



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

## Saying Good-Bye: Relocating Senior Citizens in the HOPE VI Panel Study

Robin E. Smith and Kadija Ferryman

*The ability of senior citizens in the HOPE VI Panel Study to meet the demands of moving is compromised by physical limitations and mental strain.*

Under the HOPE VI program, many of the most distressed public housing developments in the nation have been demolished or substantially renovated (see page 7). While residents of these communities were often at daily risk of personal injury from violence related to crime, drug trafficking, and gang activity, some, especially older people, were still hesitant to leave the troubled communities they called home. These seniors are often very poor (three-quarters live on less than \$10,000 a year) with few housing options. The prospect of moving was particularly difficult for many long-term senior residents who “aged in place,” or remained in the neighborhood after raising their children. Despite troubled conditions, physical places can be very important; they provide a connection to social networks and offer a personal sense of belonging and familiarity to older residents (Rowles 1983, 1993).

The question of how seniors handle relocation is an important one. Limited evidence from the urban renewal experience suggests possible grim outcomes when older adults are involuntarily moved, even from blighted communities (Danermark and Ekstrom 1990). The HOPE VI program had the challenge of successfully relocating vulnerable seniors

from distressed neighborhoods while maintaining or improving their individual quality of life.

The HOPE VI Panel Study tracks outcomes for original residents at five sites where redevelopment activities began in 2001 (see page 7). Like younger residents of these developments, the senior citizens in the HOPE VI Panel Study are in poor health, and relocation may exacerbate their chronic conditions (Harris and Kaye 2004). Coupled with physical limitations, the mental strain of leaving home, neighbors, and neighborhood may compromise seniors’ ability to meet the demands of moving.

This brief describes the relocation experiences of older adults in light of their special circumstances, particularly health, social support, and personal mobility. Findings are based on survey and interview information gathered from adults over age 62 in the HOPE VI Panel Study<sup>1</sup> augmented by 17 additional in-person interviews of adults over age 50 in Chicago and Washington, D.C. The additional interviews explicitly explored how older adults tackled the prospect of moving and the kinds of search support and housing they desired.<sup>2</sup> The brief concludes with policy implications regarding relocation and housing for older adults.

## HOPE VI Panel Study Developments House Many Senior Citizens

While much of the country's public housing is intended for and occupied by senior citizens, it is surprising that 13 percent of the households in the HOPE VI Panel Study's predominantly *family* developments are headed by persons age 62 or older.<sup>3</sup> Seniors in the HOPE VI developments had lived in their units an average of 13 years before relocation (persons under 62 reported an average of 6 years in their unit). Seniors were also longer-term residents of public housing communities, with an average tenure of 26 years versus 12 years for their younger neighbors. Some seniors lived in the developments much longer than the average, having raised their children, and sometimes their grandchildren, in the community.

While the seniors in the five HOPE VI Panel Study developments share many of the same characteristics as younger residents, they are different in important ways. Although older residents in the HOPE VI Panel Study are disproportionately minority women, there are more male-headed households than in the younger age groups. In addition, while the seniors in HOPE VI Panel Study developments are extremely poor, they are less poor on average than their younger neighbors. We expect this is because of income from Supplemental Security Income or Social Security payments, which are usually more generous for adults than Temporary Assistance for Needy Families payments.

## HOPE VI Seniors Are in Worse Health than Other Poor Seniors

Compared with a national sample of poor seniors, public housing residents in the HOPE VI Panel Study survey are much more likely than other seniors to report they suffer from such chronic health conditions as hypertension, diabetes, arthritis, and asthma. In the in-depth interviews with older adults in Chicago and Washington, D.C., almost all reported they had at least one chronic condition. Figure 1

details the prevalence of several chronic conditions among senior HOPE VI Panel Study respondents, other poor seniors, and other black women seniors (not poor).<sup>4</sup> As figure 1 shows, senior residents in the HOPE VI Panel Study sample have the highest incidence of chronic health problems even though they are three years younger than comparison groups.

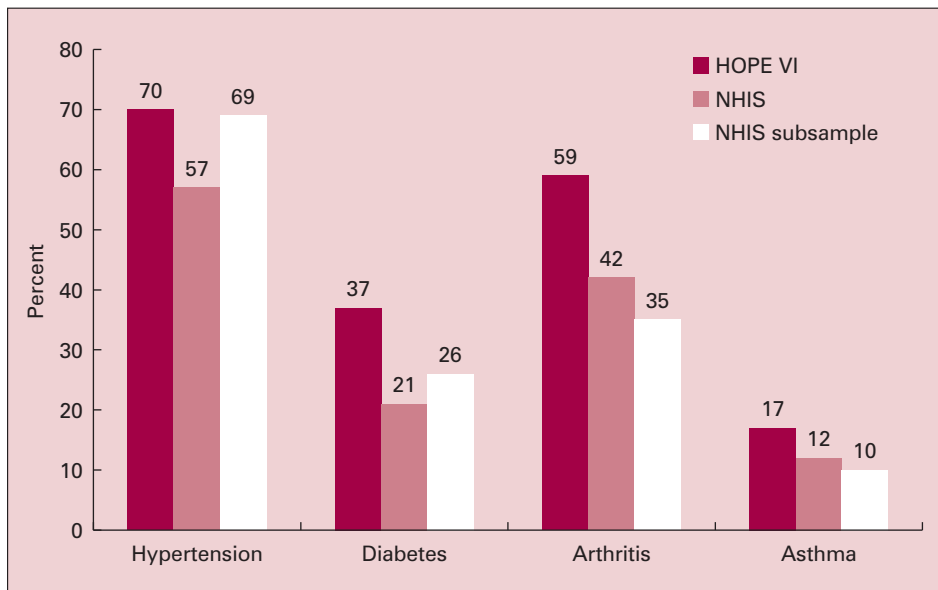
## Limited Mobility Makes Housing Search Difficult

The poor health of seniors in the HOPE VI Panel Study sample often translates into severe physical limitations and reduced mobility. Well over 50 percent of our respondents found it somewhat difficult to impossible to walk three city blocks. Similarly, over 20 percent reported they could not walk up 10 steps without resting while another 41 percent said they found stairs somewhat or very difficult. Such limitations can make housing search efforts during relocation particularly difficult and severely limit the number of neighborhoods and units viewed during housing search.

Most interview respondents did not drive or have their own vehicle. They discussed difficulties and confusion over navigating public transportation, particularly respondents in wheelchairs or with other mobility aids. Some respondents also mentioned the cost of taxicabs and other hired transportation as limiting the ability to search for new units.

Senior relocatees face many of the same restrictions and difficulties as their younger neighbors when looking for affordable housing. High costs price them out of many markets, and discrimination (racial, ethnic, and familial status) can play a role in limiting housing choice. Housing search can also be more difficult for seniors because there are fewer potential units that meet their needs. Not only do older adults have to take into consideration the proximity of existing social supports, medical services, and public transportation, some also need units with features that increase safety and mobility or handicapped-accessible units. Finding these amenities

FIGURE 1. Chronic Conditions among HOPE VI Residents versus National Samples



Sources: HOPE VI Panel Study Follow-up Survey (2003) and National Health Interview Survey (2001).

Notes: The HOPE VI sample is age 62 and older, poor, and mostly female. The National Health Interview Survey (NHIS) sample is poor adults age 65 and older. The NHIS subsample is black women age 65 and older.

can further restrict an already short list of available units.

### Housing Quality Improved for Senior Relocates but Additional Amenities Still Needed

Seniors who moved are about as satisfied with their current housing as younger respondents, with 82 percent saying they are very or somewhat satisfied with their unit.<sup>5</sup> However, when movers were asked to compare their current unit with where they lived before, seniors were less likely to report their current housing was better (55 percent of seniors compared with 68 percent of younger movers); almost 20 percent of senior relocates said their current housing was worse. It is unclear what accounts for these differences between the generations and the low satisfaction of seniors. One possible explanation is that older adults are more likely to mourn the loss of long-standing ties and have more difficulty adjusting to change, leading to higher rates of dissatisfaction with new units.

Our in-depth interviews suggest an additional explanation. It seems likely that some older adult relocates may have set-

led for a new unit that did not meet their needs. During the in-depth interviews, a number of older adults said they wished they had a housing unit with an amenity or configuration that better met their circumstances. These included units on the ground floor, wheelchair-accessible units, units modified for the disabled or elderly, and units large enough to accommodate minor and adult children or a caregiver. These amenities can greatly influence quality of life. One interview respondent lived in an apartment without a pathway to the bedroom that could accommodate his wheelchair, so he was forced to sleep in his living room.

### Older Adults Find Relocation Particularly Stressful

The importance of place for older adults is well documented, and the emotional upheaval caused by relocation can be particularly painful for seniors. Some senior citizens develop deep ties to place over time. As health declines and independence lessens, seniors rely on those ties to help control and predict their environment when other areas are increasingly out of seniors' control (Golant 1984). With close to

"I can't get my [wheel]-chair into the bedroom. I dress, eat and sleep in [my living room]."

“I was comfortable living there. I was on several of the boards...I was in the chess club, and backgammon, card clubs . . . I wasn't as sick as I am now but it was coming on.”

90 percent of seniors who moved in the HOPE VI Panel Study reporting they relocated to a different neighborhood from where they had lived previously, it is undeniable that many of them had to sever ties with friends and neighbors as a result of relocation.

It is difficult to determine what this loss means for relocatees' daily life. The HOPE VI Panel Study findings suggest residents in HOPE VI developments are prone to depression (Harris and Kaye 2004), and while older adults are less likely than their younger neighbors to report having a major depressive episode, over 70 percent say they are anxious. Given the high levels of anxiety among all age groups in the study both before and after relocation, it is difficult to determine the role of moving in the outlook of public housing seniors.

What *is* clear from both the survey and interview data is that older adults have a difficult time understanding the relocation process. The HOPE VI Panel Study does not evaluate how the HOPE VI program or its services were implemented. However, to understand how residents perceived the program, we asked respondents about the information they were given on available services. We found confusion and suspicion were rampant among residents (Cunningham 2004). However, across all respondents, seniors scored the lowest on *all* questions asking relocatees about the services available to them, even when asking about services of particular interest to them such as transportation to view available units. The consistently poor responses of seniors indicate a high level of confusion about the process with little knowledge of available help.

### Search Support Matters

It is not surprising that during this time of upheaval and confusion, many senior residents turned to family members and friends to help them navigate the options and possibilities. In additional interviews with older adults, those who had search assistance from family and friends reported better housing outcomes than those who did not. While these interviews

were conducted with a limited number of respondents, the marked difference between those who had family support and those who did not suggests the need for an involved personal advocate during the relocation process.

The experience of one elderly woman illustrates how family members can facilitate the process. She tells how her granddaughter found the listing for the new unit and helped her call the owner. The granddaughter also took the woman to the leasing office and helped her fill out the application because she needed assistance with reading and writing. When asked about moving, the woman said “Well, my son moved me . . . you know, my health has been kind of bad. And I have this bad eye. My niece came and helped me finish packing up. And my son and one of his friends moved me . . . they done most everything, because I was sick at the time.”

It is important to note that not all seniors have a friend or relative to serve as an advocate during relocation. This dilemma is particularly severe for many long-time residents of public housing whose children and younger family members may be part of a generation decimated by drug use and gang violence. High levels of drug use in Chicago (Broz et al. 2004) have produced a “lost generation,” missing because of drug use, jail, or death. Not surprisingly, HOPE VI Panel Study interviewees in Chicago noted how often older adults did not have adult children on whom they could depend.

### Traditional Senior Housing Does Not Meet the Needs of All Older Adults

In the most recent HOPE VI Panel Study survey in 2003, a quarter of the households age 62 and older reported they lived in a building intended for seniors. The remaining 75 percent lived in other public or assisted housing, had a voucher, or were unassisted. We asked our interview respondents in Chicago and Washington, D.C., if they wanted to move to a building intended for seniors. Many reported they

“I'm forgetful now. Because I got a heart problem, makes me forget.”

did not.<sup>6</sup> The objections ranged from personal preference (“I don’t want to live with just old people”) to practicalities of household composition (“I have my grandchildren with me”) to concerns about unit amenities (“those units don’t have washers and dryers”) and about future health (“I can’t live alone”). All reflected the potential mismatch between traditional “senior public housing” targeted to able-bodied seniors living independently versus the realities of life for many of today’s older adult population (box 1).

### Policy Implications

Poor health combined with declining mobility makes housing search physically difficult for older adults, particularly those without outside family support and those who care for young children. Furthermore, the housing needs of older adults are diverse and many of today’s households

are not compatible with much of the nation’s public housing stock for seniors, which was built in the 1960s and 1970s and designed for able-bodied adults.

### *Seniors Need Enhanced Housing Search Support*

Physical limitations make housing search difficult for many seniors. Many housing authorities provide transportation for seniors during housing search; however, because of the large number of movers, such services are often conducted in groups and focus on choices in other public housing or large complexes that accept Section 8. More individualized attention is difficult for pressed housing authority staff to provide but may be vital for some senior relocatees to find suitable units that accommodate their specific circumstances.

Even when services are available, seniors seem particularly confused and

### Box 1. Grandfamilies—Unplanned Parenthood for Seniors

In 2000, the census counted for the first time the number of grandparents raising their grandchildren and found 2.4 million such households (Simmons and Dye 2003).<sup>a</sup> Surpassing the national average, approximately a quarter of the seniors in the HOPE VI Panel Study developments at baseline had children under 18 in their households. The longevity of these relationships is unclear, but interviews with residents confirm that many older adults are responsible for their charges, including grandchildren, great-grandchildren, and other children for the foreseeable future. The reasons parents are not raising their children vary but repeatedly include the death, incarceration, or drug addiction of a parent resulting in care for children moving to an older family member. These “grandfamilies” represent an important trend in family formation and what one gerontology professor calls the most “dramatic example of unplanned parenthood.”<sup>b</sup>

The introduction of children into senior households can strain already fixed incomes and stretch housing intended for one person or a married couple. Despite the drawbacks, many interviewees in the HOPE VI Panel Study were thankful they were able to care for their grandchildren and orient their lives around providing a stable, positive environment. However, the presence of grandchildren makes the already daunting prospect of relocation even more formidable. Not only do senior citizens potentially have physical limitations, but in the interviews with older adults, we also found a striking number of the children in grandfamilies were disabled. Housing options are limited as grandparents look for units and neighborhoods that meet the needs of both seniors and children while accommodating disabilities and family size.

<sup>a</sup> The 2.4 million households figure refers to grandparent caregivers age 30 and above. It is not limited to older adult grandparents nor does it include older adults caring for minor children who are not their grandchildren.

<sup>b</sup> Quote from Vern Bengston, gerontology professor at the University of Southern California, in D’Vera Cohn and Sarah Cohen, “Census Sees Vast Change in Language, Employment,” *Washington Post*, August 6, 2001, page A01.

scared by the relocation process, and the emotional strain can be as debilitating as a physical limitation. Our interviews show that seniors have more difficulty understanding and assessing their options than younger movers. This finding suggests that a heightened staff focus on seniors during relocation is warranted. For seniors who do not have family and friends to turn to for support, the process is particularly stressful and the resulting housing choices can put seniors in unsuitable units or neighborhoods.

### *Housing Authorities Need to Consider the Range of Senior Housing Needs*

There is growing interest in providing a continuum of care for elders in public housing. Options that include an array of services and housing types beyond the traditional independent living model are emerging. In Dorchester, the Boston Housing Authority reconstructed long-term vacant public housing at Franklin Field into apartments for grandfamilies. In Cambridge, Massachusetts, the Cambridge Housing Authority led a joint venture effort that acquired a former nursing home and created 71 units of assisted living housing, with 57 units reserved for low- to moderate-income tenants. A second stage of development created 112 skilled nursing beds adjacent to the facility. Continued efforts to creatively house today's diverse senior population are required to successfully house this vulnerable group in a way that acknowledges and satisfies their needs.

### *Researchers Need Greater Understanding of How Seniors Fare during Involuntary Moves*

While this study has provided important insights into the housing search and resulting housing quality of senior movers, more information is

needed on how seniors fare after involuntary moves. Future interviews in the HOPE VI Panel Study will provide valuable information on how seniors cope, but the number of older adults is relatively small for in-depth analysis. Other available information on how seniors fare is limited, but anecdotal experience from urban renewal is bleak. In addition to its benefits for the general senior population, more information could assist future efforts by shedding light on how to mitigate negative outcomes when seniors are moved involuntarily.

### Notes

1. The HOPE VI Panel Study survey data are based on 95 responses from adults age 62 and older across the five sites. HOPE VI Panel Study interview information is based on interviews with 28 seniors age 62 and older in Chicago and 38 seniors in Washington, D.C.
2. Households included in the additional interviews were purposively sampled to include more families where an older adult cared for a minor child or children.
3. In two sites, the larger family developments included a building intended for seniors in the community but, for the most part, the neighborhood was intended for families with children.
4. The National Health Interview Survey (NHIS) from which the national information is compiled does not report findings for seniors who are black, female, and poor.
5. Younger respondents reported they were very or somewhat satisfied 80 percent of the time. These figures for both young and older respondents include people who have not yet moved.
6. These results are not uncommon. Although physical and community amenities for older adults are more prevalent in age-restricted communities (NAHB 2002), AARP notes that many seniors, including those with disabilities, wish to live as independently as possible in an age-integrated environment (Gibson 2003).

### References

Broz, Dita, Matthew Magee, Susan Bailey, Wayne Wiebel, and Lawrence Ouellet. 2004. "Epidemiologic Trends in Drug Abuse—Chicago." *Proceedings of the Community Epidemiology Work Group, Vol. II*. Chicago: University of Illinois at Chicago.

Cunningham, Mary K. 2004. "An Improved Living Environment? Relocation Outcomes for HOPE VI Relocateses." A Roof Over Their Heads brief 1. Washington, DC: The Urban Institute.

Danermark, B.D., and M.E. Ekstrom. 1990. "Relocation and Health Effects on the Elderly: A Commented Research Review." *Journal of Sociology and Social Welfare* 17(1): 25–49.

Gibson, Mary Jo. 2003. *Beyond 50: A Report to the Nation on Independent Living and Disability*. Washington, DC: AARP.

Golant, Stephen M. 1984. *A Place to Grow Old*. New York: Columbia University Press.

Harris, Laura, and Deborah Kaye. 2004. "How Are HOPE VI Families Faring? Health." A Roof Over Their Heads brief 5. Washington, DC: The Urban Institute.

National Association of Home Builders (NAHB). 2002. *National Older Adult Housing Survey*. Washington, DC: NAHB Research Center.

Rowles, Graham D. 1983. "Between Worlds: A Relocation Dilemma for the Appalachian Elderly." *International Journal of Aging and Human Development* 17:301–14.

———. 1993. "Evolving Images of Place in Aging and 'Aging in Place'." *Generations* 17(2): 65–71.

Simmons, Tavia, and Jane Lawler Dye. 2003. "Grandparents Living with Grandchildren: 2000." Census 2000 brief. Washington, DC: U.S. Census Bureau, U.S. Department of Commerce.

### About the Authors



**Robin E. Smith** is a research associate in The Urban Institute's Center on Metropolitan Housing and Communities. Her research focuses on public and assisted housing and senior citizens.



**Kadija Ferryman** is a research associate in The Urban Institute's Center on Metropolitan Housing and Communities. Her research focuses on assisted housing and low-income communities.

## HOPE VI Program

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

The program's major objectives are

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

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

## HOPE VI Panel Study

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

The panel study sites are Shore Park/Shore Terrace (Atlantic City, 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).

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

*Address Service Requested*

For more information,  
call Public Affairs:  
202-261-5709  
or visit our web site,  
<http://www.urban.org>.  
To order additional copies  
of this publication, call  
202-261-5687  
or visit our online bookstore,  
<http://www.uipress.org>.

The Urban Institute's Center on Metropolitan Housing and Communities believes that place matters in public policy. We bring local perspectives on economic development, neighborhood revitalization, housing, discrimination, and arts and culture to our study of policies and programs. Our research pioneers diverse and innovative methods for assessing community change and program performance and builds the capacity of policymakers and practitioners to make more informed decisions at local, state, and federal levels.

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

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

**THE URBAN INSTITUTE**

2100 M Street, NW  
Washington, DC 20037

Copyright © 2006

Phone: 202-833-7200

Fax: 202-467-5775

The views expressed are those of the author and do not necessarily reflect those of the Urban Institute, its board, its sponsors, or other authors in the series.

Permission is granted for reproduction of this document, with attribution to the Urban Institute.