



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

Safety Is the Most Important Thing *How HOPE VI Helped Families*

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*Most residents are
living in safer and
healthier neighborhoods.*

The HOPE VI program targeted the nation's worst public housing—poorly constructed developments suffering from years of neglect, where crime and violence were overwhelming (see text box on page 11). Exacerbating the problems, most of these developments were extremely racially and economically segregated, and located in neighborhoods nearly as distressed.¹ Thousands of vulnerable families lived in these troubled communities, most because they had no other alternative. The damage to the residents who endured—and sometimes contributed to—these conditions was profound. Many were victims of the overwhelming social disorganization, addicted to drugs, abused or neglected by drug-addicted parents, killed or injured in the drug wars, arrested or incarcerated, or simply traumatized by the stress of coping with the constant violence and disorder (Popkin et al. 2000).

Growing up in high-poverty neighborhoods harms children and adolescents in many ways, including poor physical and mental health, risky sexual behavior, and delinquency.² In particular, exposure to violence can have profound—and lingering—effects on children's mental health and development (Kilpatrick et al. 2003). Boys growing up in these communities are at great risk for delinquency; girls face pressure for early sexual initiation and the risk of sexual violence (Popkin, Leventhal, and

Weisman 2007). All children are at risk for dropping out of school and having trouble finding work. Severely distressed public housing developments like the ones HOPE VI targets are among the worst environments for children—and adults—in the nation; their residents are very likely to suffer some of the worst consequences of concentrated poverty.

The HOPE VI Panel Study tracked the experiences of a sample of 887 original residents from five developments slated for revitalization in 1999 and 2000 (see text box on page 11). At baseline in 2001, survey respondents at all five sites reported intolerable conditions. Across the sites, virtually all (90 percent) residents reported serious problems with social disorder—drug trafficking, drug use, and gang activity. Even worse, about 75 percent viewed violent crime (shooting, assaults, and rape) as “big problems” (Popkin et al. 2002). In-depth interview respondents described being overwhelmed by the all-pervading drug trafficking and gang activity, speaking of bullets coming in their windows, children caught in the crossfire, and the efforts they had to make to shield their children from the violence and disorder that surrounded them.

The goals of the HOPE VI program include “improving the living environment for residents of severely distressed public housing” and “providing housing that will

avoid or decrease the concentration of very poor families” (text box). If successful, the program has the potential to dramatically improve life circumstances for the families who endured the conditions in the targeted developments. The hope of the policy-makers who created the program was that these improvements in the quality of residents’ neighborhoods would also help them in other ways, particularly in becoming self-sufficient (Popkin et al. 2004).

In this brief, we examine the program’s progress toward its goals four years after the start of relocation at the five HOPE VI Panel Study sites. At the first follow-up in 2003, just under two-thirds of the respondents had been relocated, only one site (Shore Park in Atlantic City) had built any replacement housing, and only one site (Few Gardens in Durham) had relocated all its residents. At the second follow-up in 2005, nearly all the respondents (84 percent) had been relocated, with a small number still living in their original developments in just two sites (Shore Park and Ida B. Wells in Chicago). At least some replacement housing was available at four of the five sites, but very few respondents had moved in, likely because the new developments had only recently begun accepting tenants.³ As of 2005, 43 percent of relocatees were living in the private market with vouchers, 5 percent had moved to revitalized HOPE VI sites, 13 percent were unassisted renters or homeowners, and 22 percent had moved to other traditional public housing.

With the small number of original residents moving back to new HOPE VI developments, it is important to understand how they are faring in their new situations. Many critics have asserted that relocation—displacement—would inevitably leave residents worse off, sending them to communities that were little better than the distressed developments where they started.⁴ In this brief, we look at the question of whether HOPE VI succeeded in its goal of improving residents’ life circumstances, or whether the critics’ predictions have been realized. We focus on one key issue—neighborhood safety and fear of crime. We find that most former residents are living in neighborhoods that are dramatically

safer and offer a far healthier environment for themselves and their children. These changes have significant implications for residents’ quality of life and underscore the pressing need to continue to seek solutions for the violence that plagues too many poor communities.

Dramatic Improvements in Safety

In 2003 and again in 2005, we asked respondents a range of questions about neighborhood conditions, including perceptions of crime and disorder and “collective efficacy” (Sampson, Raudenbush, and Earls 1997). Fear of crime has profound implications for residents, causing stress and social isolation. Perceptions of disorder and collective efficacy are highly correlated with crime rates and are often a better predictor of levels of fear (Perkins and Taylor 1996). In 2003, residents who relocated with vouchers were living in neighborhoods with lower poverty rates and reported dramatically lower levels of problems with drug trafficking, shootings and violence, and other criminal activity (Buron 2004). However, about a third of the respondents were still in their original developments, and those who had moved had only been living in their new neighborhoods for a short time. Given their relative lack of experience in their new neighborhoods—and the potential for instability and subsequent moves—it was not clear whether these changes in perceptions of safety would be sustained, or whether respondents’ initial sense of relief might erode over time.

Instead, findings from the second follow-up in 2005 confirmed the significant and substantial impact on residents’ life circumstances. Those relocatees who left traditional public housing—voucher holders, HOPE VI residents, and the unassisted—were living in neighborhoods that were considerably lower poverty (Comey 2007) and far safer than their original developments. Table 1 shows the trend in reports of “big problems” with disorder (drug trafficking, drug use, loitering) and violent crime (assaults, shootings, rape) from baseline in 2001 to 2005. For the

TABLE 1. Perceptions of Neighborhood Social Disorder and Violence: HOPE VI Panel Study Respondents Reporting “Big Problems,” 2001, 2003, and 2005 (percent)

	2001 (N = 671)	2003 (N = 686)	2005 (N = 715)
Social disorder			
People using drugs	79	47*	35*
People selling drugs	78	47*	33*
Groups hanging out	67	42*	23*
Violence			
Shootings	67	31*	26*
People being attacked	23	13*	13*
Rape/sexual attacks	16	9*	9*

Source: Authors’ calculations from the 2001, 2003, and 2005 HOPE VI Panel Studies.

Notes: The N shown is the lowest weighted N among the six variables presented in the table.

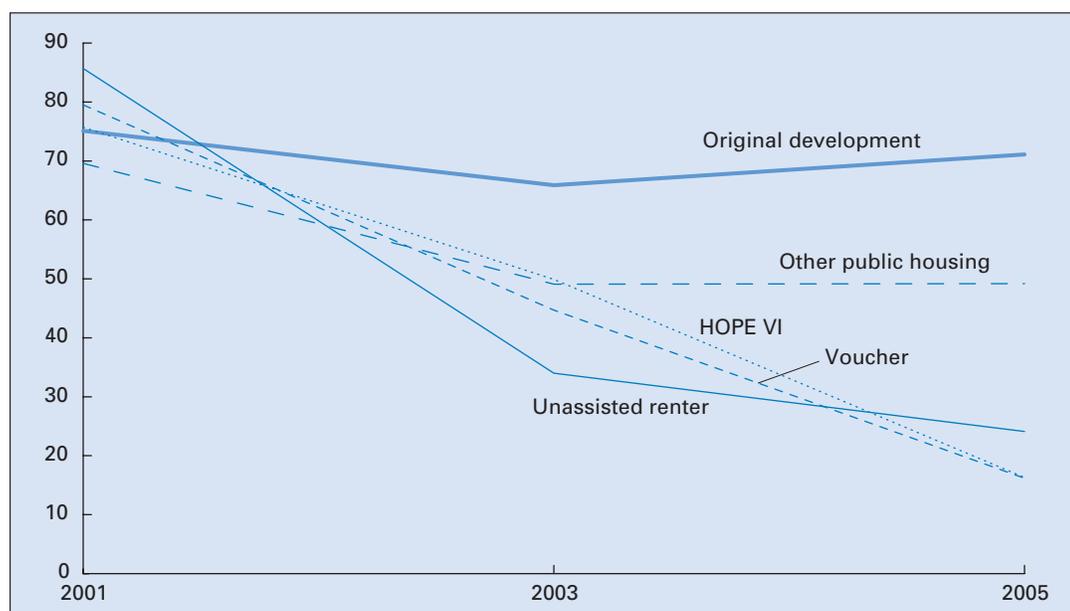
* Difference from baseline measure was statistically significant at the 5 percent level.

whole sample, the proportion of respondents reporting “big problems” with drug sales dropped from 78 percent at baseline to 47 percent in 2003, and declined even further to 33 percent in 2005—a drop of 45 percentage points. The trends for virtually every measure of neighborhood safety showed the same dramatic decline.

The trends for private-market relocatees—those respondents no longer living in their original developments or other traditional public housing—are even more striking. Figure 1, which shows the trends in respondents reporting big problems with

drug trafficking by housing assistance status, dramatically illustrates the “safety benefit” private-market relocatees have gained from moving out of distressed public housing. Respondents who have moved to the private market (with vouchers or on their own) or are living in mixed-income developments report extraordinary improvements in their conditions. For example, while 80 percent of voucher holders had reported big problems with drug trafficking in their original neighborhoods at baseline, only 16 percent reported the same problems in their new neighborhoods in 2005.⁵

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



Source: Authors’ calculations from the 2001, 2003, and 2005 HOPE VI Panel Studies.

TABLE 2. *Perceptions of Neighborhood Social Disorder and Violence: HOPE VI Panel Study Respondents Reporting “Big Problems,” by Housing Assistance, 2001 and 2005*

	2001		2005		
	All (N = 671)	Original public housing (N = 109)	Other public housing (N = 152)	Voucher (N = 304)	Unassisted renters (N = 73)
Social disorder (%)					
People using drugs	79	74	50*	19*	27*
People selling drugs	78	71	49*	16*	24*
Groups hanging out	66	60	28*	10*	16*
Social disorder scale ^a	1.6	1.5	1	0.5	0.7
Violence (%)					
Shootings	67	51	35*	17*	15*
People being attacked	23	22	16	11*	6*
Rape/sexual attacks	16	22	6	7*	5
Violence scale ^b	1	0.9	0.7	0.4	0.4

Source: Authors' calculations from the 2001 and 2005 HOPE VI Panel Studies.

Note: The N shown is the lowest weighted N among the six variables presented in the table.

a. the average of social disorder measures, each on 1 to 3 scale, with 3 being maximum disorder.

b. the average of violence measures, each on a 1 to 3 scale, with 3 being maximum violence.

*“Up here it’s quieter.
I can get more peace.”*

Table 2 shows that these trends held across a range of measures. For example, while close to 80 percent of all respondents at baseline reported big problems with drug use and drug sales, less than 20 percent of voucher holders reported such problems in 2005. The trends for perceptions of violent crime were the same—at baseline, 67 percent of the respondents reported big problems with shooting and violence in their developments; in 2005, just 17 percent of voucher holders reported big problems in their new communities. Although not shown in the table, the trends for the relatively small numbers of HOPE VI movers, unassisted renters, and homeowners were identical.

Residents' comments from the in-depth interviews make clear the profound impact that these changes in neighborhood conditions have on their quality of life. The impact is especially clear when we compare how respondents described their neighborhoods at baseline, before the HOPE VI revitalization effort, to what they said when we interviewed them again in 2005, after most of them had moved to private-market housing with a voucher. Relocates emphasized a wide range of life improvements, including allowing their

children to play outside more frequently, less fighting among neighborhood children, sleeping better, and generally feeling less worried about drug dealing and shootings in the neighborhood.

For example, Emma and her granddaughter Carla were residents of Chicago's Wells development.⁶ In 2001, before relocation, they described a community so dangerous that they were afraid to even sit outside on their own porch. Emma said:

Well, about two weeks ago the kids was outside, maybe about 7:00, and good thing that my kids . . . are actually usually on the porch. They [the gangs] did a drive by. So it's no different between the day and night. There's no difference.

Carla, who was 14 in 2001, also talked of her fears:

I don't really like the neighborhood. There's too many shootings and killings going on. A lot of the little kids are starting to come out and play because it's the summer, and it's really not safe enough, because you never know when they're going to shoot or, you know, drive by. You never know.

In 2005, Emma had a voucher and the family had moved to a neighborhood of single-family homes on the far south side of Chicago. In her new neighborhood, she felt safe and, as she told the interviewer, more “relaxed.”

You don’t have to worry about shooting. And ain’t nobody going to break in your house. You can leave your stuff laying out there in the yard, and it’ll be there when you wake up. It’s peace and quiet. You can sleep over here. Over there, it made me feel kind of nervous and scary. But over here, you get to feel more—relaxed.

Carla, now 18, said she no longer had to worry about violence:

Up here it’s quieter. I can get more peace up here than I would have gotten in the Wells. I can sit out on the porch and just sit there all night, without having to worry about somebody coming up and messing with [me]. You don’t have to worry about no shooting—anything like that.

Many Vulnerable Families Remain in Distressed Public Housing

While HOPE VI relocation succeeded in providing a significantly improved environment for respondents who moved to the private market, many respondents remain in traditional public housing and continue to live in dangerous, unhealthy places. Respondents who moved from their HOPE VI developments to other traditional public housing developments did not gain the same safety benefit as those who moved to the private market or mixed-income housing. While public housing movers do report improvements in perceptions of safety over time, they are clearly still living in extremely troubled communities, only slightly better than the distressed developments they left behind. For example, as figure 1 shows, the proportion reporting “big problems” with drug sales declined from 70 percent at baseline to just under 50 percent in 2005. This change represents a statistical improvement but means that residents are still living in communities dominated by

drug trafficking and violent crime, only slightly less dangerous than their original developments.

Most interview respondents who moved into other public housing said their new developments still had substantial problems with crime and disorder, describing feeling unsafe because of sporadic shootings, pervasive drug trafficking, and gambling in neighborhood streets. Youth, in particular, expressed a sense of loss of protection because of moving away from their friends and family, and talked of feeling threatened by other youth and gangs in their new neighborhoods.

Further, figure 1 shows that the 16 percent of respondents who had not been relocated and were still living in their original developments in Atlantic City and Chicago in 2005 were living in conditions that were just as bad as at baseline in 2001. Indeed, it is possible conditions were even worse as vacancy rates had increased and physical conditions deteriorated. As residents who were easier to relocate (i.e., did not have problems that kept them from qualifying for a voucher or new mixed-income housing) moved out, the remaining population became increasingly troubled. The families that remained noted some reduction in drug trafficking as other residents left, but they also noted a decrease in police presence. In addition, families from Chicago’s Ida B. Wells development described increasing problems with squatters sleeping in vacant units and hallways, locks and lights not being repaired, and trash collecting in hallways and stairwells.

Jeanette and her daughter Kathy were among the last residents in their six-story building in Chicago’s Wells in 2005. Both spoke of their distress about the pervasive violence. Jeanette described keeping her daughter indoors to protect her from the dangers:

Q: What were you worried about?

A: Just too much killing, innocent kids being shot and being killed, just because they wanted to be outside, you know what I’m saying. It was frightening for your child to go outside. I did use to keep her in because I was just that paranoid, because that’s a terrible feeling

for your only child to be hurt like that.

Kathy, who was 17 in 2005, said there was constant shooting:

Q: Are there any problems in the neighborhood?

A: Shooting.

A: That's it, that's all they do is shoot.

Q: Tell me about that.

A: Like, sometimes we'll be outside and just hear some gunshots—it be an ugly sight, because you shouldn't—you shouldn't—your kids have to, you know what I'm saying, get up and run from where you live, you know what I'm saying, where you pay rent at just because somebody going to act ignorant.

The Hard to House Do Not Get a Safety Benefit

Hard-to-house residents—families coping with multiple complex problems such as mental illness, severe physical illness, substance abuse, large numbers of young children, weak labor-market histories, and criminal records—are less likely to realize a significant safety benefit as a result of HOPE VI revitalization. Our earlier work showed that these residents comprised a substantial proportion of the population at all five sites and more than two-thirds of the households in Chicago's Wells and Washington's East Capitol developments (Popkin, Cunningham, and Burt 2005). Our multivariate analyses show that, even after controlling for the type of housing assistance respondents received, those from large households and those with the lowest incomes were less likely to report improvements in neighborhood violence, suggesting that these vulnerable families were less likely to experience an improved living environment than other, less-troubled households.

Further, at every site, hard-to-house families were more likely to end up in traditional public housing than in the private market, and so ended up little better off than they were at baseline. In the two sites where redevelopment is not yet complete, Chicago's Wells and Atlantic City's Shore

Park, many of these vulnerable families are still living in their original dwellings. As discussed above, conditions in the unrevitalized portions of these developments remain as bad as or worse than they were when these respondents were first surveyed in 2001. These findings suggest that, as we argued in 2005, we need to continue to search for solutions for families who have long relied on distressed public housing as the housing of last resort.

Gains in Safety Did Not Lead to Improvements in Other Outcomes

Private-market relocatees have realized a substantial safety benefit that represents a dramatic improvement in their quality of life. One obvious implication is that these families are literally safer—they are less likely to be harmed by gunshots or other violent crime. Children are less likely to witness violence or drug trafficking and suffer long-term harm to their mental health and development. These families are freed from having to organize their lives around avoiding drug markets or gang activity; their children can play outside and parents can enjoy simple pleasures like sitting out on their porch on nice days. Interview respondents spoke of feeling freed from the pervasive threat of having a child killed by a stray bullet, pushed into dealing by drug dealers, or being beaten up by a neighborhood bully or gang member.

Erika and her 12-year-old daughter Desiree, former residents of Durham's Few Gardens now living in the private market with a voucher, described the profound change in their quality of life. Erika told the interviewer that she believed her three children truly felt safe in their new community:

Q: Do your kids feel safe, the girls feel safe here?

A: Yeah, I think they do. Yeah. They really do.

Q: And what, what makes you think that they, that, what makes you think that they feel safe?

A: Because we've been here a year and a half and you not running, jump-

We need solutions for families still living in distressed public housing.

ing and running from bullets and stuff, so I know you got to feel safer. I remember times, we in the house on the floor in our own house, not knowing it might be up the street somewhere, but you hear it and it's so loud, you scared [so] you down on the floor.

Her daughter Desiree said that because she no longer had to worry about gangs and shootings, she could play with her friends more freely:

Q: Is there anything that, um, you worry about when you lived there that you don't worry about now living here?

A: I don't have to worry about gangs being around my house no more. Or like shooting or fights or something, I feel more safe over here because I don't have to feel like that. And the houses were, apartments were too close. It was like we were real close to people.

Q: Do you have a sense about what that means for you in terms of how that makes you feel different or . . .

A: It makes me feel better.

Q: Does it change what you do?

A: Yeah. I go outside a lot more. And I like play with my friends a lot more than in Few Gardens.

With this profound improvement in residents' circumstances, we might expect to see short-term impacts on other outcomes such as physical health, mental health, children's behavior, and perhaps even adult employment. And in fact, we do find that voucher holders show significant reductions in worry and tension (Buron, Levy, and Gallagher 2007), and children whose parents moved with vouchers have fewer behavior problems and less delinquent behavior (Gallagher and Bajaj 2007). However, our multivariate analyses do not show a direct effect of perceived improvements in safety on mental health, physical health, or employment.⁷

There are several possible explanations for our inability to detect the direct effects of improve perceptions of safety on other outcomes. First, there may simply not have been enough time to detect these effects.

Many of these residents had only recently relocated (28 percent had moved for the first time between 2003 and 2005). The stress of relocation—and of learning to cope with the challenges of the private market (landlords, utility bills, etc.)—may have undermined the mental health impacts of feeling safer. Indeed, we know that many voucher holders are experiencing problems with paying utilities and with housing stability (Buron et al. 2007); these stresses mean that relocatees are experiencing the safety benefit along with significant new stressors that provide new sources of worry.

Second, for those with serious health problems such as diabetes, high blood pressure, or depression stemming from trauma or abuse, the changes in neighborhood disorder and violence that resulted from relocation may not be sufficient to produce detectable improvements in their physical or mental health. About 18 percent of the women surveyed in 2005 reported being abused by a spouse or partner in their lifetimes, a form of harm known to have long-term detrimental effects on well-being. Further, about 13 percent of the sample reported that someone in their household had been victimized in the last six months,⁸ suggesting that HOPE VI dramatically improved neighborhood safety but did not eliminate the personal safety problems that affect a substantial proportion of these families.

Finally, even for private-market movers who are living in dramatically better circumstances, it is unlikely that relocation and an improved living environment will produce any substantial effects on employment, particularly in the short term. Even though interview respondents report changes that might conceivably affect employment, such as feeling more free to leave their homes and to leave their children unsupervised, HOPE VI Panel Study respondents face so many complex barriers to employment—low levels of education, serious physical health limitations, and major depression—that a relocation-only strategy is unlikely to produce significant employment effects (Levy and Woolley 2007; Manjarrez, Popkin, and Guernsey 2007).

Policy Implications

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

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

more likely to end up in these traditional developments and thus are less likely to have truly benefited from the HOPE VI intervention.

These findings have several important implications for policy.

Encourage more families to choose vouchers rather than rely on traditional public housing. Families who have moved to the private market are living in better housing in safer neighborhoods; those who relocated to other traditional developments are in situations that are nearly as bad as the distressed developments where they started. If the goal of HOPE VI is to improve families' living environments, then relocating them to other public housing undermines the program's intent. HUD should require housing authorities to offer meaningful relocation counseling to help residents make informed choices and provide long-term support to help more families succeed in the private market—or, ultimately, to return to new, mixed-income housing. A “vouchers-plus” model where relocatees receive ongoing case management and support for a period of at least two years would ensure that families make a successful transition and are able to remain in safer neighborhoods.

Develop models to serve hard-to-house families so they do not remain concentrated in high-poverty, traditional public housing developments. If housing authorities continue to move their most troubled residents to other public housing, those communities will rapidly become as unpleasant and dangerous as the distressed developments that received the HOPE VI grants. To avoid perpetuating the problem, we need new and creative approaches to helping this very needy population. The Urban Institute is testing an intensive case management model in two Chicago public housing communities to try to address the complex problems that make relocating some public housing families so challenging. These services include dramatically reduced caseloads, family- rather than individual-level case management, a strengths-based approach, a transitional jobs program, and long-term follow-up (as long as three years). Other models include those based on transitional

The HOPE VI program has provided improved living environments for most former residents.

assistance to the homeless, particularly family-supportive housing that offers a rich package of services on site. There are no simple solutions to this problem and none that are low cost, but we believe that it is both cost effective and just to try to help these families find safe, stable housing situations.

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

Fund HOPE VI revitalization of the remaining stock of severely distressed public housing. Although HOPE VI has done much to improve the living conditions of many former residents of distressed public housing, researchers estimate that between 47,000 and 82,000 public housing units are still severely distressed (Turner et al. 2007). The families that live in distressed developments likely face the same daily fears and threats as the families described in this brief, suggesting a continued need for a serious federal investment in addressing this problem.

Notes

1. See Fosburg, Popkin, and Locke (1996); and Popkin et al. (2004).
2. See, for example, Ellen and Turner (1997); Leventhal and Brooks-Gunn (2000, 2004); and Sampson, Morenoff, and Gannon-Rowley (2002).

3. Other research suggests that return rates have varied considerably from less than 10 percent to 75 percent, with the largest numbers returning to sites that were rehabilitated rather than demolished and rebuilt—not the case in any of these five sites. For other studies that have examined rates of return, see Holin et al. (2003); Buron et al. (2002); and National Housing Law Project (2002).
4. See, for example, Goetz (2003); Keating (2001); and National Housing Law Project (2002).
5. Our multivariate analysis showed that living in other public housing, living in a HOPE VI unit, having a voucher, being an unassisted renter or an unassisted owner, having fewer than four children in the household, and having an annual income of less than \$10,000 (negative predictor) were all statistically significant predictors of reporting no big problems with social disorder during the 2005 follow-up survey. However, the logit analysis confirmed that the coefficients for living in other public housing were much smaller than those for private-market relocatees.
6. All resident names are pseudonyms.
7. Reporting less social disorder and reporting less neighborhood violence from 2001 to 2005 are not statistically significant predictors of reporting less anxiety or depression, or of improvements in physical health, self-efficacy, or employment in 2005.
8. That is, purse snatched, threatened with a knife, beaten or assaulted, stabbed or shot, caught in a shootout, bullets entered apartment, or home broken into.

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HOPE VI Program

Created by Congress in 1992, the HOPE VI program was designed to address not only the bricks-and-mortar problems in severely distressed public housing developments, but also the social and economic needs of the residents and the health of surrounding neighborhoods. This extremely ambitious strategy targets developments identified as the worst public housing in the nation, with problems deemed too ingrained to yield to standard housing rehabilitation efforts. The HOPE VI program is now up for reauthorization; if reauthorized, it will run for another 10 years.

The program's major objectives are

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

Under the \$6.3 billion HOPE VI program, HUD has awarded 609 grants in 193 cities. As of June 2006, HOPE VI revitalization grants have supported the demolition of 78,100 severely distressed units, with another 10,400 units slated for redevelopment. Housing authorities that receive HOPE VI grants must also develop supportive services to help both original and new residents attain self-sufficiency. HOPE VI funds will support the construction of 103,600 replacement units, but just 57,100 will be deeply subsidized public housing units. The rest will receive shallower subsidies or serve market-rate tenants or homebuyers.

HOPE VI Panel Study

The HOPE VI Panel Study tracks the living conditions and well-being of residents from five public housing developments where revitalization activities began in mid- to late 2001. At baseline in summer 2001, we surveyed a sample of 887 heads of households and conducted in-depth, qualitative interviews with 39 adult-child dyads. We conducted the second wave of surveys in 2003 (24 months after baseline) and the third and final wave in 2005 (48 months after baseline). In 2003, we surveyed 736 heads of household and interviewed 29 adults and 27 children; in 2005, we surveyed 715 heads of households and administered 69 interviews. We also interviewed local HOPE VI staff on relocation and redevelopment progress, analyzed administrative data, and identified data on similar populations for comparative purposes. The response rate for each round of surveys was 85 percent. We were able to locate, if not interview, nearly all sample members; the largest source of attrition was mortality.

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

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

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The authors thank the five participating housing authorities, the many colleagues who have assisted with and commented on this research, and, most of all, the HOPE VI Panel Study respondents who have so generously shared their stories.