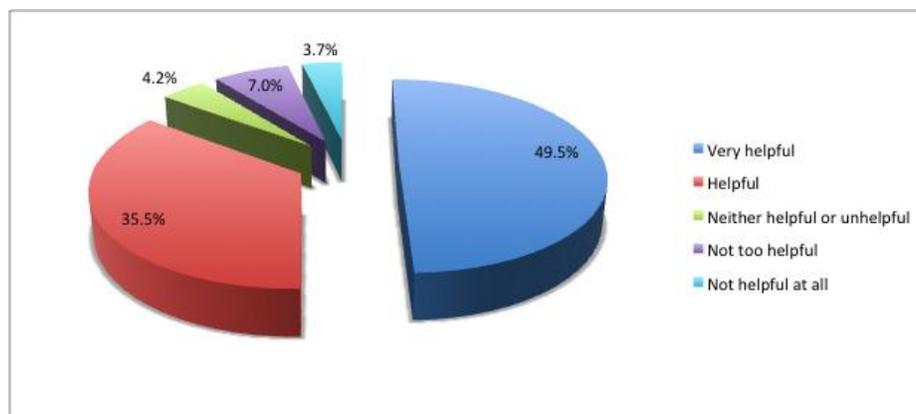


Figure 21. Helpfulness of the Case manager (CSS eligible cases only, N=234)

AWARENESS OF HEALTH AND SOCIAL SERVICES

At baseline and at follow-up, most residents (table 36) were aware of how to access the available substance abuse programs (77.5% and respectively 79.9%); how to obtain food, housing or money (increased from 73.1% to 76.3%) in case of an emergency; who could help in case of domestic violence (70.4% as compared to 65% at baseline), and who could help a teen to avoid drugs and pregnancy (52.9% as compared to 51%).

As survey data shows, there was an increase across the board in the awareness of residents about the availability of different social and health services. The change between baseline and follow-up may also be reflective of the type of issues that respondents have. This is because case

managers are expected to assist the residents with the issues their clients bring to their attention or for which their request help, in addition to the core focus on the assistance related to achieving self-sufficiency.

Majority of residents are familiar with many of these services, particularly related to substance abuse (80%), domestic violence (70%), basic needs such as food and housing (76%). Fewer residents are familiar with the availability of counseling services that assist parents and children – particularly adolescents – to resolve any issues that may arise. Thus, case managers may want to develop some material to hand out to their clients who have teenage children.

The greatest increase was in the proportion of respondents who learned about the availability of domestic violence services.

Table 36. Awareness of Health and Social Services

	Baseline		Follow-up	
	N	%	N	%
Where a teenager could get help to stay out of trouble with pregnancy, drugs or crime?	173	50.6	145	52.9
Where a family could go for help getting housing, food, or money in an emergency?	250	73.1	209	76.3
Where a family could go for help with conflicts between parents and children	144	42.1	128	46.7
Who steps in if parents cannot or will not take care of their children?	194	56.7	160	58.4
Who can help if a family member is being violent to a child or adult in the family?	222	64.9	193	70.4
Where someone could go for help to stop abusing drugs or alcohol?	265	77.5	219	79.9

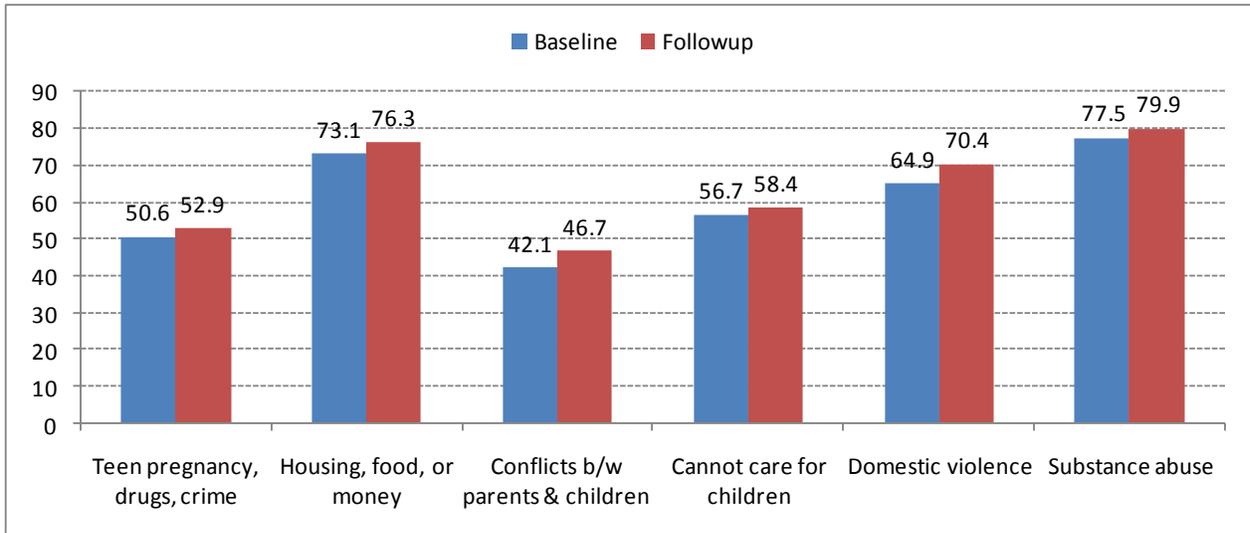


Figure 22. Awareness of Health and Social Services

CASE MANAGEMENT PARTICIPATION

As shown above 18 respondents or 6.6% of the CSS-eligible survey cases said that they did not take advantage of the case management.

As of June 2011, when we revisited the administrative records together with the Director of the CSS, there were 626 out of the 637 households eligible for CSS services (59 out of 695 were elderly households) completed a needs assessment and were referred for services through the case management.

Although not all residents were actively participating in a case management program at baseline, over time almost all former Clarksdale residents were “touched by case management” as we learned during a discussion with the director of the CSS program.

There were 11 households for whom a record of services or refusal of services could not be found. Still, these 11 cases might have been served earlier in the

program and the data was not recorded or was lost due to being recorded on paper.

Another explanation might be that the case managers could not locate them. We learned that in the early stages of the program, before the LMHA became the leader of the case management, any assistance that was offered outside case management plans was not always recorded. This situation is just another reason for which the development of a comparison group was found inappropriate.

Case management services are primarily geared toward achieving self-sufficiency as measured by improvements in education, employment, and income, and this is an assumption that was made when the evaluation of the CSS program was designed.

Elderly and people with physical or mental disability had to be provided very different, and in some cases, very specialized case management services. Thus, the case management for the older adults (age 65 or

above) and for clients with disabilities was provided by Elderserve, Inc and other specialized agencies. All other residents were eligible for the community supportive services, and these services were focused on increasing employment readiness.

The caseload tracking system showed that between January 2005 and December 2007, about half (344 of 695) of the families were not active participants in case management. Of these, 207 did not accept the services and 137 moved out of the area and were not responsive to offers of service. Thus, the baseline administrative data showed that between January 2005 (which was the earliest date identified in the downloaded dataset) and December 2007 (the latest date in the same dataset) there were 351 or 50.5% unduplicated cases enrolled in case management (CSS, FSS, General Management).

Similarly, at follow-up, the unduplicated data showed that there were 325 active cases in the case management: CSS, FSS or GM. Specifically, 235 received community supportive services, 111 received family support services, and 89 were enrolled in general case management. Note that while at baseline we were able to establish an “earliest date” in the tracking system, at follow-up this date was not informative because of the nature/dynamics of the case management. These numbers are telling of the size of the caseload at the two points in time (baseline and follow-up), in other words it shows how many cases were active or were served at baseline and respectively at follow-up.

Examples of services received outside a formal case plan are transportation related to medical or employment needs, childcare subsidies, completing applications for cash assistance, Food Stamps, and Medicaid, or

completing requests for disability, social security or supplemental income and the list could go on. These are services for which an actual case plan was not developed if all they needed was some temporary or one-time service. Thus, if a resident came into a case manager's office asking for help with a Food Stamps application than the case managers helped that client indeed. At that time the client was asked to complete a needs assessment too. If the client agreed to complete it and specific needs were identified than s/he may have been offered and referred for other services. They might have also developed an actual case plan such as working toward homeownership or completing a certification program, or might have not, depending on what the client wishes/current circumstances/etc.

Case managers are expected to inform/offer/refer clients for services, they cannot force anyone to commit to a case plan, which implies a goal setting and development of a strategy to reach that goal. Clients work for their goals for some period of time – which, can differ from one case to another. Case management - as the name implies – is not just a one-time assistance or stand alone service of some sort. This is important because this explains why a comparison group was impossible to develop.

Tables 37-41 show that 157 individuals from those surveyed at follow-up had 458 referrals for a variety of services as shown in the tracking system data downloaded in December 2008 and December 2009. Thus, 57.3% of the second wave survey respondents were *actively* involved in case management as shown by the tracking data downloaded during the follow-up data collection.

Table 37 shows the agencies that provide these services by the number of referrals made. An impressive network of collaborators was built as a result of this HOPE VI program. The list of agencies below shows the strong support the HOPE VI program has in the Louisville community.

The representatives of these agencies meet quarterly and report on their successes and/or difficulties encountered while

providing services to the former Clarksdale residents. The main author of this report attended countless quarterly meetings and observed the interaction between agency representatives. All of these meetings were effective in bringing up to date the team, and were very constructive as every participant appear to be comfortable in voicing possible their difficulties and also their opinion regarding possible solutions to the problems or issues that were brought to everyone's attention.

Table 37. Service Providers in the CSS Network

	N	%
Louisville Metro Housing Authority	112	24.5
Jefferson County Public Schools	88	19.2
Center for Women and Families	84	18.3
Transit Authority of River City	49	10.7
The Housing Partnership	31	6.8
Jefferson Community and Technical College System	18	3.9
Community Coordinated Child Care (4-C)	10	2.2
Community Resource Network	10	2.2
Career Resources Inc.	8	1.7
Legal Aid	8	1.7
Louisville Metro Human Services	8	1.7
Other	32	7.0
Total	458	100.0

REFERRALS FOR SERVICES

Many residents, who have refused services or were not responsive to offers of case management services at the time of baseline, took advantage of services later. The status of a case in the tracking system is not fixed over time; people can decide to take advantage of the services available through the HOPE VI network at any time they are ready. Services are available to the residents no matter how responsive they were to case management in the past.

Tables 38 through 40 show that there were 458 referrals for a variety of services recorded in the tracking follow-up data

provided to 157 residents surveyed at follow-up. This does not mean that the rest of the clients did not have any referrals it only means that 57.3% of the sample was active in case management at follow-up as shown by the data downloaded from the tracking system.

The referrals were made (table 38) primarily for job readiness and financial skills training, and for issues related to self-sufficiency and transportation. The other category included health services, youth and senior services, community service, entrepreneurship training, resident council services.

Further, table 39 displays the status of referrals; for 14 the status was not yet

known. Of all referrals 42.8% had a positive status -- 88 (19.2%) were completed, 24 (5.2%) graduated, 84 (18.3%) were still enrolled-- 7% were ineligible or were

subtracted, 12.4% withdrew, while 135 (29.5%) were either no show, dismissed, or terminated.

Table 38. Referrals

	Fixed (Services)	Fluctuating (Referral)	Total	%
Job Skills Training Programs	46	42	88	19.2
Financial Skills Training	63	2	65	14.2
Self-Sufficiency		79	79	17.2
Transportation Assistance	53	2	55	12.0
High School or Equivalent Education		45	45	9.8
Homeownership Counseling		45	45	9.8
Employment-Related Services		30	30	6.6
Asset Building		17	17	3.7
Legal Services		9	9	2.0
Child Care		10	10	2.1
Counseling Programs		4	4	.9
Neighborhood Networks HOPE VI		4	4	.9
Other		7	7	1.4
Total	162	296	458	100.0

Table 39. Status of Referrals

	Referred	Enrolled	Issued	Accepted	Completed	Graduated	Recertification	Ineligible	Wait-Listed	Interviewed	Subtracted	Dismissed	No Show	Terminated	Voluntary Withdrawal	Withdrawn	Total
Homeownership Counseling	3	8			4	3		2			2		17		2	4	45
Counseling Programs					1								3				4
Child Care		2		2				1			2				1	2	10
Financial Skills Training	3	19			25	1					4		11	1		1	65
Employment-Related Services	1	3		1	8							4	6		4	3	30
Job Skills Training Programs		9		3	30	15	1	1			1		17		3	8	88
Self-Sufficiency	1	24			13	2					1			38			79
High School /GED		10		1	1	2		1		1	1		25		1	2	45
Asset Building	3	3			1								3	2		5	17
Transportation Assistance	1	5	15	1	2			5			5	3		1	2	15	55
Legal Services	1	1						2	2				2			1	9
Neighborhood Networks HOPE VI					3						1						4
Other	1							1					2		1	2	7
Total	14	84	15	8	88	23	1	13	2	1	17	7	86	42	14	43	458

Table 40 displays the **referrals by the type of assistance or support** sought, while table 36 also shows the status of the respective referrals by the type of assistance. Thus, there were 78 residents or 17% who were referred to the family support services (FSS), 64 or 14% to ELOP, 45 or 9.8% to homeownership training, 43 or 9.1% to GED training, and 17 or 3.7% were referred for the IDA program. In tables 36 and 37, other types of assistance included referrals to complete specific type of job training (Medical Assistant, Microsoft Office User Specialist (MOUS), Nursing Assistant, Commercial Driving License (CDL) ,

Customer Service Representative), education training (High School Diploma Preparation, Associate Degree Program, Career Development Service/Choices Program, Pre-GED (5th - 8th), Certification Program Enrollment - Comprehensive Adult Enrollment, Cultural and Education), for job retention services, self-employment counseling, child care (summer camp, daycare) or other type of counseling (Mental Health Counseling Family Counseling, Credit Counseling) or need (Vehicle Repair, Adult Daycare, Divorce, Housing, etc).

Table 40. Referrals by Type of Assistance

	Referred	Accepted	Recertificati on	Completed	Dismissed	Enrolled	Graduated	Issued	Interviewed	Ineligible	No Show	Subtracted	Terminated	Voluntary Withdrawal	Wait-Listed	Withdrawn	Total
FSS				13		24	2					1	38				78
ELOP	2			25		19	1				11	4	1			1	64
Bus Pass-Monthly	1	1		1	3	5		14		5		5	1	2		15	53
Computer Training - Basic				22		4	12			1	2			1		5	47
Homeownership Training	3			4		8	3			2	17	2		2		4	45
GED Preparation		1		1		9	2		1	1	25			1		2	43
Job Search Training		1		2	2	2					5			4		2	18
Individual Development Accounts	3			1		3					3		2			5	17
College						5	1					1		2		1	10
Daycare		2				2						2		1		2	9
Employability Skills Training				5	2	1										1	9
Vocational/Technical Training		2		2							2					1	7
Expungement										2	2				1	1	6
Professional Development				5							1						6
Other	5	1	1	7	0	2	2	1	0	2	18	2	0	1	1	3	46
Total	14	8	1	88	7	84	23	15	1	13	86	17	42	14	2	43	458

VII. DISCUSSION

It was expected that residents improve their level of economic self-sufficiency from Wave I to Wave II. It was also hoped that improvements in the wellbeing and health outcomes are identified, although we are aware that this type of change requires a longer period of time than we used for follow-up. There may be a decrease in sense of community and social network integration from Wave I to Wave II. The differences between participants and non-participants in the case management (CSS) program were explored with much limitation due to the fact that “every former Clarksdale resident was touched by CSS in some way” (personal conversation with Camille Robinson, Director of CSS/FSS programs).

The urban redevelopment program implemented in Clarksdale included public and private funding for the physical rehabilitation of the area and for a variety of social support services made available to the former residents of this public housing development. One main purpose of the Clarksdale HOPE VI redevelopment efforts was to eliminate sub-standard housing that became not only an eyesore for the physical environment, but also an economically burdensome area where crime, poverty, and other social problems were abounding. Another equally important purpose was to rebuild the area as a mixed income, socially involved community, and to assist former residents to rebuild their lives. Thus, support from the community at large and collaboration among governmental, non-governmental, and non-for-profit agencies was critical to the success of the program.

The baseline data supported the need for areas such as Clarksdale to be revitalized. Clarksdale neighborhood had far higher rates of crime and poverty than the rest of

the county that contains it. Families in this area were more likely to live in poverty, to rent their home rather than own it, to have less than a high school education, to be a single parent, or to have a disability than others in the county; and, the high number of children living in this area was especially bothersome.

“The relocation effort of the families that lived in Clarksdale included some times three generations of the same family, which were often split up in different relocation sites. Thus, a grandmother who cared for her grandchildren who resided in another unit were not always relocated to the same site. This not only created childcare challenges, but also family stress. However, part of the reasoning behind the redevelopment of the former Clarksdale to the now Liberty Green area was to create a healthier living environment and to build structures that met the environmental, planning and zoning codes. These codes include front and back door entrance and exits, lead-free paint, no asbestos, etc. Clarksdale residences had neither of these zoning code attributes, and thus was a safety and health hazardous site. Clarksdale was also notorious for drug trafficking which created an unsafe environment for the resident of this complex. The relocation of the Clarksdale residents to the various relocation sites was a strategy to assist with the break-up of this threatening activity. The challenge from the HUD leadership and the layers of government perspective was finding a way to protect and preserve the positive social activity of the former Clarksdale versus the negative activity that spawn from the area” (Liz Dumbaugh

Martin, Community Advocate, 2007, personal correspondence).

The HOPE VI funds enabled the relocation of 695 families into **safer areas**, in better quality apartments or into single family homes across the county and opened opportunities they did not have otherwise: they **achieved higher levels of education**, and **increased their marketability** on the job market. The initial large proportion of adults with less than high school education, of single female head of households, and of adults and children with disabilities, to name a few of the issues, support the decision-makers choice to focus the case management on education, job readiness skills and on providing support to seek and maintain employment. Previous research [25] supports the implementation of community supportive services to promote community building; the opportunities for improvements in education and job skills, and the financial incentives are critical for a successful transition from poverty to economic self-sufficiency, from public housing to home ownership. In Louisville, the community supportive services and family self-sufficiency programs, united to provide the former Clarksdale residents a varied array of educational and job training services. FSS [22] programs have demonstrated their benefits nationwide, and the two programs have been naturally working together in many cities across the nation [34]. These services are designed to prepare them for success in the workplace and to move them along an **incremental path to economic self-sufficiency**.

The **significant improvements noted in education and working experience** due to case management participation yielded higher income levels and better employment opportunities. Education improvement is proven to lead to better the employment

outcomes [17, 18], and the relationship between employment, income and quality of life is evident. While the overall **rate of employment** for the sample remained about the same, the rate for the households with CSS eligible member has slightly increased, even though at county level the unemployment rate has doubled (at baseline, 5.1% in December 2006 and 5.7% in December 2007; at follow-up, 8.3% in December 2008, and 10.8% in December 2009) during the same period of time, reaching an all-time high of 12.3% in February 2010.

Further, by **securing better housing**, having **improved living conditions in safer neighborhoods**, in the long-term the health and wellbeing of all residents is expected to improve [8, 12, 20]. Howell, Harris & Popkin (2005) reported on a sample selected from five HOPE VI sites. They showed that residents of HOPE VI, adults and children, were in significantly inferior health to those living in other assisted housing and to other people in poverty. The authors [26] brought evidence for the positive impact that improved quality of housing has on health.

Indeed, Louisville is known for its ability to form networks and work together toward bettering the life in the community; one study [12] highlighted Louisville as a model of collaboration between agencies and various service providers. The common goal was to build a mixed-income community, which is critical for generating significant community change as it has been shown by Atlanta's experience [33]. By replacing the substandard Clarksdale apartments with **new modern and energy efficient apartments** this area has the potential to attract a socially and economically diverse community.

Many residents lived in Clarksdale for most or all of their life and, understandingly, they

felt uneasy and unhappy about moving out of the area. Others, primarily younger families with children, recognized that this is an opportunity to move to a safer neighborhood, with better physical and social environment, away from the nest of social problems over which they had no control. As one of the mothers who participated in the in-depth interviews said, it was the best opportunity they had to build a better life for their children. Over time, by moving the children away from areas with high crime, parents and children alike are expected to improve their mental health, and thus to see an improvement in their physical health too. Additional help with child supervision after school, and encouragement to engage in extracurricular activities led to **improved children's school behavior** and to a positive impact on child development, health and wellbeing.

The literature on HOPE VI projects supports the claim that positive changes do occur in an individual's life as a result of moving in a **higher quality neighborhood of residence**. This is explained to be the result of more economic and social opportunities available in safer neighborhoods. One study [31] showed that the poor are generally more socially isolated, and when they reside in geographically defined neighborhoods, poverty has a greater influence over their "life chances" than if they lived in more prosperous areas, and that neighborhood social conditions decline with the increase of poverty rates. Several other studies [30, 33] examined the effects of public housing location on the poverty rates of neighboring areas. They showed that a community's relative location to a public housing project, especially if the public housing projects are highly segregated, is strong determinant of poverty status.

Further evidence supports the efforts to de-concentrate and if possible eliminate poverty pockets, by combining **scattered-site housing** with the revitalization of existing housing developments (HOPE VI projects) [29] or by maintaining only scattered public housing [33]. It was shown that [23] households that were relocated into mixed-income neighborhoods had more positive outcomes and improved socioeconomic status in the long-term than those who resided in public housing developments. Even though scattered-site housing alone does not improve resident satisfaction [29], the additional factors found to contribute to housing satisfaction, such as **neighborhood social interaction** and the number of major **housing quality** issues (water leaks, infestation etc.) can be addressed.

Majority of the former Clarksdale residents are **satisfied with their current housing** and enjoy homes in **safer neighborhoods**. Many of them improved their education, gained work experience, and as a result were lifted out of poverty becoming responsible homeowners. Opponents of the HOPE VI programs may argue that these individuals would have eventually become self-sufficient on their own. This may be true for very few residents, but for majority it would not be; previous research [27] showed that without support, assistance and encouragement to seek and undertake new opportunities, poor families stay in the same neighborhoods, facing with the same problems, sinking into deeper poverty as the years pass by.

The main factors for which poor families are unable to achieve a higher level of self-sufficiency are the lack of economic resources and of social advancement opportunities [27], which is what the community supportive services programs were designed provide. Opportunities do not

exist in blighted areas, and this is why public housing policies have shifted toward building up people's lives by eradicating the problems from the root and rebuilding new and modern communities.

Improved quality of life at family and neighborhood level leads to better individual [26] and community health and wellbeing, to better opportunities to lift children out of poverty, given that they are the majority within the public housing resident population.

Limitations. The lengthy contract negotiations and the lengthy wait for the university's Human Subjects Committee study approval, delayed baseline survey data collection significantly.

At the time we started the data collection, over 90% of the households were already relocated. Specifically, in July 2005 when the baseline data collection began only 65 out of the 695 households were still residing in Clarksdale.

Further, the residents enrolled in the case management at the time of the baseline survey appear to have been more likely to participate in the study than those who were not actively participating at that time. Thus, those with children and elderly, who had priority to establish case plans, had higher survey response rates. The limitation was based on the observation that 57.3% of the sample had activity in the tracking system at follow-up data while overall there was $325/695 = 46.8\%$ with activity in the tracking system. It could be that choosing a different point in time for data collection would have lead to more similar numbers or, it could be that the data in the tracking system was not up to date at baseline given it was recorded on paper in the early stages; it is hard to tell how much is due to chance

and how much is due to the characteristics of the clients, or to the contextual factors (ex, job market). However, because the sample was randomly selected from a population stratified by the family structure, and because we reached the 80% response rate mark, the data from this sample can safely be used to generalize the findings to the Clarksdale population.

The lack of a comparison group is a great limitation. The main author of this report was not part of the decision making team at the time the study was designed and thus, she is not aware why the development of a comparison group from a different public housing development was not chosen, as was done by other HOPE VI programs [36]. Furthermore, the minimal team collaboration between investigators yielded reporting focused on the survey data results, as the main author is a quantitative researcher and she was recruited to conduct the pre-post survey study on how residents fare after relocation.

Final Comments. The CSS/FSS network developed by the LMHA is an excellent example of a functional and productive community partnership that works toward advancing the quality of life and wellbeing of our most vulnerable citizens, children, elderly and their families.

As a transplanted member of this community and as an evaluator of this program for the past six years I enjoyed learning about the work they do, and I admired their energy and determination to increase the rolls of people lifted out of poverty, one person at the time. Their hard work made my job as an evaluator enjoyable and rewarding. The data analysis results of the Clarksdale residents surveys and the collaborative work that is being done in Louisville has always brought interest at the national conferences.

This being said, it is difficult to recommend any improvements to the case management as the LMHA case managers already have better ideas of what to change and how to serve clients more effectively. They have been successful in increasing the number of people with high school degree or higher, of those trained in different professions, and of those with work experience, in a very short period of time. Thus, my main recommendation is to maintain a high level of activity in the network of community partners, to continue to engage the former residents of Clarksdale in this network, and to develop an outlet to air the success of this program.

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VIII. APPENDICES (pages renumbered for each appendix)

- Appendix 1: Baseline Questionnaire
- Appendix 2: Follow-up Questionnaire
- Appendix 3: Administrative Data Collection Tool
- Appendix 4: Resident Interview Guide

CLARKSDALE RELOCATION SURVEY

CaseID: _____

Hello, this is (INTERVIEWER NAME) from the University of Louisville. We are conducting a survey about the Hope 6 project in this neighborhood.

We do not work for the Housing Authority of Louisville.

We want to invite the adult in this household who is older than 18 years and who is most knowledgeable about children in this household to complete a survey.

Can you please introduce us to this adult?

[INTRODUCE AGAIN TO RESPONDENT AND READ AND SIGN INFORMED CONSENT FORM]

We are currently conducting a research study about the HOPE VI program, and the families who live in Clarksdale, a development affected by HOPE VI.

HOPE VI is a program where housing authorities receive money to help them fix up or rebuild units in their developments. We are interested in what is happening in people's lives as their housing developments start to be fixed up or rebuilt.

The survey includes questions about your apartment in Clarksdale, your neighborhood, as well as some questions about you and your family. Taking this survey has no effect on your housing subsidy. Any information you provide me will remain confidential; your answers will never be linked with your name or anything that could identify you.

Your participation in this survey is voluntary, but very important to our work. Your participation will in no way affect any housing benefits you receive. The interview takes about 45 minutes. When we are done, you will receive a \$25 gift card to thank you for your time. [GO OVER CONSENT FORM, AND SIGN]

Do you have any questions before we begin? May we begin now?

Yes → continue to the next page

No → set appointment

Appointment Date: _____

Time: _____

HOUSEHOLD SCREENER

HS1. Including everyone who usually lives here, such as family, relatives, friends or boarders, are there any adults in your household who are older than 65 years?

- 1. YES..... (Complete elderly section)
- 2. NO..... (Do not complete elderly section)

HS2. Including everyone who usually lives here, such as family, relatives, friends or boarders, are there any adults in your household who are between 18 and 65 years?

- 1. YES
- 2. NO

HS3. Including everyone who usually lives here such as family, relatives, friends, or boarders, are there any children or teens in the household who are less than 18 years old?

- 1. YES..... (Complete section on children)
- 2. NO..... (Do not completed section on children)

HS4. Including yourself (and any babies and small children), how many people live in this household?

NUMBER....._____

[HOUSEHOLD (HH) MEMBERS INCLUDE PEOPLE WHO THINK OF THIS HH AS THEIR USUAL PLACE OF RESIDENCE. IT INCLUDES PERSONS WHO USUALLY STAY IN THE HH BUT ARE TEMPORARILY AWAY ON BUSINESS, VACATION, IN A HOSPITAL, OR AWAY AT SCHOOL]

HS5. Who is the primary caregiver of the children in this household?

- 1. Respondent
- 2. Spouse
- 3. Unmarried partner, boyfriend/girlfriend
- 4. Child
- 5. Grandchild
- 6. Mother (birth/adoptive/step/foster/other)
- 7. Father (birth/adoptive/step/foster/other)
- 8. Brother/sister
- 9. Grandfather/grandmother
- 10. Other relative
- 11. Other non-relative
- 12. Unrelated legal guardian

FOR HH WITH CHILDREN, THE RESPONDENT SHOULD BE THE PERSON LISTED IN A5. IF NOT, ASK TO COMPLETE THE REMAINDER OF THIS SURVEY WITH THE PRIMARY CAREGIVER.]

[FOR HH WITHOUT CHILDREN AND ELDERLY, LEAVE OUT ANY QUESTIONS REFERRING TO CHILDREN OR ELDERLY]

[FOR HH WITH ONLY ELDERLY ADULTS, LEAVE OUT ANY QUESTIONS REFERRING TO CHILDREN]

[FOR HH WITH CHILDREN AND ELDERLY, COMPLETE ALL SECTIONS OF THE SURVEY]

[FOR HH WITH CHILDREN AND NO ELDERLY, LEAVE OUT ANY QUESTIONS REFERRING TO THE ELDERLY]

SECTION A: CLARKSDALE HOUSING

A1. For how long have you lived at your Clarksdale address? _____

A2. Since you were 18 have you ever lived in an apartment or house that was **not** public housing?

1. Yes
2. No
8. Don't know (DK)
9. Refused to answer (NA)

Now, think of your apartment and living conditions in Clarksdale:

A3. Overall, how satisfied are you with the apartment in Clarksdale? Would you say that you are/were:

1. Very satisfied
2. Somewhat satisfied
3. Neither satisfied nor dissatisfied
4. Somewhat dissatisfied
5. Very dissatisfied
8. DK
9. NA

A4. What is the main reason you would want to move out of Clarksdale?

1. Better schools for my children
2. To be near my job
3. To have better transportation
4. To get a job
5. To get away from drugs and gangs
6. To get a bigger or better apartment/house
7. To be near my family
8. Don't want to move
9. Other (specify) _____

A4a. What is the main reason you would want to stay in Clarksdale?

1. To stay close to my family
2. To keep my children in the same school
3. To keep my children in childcare
4. To stay near my job
5. To stay near transportation
6. Afraid of encountering discrimination
7. Long term resident
8. Safety / violence in new neighborhood
9. Can't afford to move out
10. Do not want to stay in public housing
11. Low rent
12. Other (specify) _____

I am going to ask you some questions about specific conditions of your apartment in Clarksdale.

A5. Did you live in Clarksdale this past winter?

1. Yes
2. No

A5a. During this past winter, was there any time when the apartment in Clarksdale was so cold for 24 hours or more that it caused anyone in your household discomfort?

1. Yes
2. No
8. DK
9. NA

A5b. Was that because the heating system broke down, you could not pay your utility bill, or some other reason?

1. Heating system broke down
2. Could not pay utility bill
3. Some other reason
4. Keep costs down
8. Don't know
9. Refused

A6. In the last 3 months, was there any time when all the toilets in the home were not working? (while household was living here if less than 3 months)

1. Yes
2. No
8. DK
9. NA

A7. Have there been water leaks in the house/apartment in the last 3 months? (while household was living here if less than 3 months)

1. Yes
2. No
8. DK
9. NA

A8. Does the house/apartment have any area of peeling paint or broken plaster bigger than 8 inches by 11 inches? (the size of a standard letter)

1. Yes
2. No
8. DK
9. NA

A9. Does your house/apartment have an exposed radiator without a cover?

1. Yes
2. No
8. DK
9. NA

A10. Is your house/apartment infested with cockroaches?

1. Yes
2. No
8. DK
9. NA

A11. Is your house/apartment infested with rats or mice?

1. Yes
2. No
8. DK
9. NA

A12. Does your house/apartment have significant problems with mold on walls or ceilings, for example in your bathroom?

1. Yes
2. No
8. DK
9. NA

Now I am going to ask you a few questions about the services in the Clarksdale area...

A13. How far away is the nearest bus stop?

1. less than 15 min
2. 16 to 30 minutes
3. more than 30 minutes away
4. DK
5. NA

A14. How far away is the nearest grocery store?

1. less than 15 min
2. 16 to 30 minutes
3. more than 30 minutes away
8. DK
9. NA

A15. How long it takes you to go to the doctor/clinic you use most of the time?

1. less than 15 min
2. 16 to 30 minutes
3. between 30 minutes and one hour
4. more than one hour
8. DK
9. NA

SECTION B: FAMILY STRUCTURE

Families in America today are arranged in many different ways. We need to understand these arrangements as they apply to your family. To get a picture of your household, I will now ask you about who lives there and how they are related to each other.

B1. Please list all the people in your household. Give me their initials, age and gender. After I have all their initials, ages and gender, I am going to ask you about their relationship to you.

[LIST THE RESPONDENT ON LINE 1.][USE THE FOLLOWING RELATIONSHIP ANSWERING KEY:]

1. Spouse
2. Unmarried partner, boyfriend/girlfriend
3. Child
4. Grandchild
5. Mother (birth/adoptive/step/foster/other)
6. Father (birth/adoptive/step/foster/other)
7. Brother/sister
8. Grandfather/grandmother
9. Other relative
10. Foster child
11. Housemate/roommate
12. Roomer/boarder
13. Other non-relative
14. Unrelated legal guardian

INITIALS	Age	(M/F)	Relationship [USE THE RELATIONSHIP KEY ABOVE:]
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

B2. Are you married, widowed, divorced, separated or never married?

1. Married
2. Widowed
3. Divorced
4. Separated
5. Never married

B3. Who on this list owns or rents this home?

NUMBER..... _____ [LIST NUMBER AS INDICATED IN B1]

SECTION ES: EMPLOYMENT AND SUPPORTS

ES1. Do you currently work for pay?

1. Yes (skip to ES4)
2. No
9. NA

ES1a. Did you look for a job in the past 12 months?

1. Yes
2. No
9. NA

ES2. Have you ever worked for pay?

1. Yes
2. No (skip to ES3)
9. NA (skip to the next section)

ES2a. ES2a. How long ago was that? _____ (years) and _____ (months)

ES3. What is the main reason you are not working?

1. Ill
2. Disabled and unable to work
3. Retired
4. Taking care of home or family
5. Going to school
6. Cannot find work
7. Temporarily not working because of sick leave
8. A strike, bad weather, or a temporary lay-off
9. Other (specify) _____

ES4. Do you currently have more than one job?

1. Yes
2. No
9. NA

ES5. On average, how many hours do you work per week at your main job?

1. Less than 20 hours
2. Between 20 and 35 hours
3. More than 35 hours a week
8. DK
9. NA

ES6. What is your hourly wage at your main job? (circle one of the options)

\$_____ / hour or day or week or month

ES7. How long have you been at your main job?

1. Less than 3 months
2. More than 3, but less than 6 months
3. Six months to 1 year
4. One to three years
5. Three years or more
8. DK
9. NA

ES8. How do you get to work?

1. Bus or other public transportation
2. Car (own car)
3. Car (borrowed car)
4. Cab
5. Walk
6. Work at home
7. Ride with a friend (carpool)
8. Other (specify) _____

ES9. Think about your own experience with looking for jobs or working during the past 12 months. Please tell me whether any of the following factors made it difficult for you to look for a job, or to keep a job.

1. Not having work experience
2. Not having child care
3. Lack of transportation
4. Not speaking English well
5. Having a disability
6. Discrimination
7. Lack of jobs in the neighborhood
8. Having a drug or alcohol problem
9. Having a criminal record
10. Other (specify) _____

ES10 As I read the following list of benefit programs and types of income, please tell me whether or not *you yourself* are currently receiving each benefit:

READ ES10a-ES12h AS INDICATED	ES10 Respondent currently receiving?	ES11 If YES... Were you receiving this benefit 12 months ago?	ES12 Is anyone else in your HH currently receiving?
a. Food Stamps	1 Yes 2 No 9 NA	1 Yes 2 No 9 NA	1 Yes 2 No 9 NA
b. Social Security	1 Yes 2 No 9 NA	1 Yes 2 No 9 NA	1 Yes 2 No 9 NA
c. SSI (Disability) for a child? Initials: _____	1 Yes 2 No 9 NA	1 Yes 2 No 9 NA	1 Yes 2 No 9 NA
d. SSI (Disability) for the adults	1 Yes 2 No 9 NA	1 Yes 2 No 9 NA	1 Yes 2 No 9 NA
e. Worker's Compensation	1 Yes 2 No 9 NA	1 Yes 2 No 9 NA	1 Yes 2 No 9 NA
f. Payments for foster care	1 Yes 2 No 9 NA	1 Yes 2 No 9 NA	1 Yes 2 No 9 NA
g. Unemployment benefits	1 Yes 2 No 9 NA	1 Yes 2 No 9 NA	1 Yes 2 No 9 NA
h. Military or Veteran's Benefits	1 Yes 2 No 9 NA	1 Yes 2 No 9 NA	1 Yes 2 No 9 NA
i. KTAP (cash assistance)	1 Yes 2 No 9 NA	1 Yes 2 No 9 NA	1 Yes 2 No 9 NA

SECTION C1: CHILDREN’S BEHAVIOR, WELL-BEING AND FAMILY ENVIRONMENT

CHILDREN 1 THROUGH 3

For this section, I am going to ask you some questions about [CHILD1], [CHILD2] and [CHILD3]. [REFER TO section B FOR the initials OF CHILDREN]. I will first ask you questions about [CHILD1], then about [CHILD2] and then about [CHILD3]

	CHILD 1	CHILD 2	CHILD 3
Initials			
C1. Is there another adult in this household who spends a lot of time with [Child]?	1. Yes 2. No (go to C8)	1. Yes 2. No (go to C8)	1. Yes 2. No (go to C8)
C2. If yes, what is the relationship of this adult to [CHILD]?	1 MOTHER (Birth/adoptive/step/foster) 2 FATHER (Birth/adoptive/step/foster) 3 BROTHER (including step, adopted, foster) 4 SISTER (including step, adopted, foster) 5 GRANDMOTHER 6 GRANDFATHER 7 AUNT 8 UNCLE 9 COUSIN 10 OTHER RELATIVE 11 GUARDIAN (Nonrelative)	1 MOTHER (Birth/adoptive/step/foster) 2 FATHER (Birth/adoptive/step/foster) 3 BROTHER (including step, adopted, foster) 4 SISTER (including step, adopted, foster) 5 GRANDMOTHER 6 GRANDFATHER 7 AUNT 8 UNCLE 9 COUSIN 10 OTHER RELATIVE 11 GUARDIAN (Nonrelative)	1 MOTHER (Birth/adoptive/step/foster) 2 FATHER (Birth/adoptive/step/foster) 3 BROTHER (including step, adopted, foster) 4 SISTER (including step, adopted, foster) 5 GRANDMOTHER 6 GRANDFATHER 7 AUNT 8 UNCLE 9 COUSIN 10 OTHER RELATIVE 11 GUARDIAN (Nonrelative)

School engagement	CHILD 1	CHILD 2	CHILD 3
C8. What grade in school is [CHILD] attending?	1-12 ____ grade 13 GED 14 Special education 15 Home schooling 16 Preschool/pre-kindergarten/head start transitional kindergarten 17 Kindergarten 18 Not attending (skip to C16)	1-12 ____ grade 13 GED 14 Special education 15 Home schooling 16 Preschool/pre-kindergarten/head start transitional kindergarten 17 Kindergarten 18 Not attending (skip to C16)	1-12 ____ grade 13 GED 14 Special education 15 Home schooling 16 Preschool/pre-kindergarten/head start transitional kindergarten 17 Kindergarten 18 Not attending (skip to C16)
C8a. If not attending, what is the reason? [IF CHILD NOT ATTENDING SCHOOL, GO TO C13]			
C9. [CHILD] Cares about doing well in school?	1 all the time 2 most of the time 3 sometime 4 never	1 all the time 2 most of the time 3 sometime 4 never	1 all the time 2 most of the time 3 sometime 4 never
C10. [CHILD] Only works on school work when forced?	1 all the time 2 most of the time 3 sometime 4 never	1 all the time 2 most of the time 3 sometime 4 never	1 all the time 2 most of the time 3 sometime 4 never
C11. [CHILD] Does just enough school work to get by	1 all the time 2 most of the time 3 sometime 4 never	1 all the time 2 most of the time 3 sometime 4 never	1 all the time 2 most of the time 3 sometime 4 never
C12. [CHILD] Always does homework?	1 all the time 2 most of the time 3 sometime 4 never	1 all the time 2 most of the time 3 sometime 4 never	1 all the time 2 most of the time 3 sometime 4 never

Skipping school and expulsions or suspensions	CHILD 1	CHILD 2	CHILD 3
C13. During this past 12 months, how many times has [CHILD] skipped school, cut classes without your permission, or refused to go to school? Was it ...	0. Never 1. Once 2. Or more times	0. Never 1. Once 2. Or more times	0. Never 1. Once 2. Or more times
C14. During the past 12 months, has [CHILD] been suspended or expelled from school? This includes both in-school and out-of-school suspensions.	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
C15. How many times did [CHILD3] change schools in the past 12 months? Was it	0. Never 1. Once 2. Or more times	0. Never 1. Once 2. Or more times	0. Never 1. Once 2. Or more times

Extracurricular activities	CHILD 1	CHILD 2	CHILD 3
C16. In the last year, has [CHILD] been on a sports team, either in or out of school?	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
C17. In the last year, has [CHILD] taken lessons after school or on weekends in subjects like music, dance, language, or computers?	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
C18. In the last year, has [CHILD] participated in any clubs or organizations after school , such as scouts, a religious group, or a girls or boys club?	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
C19. In the last year, has [CHILD] participated in any clubs or organizations on weekends , such as youth group or student government, drama, band or chorus, or a religious or community group?	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
C20. Has [CHILD] participated in any other organized activities during the past year?	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
C20a. What were the reasons that [CHILD] did not participate in any organization activities during the past year? (<i>see examples</i>)	(Child not interested..... None available in the area Can't get to them because of: Transportation problems, Couldn't afford the fees, Waiting list (program/service did not have room), Other (specify)		

Behavior and emotional problems

I am going to read a list of items that sometimes describe children. For each item please tell me if it has been:
1. Often true 2. Sometimes true 3. Never true
for [CHILD] during the past month.

<i>Behavior and emotional problems</i>	CHILD 1	CHILD 2	CHILD 3
C21. He/she doesn't get along well with others	1 2 3	1 2 3	1 2 3
C22. He/she can't concentrate or pay attention for long	1 2 3	1 2 3	1 2 3
C23. He/she has been unhappy, sad, or depressed	1 2 3	1 2 3	1 2 3
C24. He/she feels worthless or inferior	1 2 3	1 2 3	1 2 3
C25. He/she has been nervous, high-strung, or tense	1 2 3	1 2 3	1 2 3
C26. He/she acts too young for his/her age	1 2 3	1 2 3	1 2 3
C27. He/she has trouble sleeping	1 2 3	1 2 3	1 2 3
C28. He/she lies or cheats	1 2 3	1 2 3	1 2 3
C29. He/she does poorly at schoolwork	1 2 3	1 2 3	1 2 3

Child Health	CHILD 1	CHILD 2	CHILD 3
C3. In general, would you say that [CHILD] health is:	1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor	1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor	1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor
C4. How your [CHILD] health is in general compared to 12 months ago? Is it:	1 Much better 2 Somewhat better 3 About the same 4 Somewhat worse 5 Much worse	1 Much better 2 Somewhat better 3 About the same 4 Somewhat worse 5 Much worse	1 Much better 2 Somewhat better 3 About the same 4 Somewhat worse 5 Much worse
C5. Does [CHILD] have a physical, learning, or mental health condition that limits (his/her) participation in the usual kinds of activities done by most children?	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
C6. How many days in the past week did you or any family member read stories or tells stories to [CHILD]?	NUMBER OF DAYS: _____	NUMBER OF DAYS: _____	NUMBER OF DAYS: _____
C7. How often in the past month have you or any family member taken [CHILD] on any kind of outing, such as to the park, grocery store, a church or a playground? Would you say...	1. once a month or less 2. about two or three times a month 3. several times a week 4. about once a day	1. once a month or less 2. about two or three times a month 3. several times a week 4. about once a day	1. once a month or less 2. about two or three times a month 3. several times a week 4. about once a day

Parental Aggravation

I am now going to ask some questions about how often you have felt things the past month. The questions relate to all the children in this household for whom you are responsible. Please indicate how much of the time during the past month have you:

- 1. All of the time** **2. Most of the time** **3. Some of the time** **4. None of the time**

Parental Aggravation	CHILD 1	CHILD 2	CHILD 3
C30. Felt your child/children are much harder to care for than most?	1 2 3 4	1 2 3 4	1 2 3 4
C31. Felt your child/children do things that really bother you a lot?	1 2 3 4	1 2 3 4	1 2 3 4
C32. Felt that you are giving up more of your life to meet your child's/children's needs than you ever expected?	1 2 3 4	1 2 3 4	1 2 3 4
C33. Felt angry with your child/children?	1 2 3 4	1 2 3 4	1 2 3 4

SECTION C2: CHILDREN’S BEHAVIOR, WELL-BEING AND FAMILY ENVIRONMENT

CHILDREN 4 THROUGH 6

For this section, I am going to ask you some questions about [CHILD 4], [CHILD 5] and [CHILD 6]. [REFER TO section B FOR the initials OF CHILDREN]. I will first ask you questions about [CHILD4], then about [CHILDS5] and then about [CHILD6]

	CHILD 4	CHILD 5	CHILD 6
Initials			
C1. Is there another adult in this household who spends a lot of time with [Child]?	1. Yes 2. No (go to C8)	1. Yes 2. No (go to C8)	1. Yes 2. No (go to C8)
C2. If yes, what is the relationship of this adult to [CHILD]?	1 MOTHER (Birth/adoptive/step/foster) 2 FATHER (Birth/adoptive/step/foster) 3 BROTHER (including step, adopted, foster) 4 SISTER (including step, adopted, foster) 5 GRANDMOTHER 6 GRANDFATHER 7 AUNT 8 UNCLE 9 COUSIN 10 OTHER RELATIVE 11 GUARDIAN (Non-relative)	1 MOTHER (Birth/adoptive/step/foster) 2 FATHER (Birth/adoptive/step/foster) 3 BROTHER (including step, adopted, foster) 4 SISTER (including step, adopted, foster) 5 GRANDMOTHER 6 GRANDFATHER 7 AUNT 8 UNCLE 9 COUSIN 10 OTHER RELATIVE 11 GUARDIAN (Non-relative)	1 MOTHER (Birth/adoptive/step/foster) 2 FATHER (Birth/adoptive/step/foster) 3 BROTHER (including step, adopted, foster) 4 SISTER (including step, adopted, foster) 5 GRANDMOTHER 6 GRANDFATHER 7 AUNT 8 UNCLE 9 COUSIN 10 OTHER RELATIVE 11 GUARDIAN (Non-relative)

School engagement	CHILD 4	CHILD 5	CHILD 6
C8. What grade in school is [CHILD] attending?	1-12 ____ grade 13 GED 14 Special education 15 Home schooling 16 Preschool/pre-kindergarten/head start transitional kindergarten 17 Kindergarten 18 Not attending (skip to C16)	1-12 ____ grade 13 GED 14 Special education 15 Home schooling 16 Preschool/pre-kindergarten/head start transitional kindergarten 17 Kindergarten 18 Not attending (skip to C16)	1-12 ____ grade 13 GED 14 Special education 15 Home schooling 16 Preschool/pre-kindergarten/head start transitional kindergarten 17 Kindergarten 18 Not attending (skip to C16)
C8a. If not attending, what is the reason? [IF CHILD NOT ATTENDING SCHOOL, GO TO C13]			
C9. [CHILD] Cares about doing well in school?	1 all the time 2 most of the time 3 sometime 4 never	1 all the time 2 most of the time 3 sometime 4 never	1 all the time 2 most of the time 3 sometime 4 never
C10. [CHILD] Only works on school work when forced?	1 all the time 2 most of the time 3 sometime 4 never	1 all the time 2 most of the time 3 sometime 4 never	1 all the time 2 most of the time 3 sometime 4 never
C11. [CHILD] Does just enough school work to get by	1 all the time 2 most of the time 3 sometime 4 never	1 all the time 2 most of the time 3 sometime 4 never	1 all the time 2 most of the time 3 sometime 4 never
C12. [CHILD] Always does homework?	1 all the time 2 most of the time 3 sometime 4 never	1 all the time 2 most of the time 3 sometime 4 never	1 all the time 2 most of the time 3 sometime 4 never

Skipping school and expulsions or suspensions	CHILD 4	CHILD 5	CHILD 6
C13. During this past 12 months, how many times has [CHILD] skipped school, cut classes without your permission, or refused to go to school? Was it...	0. Never 1. Once 2. Or more times	0. Never 1. Once 2. Or more times	0. Never 1. Once 2. Or more times
C14. During the past 12 months, has [CHILD] been suspended or expelled from school? This includes both in-school and out-of-school suspensions.	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
C15. How many times did [CHILD3] change schools in the past 12 months? Was it.....	0. Never 1. Once 2. Or more times	0. Never 1. Once 2. Or more times	0. Never 1. Once 2. Or more times

Extracurricular activities	CHILD 4	CHILD 5	CHILD 6
C16. In the last year, has [CHILD] been on a sports team, either in or out of school?	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
C17. In the last year, has [CHILD] taken lessons after school or on weekends in subjects like music, dance, language, or computers?	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
C18. In the last year, has [CHILD] participated in any clubs or organizations after school, or on weekends, such as scouts, a religious group, or a girls or boys club?	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
C19. In the last year, has [CHILD] participated in any clubs or organizations after school or on weekends such as youth group or student government, drama, band or chorus, or a religious or community group?	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
C20. Has [CHILD] participated in any other organized activities during the past year?	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
C20a. What were the reasons that [CHILD] did not participate in any organization activities during the past year? (<i>see examples</i>)	(Child not interested..... None available in the area Can't get to them because of: Transportation problems, Couldn't afford the fees, Waiting list (program/service did not have room), Other (specify)		

Behavior and emotional problems

I am going to read a list of items that sometimes describe children. For each item please tell me if it has been:
1. Often true 2. Sometimes true 3. Never true
for [CHILD] during the past month.

<i>Behavior and emotional problems</i>	CHILD 4			CHILD 5			CHILD 6		
C21. He/she doesn't get along well with others	1	2	3	1	2	3	1	2	3
C22. He/she can't concentrate or pay attention for long	1	2	3	1	2	3	1	2	3
C23. He/she has been unhappy, sad, or depressed	1	2	3	1	2	3	1	2	3
C24. He/she feels worthless or inferior	1	2	3	1	2	3	1	2	3
C25. He/she has been nervous, high-strung, or tense	1	2	3	1	2	3	1	2	3
C26. He/she acts too young for his/her age	1	2	3	1	2	3	1	2	3
C27. He/she has trouble sleeping	1	2	3	1	2	3	1	2	3
C28. He/she lies or cheats	1	2	3	1	2	3	1	2	3
C29. He/she does poorly at schoolwork	1	2	3	1	2	3	1	2	3

Child Health	CHILD 4	CHILD 5	CHILD 6
C3. In general, would you say that [CHILD] health is:	1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor	1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor	1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor
C4. How your [CHILD] health is in general compared to 12 months ago? Is it:	1 Much better 2 Somewhat better 3 About the same 4 Somewhat worse 5 Much worse	1 Much better 2 Somewhat better 3 About the same 4 Somewhat worse 5 Much worse	1 Much better 2 Somewhat better 3 About the same 4 Somewhat worse 5 Much worse
C5. Does [CHILD] have a physical, learning, or mental health condition that limits (his/her) participation in the usual kinds of activities done by most children?	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
C6. How many days in the past week did you or any family member read stories or tells stories to [CHILD]?	NUMBER OF DAYS: _____	NUMBER OF DAYS: _____	NUMBER OF DAYS: _____
C7. How often in the past month have you or any family member taken [CHILD] on any kind of outing, such as to the park, grocery store, a church or a playground? Would you say...	1. once a month or less 2. about two or three times a month 3. several times a week 4. about once a day	1. once a month or less 2. about two or three times a month 3. several times a week 4. about once a day	1. once a month or less 2. about two or three times a month 3. several times a week 4. about once a day

Parental Aggravation

I am now going to ask some questions about how often you have felt things the past month. The questions relate to all the children in this household for whom you are responsible. Please indicate how much of the time during the past month have you:

- 1. All of the time** **2. Most of the time** **3. Some of the time** **4. None of the time**

Parental Aggravation	CHILD 4	CHILD 5	CHILD 6
C30. Felt your child/children are much harder to care for than most?	1 2 3 4	1 2 3 4	1 2 3 4
C31. Felt your child/children do things that really bother you a lot?	1 2 3 4	1 2 3 4	1 2 3 4
C32. Felt that you are giving up more of your life to meet your child's/children's needs than you ever expected?	1 2 3 4	1 2 3 4	1 2 3 4
C33. Felt angry with your child/children?	1 2 3 4	1 2 3 4	1 2 3 4

SECTION D: ACCESS TO HEALTH AND SOCIAL SERVICES

Access to Health Services

D1. Where does your family get health care? Is there a place where you go or take a family member when you/they are sick or need advice about your/their health?

1. Yes (GO TO D2) 2. No (GO TO D4)

D2. What kind of place is it that you usually go to?

1. A doctor's office
2. A hospital emergency room
3. A clinic
4. A hospital outpatient department
5. Some other place? (specify)_____

D3. Is there a particular person you usually see when you go there?

1. Yes 2. No

Now, I'd like to ask you some questions about experiences you make have had getting care for yourself or your family in the past 12 months.

D4. During the past 12 months, did you or a family member not get or postpone getting medical care or surgery when you/they needed it?

1. Yes 2. No (GO TO D7)

D5. What was the main reason why you/they did not get the medical care or surgery you needed?

1. Lack of insurance or money
2. Don't know where to get medical care
3. Other reason (specify)_____

D7. During the past 12 months, did you/they not get or postpone getting dental care when you needed it?

1. Yes 2. No (GO TO D9)

D8. What was the main reason why you/they did not get the dental care you needed?

1. Lack of insurance or money
2. Don't know where to get dental care
3. Other reason (specify)_____

- D14. Who did you get help from? [CODE ALL THAT APPLY]
1. Family or friends
 2. Clergy (minister, priest, rabbi)
 3. Private professional (therapist, social worker, lawyer)
 4. Community program
 5. Government program
 6. Other (specify)_____
- D15. Why didn't you get any help? [CODE ALL THAT APPLY]
1. Didn't want to, didn't need to
 2. Waiting list, program/serviced did not have any room
 3. Program/service cost too much, didn't have the money
 4. Program/service did something, but it didn't help
 5. Didn't know where to go for help
 6. No services available in community
 7. Other (specify)_____
- D16. In the last 12 months, did you and your (child/children) argue a lot?
1. Yes (GO TO D17)
 2. No (GO TO SECTION E)
- D17. Did you get any help because you and your (child/children) argue a lot?
1. Yes (GO TO D18)
 2. No (GO TO D19)
- D18. Who did you get help from? [CODE ALL THAT APPLY]
1. Family or friends
 2. Clergy (minister, priest, rabbi)
 3. Private professional (therapist, social worker, lawyer)
 4. Community program
 5. Government program
 6. Other (specify)_____
- D19. Why didn't you get any help? [CODE ALL THAT APPLY]
1. Didn't want to, didn't need to
 2. Waiting list, program/serviced did not have any room
 3. Program/service cost too much, didn't have the money
 4. Program/service did something, but it didn't help
 5. Didn't know where to go for help
 6. No services available in community
 7. Other (specify)_____

SECTION E:

VOLUNTEER, RELIGIOUS, ECONOMIC, RECREATION AND EDUCATION ACTIVITIES

- E1. About how often in the past year have you participated in volunteer activities through a religious, school, or community group? Would you say it was...
1. Never
 2. A few times a year
 3. A few times a month
 4. Or once a week or more?
- E2. In the past 12 months, about how often have you attended a religious service? Was it.....
1. Never
 2. A few times a year
 3. A few times a month
 4. Or once a week or more?
- E3. How do you get to the shops where you buy your groceries?
1. Walk
 2. Public transportation
 3. Private car
 4. Other (specify) _____
- E4. In the past 12 months, how often did you go shopping to buy something else than groceries? Was it.....
1. Never
 2. A few times a year
 3. A few times a month
 4. Or once a week or more?
- E5. Do you take part in any recreational activity?
1. Yes (GO TO E6)
 2. No (GO TO E7)
- E6. Name the recreational activities you take part in _____
- E7. During the last 12 months, did you or any other adult in your household, take classes or workshops to help you/them look for work, like job search assistance, job clubs, or world-of work orientations?
1. Yes
 2. No
- E8. During the last 12 months, did you or any other adult in your household take courses or apprentice programs that trained you/them for a specific job, trade, or occupation, excluding AA or BA degree programs, GED classes, or on-the-job training?
1. Yes
 2. No
- E9. During the last 12 months, did you or any other adult in your household take classes to earn a regular high school diploma or GED?
1. Yes
 2. No
- E10. During the last 12 months, did you or any other adult in your household take college courses or programs for credit toward a college degree, such as an AA, BA, or advanced degree?
1. Yes
 2. No

SECTION F: SENSE OF COMMUNITY AND INTERPERSONAL SUPPORT

Sense of Community

F1. I am going to read some statements that people might make about your neighborhood. Each time I read one of these statements, please tell me if it is mostly true or mostly false about your neighborhood, simply by saying "true" or "false".

	TRUE	FALSE
a. Do you think this neighborhood is a good place for you to live?	1	0
b. Do people in this neighborhood do not share the same values as you do?	1	0
c. Do your neighbors want the same things from the neighborhood as you do	1	0
d. Can you recognize most of the people who live in your neighborhood?	1	0
e. Do you feel at home in this neighborhood?	1	0
f. Would you say that very few of your neighbors know you?	1	0
g. Do you care about what your neighbors think of your actions?	1	0
h. Do you feel you have no influence over what this neighborhood is like?	1	0
i. If there is a problem in this neighborhood, people who live here can get it solved?	1	0
j. Is it very important to you to live in this particular neighborhood?	1	0
k. People in this neighborhood generally don't get along with each other.	1	0
l. Do you expect to live in this neighborhood for a long time?	1	0

F2a. How many of your friends live/lived in Clarksdale neighborhood?

1. None
2. A few
3. Many

F2b. How many of your relatives live/lived in Clarksdale neighborhood?

1. None
2. A few
3. Many

Interpersonal Support

F3. Is there someone who would help to take care of you if you were confined to bed for several weeks?

1. No, definitely not
2. No probably not
3. Yes possibly
4. Yes probably
5. Yes definitively

F4. Is there someone you could turn to if you needed to borrow \$10, a ride to the doctor, or some other small, immediate help?

1. No, definitely not
2. No probably not
3. Yes possibly
4. Yes probably
5. Yes definitively

F5. Is there someone you could turn to if you needed to borrow several hundred dollars for a medical emergency?

1. No definitely not
2. No probably not
3. Yes possibly
4. Yes probably
5. Yes definitively

F6. Is there someone you could turn to if you needed some financial support for a longer period of time, say \$100 each month?

1. No, definitely not
2. No probably not
3. Yes possibly
4. Yes probably
5. Yes definitively

F7. Would someone be available if you were upset, nervous or depressed?

1. No definitely not
2. No probably not
3. Yes possibly
4. Yes probably
5. Yes definitively

F8. Is there someone you could contact if you wanted to talk about an important personal problem you were having?

1. No definitely not
2. No probably not
3. Yes possibly
4. Yes probably
5. Yes definitively

F9. Would the people in your personal life give you information, suggestions, or guidance if you needed it?

1. No definitely not
2. No probably not
3. Yes possibly
4. Yes probably
5. Yes definitively

F10. Is there someone you could turn to if you needed advice to help make a decision?

1. No definitely not
2. No probably not
3. Yes possibly
4. Yes probably
5. Yes definitively

F11. Now, please think about Clarksdale and tell us if the following items are - a big problem, some problem, or no problem at all.

A big Some No
problem problem problem DK NA

a.	Unemployment	1	2	3	8	9
b.	Groups of people just hanging out	1	2	3	8	9
c.	The number of teenage mothers	1	2	3	8	9
d.	Lack of public transportation	1	2	3	8	9
e.	Quality of schools	1	2	3	8	9
f.	Graffiti, that is, writing or painting on the walls of the buildings	1	2	3	8	9
g.	Trash and junk in the parking lots, streets, lawns, and sidewalks	1	2	3	8	9

F12. Still thinking about Clarksdale and tell us if the following items are - a big problem, some problem, or no problem at all.

		A big problem	Some problem	No problem	DK	NA
a.	Police not coming when called	1	2	3	8	9
b.	People being attacked or robbed	1	2	3	8	9
c.	People selling drugs	1	2	3	8	9
d.	People using drugs	1	2	3	8	9
e.	Gangs	1	2	3	8	9
f.	Rape or other sexual attacks	1	2	3	8	9
g.	Shootings and violence	1	2	3	8	9

SECTION G: PERSONAL WELL-BEING

Symptoms of poor mental health

G1. I am going to ask you some questions about how often you have felt things during the past month. For each question, please indicate whether you have felt this way all of the time, most of the time, some of the time, or none of the time.

	ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	NONE OF THE TIME
a. Been a nervous person?	1	2	3	4
b. Felt calm and peaceful?	1	2	3	4
c. Felt downhearted and blue?	1	2	3	4
d. Been a happy person?	1	2	3	4
e. Felt so down in the dumps that nothing could cheer you up?	1	2	3	4

[IF THE RESPONDENT IS AN ELERLY PERSON OLDER THAN 65, DO NOT COMPLETE G2, G3, G4, G5 and G6. CONTINUE WITH SECTION H]

G2. Now, I'll describe some situations that sometimes come up in people's lives. I'd like you to rate each item on a 5-point scale, from not at all true right now to very true right now.

	Not at all true	Very true	N/A		
a. You're trying to take on too many things at once.	1	2	3	4	5	9
b. Too much is expected of you by others.	1	2	3	4	5	9
c. You don't have enough money to buy the things (e.g. food, clothes) you or your kids need.	1	2	3	4	5	9
d. Your rent or mortgage is too much.	1	2	3	4	5	9
e. You have more work to do than most people.	1	2	3	4	5	9
f. Your supervisor is always monitoring what you do at work.	1	2	3	4	5	9
g. You want to change jobs or career but don't feel you can.	1	2	3	4	5	9
h. Your relationship restricts your freedom.	1	2	3	4	5	9
i. Your partner doesn't understand you.	1	2	3	4	5	9
j. Your partner is always threatening to leave or end the relationship.	1	2	3	4	5	9
k. You find it is too difficult to find someone compatible with you.	1	2	3	4	5	9
l. You have a lot of conflict with your ex-spouse.	1	2	3	4	5	9
m. You don't see your children as much as you would like.	1	2	3	4	5	9
n. One of your children seems very unhappy.	1	2	3	4	5	9
o. A child's behavior is a source of serious concern to you.	1	2	3	4	5	9
p. You feel like being a housewife is not appreciated.	1	2	3	4	5	9
q. Your friends are a bad influence.	1	2	3	4	5	9
r. You don't have enough friends.	1	2	3	4	5	9
s. You would like to move but you cannot.	1	2	3	4	5	9
t. You take care of an aging parent almost every day.	1	2	3	4	5	9

G4. Below is a list of the ways that you might have felt or behaved in general during the past week. Please indicate how often you have felt each of these ways in the past 7 days.

	0 None/rarely (<1 day)	1 A little (1-2 days)	2 Moderate (3-4 days)	3 Most (5-7 days)
In the <u>past week</u>				
a. Were you bothered by things that usually don't bother you?	0	1	2	3
b. Did you feel like not eating; your appetite was poor.	0	1	2	3
c. Did you feel that you could not shake off the blues even with help from family & friends?	0	1	2	3
d. Did you feel that you were just as good as other people?	0	1	2	3
e. Did you have trouble keeping your mind on what you were doing?	0	1	2	3
f. Did you feel depressed?	0	1	2	3
g. Did you feel that everything you did was an effort?	0	1	2	3
h. Did you feel hopeful about the future?	0	1	2	3
i. Did you think your life has been a failure?	0	1	2	3
j. Did you feel fearful?	0	1	2	3
k. Was your sleep restless?	0	1	2	3
l. Were you happy?	0	1	2	3
m. Did you talk less than usual?	0	1	2	3
n. Did you feel lonely?	0	1	2	3
o. Were people unfriendly?	0	1	2	3
p. Did you enjoy life?	0	1	2	3
q. Did you have crying spells?	0	1	2	3
r. Did you feel sad?	0	1	2	3
s. Did you feel that people dislike you?	0	1	2	3
t. Did you feel you could not get "going"?	0	1	2	3

G5. Now, I would like to ask you about some things related to how you've felt in the past week. Please indicate how often you have felt of these ways in the past 7 days.

In the past week.....

	Not at all	A little bit	Moderately	Quite a bit
a. Have you felt nervous or shaky inside?	0	1	2	3
b. Suddenly scared for no reason?	0	1	2	3
c. Fearful?	0	1	2	3
d. Tense or keyed up?	0	1	2	3
e. So restless you couldn't sit still?	0	1	2	3
f. Feel that something bad is going to happen to you?	0	1	2	3
g. Have you had spells of terror or panic?	0	1	2	3
h. Thoughts of images of frightening nature?	0	1	2	3
i. Feel yourself trembling?	0	1	2	3
j. Feel your heart pounding or racing?	0	1	2	3

Physical Health

G6. Next we're interested in whether you've experienced any major health problems. Some examples are cancer, ulcers, chronic pain, stomach problems, or migraines. Have you experienced any health problems in the past 12 months?

**Date of Diagnosis: month/year
(when it began)**

a. Specify health problem(s) _____ / _____
_____ / _____
_____ / _____

b. How upsetting were these health problems?

Not at all upsetting Extremely upsetting NA
1 2 3 4 5 9

c. Are you still experiencing the health problems?
1. Yes 2. No (GO TO d.)

d. If no, when did they stop? _____ (month) _____ (year)
_____ (month) _____ (year)
_____ (month) _____ (year)

SECTION H: THE ELDERLY

[IF THERE IS ONE OR MORE ELDERLY PERSON LIVING IN THE HOUSEHOLD THAT IS OLDER THAN 65, **CHOOSE THE ELDEST ONE**, AND ASK THAT YOU COMPLETE THIS SECTION WITH THE ELDERLY RESPONDENT.]

[INSTRUCTIONS: UNDERTAKE THE TEST ORALLY. OBTAIN A CLEAR YES OR NO ANSWER. IF NECESSARY, REPEAT THE QUESTION. CROSS OF EITHER YES OR NO FOR EACH QUESTION.]

H1. Below is a list of the ways that you might have felt or behaved in general during the past week. Please indicate how often you have felt each of these ways in the past 7 days.

	YES	NO
a. Are you basically satisfied with your life?	0	1
b. Have you dropped many of your activities and interests?	1	0
c. Do you feel happy most of the time?	0	1
d. Do you prefer to stay at home rather than going out and doing new things?	1	0
e. Do you feel that life is empty?	1	0
f. Do you often get bored?	1	0
g. Are you in good spirits most of the time?	0	1
h. Are you afraid that something bad is going to happen to you?	1	0
i. Do you feel helpless?	1	0
j. Do you feel that you have more problems with memory than most?	1	0
k. Do you think it is wonderful to be alive?	0	1
l. Do you feel pretty worthless the way you are now?	1	0
m. Do you feel full of energy?	0	1
n. Do you feel that your situation is hopeless?	1	0
o. Do you think that most people are better off than you are?	1	0

H2. Next we are interested about your views about your health. Please answer every question to the best of you ability. If you are unsure about how to answer, give the best answer you can.

- a. In general, would you say your health is
0. Excellent
 1. Very good
 2. Good
 3. Fair
 4. Poor

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	YES, LIMITED A LOT	YES, LIMITED A LITTLE	NO, NOT LIMITED AT ALL
b. Moderate activities, such as moving a table, vacuum cleaner, bowling, golf	2	1	0
c. Climbing several flights of stairs	2	1	0

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	YES	NO
d. Accomplishing less than you would like	1	0
e. Were limited in the kind of work or other activities	1	0

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	YES	NO
f. Accomplished less than you would like	1	0
g. Didn't do work or other activities as carefully as usual	1	0

h. During the past 4 weeks how much did pain interfere with your normal work (including both work outside the home and housework)?

- 0. Not at all
- 1. A little bit
- 2. Moderately
- 3. Quite a bit
- 4. Extremely

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks.....

	All Of The Time	Most Of The Time	A Good Bit Of The Time	Some Of The Time	A Little Of The Time	None Of The Time
i. Have you felt calm and peaceful?	0	1	2	3	4	5
j. Did you have a lot of energy?	0	1	2	3	4	5
k. Have you felt downhearted and blue?	5	4	3	2	1	0

l. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

- 4. All of the time
- 3. Most of the time
- 2. Some of the time
- 1. A little of the time
- 0. None of the time

Thank you so much for completing these questions!

[IF THE ELDERLY PERSON ONLY COMPLETED SECTION H, RETURN TO THE ORIGINAL RESPONDENT AND COMPLETE SECTION I]

CLARKSDALE RELOCATION SURVEY

CaseID: _____

Hello, this is (INTERVIEWER NAME) from the University of Louisville. We are conducting a survey about the Hope 6 project in this neighborhood.

We do not work for the Housing Authority of Louisville.

We want to invite the adult in this household who is 18 years or older and who is most knowledgeable about children in this household to complete a survey.

Can you please introduce us to this adult?

[INTRODUCE AGAIN TO RESPONDENT AND READ AND SIGN INFORMED CONSENT FORM]

We are currently conducting a research study about the HOPE VI program, and the families who lived in Clarksdale, a development affected by HOPE VI.

HOPE VI is a program where housing authorities receive money to help them fix up or rebuild units in their developments. We are interested in what is happening in people's lives as their housing developments start to be fixed up or rebuilt.

The survey includes questions about your **current** neighborhood, as well as some questions about you and your family. Taking this survey has no effect on your housing subsidy. Any information you provide me will remain confidential; your answers will never be linked with your name or anything that could identify you.

Your participation in this survey is voluntary, but very important to our work. Your participation will in no way affect any housing benefits you receive. The interview takes about 45 minutes. When we are done, you will receive a \$25 gift card to thank you for your time. [GO OVER CONSENT FORM, AND SIGN]

Do you have any questions before we begin? May we begin now?

Yes → continue to the next page

No → set appointment

Appointment Date: _____

Time: _____

HOUSEHOLD SCREENER

- HS1. Including everyone who usually lives here, such as family, relatives, friends or boarders, are there any adults in your household who **65 years or older**?
1. YES..... (**Complete elderly section**)
 2. NO..... (Do not complete elderly section)
- HS2. Including everyone who usually lives here, such as family, relatives, friends or boarders, are there any adults in your household who are between **18 and 64 years**?
1. YES
 2. NO
- HS3. Including everyone who usually lives here such as family, relatives, friends, or boarders, are there any children or teens in the household who are **less than 18 years old**?
1. YES..... (**Complete section on children**)
 2. NO..... (Do not completed section on children)
- HS4. Including yourself (and any babies and small children), how many people live in this household?
NUMBER..... _____

[HOUSEHOLD (HH) MEMBERS INCLUDE PEOPLE WHO THINK OF THIS HH AS THEIR USUAL PLACE OF RESIDENCE. IT INCLUDES PERSONS WHO USUALLY STAY IN THE HH BUT ARE TEMPORARILY AWAY ON BUSINESS, VACATION, IN A HOSPITAL, OR AWAY AT SCHOOL]

- HS5. Who is the **primary caregiver of the children** in this household?
1. Mother (birth/adoptive/step/foster/other)
 2. Father (birth/adoptive/step/foster/other)
 3. Grandfather/grandmother
 4. Spouse
 5. Unmarried partner, boyfriend/girlfriend
 6. Child
 7. Grandchild
 8. Brother/sister
 9. Other relative
 10. Other non-relative
 11. Unrelated legal guardian

SECTION 1: FAMILY STRUCTURE and DEMOGRAPHICS

Families in America today are arranged in many different ways. We need to understand these arrangements as they apply to your family. To get a picture of your household, I will now ask you about who lives there and how they are related to each other.

FS1. Please list all the people in your household. Give me their initials, age and gender. After I have all their initials, ages and gender, I am going to ask you about their relationship to you.

[LIST THE RESPONDENT ON LINE 1.][USE THE FOLLOWING RELATIONSHIP ANSWERING KEY:]

1. Respondent
2. Spouse/Unmarried partner, boyfriend/girlfriend
3. Child
4. Grandchild
5. Mother (birth/adoptive/step/foster/other)
6. Father (birth/adoptive/step/foster/other)
7. Brother/sister
8. Grandfather/grandmother
9. Other relative
10. Foster child
11. Housemate/roommate
12. Roomer/boarder
13. Other non-relative
14. Unrelated legal guardian

# INITIALS	Age	(M/F)	Relationship [SEE KEY ABOVE:]
1. _____	_____	_____	<u>RESPONDENT (has to be #1)</u>
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

H3. Overall, how satisfied are you with your **current** apartment/home? Would you say that you are:

1. Very satisfied
2. Somewhat satisfied
3. Somewhat dissatisfied
4. Very dissatisfied
8. *Don't know*
9. *No answer*

H3a. Thinking of your current housing situation as compared to your Clarksdale apartment, would you say that your current living situation is:

1. Much better
2. Better
3. About the same as your housing in Clarksdale
4. Worse
5. Much worse
8. *Don't know*
9. *No answer*

H3b. Overall, how do you feel about moving out of Clarksdale?

1. Very happy
2. Pretty happy
3. Neither happy or unhappy
4. Pretty unhappy
5. Very unhappy
8. *Don't know*
9. *No answer*

H4. Did you receive the type of home you preferred?

1. Yes, my 1st preference
2. Yes, my 2nd preference
3. No
4. Other (specify): _____

H5. Have you considered moving back to Liberty Green? 1. Yes 2. No

H5a. If **yes**, did you apply for an apartment in the Liberty Green area? 1. Yes 2. No

H6a1. If did not apply, why not? _____

H6. Do you currently get any type of government or charitable **housing subsidy**? By housing subsidy, we mean anything that might pay all your rent or housing costs, or anything that reduces the amount of your rent; such as Section 8, Public Housing, or housing subsidized by a non-profit agency.

1. YES 2. NO 8. *DK* 9. *NA*

H7. What type of housing subsidy do you receive?

1. Section 8
2. Public Housing
3. Other (H7a. specify: _____)

H8. What is the amount of the housing subsidy you receive each month? \$ _____

- H9. Which of the following best describes your **current** home or living arrangement . . .
- 1 A mobile home or trailer
 - 2 A modular or manufactured home attached to a fixed foundation
 - 3 A one-family house detached from any other house
 - 4 A one-family house attached to one or more houses (such as a duplex or townhouse)
 5. or a building with 2 or more apartments? **IF TWO OR MORE:** How many?
 - 6 A building with 2 apartments
 - 7 A building with 3 or 4 apartments
 - 8 A building with 5 to 9 apartments
 - 9 A building with 10 to 19 apartments
 - 10 A building with 20 to 49 apartments
 - 11 A building with 50 or more apartments
 - 12 Other (H9a.) _____ 88. *DK* 99. *NA*

H10. How many bedrooms do you have in your house or apartment? _____

- H11. Do you have a phone number? (Do not record the numbers on this questionnaire; use the Contacts form)
1. Yes a cell phone
 2. Yes, a home phone
 3. Yes, both cell and home numbers
 4. No 8. *DK* 9. *NA*

H10. Did you live in your **current** apartment/home this past winter?

1. Yes
2. No

H11. During this past winter, was there any time when your apartment/house was so cold for 24 hours or more that it caused anyone in your household discomfort?

1. Yes
2. No
8. *DK*
9. *NA*

H11a. If **yes:** Was that because the heating system broke down, you could not pay your utility bill, or some other reason?

1. Heating system broke down
2. Could not pay utility bill
3. Some other reason
4. Keep costs down 8. *Don't know* 9. *Refused*

H12. In the last 3 months was there any time when all the toilets in the home were not working?

1. Yes
2. No
8. *DK*
9. *NA*

H13. Have there been water leaks in the house/apartment in the last 3 months?

1. Yes
2. No
8. *DK*
9. *NA*

H14. Does the house/apartment have any area of peeling paint or broken plaster bigger than 8 inches by 11 inches? (the size of a standard letter)

1. Yes
2. No
8. *DK*
9. *NA*

H15. Does your house/apartment have an exposed radiator without a cover?

1. Yes
2. No
8. *DK*
9. *NA*

H16. Is your house/apartment infested with cockroaches?

1. Yes 2. No 8. *DK* 9. *NA*

H17. Is your house/apartment infested with rats or mice?

1. Yes 2. No 8. *DK* 9. *NA*

H18. Does your house/apartment have significant problems with mold on walls or ceilings, for example in your bathroom?

1. Yes 2. No 8. *DK* 9. *NA*

Now I am going to ask you a few questions about the closeness of services in your neighborhood area:

SN1. How far away is the nearest bus stop?

1. Less than 15 min 2. 16 to 30 minutes 3. more than 30 minutes away 8. *DK* 9. *NA*

SN2. How far away is the nearest grocery store?

1. Less than 15 min 2. 16 to 30 minutes 3. more than 30 minutes away 8. *DK* 9. *NA*

SN3. How long it takes you to go to the doctor/clinic you use most of the time?

1. Less than 15 min 2. 16 to 30 minutes 3. more than 30 minutes away 8. *DK* 9. *NA*

SECTION 3: CASE MANAGEMENT

CM1. How satisfied were you with the relocation services provided to you by the Housing Authority?

0. Not applicable – did not take advantage of any services
1. Very satisfied
2. Satisfied
3. Neither satisfied or unsatisfied
4. Unsatisfied
5. Very unsatisfied 8. *Don't know* 9. *No answer*

CM2. How helpful were the case managers from the Housing Authority who provided you with HOPE VI related services?

0. Not applicable – did not take advantage of any services
1. Very helpful
2. Helpful
3. Neither helpful or unhelpful
4. Not too helpful
5. Not helpful at all 8. *Don't know* 9. *No answer*

SECTION 4: EMPLOYMENT AND SUPPORTS

- ES1. Do you currently work for pay? 1. Yes 2. No (skip to ES2) 9. NA
- ES1a. Do you currently have more than one job? 1. Yes 2. No 9. NA
- ES2. Have you ever worked for pay? 1. Yes 2. No (skip to ES3) 9. NA
- ES2a. How long ago was that? _____ (years) and _____ (months)

[If respondent is currently working, skip to ES5]

ES3. What is the main reason **you are not working**?

1. Ill
2. Disabled and unable to work
3. Retired
4. Taking care of an ill/sick member of family
5. Going to school
6. Cannot find work
7. Lack child care
8. Temporarily not working because of sick leave
9. A strike, bad weather, or a temporary lay-off
10. Other (specify) _____

[If respondent is currently NOT working, skip to ES9]

ES5. On average, how many hours do you work per week at your main job?

1. Less than 20 hours
2. Between 20 and 35 hours
3. More than 35 hours a week 8. DK 9. NA

ES6. What is your hourly wage or salary at your main job? (Circle one of the options)

\$ _____ per hour or per day or per week or per month

ES7. How long have you been at your main job?

1. Less than 3 months
2. More than 3, but less than 6 months
3. Six months to 1 year
4. One to three years
5. Three years or more 8. DK 9. NA

ES8. How do you get to work?

1. Bus or other public transportation
2. Car (own car)
3. Car (borrowed car)
4. Cab
5. Walk
6. Work at home
7. Ride with a friend (carpool) or 8. Other (Specify): _____

ES9. Did you look for a job in the past 12 months? 1. Yes 2. No 9. NA

ES9a. Think about your own experience with looking for jobs or working during the past 12 months, please tell me whether any of the following factors made it difficult for you to look for a job, or to keep a job.

1. Not having work experience
2. Not having child care
3. Lack of transportation
4. Not speaking English well
5. Having a disability
6. Discrimination
7. Lack of jobs in the neighborhood
8. Having a drug or alcohol problem
9. Having a criminal record
10. Other (specify) _____

ES10. As I read the following list of benefit programs and types of income, please tell me whether or not ***you yourself*** are currently receiving each benefit:

READ ES10a-ES12h AS INDICATED <i>CHECK ALL THAT APPLY</i>	ES10 Respondent currently receiving...?	ES11 If YES... (to ES10) Were you receiving this benefit 12 months ago?	ES12 Is anyone else in your HH currently receiving?
a. Food Stamps			
b. Social Security			
c. SSI (Disability) for a child? (Initials: _____)			
d. SSI (Disability) for the adults			
e. Worker's Compensation			
f. Payments for foster care			
g. Unemployment benefits			
h. Military or Veteran's Benefits			
i. KTAP (cash assistance)			

SECTION 5. RESPONDENT'S HEALTH

RH1. In general, would you say your overall health is...?

- | | | |
|--------------|--------------|--------------|
| 1. Excellent | | |
| 2. Very good | | |
| 3. Good | | |
| 4. Fair | | |
| 5. Poor | 8. <i>DK</i> | 9. <i>NA</i> |

RH2. Do you currently have any illness or chronic health condition that requires regular, ongoing care?

- | | | |
|--------|-------|--------------|
| 1. Yes | 2. No | 9. <i>NA</i> |
|--------|-------|--------------|

RH3. Did you have any illness or chronic health condition that required regular, ongoing care within **the past three years**?

- | | | |
|--------|-------|--------------|
| 1. Yes | 2. No | 9. <i>NA</i> |
|--------|-------|--------------|

RH3a. If YES, please specify conditions _____

RH4. Next we're interested in whether you've experienced any major health problems. Some examples are cancer, ulcers, chronic pain, stomach problems, or migraines. Have you experienced any major health problems in the past **12 months**?

- | | | |
|--------|-------|--------------|
| 1. Yes | 2. No | 9. <i>NA</i> |
|--------|-------|--------------|

RH4a. If YES, please specify conditions _____

RH5. How upsetting were these health problems? On a scale of 1 to 10 would you say they were?

Not at all upsetting	Extremely upsetting	<i>NA</i>
1	2 3 4 5 6 7 8 9 10	<i>99</i>

RH5a. Are you still experiencing these health problems? 1. Yes 2. No 9. *NA*

RH6. Has a doctor or other health professional ever told you that have **asthma**? 1. Yes 2. No 9. *NA*

RH6a. If YES, do you still have asthma symptoms? 1. Yes 2. No 9. *NA*

RH7. During **the last 12 months**, have you had an episode of asthma or an asthma attack? 1. Yes 2. No 9. *NA*

RH8. Do you have any physical disabilities? 1. Yes 2. No 9. *NA*

RH9. Do you have any mental or learning disabilities? 1. Yes 2. No 9. *NA*

RH10. In general, would you say your emotional wellbeing is...?

- | | | |
|--------------|--------------|--------------|
| 1. Excellent | | |
| 2. Very good | | |
| 3. Good | | |
| 4. Fair | | |
| 5. Poor | 8. <i>DK</i> | 9. <i>NA</i> |

RH11. I am going to ask you some questions about how often you have felt things **during the past month**. For each question, please indicate whether you have felt this way:

	<u>None of the time</u>	<u>Some of the time</u>	<u>Most of the time</u>	<u>All of the time</u>
a. Felt nervous?	0	1	2	3
b. Felt calm and peaceful?	0	1	2	3
c. Felt downhearted and blue?	0	1	2	3
d. Been a happy person?	0	1	2	3
e. Felt so down in the dumps that nothing could cheer you up?	0	1	2	3

RH12. Now, I would like to ask you about some things related to how you've felt in the **past week** or **past 7 days**.

	<u>Not at all</u>	<u>A little bit</u>	<u>Moderately</u>	<u>Quite a bit</u>
a. Have you felt nervous or shaky inside?	0	1	2	3
b. Suddenly scared for no reason?	0	1	2	3
c. Fearful?	0	1	2	3
d. Tense or keyed up?	0	1	2	3
e. So restless you couldn't sit still?	0	1	2	3
f. Feel that something bad is going to happen to you?	0	1	2	3
g. Have you had spells of terror or panic?	0	1	2	3
h. Thoughts of images of frightening nature?	0	1	2	3
i. Feel yourself trembling?	0	1	2	3
j. Feel your heart pounding or racing?	0	1	2	3

SECTION 6: ACCESS TO HEALTH AND SOCIAL SERVICES

Access to Health Services

AH1. Do you have a medical card? 1. Yes 2. No 8. *DK* 9. *NA*

AH2. Are you covered by any other medical insurance? 1. Yes 2. No 8. *DK* 9. *NA*

AH3. Where does your family get health care: Is there a place where you go or take a family member when you/they are sick or need advice about your/their health? 1. Yes 2. No

AH4. What kind of place is it that you usually go to?

1. A doctor's office
2. A hospital emergency room (Er)
3. An urgent care facility (other than hospital ER)
4. A clinic
5. Family Health Centers
6. A hospital outpatient department
7. Some other place? (specify)_____

Now, I'd like to ask you some questions about experiences you make have had getting care for yourself or your family in the **past 12 months**.

AH5. During the past 12 months, did you or a family member **not get** or **postpone** getting *medical care or surgery* when you/they needed it?

1. Yes
2. No (skip to AH6)

AH5a. What was the main reason why you/they did not get the medical care or surgery you needed?

1. Lack of insurance or money
2. Don't know where to get medical care
3. Other reason (specify)_____

AH6. During the past 12 months, did you/they not get or postpone getting *dental care* when you needed it?

1. Yes
2. No (skip to AH7)

AH6a. What was the main reason why you/they did not get the dental care you needed?

1. Lack of insurance or money
2. Don't know where to get dental care
3. Other reason (specify)_____

AH7. During the past 12 months, did you/they not fill or postpone filling a *prescription* for drugs when you needed them?

1. Yes
2. No (skip to AS1)

AH7a. What was the main reason why you/they did not get the drugs you needed?

1. Lack of insurance or money
2. Don't know where to fill prescription
3. Other reason (specify)_____

Access to Social Services:

AS1. Do you know of a specific place or program in your community.....

- a. Where a teenager could go for help to stay out of trouble with pregnancy, drugs or crime? 1. Yes 2. No
- b. Where a family could go for help getting housing, food, or money in an emergency? 1. Yes 2. No
- c. Where a family could go if the parents and children are arguing a lot? 1. Yes 2. No
- d. That steps in if parents cannot or will not take care of their children? 1. Yes 2. No
- e. That can help if a family member is being violent to a child or adult in the family? 1. Yes 2. No
- f. Where someone could go for help to stop abusing drugs or alcohol? 1. Yes 2. No

SECTION 7: SENSE OF COMMUNITY AND INTERPERSONAL SUPPORT

SC1. I am going to ask you some questions about your neighborhood. Please tell me if it is mostly true or not about your neighborhood, simply by saying "yes" or "no".

	Yes	No
a. Do you think this neighborhood is a good place for you to live?	1	0
b. Do people in this neighborhood share the same values as you do?	1	0
c. Do your neighbors want the same things from the neighborhood as you do	1	0
d. Can you recognize most of the people who live in your neighborhood?	1	0
e. Do you feel at home in this neighborhood?	1	0
f. Would you say that very few of your neighbors know you?	1	0
g. Do you care about what your neighbors think of your actions?	1	0
h. Do you feel you have no influence over what this neighborhood is like?	1	0
i. If there is a problem in this neighborhood, people who live here can get it solved?	1	0
j. Is it very important to you to live in this particular neighborhood?	1	0
k. Do people in this neighborhood generally get along with each other?	1	0
l. Do you expect to live in this neighborhood for a long time?	1	0

SC2. How many of your friends live in your current neighborhood? 1. *None* 2. *A few* 3. *Many*

SC3. How many of your relatives live in your current neighborhood? 1. *None* 2. *A few* 3. *Many*

Social or Interpersonal Support

	1. No, definitely not	2. No, probably not	3. Yes, possibly	4. Yes, probably	5. Yes, definitely
SS1. Is there someone who would help to take care of you if you were confined to bed for several weeks?	1	2	3	4	5
SS2. Is there someone you could turn to if you needed to borrow \$10, a ride to the doctor, or some other small, immediate help?	1	2	3	4	5
SS3. Is there someone you could turn to if you needed to borrow several hundred dollars for a medical emergency?	1	2	3	4	5
SS4. Is there someone you could turn to if you needed some financial support for a longer period of time, say \$100 each month?	1	2	3	4	5
SS5. Would someone be available if you were upset, nervous or depressed?	1	2	3	4	5
SS6. Is there someone you could contact if you wanted to talk about an important personal problem you were having?	1	2	3	4	5
SS7. Would the people in your personal life give you information, suggestions, or guidance if you needed it?	1	2	3	4	5
SS8. Is there someone you could turn to if you needed advice to help make a decision?	1	2	3	4	5

N1. Now, please think about your current neighborhood and tell us if the following matters are: a big problem, some problem, or no problem at all.

	No problem	Some problem	A big problem	DK	NA
a. Unemployment	1	2	3	8	9
b. Groups of people just hanging out	1	2	3	8	9
c. The number of teenage mothers	1	2	3	8	9
d. Lack of public transportation	1	2	3	8	9
e. Quality of schools	1	2	3	8	9
f. Graffiti, or writing or painting on the walls of the buildings	1	2	3	8	9
g. Trash/ junk in the parking lots, streets, lawns, and sidewalks	1	2	3	8	9
h. Police not coming when called	1	2	3	8	9
i. People being attacked or robbed	1	2	3	8	9
j. People selling drugs	1	2	3	8	9
k. People using drugs	1	2	3	8	9
l. Gangs	1	2	3	8	9
m. Rape or other sexual attacks	1	2	3	8	9
n. Shootings and violence	1	2	3	8	9

**SECTION 8. VOLUNTEER, RELIGIOUS, ECONOMIC, RECREATION AND EDUCATION
ACTIVITIES**

- E1. About how often in the past year have you participated in volunteer activities through a religious, school, or community group? Would you say it was...
1. Never
 2. A few times a year
 3. A few times a month
 4. Or once a week or more?
- E2. In the past 12 months, about how often have you attended a religious service? Was it.....
1. Never
 2. A few times a year
 3. A few times a month
 4. Or once a week or more?
- E3. How do you get to the shops where you buy your groceries?
1. Walk
 2. Public transportation
 3. Private car
 4. Other (specify) _____
- E4. In the past 12 months, how often did you go shopping to buy something else than groceries? Was it.....
1. Never
 2. A few times a year
 3. A few times a month
 4. Or once a week or more?
- E5. Do you take part in any recreational activity?
1. Yes
 2. No
- E7. During the last 12 months, did you or any other adult in your household, take classes or workshops to help you/them look for work, like job search assistance, job clubs, or world-of work orientations?
1. Yes
 2. No
- E8. During the last 12 months, did you or any other adult in your household take courses or apprentice programs that trained you/them for a specific job, trade, or occupation, excluding AA or BA degree programs, GED classes, or on-the-job training?
1. Yes
 2. No
- E9. During the last 12 months, did you or any other adult in your household take classes to earn a regular high school diploma or GED?
1. Yes
 2. No
- E10. During the last 12 months, did you or any other adult in your household take college courses or programs for credit toward a college degree, such as an AA, BA, or advanced degree?
1. Yes
 2. No

SECTION 9: CHILDREN’S BEHAVIOR, WELL-BEING AND FAMILY ENVIRONMENT

For this section, I am going to ask you some questions about your children. I will first ask you questions about your oldest child, then about next oldest, and so on.

Initials	CHILD ____	CHILD ____	CHILD ____
C1. Is there another adult in this household who spends a lot of time with [Child]?	1. Yes 2. No (go to C8)	1. Yes 2. No (go to C8)	1. Yes 2. No (go to C8)
C2. If yes, what is the relationship of this adult to [CHILD]?	1 MOTHER (Birth/adoptive/step/foster) 2 FATHER (Birth/adoptive/step/foster) 3 BROTHER (including step, adopted, foster) 4 SISTER (including step, adopted, foster) 5 GRANDMOTHER 6 GRANDFATHER 7 AUNT 8 UNCLE 9 COUSIN 10 OTHER RELATIVE 11 GUARDIAN (Nonrelative)	1 MOTHER (Birth/adoptive/step/foster) 2 FATHER (Birth/adoptive/step/foster) 3 BROTHER (including step, adopted, foster) 4 SISTER (including step, adopted, foster) 5 GRANDMOTHER 6 GRANDFATHER 7 AUNT 8 UNCLE 9 COUSIN 10 OTHER RELATIVE 11 GUARDIAN (Nonrelative)	1 MOTHER (Birth/adoptive/step/foster) 2 FATHER (Birth/adoptive/step/foster) 3 BROTHER (including step, adopted, foster) 4 SISTER (including step, adopted, foster) 5 GRANDMOTHER 6 GRANDFATHER 7 AUNT 8 UNCLE 9 COUSIN 10 OTHER RELATIVE 11 GUARDIAN (Nonrelative)

Child Health	CHILD ____	CHILD ____	CHILD ____
C3. In general, would you say that [CHILD] health is:	1 Excellent Very 2 Good 3 Good 4 Fair 5 Poor	1 Excellent Very 2 Good 3 Good 4 Fair 5 Poor	1 Excellent Very 2 Good 3 Good 4 Fair 5 Poor
C4. How your [CHILD] health is in general compared to 12 months ago? Is it:	1 Much better 2 Somewhat better 3 About the same 4 Somewhat worse 5 Much worse	1 Much better 2 Somewhat better 3 About the same 4 Somewhat worse 5 Much worse	1 Much better 2 Somewhat better 3 About the same 4 Somewhat worse 5 Much worse

School engagement	CHILD ____	CHILD ____	CHILD ____
C8. What grade in school is [CHILD] attending?	1- _____ grade 12 13 GED 14 Special education 15 Home schooling 16 Preschool/pre-kindergarten/head start transitional kindergarten 17 Kindergarten 18 Not attending	1- _____ grade 12 13 GED 14 Special education 15 Home schooling 16 Preschool/pre-kindergarten/head start transitional kindergarten 17 Kindergarten 18 Not attending	1- _____ grade 12 13 GED 14 Special education 15 Home schooling 16 Preschool/pre-kindergarten/head start transitional kindergarten 17 Kindergarten 18 Not attending
C8a. If not attending, what is the reason? [IF CHILD NOT ATTENDING SCHOOL, GO TO C15]			
C9. [CHILD] Cares about doing well in school?	1 all the time 2 most of the time 3 sometime 4 never	1 all the time 2 most of the time 3 sometime 4 never	1 all the time 2 most of the time 3 sometime 4 never
C10. [CHILD] Does just enough school work to get by	1 all the time 2 most of the time 3 sometime 4 never	1 all the time 2 most of the time 3 sometime 4 never	1 all the time 2 most of the time 3 sometime 4 never

Skipping school and expulsions or suspensions	CHILD ____	CHILD ____	CHILD ____
C13. During this past 12 months, how many times has [CHILD] skipped school, cut classes without your permission, or refused to go to school? Was it...	0. Never 1. Once 2. Or more times	0. Never 1. Once 2. Or more times	0. Never 1. Once 2. Or more times
C14. During the past 12 months, has [CHILD] been suspended or expelled from school? This includes both in-school and out-of-school suspensions.	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
C15. How many times did [CHILD] change schools in the past 12 months? Was it.....	0. Never 1. Once 2. Or more times	0. Never 1. Once 2. Or more times	0. Never 1. Once 2. Or more times

Extracurricular activities	CHILD ____	CHILD ____	CHILD ____
C16. In the last year, has [CHILD] been on a sports team, either in or out of school?	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
C17. In the last year, has [CHILD] taken lessons after school or on weekends in subjects like music, dance, language, or computers?	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
C18. In the last year, has [CHILD] participated in any clubs or organizations after school , such as scouts, a religious group, or a girls or boys club?	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
C19. Has [CHILD] participated in any other organized activities during the past year?	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No

I am going to read a list of items that sometimes describe children. For each item please tell me if it has been:
1. Often true 2. Sometimes true 3. Never true for [CHILD] during the **past month**.

<i>Behavior and emotional problems</i>	CHILD ____	CHILD ____	CHILD ____
C21. He/she doesn't get along well with others	1 2 3	1 2 3	1 2 3
C22. He/she can't concentrate or pay attention for long	1 2 3	1 2 3	1 2 3
C23. He/she has been unhappy, sad, or depressed	1 2 3	1 2 3	1 2 3
C24. He/she feels worthless or inferior	1 2 3	1 2 3	1 2 3
C25. He/she has been nervous, high-strung, or tense	1 2 3	1 2 3	1 2 3
C26. He/she acts too <u>young</u> for his/her age	1 2 3	1 2 3	1 2 3
C27. He/she acts too <u>old</u> for his/her age	1 2 3	1 2 3	1 2 3
C28. He/she has trouble sleeping	1 2 3	1 2 3	1 2 3
C29. He/she lies or cheats	1 2 3	1 2 3	1 2 3
C30. He/she does poorly at schoolwork	1 2 3	1 2 3	1 2 3

Appendix 3: Administrative Data Collection Tool

SSN
ResidentID
ImportID
TYPE
EFF_DATE
EXP_DATE
INCOME
EARN_AMT
RENT_AMT
ESCR_BAL
IDP
EST_START_DATE_min
EST_COMP_DATE_max
HI_GRADE
HSDGED
TANF
SSI
EMP
CHS
O_INC
F_STMPS
WIC
MED
GENDER
DOB
AGE
AGE_CAT
STAT1
STAT2
STAT3
STAT4
STAT5
H6STAT
CURR
RISK
EVICT
DEAD
PHYS_DIS
MENT_DIS
MARITAL
CURR_HOUSING
Sec8Scat
HOH_STAT

Resident Interview Guide

- How did you feel about moving out of Clarksdale when you first found out about the HOPE VI redevelopment project?
- How about later on when the relocation process started?
- How did relocation impact your family life?
 - Ex, attending church, children's school attendance, babysitting arrangements, closeness to healthcare, groceries, transportation, etc.
- How did relocation impact your relationship with family and friends?
- How satisfied are you about the place where you live now? Is this the place where you moved when you were relocated? If not, how many times have you moved since you left Clarksdale?
- Did you receive your first or second choice for relocation?
- Did you or do you participate in any programs, such as homeownership, education/training, job training, etc?
- Does anyone in your family participate in these programs?
- Do you participate in case management?
- Did you receive any help, and if so, what kind of help did you receive from the Housing Authority?