RESIDENTIAL MOBILITY AND THE SECTION 8 HOUSING CHOICE VOUCHER PROGRAM: FACTORS PREDICTING MOBILITY AND THE RESIDENTIAL DECISION-MAKING PROCESS OF RECIPIENTS

DISSERTATION

Presented in Partial Fulfillment of the Requirements for
the Degree Doctor of Philosophy in the Graduate
School of The Ohio State University

By

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* * * * *

The Ohio State University
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ABSTRACT

The Section 8 Housing Choice Voucher (HCV) Program was initiated through the Housing and Community Development Act of 1974 with policy goals of promoting mixed-income neighborhoods and residential mobility. Prior evaluations of the HCV program find that HCV program recipients are residing in lower-poverty neighborhoods when compared to other low-income renters, yet yield mixed results in regard to desegregation and quality of neighborhoods. This study builds on prior evaluations of HCV program policy goals using a mixed-methods approach by examining the factors that predict residential mobility of the HCV program recipients and their residential outcomes in terms of change in poverty and change in racial composition in neighborhoods.

Administrative data from the Columbus Metropolitan Housing Authority (CMHA) was utilized for this study (N=1000). Through OLS Regression, race, age, gender, number in family, increase in TTP, increase in FMR, and decrease in FMR were significant in explaining the variance in residential mobility. Residential mobility was not significant in predicting a change in poverty, although age and race were found to be significant. Through the use of MANOVA, a recipient’s race was not found to predict racial composition in neighborhoods.
To further understand residential mobility, twelve individual interviews were conducted with current HCV program recipients to explore their decision-making process in locating and obtaining a home. Through the use of social constructivism and grounded theory, the data was analyzed to determine the decision-making process of the interviewees. From the analysis, the decision-making process of the recipients consists of six prominent themes. The themes include the following: (1) Experience in residence prior to the HCV program; (2) Evaluation/Specification of “wants” (in regard to a home); (3) Search for home based on pre-determined “wants”; (4) Outcome of home search; (5) Unforeseen circumstances or unplanned or planned events; and (6) Re-evaluation Respecification of “wants”. In addition to the decision-making process in locating and obtaining a home, the recipients explained their experience in the HCV program. This study explains the mobility outcomes of HCV program recipients and provides information in regard to the recipients’ decision-making process in locating and obtaining a home.
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Research Publication


FIELDS OF STUDY

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CHAPTER 1

INTRODUCTION

1.1 Housing and Community Development Act of 1974

The Housing and Community Development Act of 1974 established a subsidized tenant-based housing program, Section 8 housing, with the stated goal of, “the reductions of the isolation of income groups within communities and geographical areas and the promotion of an increase in the diversity and vitality of neighborhoods through the spatial deconcentration of housing opportunities for persons of lower income…” [42 USC 5301 Sec. 101 (c)]. Through the Housing and Community Development Act, Section 8 housing was designed as a residential mobility program enabling recipients to have a choice in selecting housing and neighborhoods in which to reside. The Section 8 housing program provides recipients with the ability to select housing and neighborhoods of their choice with the freedom to move to different neighborhoods, pending availability of housing and receiving landlords (U.S. House, 2003).

1.2 Section 8 Housing Choice Voucher (HCV) Program

The current subsidized tenant-based housing program, the Section 8 Housing Choice Voucher Program (HCV), was developed in 1998 under the Quality and Work Responsibility Act (U.S. Department of Housing and Urban Development [HUD], 2001) by merging the Section 8 voucher and certificate programs. HUD (2006c) states, “tenant-
based vouchers increase affordable housing choices for very low-income families. Families with a tenant-based voucher choose and lease safe, decent, and affordable privately-owned rental housing (p.1).”

Currently the HCV program is the largest low-income federal housing policy, providing services to nearly 1.8 million households nationwide compared to 1.2 million for public housing (HUD, 2006a). The Section 8 HCV program is funded federally through appropriations granted by Congress, filtered through the Department of Housing and Urban Development (HUD), and usually administered by local public housing authorities (PHAs) who have applied for funding to implement the subsidized tenant-based voucher program. Families and individuals apply to receive a voucher from the local PHA and the vouchers are distributed on a first-come, first-serve basis. Most PHAs have a waiting list to receive a voucher, which can result in a family or individual waiting for up to 10 years (HUD, 2000a). Once a voucher is received, the recipient has at least 60 days and up to 120 days to find a rental unit in which the landlord is willing to participate in the Section 8 program and the unit is able to pass a site inspection (Grigsby & Bourassa, 2004).

1.2.1 HCV Program Policy Goals

The Section 8 Housing Choice Voucher Program seeks to meet the following policy goals: (1) promote economically mixed-income neighborhoods by utilizing the private market to provide housing for low-income individuals and families; and (2) promote choice or “mobility” among the recipients by enabling them to select housing of their choice in neighborhoods of their choice (U.S. House, 2003).
Recipients participating in the HCV program are able to select housing of their choice with an anticipated outcome that recipients are moving to lower-poverty, more diverse neighborhoods. As a “mobility” program, the HCV program seeks to increase the locational choice of recipients in order to avoid concentrations of poverty, often found in large public housing developments (Devine, Gray, Rubin & Taghavi, 2003). Because the voucher is not connected to a particular residence or neighborhood, recipients can use the voucher wherever the recipient chooses given that the location meets the program requirements and the landlord is willing to participate in the program. Local Public Housing Authorities (PHAs) are required to encourage recipients to move to lower-poverty neighborhoods, due to the belief that lower-poverty neighborhoods have better schools, job opportunities, and a better chance for “upward mobility” (HUD, 1994). Although “upward mobility” is the expectation, “anecdotal” evidence obtained over the years indicates that recipients do not always move to such neighborhoods. Available housing as well as landlords’ refusal to participate in the program or accept particular recipients may restrict recipients’ access to better neighborhoods and “upward mobility.”

1.3 Focus of Current Study

The purpose of this study is to explore the residential mobility patterns and decision-making process of recipients of the Section 8 HCV program. This study involves a multi-methodological approach using administrative data from a local Public Housing Authority (PHA) and Census 2000 data to assess the factors that predict residential mobility and residential outcomes of HCV program recipients in regard to
change of poverty and racial composition of neighborhoods. The study is enhanced with qualitative data from individual interviews with HCV recipients to explore their decision-making process in locating and obtaining housing.

This study addresses a significant gap in the literature as there are few studies that currently examine the residential mobility of the HCV program recipients in regard to mobility patterns, factors predicting residential mobility, or the residential decision-making process of recipients. Prior evaluations of the HCV program assess the locational outcomes of the HCV recipients at one point in time and fail to explore the locational outcomes of recipients who are mobile. Additionally, the current literature fails to explore the decision-making process of the recipients in locating housing to determine the neighborhood characteristics important to recipients in utilizing their HCV voucher, or the potential assistance or barriers to truly locating housing of their “choice.”

1.3.1 Research Questions

The following research questions are addressed through analysis of CMHA administrative data and Census 2000 data:

1. What individual-level factors predict residential mobility among the recipients of the Section 8 Housing Choice Voucher (HCV) program?

2. Does residential mobility of an HCV program recipient predict an experienced change in neighborhood poverty level from pre to post-move residences?
3. Does an HCV program recipient’s race predict an experienced change in racial composition in neighborhoods from pre to post-move residences?

The following research question is addressed through individual interviews with current HCV program recipients.

1. What is the experience and decision-making process of HCV program recipients in regard to housing location and residential mobility?

1.4 Description of HCV Program Recipients

1.4.1 Eligibility Requirements

Eligibility for the HCV program is based on four criteria: (1) family definition; (2) income limits; (3) citizenship status; and (4) eviction for drug-related criminal activity. Family definition is determined by the local PHA and only applicants who meet that definition are eligible to apply. A family can either be an individual or a group of persons and can include a household with or without children (HUD, 2001). Other possible family definitions can include an elderly family, a disabled family, a displaced family, a remaining member of a tenant family [i.e. the tenant family has moved, yet a member of the tenant family remains], or a single person (HUD, 2001).

Income limits are determined by HUD based on family size and the metropolitan area where the PHA is located (HUD, 2001). Very low-income families (incomes below 50% of the area median income) are given priority, yet families with incomes up to 80% of the area median income can also be considered (HUD, 2006b). HUD established a requirement that 75% of the HCV program vouchers are reserved for households whose income is 30% of the median area income (HUD, 2001). Families with incomes up to...
80% of the area median income are usually considered because they have received assistance under the public housing program, HOPE I, HOPE II, or are displaced because of a “voluntary termination of a mortgage insurance contract” (HUD, 2001, p. 5-3).

The applicant for the HCV program must be a citizen of the United States or have eligible immigration status. In order to have eligible immigration status, an individual must meet one of the following categories: (1) “a non-citizen lawfully admitted for permanent residence as an immigrant (includes lawful temporary resident status); (2) a non-citizen who entered the United States before January, 1, 1972, and has either maintained residence, or who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence; (3) a non-citizen who is lawfully present in the United States as a result of refugee status, asylum, or because of persecution or fear on account of race, religion, or political opinion; (4) a non-citizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergency reasons; (5) a non-citizen who is lawfully present in the United States as a result of the Attorney General’s withholding deportation; and (6) a non-citizen lawfully admitted for temporary or permanent residence (HUD, 2001, p. 5-9 – 5-10).”

Lastly, an applicant for the HCV program must not have a history of eviction for drug-related criminal activity. If an applicant has an eviction from a public housing or HCV program housing for drug-related criminal activity, they are not eligible for the HCV program for at least three years after the eviction date (HUD, 2001).
1.4.2 Housing Choice Voucher Subsidy

The HCV program enables eligible applicants to enter into lease agreements with private-market landlords, with rent that meets the Fair Market Rent (FMR). HUD establishes the FMRs based on either the 40\textsuperscript{th} or 50\textsuperscript{th} percentile of rents charged for standard rental housing in the FMR or metropolitan area (HUD, 2001). A PHA then establishes their payment standards from 90-110\% of the published FMRs or even higher with HUD approval (HUD, 2001). This set payment standard, established by the PHA based on set FMRs, determines the amount of subsidy the recipients will receive, which is paid directly to the landlord. The recipient’s Total Tenant Payment (TTP) typically consists of 30\% of their income, and any difference between the rent of the unit and the payment standard established by the PHA.

1.4.3 Demographics of Recipients

The Section 8 Housing Choice Voucher Program is the largest low-income housing program in the United States with 1,793,468 units in 2006 (HUD, 2006a). Table 1.1 illustrates the national average income and TTP for HCV recipients as of April 30, 2006. The average annual income for recipients is $11,597 per year. The majority of recipients (N=1,131,300; 63\%) have incomes defined as extremely low, below 30\% of the median. Less than 1\% (N= 3,919) of recipients fall into a category of above low income, 81\%+ of the median. The average TTP for recipients is $267.00 per month. The majority of recipients (60\%) pay TTPs between $101.00 and $350.00, with only 1\% of recipients paying $0 per month, and 11\% paying $501.00 or more a month.
Table 1.1: National recipients’ average annual income and Total Tenant Payment

U.S. Department of Housing and Urban Development (2006a)

<table>
<thead>
<tr>
<th>National – United States</th>
<th>Average annual income</th>
<th>Average Total Tenant Payment</th>
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<tbody>
<tr>
<td>Year 2006</td>
<td>$11,597</td>
<td>$267.00</td>
</tr>
</tbody>
</table>

Table 1.2 illustrates the average TTP for the following family types: (1) elderly, no children, non-disabled; (2) elderly, with children, non-disabled; (3) non-elderly, no children, non-disabled; (4) non-elderly, with children, non-disabled; (5) elderly, no children, disabled; (6) elderly, with children, disabled; (7) non-elderly, no children, disabled; (8) non-elderly, with children, disabled; and (9) female headed household with children. According to Table 1.2 the “elderly, with children, non-disabled” pay the highest TTP per month ($357.00).
Family Type (National) | Average TTP  
--- | ---  
Elderly, no children, non-disabled | $261  
Elderly, with children, non-disabled | $357  
Non-elderly, no children, non-disabled | $259  
Non-elderly, with children, non-disabled | $281  
Elderly, no children, disabled | $246  
Elderly, with children, disabled | $341  
Non-elderly, no children, disabled | $222  
Non-elderly, with children, disabled | $308  
Female headed household with children | $281  

Table 1.2: National average TTP for each family type.

U.S. Department of Housing and Urban Development (2006a)

The HCV program records the recipients’ race and ethnicity as two separate categories. Categories under race include: (1) White only; (2) Black/African American only; (3) American Indian or Alaska Native only; (4) Asian only; (5) Native Hawaiian/other Pacific Islander only; (6) White, American Indian/Alaska Native only; (7) White, Black/African American only; (8) White, Asian only; and (8) Any other combinations. Categories under ethnicity include: (1) Hispanic or Latino; and (2) Non-Hispanic or Latino. Table 1.3 and 1.4 depicts the recipients’ race and ethnicity. The majority of recipients are White only (52%) followed by Black/African American only (43%). Seventeen percent of recipients report their ethnicity as Hispanic or Latino.
<table>
<thead>
<tr>
<th>Race (National)</th>
<th>Percent</th>
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<tbody>
<tr>
<td>White only</td>
<td>52%</td>
</tr>
<tr>
<td>Black/African American only</td>
<td>43%</td>
</tr>
<tr>
<td>Asian only</td>
<td>2%</td>
</tr>
<tr>
<td>American Indian or Alaskan Native only</td>
<td>1%</td>
</tr>
<tr>
<td>Native Hawaiian, Other Pacific Islander only</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>White, American Indian/Alaska Native only</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>White, Black/African American only</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>White, Asian only</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Any other combinations</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

Table 1.3: Distribution of head of household by race

U.S. Department of Housing and Urban Development (2006a)

<table>
<thead>
<tr>
<th>National – United States (2006)</th>
<th>Hispanic or Latino</th>
<th>Non-Hispanic or Latino</th>
</tr>
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<tbody>
<tr>
<td>Percent</td>
<td>17%</td>
<td>83%</td>
</tr>
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Table 1.4: Distribution of head of household by ethnicity

U.S. Department of Housing and Urban Development (2006a)

Table 1.5 depicts the average age of the HCV program recipient and the recipients’ household members. The majority of household members (37%) are between the ages of 18 and 50 years old, followed by 35% of household members who are
between the ages of 6 and 17 years old. Forty-nine percent of the household members in the HCV program are between the age group of 0 to 17, thus, illustrating the vast amount of children in the program.

<table>
<thead>
<tr>
<th>National – United States (2006)</th>
<th>0-5 years</th>
<th>6-17 years</th>
<th>18-50 years</th>
<th>51-61 years</th>
<th>62-82 years</th>
<th>83+ years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>14%</td>
<td>35%</td>
<td>37%</td>
<td>7%</td>
<td>7%</td>
<td>1%</td>
</tr>
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</table>

Table 1.5: Distribution of household members’ ages

U.S. Department of Housing and Urban Development (2006a)

According to HUD (2006a) the current recipient of the HCV program has an average income of $11,597, an average TTP of $267.00, is most likely to be a woman with children, and most likely to be White, non-Hispanic or Latino.

1.5 Measuring “Success” in the HCV Program

The HCV program is evaluated to determine program “success” through various means. Such means can include examining the program’s outcomes against the stated policy goals of deconcentration or desegregation, or through the evaluation of programmatic goals, such as recipients finding a unit within the allotted time, or the PHA utilizing all of their vouchers.

One such evaluation conducted by HUD’s Office of Policy Development and Research (PD&R) examined the current “success” rate of the program as well as potential factors that could influence the success rate. HUD defines HCV program success as, “the
percentage of all families provided vouchers who lease a housing unit meeting the program requirements within the allotted amount of time” (Finkel & Buron, 2001, p. 1-1). This evaluation examined 48 PHAs in large metropolitan areas and found a 69% success rate, which was compared to the 1985 – 1987 success rate of 68%, and the 1993 success rate of 81%. The success rate was found to vary with local market conditions, yet did not differ by such characteristics as race, ethnicity, gender, or disability status of the head of household. This evaluation examines the process outcomes of the HCV program, yet fails to evaluate the success of the program as it relates to the policy goals. The amount of time a recipient takes to find a unit is very important in setting specific program goals in order to determine if the set allotted time provides enough time for recipients to find a unit, yet is only one piece in evaluating the success of the program.

1.6 Section 8 HCV Program and Deconcentration

Many of the studies that evaluate whether subsidized tenant-based housing contributes to a deconcentration of poverty compare the location of subsidized tenant-based housing with the location of public housing facilities. An Issue Brief from HUD (2000b) analyzing the Multifamily Tenant Characteristic System (MTCS), determined that nearly 25% of all voucher recipients resided in neighborhoods with a median income above the national median income of $35,225 compared to 10% of public housing residents. In regard to poverty rate, which is defined as the percentage of persons living below the poverty threshold, more than 50% of the public housing residents lived in high-poverty neighborhoods, defined as greater than 30% poverty, compared to 20% of voucher recipients.
Additional studies have examined the extent to which subsidized tenant-based housing is concentrated in poverty defined neighborhoods when compared to public housing and other low-income renters. Hartung & Henig (1997) analyzed the census tract data for racial deconcentration and economic integration of tenant-based housing and public housing in the Washington, D.C. metropolitan area. The authors were interested in examining the extent that housing vouchers economically integrate neighborhoods. Through descriptive statistics, the authors found the largest average of public housing units (99.2) to be located in census tracts with the median household income below $25,000 compared to 6.4 average Section 8 voucher units per census tract; the largest average amount of Section 8 vouchers units (6.5) were located in census tracts with the median household income between $25,000-$35,000 compared to 15.0 public housing units. The results of this study indicate that voucher holders tend to be located in census tracts with higher median household incomes compared to public housing, yet where public housing tends to be located in census tracts with low median household incomes, Section 8 vouchers households tend to be more evenly dispersed across all census tracts.

Newman & Schnare (1997) utilized the 1990 Census of Population and Housing Data in addition to a database consisting of the assisted housing units (public housing, and certificate and vouchers) for the year 1995 to examine the poverty rate and median household income in the defined census tracts. Twenty five percent of public housing units were located in census tracts with median household incomes of < $10,000
compared to 2.3% of certificate and voucher holders. Thirty six percent of public housing units were located in census tracts with poverty rates >40% compared to 5.3% of certificate and voucher holders.

1.7 Section 8 HCV Program and Quality of Neighborhoods

In addition to the location of subsidized tenant-based housing in poverty areas, the extent that subsidized tenant-based housing is located in distressed and severely distressed neighborhoods is also examined. Kasarda (1993) identified distressed neighborhoods (census tracts) as determined by the presence of three of the five following indicators, and severely distressed by the presence of all five of the indicators: (a) persons below the poverty line; (b) welfare receipt; (c) joblessness; (d) female-headed families; and (e) teenage school dropout. For a census tract to be defined as a distressed or severely distressed neighborhood, the relevant variables must exceed the 1980 national mean by one standard deviation.

Pendall (2000), using Kasarda’s (1993) definition of distressed and severely distressed neighborhoods, examined the extent that subsidized tenant-based recipients reside in distressed neighborhoods when compared to both low-income renters and other renters. Using data from the Picture of Subsidized Households (1998) and the 1990 Census of Population and Housing, Pendall (2000) finds that of the 951,792 Section 8 voucher and certificate holders reported to HUD in 1998, 17% lived in mildly distressed tracts and 2.3% lived in severely distressed tracts. Twenty-nine percent of poor renters (renter households earning less than $10,000 in 1989) lived in mildly distressed tracts and 5.6% in severely distressed tracts. When considering these results, Section 8 voucher and
certificate holders are residing in less mildly and severely distressed tracts compared to poor renters, yet are worse off when compared to non-poor renters (10.4% in mildly distressed, and 1.8% in severely distressed tracts).

The existing literature has shown the ability of subsidized tenant-based housing to be located in lower-poverty neighborhoods when compared to public housing. In regard to neighborhood distress, subsidized tenant-based housing tends to reside in less distressed neighborhoods when compared to other poor-renters, but not when compared to non-poor renters.

1.8 Section 8 HCV Program and Desegregation

As public housing has historically socially isolated and racially segregated its recipients, an indicator of a successful HCV program is the extent that recipients are moving to less racially and ethnically segregated neighborhoods, particularly since 43% percent of the HCV program households are Black/African American and 17% are Hispanic or Latino (HUD, 2006a). During the 1970’s, a large amount of family assisted housing was placed in African American neighborhoods. Rohe & Freeman (2001) examined the role of race and ethnicity in the siting of assisted housing (public housing, Low-Income Housing Tax Credit (LIHTC), Section 8 New Construction, FHA, and Section 236) during the 1980s by using a logistic regression equation. The authors found that neither the presence of African Americans nor Hispanics were statistically significant in the siting of public assisted housing, except for LIHTC where the presence of African Americans was a strong predictor.
Although public assisted housing was not placed in predominately racial/ethnic neighborhoods during the 1980s, more recent studies have examined the impact of public assisted housing on neighborhood racial transition. Galster & Keeney (1993) examined the association of public assisted housing to changes in the neighborhood racial composition in Yonkers, New York using a regression model. The findings indicated that public assisted housing did explain some additional degree of racial change in Yonkers. Both the number of subsidized units present in 1970 and the number built between 1971-1980 were statistically significant. These results indicated that for every one hundred additional units of public assisted housing built from 1970 to 1980 the percentage of black residents increased by 2.4 percent points.

The extent to which subsidized tenant-based housing recipients are moving to less racially and ethnically segregated neighborhoods has been explored in the literature. Newman & Schnare (1997) examined the census tracts of certificate and voucher holders compared to public housing recipients and found that certificate and voucher holders (44 average units per census tract) tend to be located in less racially and ethnically segregated neighborhoods (< 10% minority) compared to public housing recipients (21.4 average units per census tract). Additionally, whereas public housing (37.6 average units per census tract) tend to be located in >80 percent minority census tracts, certificate and vouchers are quite less (9.9 average units per census tracts). Hartung & Henig (1997) examined the census tracts of 11,000 voucher holders in the Washington D.C. metropolitan area and compared the average number of subsidized units by racial composition. The largest average number of units (55.8) of public housing was located in census tracts with 80 percent black, compared to 5.0 for voucher holders. Although
subsidized tenant-based housing is found to be located in less racially and ethnically segregated neighborhoods when compared to public housing, the number of units in highly segregated neighborhoods remains at high levels.

Pendall (2000), used an ordinary least squares regression model with the ratio of the percentage of voucher and certificate holders in distressed tracts to the percentage of all renters earning less than $10,000 per year in 1989, and found that racial and ethnic composition was a significant predictor of subsidized tenant-based housing being located in distressed tracts. As illustrated, current studies have demonstrated the tendency for tenant-based housing recipients to reside in neighborhoods with high racial and/or ethnic populations, and for recipients’ race to explain the presence of subsidized tenant-based housing in distressed neighborhoods.

1.9 Need for Research

The studies described above have several limitations, which are all interrelated. First, the studies fail to address the mobility of the HCV program recipients over time. The HCV program was designed to deconcentrate poverty by enabling recipients to have increased choices in residential placement, thus avoiding concentrations of poverty (Devine, et al., 2003). The HCV program assumes that if recipients are in lower-poverty neighborhoods, they will have increased access to employment, decreased need for federal benefits, better quality of local services, and better socialization by both adults and children (Devine, et al., 2003). Therefore, when evaluating the effectiveness of the HCV program, the mobility of HCV program recipients over time should be examined as
a recipient may benefit from the program by moving to a lower-poverty neighborhood at
the time of the study, yet fail to remain in that neighborhood, thus defeating the intentions
of the HCV program.

Second, previous studies have not addressed residential mobility and how the
results of the study would differ based on mobile HCV program recipients. Recipients,
who move to lower-poverty neighborhoods, may choose to remain in the HCV program,
yet transfer their voucher to a different location, which may or may not be in a lower-
poverty neighborhood. Without tracking the mobility of the recipients over time, an
evaluation of the success of the HCV program is incomplete because recipients may start
out in lower-poverty neighborhoods, but make subsequent moves to higher-poverty
neighborhoods. As Devine, et al. (2003) state, recipients “may simply prefer to rent in
areas that are close to family and friends, and they may confine their search to such areas,
even though these may also be areas with large minority and poverty concentrations. The
program does not preclude such choices” (p. 1-2).

Third, the studies tend to utilize post-test only research designs, which, again,
only capture a slice of time without addressing how monitoring the same recipients over
time would change the findings of the study. Studies of the HCV program should take
subsequent moves into consideration when examining HCV program outcomes versus
evaluating recipients at one point in time.

Finally, the previous studies fail to explore the decision-making process of how
HCV program recipients locate and obtain housing or the potential factors that assist or
prevent recipients from obtaining housing of their choice. The HCV program allows
recipients to “take their specific needs into account when deciding where to live…they
can choose such factors as proximity to transportation, employment centers, training facilities, houses of worship, day care providers, and schools” (Devine, et al., 2003, p. 1). As stated above, recipients may choose to reside in close proximity to their family or friends. Additionally, recipients may experience housing market discrimination, which could prevent recipients from residing in a location of their choice (HUD, 1994). In order to adequately understand the outcome of the HCV program as well as needed changes or improvements to the program, an analysis of how the program works for the recipient of the program (the process of locating housing and maintaining housing) should be examined.

1.10 Plan of Study

This study employs an Ordinary Least Squares (OLS) Regression to assess factors influencing mobility of the HCV recipients, and to assess whether residential mobility is associated with a change in poverty level in neighborhoods. MANOVA is used to examine whether race is associated with racial composition in neighborhoods. To further explore residential mobility of HCV recipients, the study incorporates individual interviews with twelve recipients. The individual interviews explore each recipient’s experience in locating and obtaining HCV program housing, factors that led to selecting past and current housing structures and locations, and satisfaction with current housing structure, neighborhood, and landlord. Social constructivism and grounded theory are used to guide the interviews and data analysis process.
1.10.1 Implications for Practice & Policy

This study has the potential to impact both practice and policy. The study explores and describes the residential mobility patterns, locational patterns, and the decision-making process in locating housing of the HCV recipients. The study also evaluates the program against policy goals by examining locational patterns of the HCV recipients in terms of level of poverty in neighborhoods and racial composition in neighborhoods. Both aspects of this study, exploration of human behavior and evaluation of policy goals, can potentially assist in the future development and implementation of low-income housing policy that best aligns with human behavior and effective policy goals.
2.1 Introduction

Housing is one of the basic needs for human well-being (Maslow, 1954). In terms of value, housing is the most costly and is often the largest asset and expenditure for individuals and families (Karger & Stoesz, 2002). With over 12 percent of the population below the poverty level (U.S. Census, 2005) and the median sales price for an existing single-family home at a record high of $170,000 (Joint Center for Housing Studies [JCHS], 2004) homeownership appears to be out of grasp for many individuals. Acknowledging such hardship for individuals and families, the federal government provides numerous services and programs to promote a decent, safe and affordable housing. One such program is the Section 8 Housing Choice Voucher (HCV) program, which promotes economically-mixed neighborhoods, and residential mobility. This chapter reviews the federal government’s involvement in housing, the HCV program, and the current literature evaluating the HCV program, particularly in regard to the policy goals of promoting economically mixed neighborhoods and residential mobility.
2.2 Federal Government & Housing

The federal government’s involvement in providing services and programs to the American people is relatively new. The United States Department of Housing and Urban Development was not established until 1965. This is not surprising as the federal government has traditionally had a laissez-faire approach to housing as it was generally recognized as a family concern (Shih, 1990).

The government initially became involved in housing as a result of a housing shortage for workers in shipbuilding yards during WWI, and subsequently constructed low-income housing for workers which were sold at the end of the war. The government did not address the housing needs of Americans again until the Great Depression era at which time the Housing Act of 1934 was passed and the Federal Housing Administration (FHA) was formed. Three goals emerged from the Housing Act of 1934: (1) to provide work through the construction of housing units for idled construction workers; (2) improve housing conditions through repairs of existing housing structures; and (3) increase homeownership opportunities by reforming mortgage lending practices (Shih, 1990; U.S. House, 1974).

The Housing Act of 1949 spurred the production of low-income housing as the act called for the construction of 810,000 public housing units to be built over the next six years (Lang & Sohmer, 2000). Additionally, the Housing Act of 1949 declared, “the realization as soon as feasible a decent home and suitable living environment for every American family.” The housing act described a “serious housing shortage” and the need for the “clearance of slums and blighted areas,” which will lead to the “development of communities and to the advancement of the wealth, growth, and security of the nation.”
The Housing Act of 1949 is often criticized for consisting of vague terminology as the goal did not describe a specific timetable or specification of housing all American families. The creation of 810,000 public housing units actually took twenty years to complete versus the stated six years. Additionally, during the 1960s, public housing was often constructed near old public housing facilities ensuring the segregation of low-income dwellers often in minority neighborhoods (Von Hoffman 2000).

In 1968 a ten-year goal of producing 26 million housing structures, which included 6 million in subsidized units, was established and viewed as an investment for the future of America by providing decent housing for low-income households (Shih, 1990). During the 1960s subsidized tenant-based housing was proposed as a resource for individuals and families who would be relocated from the redevelopment and urban renewal of the inner cities, yet the program would not be established and implemented until 1974.

2.3 Section 8 Housing Choice Voucher (HCV) Program

The Housing and Community Development Act of 1974 created the subsidized tenant-based housing program, referred to as Section 8 housing, “for the purpose of aiding, lower-income families in obtaining a decent place to live and of promoting economically mixed housing…” (42 USC 1435(f) Sec. 8 (a)). The Section 8 housing program initiated residential mobility programs enabling recipients to have a choice in selecting housing and neighborhoods in which to reside, and to combat the concentrations of poverty in central cities often plagued with social ills. The Act of 1974 states:

Congress find and declare that the Nation’s cities, towns, and smaller urban communities face critical social, economic, and environmental problems arising
in significant measure from the growth of population in metropolitan and other urban areas, and the concentration of persons of lower income in central cities” (42 USC 5301 Sec. 101 (a)).

Subsidized tenant-based housing was created to combat social ills attributed to concentrations of poverty and public housing facilities, such as high levels of crime, teenage pregnancy, delinquency, troubled schools, drug use, unemployment, and lack of education (Devine et al., 2003; Varady & Walker, 2003; Ellen & Turner, 1997; Hartung & Henig, 1997; Kasarda, 1993). Recipients are able to potentially escape these social ills by moving to lower-poverty areas with better schools, better selection in employment, and better access to transportation (Devine et al., 2003).

In addition to promoting mixed-income neighborhoods, the HCV program provides recipients with housing mobility and housing choice (U.S. House, 2003). Recipients are able to select housing of their choice in neighborhoods of their choice with the freedom to move to different neighborhoods, pending availability of housing and receiving landlords.

2.4 Focus of Study

This study’s examination of the HCV program differs from the prior evaluations of the initiatives as this study examines recipients who are living and participating in the HCV program and not recipients who are using their HCV program voucher in the Gautreaux, MTO or HOPE VI initiatives. In the HCV program the recipients ultimately decide where to live, vying landlord’s participation, and lack of discrimination in the housing market. This study examines the residential mobility of HCV program recipients
and their residential outcomes in terms of poverty and racial composition in neighborhoods. The following research questions are explored in this study through statistical methods and analyses:

1. What individual-level factors predict residential mobility among the recipients of the Section 8 Housing Choice Voucher (HCV) program?
2. Does residential mobility of an HCV program recipient predict an experienced change in neighborhood poverty level from pre to post-move residence?
3. Does a recipient’s race predict an experienced change in racial composition in neighborhoods from pre to post move residences?

Additionally, the following research question is explored through individual interviews with current HCV program recipients:

1. What is the experience and decision-making process of HCV program recipients in regard to housing location and residential mobility?

The following sections provide a description of prior evaluations of the HCV program in regard to poverty, segregation and residential mobility.

2.5 Residential Mobility Programs

The federal government initiated several residential mobility programs since the 1960s addressing both deconcentration and desegregation. The Gautreaux program was initiated due to the segregation of Black public housing recipients in Chicago, Illinois. The Moving to Opportunity (MTO) program was established to scientifically evaluate the results of moving public housing or Section 8 housing recipients to lower-poverty
neighborhoods. Lastly, the HOPE VI program was designed to provide funds to demolish existing distressed public housing units and rebuild a mixed-income neighborhood in the same location.

2.5.1 The Gautreaux Program

The Gautreaux program was the first residential mobility program established in the late 1970s. The program was initiated after public housing residents, led by Dorothy Gautreaux, in Chicago, Illinois filed a lawsuit in 1966 against the Chicago Housing Authority for segregating public housing facilities and subsequently assigned residents, particularly Blacks, to the segregated sites (Rubinowitz & Rosenbaum, 2000; HUD, 1994). The evidence was astonishing as “more than 99% of the public housing units in the city of Chicago were located in areas where the population was more than 50% black” and “although black families comprised more than 90% of the families on the Authority’s waiting list, they made up only 7% of the residents of the four public housing developments in white neighborhoods” (HUD, 1994, p. 5).

The final ruling was upheld by the Supreme Court in 1976 and ordered up to 7,100 residents to receive Section 8 certificates to rent housing from the private market and, specifically, in neighborhoods where no more than 30% of the residents were Black (Rubinowitz & Rosenbaum, 2000; HUD, 1994). Families not willing to make such moves did not receive the assistance. HUD (2006c) reports that children who moved to suburban neighborhoods through this program were more likely to finish school, attend college, and become employed when compared to similar children who remained within the city. Additionally, Rosenbaum, Reynolds & DeLuca (2002) found that suburban movers were more likely to find jobs, their children were more likely to stay in school and go to
college, and they had great feelings of safety when compared to city residents. Although
the results are positive, one can not conclude that the suburban neighborhoods yield more
positive results for children than the inner cities, as the study did not consist of a true
control group.

2.5.2 Moving to Opportunity (MTO) Initiative

To address concentrations of poverty, the MTO initiative began in the fall of 1994
through the Community Development Act of 1992. The act established three key
parameters for the MTO initiative: (1) “the demonstration as restricted to no more than
six very large cities with populations of at least 400,000 in metropolitan areas of at least
1.5 million people; (2) eligibility was limited to very low-income families with children
who live in public housing or Section 8 project-based housing located in central city
neighborhoods with high concentrations of poverty; and (3) HUD has entered into
contracts with non-profit organizations to provide counseling and services in connection
with the demonstration and with public housing agencies (PHAs) to administer the
Section 8 rental assistance.” (HUD, 2006c, p. 2). The MTO initiative seeks to evaluate
(over a ten-year period) the impacts of mobility counseling on the recipient’s location
choice and the condition of their housing and neighborhood, and the impacts of these
conditions on various recipient-specific outcomes (employment, income, education, and
social well-being) (HUD, 2006c).

The MTO initiative is currently conducted in five cities: Baltimore, Boston,
Chicago, Los Angeles, and New York as a randomized mobility experiment. The MTO
initiative selected applicants who resided in public housing or Section 8 assisted housing
in census tracts with a 1990 poverty rate of 40% or more. The applicants were placed into
one of three groups: the experimental group, where families received housing vouchers and assistance in locating housing in census tracts with fewer than 10% poverty; the Section 8 comparison group, where families received housing vouchers to be used anywhere with no housing location assistance; and the control group, where families did not receive a voucher, but remained in their current residence.

Evaluations of the MTO initiative examine the impacts of the program on child human capital and adult economic outcomes. Goering, Feins & Richardson (2002) examined the early effects of the MTO program across sites and found recipients to report lower levels of fear, better health, better academic performance, and lower rates of juvenile crime. Katz, Kling & Liebman (2001) report on the early results of the true experiment conducted in Boston in regard to child behavior and adult economic outcomes. In regard to child behavior, the authors conducted a survey questioning mothers regarding their child’s observable behavior at home, school, and in the community. Katz et al. (2001) found that boys in the MTO and Section 8 comparison group had fewer behavior problems compared to the control group. The findings in regard to girls’ behavioral problems were not statistically significant. In regard to adult economic outcomes, the early results of the MTO program in Boston do not indicate statistically significant changes in the employment rates, earnings, or welfare usage of household heads (Katz et al., 2001).

2.5.3 The HOPE VI Program

The Homeownership and Opportunity for People Everywhere (HOPE VI) program is an initiative to deconcentrate poverty by promoting mixed-income neighborhoods (Kingsley, Johnson, & Pettit, 2003). HOPE VI began in 1993 to demolish
the most distressed public housing communities and replace them with lower-density units (Kingsley et al., 2003). From 1993-1996, only the public housing facilities deemed “troubled” by HUD in the 40 largest cities were eligible for HOPE VI funds (Goetz, 2003). Once the public housing facilities are demolished, the new communities can potentially consist of HCV program rentals, mixed-income neighborhoods, and/or homes available for purchase. The HOPE VI initiative has granted neighborhoods approximately $500 million each year since 1993 (HUD, 2002), and by the mid 2000’s the program had included 129 developments in over 80 different cities (Kingsley et al., 2003). Although some relocatees are given Section 8 housing vouchers, according to Kingsley et al. (2003) only 31% of all relocatees have been allocated a Section 8 housing voucher.

Several studies examining the impact of the HOPE VI program in regard to deconcentrating poverty found that deconcentration may not actually be taking place expect in the case of the Section 8 housing voucher (Kingsley et al., 2003; Fischer, 1999). Fischer (1999) found that residents relocated due to the HOPE VI program are relocating to highly racial neighborhoods with high levels of poverty, which is not much different from where they previously resided. Additionally, Pardee & Gotham (2005) report that the HOPE VI project in New Orleans resulted in a reduction of unit availability and affordable housing for relocatees, and the city experienced an increase in homelessness rates that directly parallels such initiatives by the local housing authority.

According to Kingsley et al. (2003) the median distance that relocatees moved from their prior residence was 2.9 miles indicating that relocatees are staying relatively close to the neighborhood where their public housing facility is being demolished. Despite a short move, the relocatees did relocate to neighborhoods with an average
poverty rate of 27% compared to 61% in their previous neighborhoods, and those relocatees who had Section 8 housing vouchers, moved to lower poverty, lower minority neighborhoods when compared to their prior residence (Kingsley et al., 2003).

Goetz (2002) evaluated the outcomes of recipients who participated in voluntary mobility (the MTO initiative) and recipients who participated in involuntary mobility (the HOPE VI project). The sample included 150 involuntary recipients and 50 voluntary recipients with 200 regular Section 8 recipients and 173 public housing recipients as control groups. In regard to neighborhood characteristics, the involuntary recipients relocated to neighborhoods with higher percentages of minorities when compared to the voluntary recipients (33% vs. 13%), less average income ($24,290 vs. $37,133), higher percentages of adults on public assistance (15.7% vs. 7.6%), higher percentages of low-value homes (71.7% vs. 44.9%) and higher percentages of children and adults residing in poverty (34.5% vs. 14.3% for children; 24.3% vs. 9.5% for adults). The results highlight the ability of the MTO initiative to relocate recipients into better quality neighborhoods, yet, reinforce that the MTO initiative includes recipients who volunteered and were screened before their admittance into the program. The HOPE VI recipients are forced to relocate and do not receive the same amount of assistance in finding a home as with the MTO initiative.

The Gautreaux program, MTO initiative and HOPE VI are all residential mobility programs seeking to better communities and living situations of individuals and families through deconcentration and/or desegregation. The HCV program is often viewed as the key to deconcentration and desegregation as the program enables recipients to utilize
private-market housing and select housing of their choice in neighborhoods of their choice. The HCV program is the common housing tool utilized in all three residential mobility initiatives, Gautreaux, MTO and HOPE VI, yet each program has stipulations as to who is eligible to participate in the initiative and also as to where the individuals can reside.

2.6 Promoting Economically-Mixed Neighborhoods

Poverty has plagued the inner-cities within America for many years, and according to Kasarda (1993), who examined the poverty rates within the 100 largest central cities from 1970-1990, poverty has continued to increase. The official poverty rate in 2004 was 12.7%, which was an increase of 0.2% from 2003. Additionally, 37 million people were in poverty in 2004 (U.S Census Bureau, 2005). Residing in lower-poverty neighborhoods have often been argued to provide better access to good schools, adults who role model more “acceptable” behavior, the absence of negative influences for teens, better access to jobs and services, and lower levels of crime and violence (Ellen & Turner, 1997).

The HCV program calls for deconcentration of poverty as one of the main goals of the program, and HUD’s strategic plan for the years 2000-2006 is to reduce geographic isolation of low-income people (HUD, 2000b). The extent to which the HCV program meets the goal of deconcentration of poverty varies by location of subsidized housing, such as the inner-city versus suburban areas, and is repeatedly positive when compared to public housing residents.
To “promote decent affordable housing” is a stated HUD strategic goal and is consistent with the HCV program goal of providing recipients with mobility, choice, and the promotion of mixed-income neighborhoods. By enabling recipients to select housing of their choice in neighborhoods of their choice, the HCV program is designed to expand access to affordable rental housing. The evaluation of the HCV program in promoting decent affordable housing and expanding access to affordable rental housing is often determined by the ability of HCV recipients to reside in lower-poverty neighborhoods, particularly when compared to project-based, public housing assisted renters. The following discussion will describe the evaluations of the HCV program, or if before 1998, the Section 8 housing program.

An Issue Brief from HUD (2000b) reported that after comparing voucher recipients with public housing recipients, voucher recipients had a greater choice in where to live and were less likely to concentrate in distressed neighborhoods. An analysis of the multi-family tenant characteristic system (MTCS) of 1998 indicated that 25% of HCV program recipients resided in neighborhoods with a median income above the national median income of $35,225 compared to 10% of public housing residents. Additionally, 25% of HCV program recipients resided in neighborhoods with less than 10% poverty compared to 8% of public housing recipients. Alternatively, 50% of public housing recipients reside in high-poverty areas compared to 20% of HCV program recipients. Black recipients of public housing are more likely to reside in poverty concentrated areas compared to HCV program recipients.
A more recent study by Devine et al. (2003), involved exploring the locational patterns of the HCV recipients residing in the 50 largest metropolitan statistical areas (MSAs) through the use of the Multifamily Tenant Characteristic Study (MTCS) and the 1990 Census data. The findings included the following: (a) almost 50% of HCV program recipients live in census tracts with poverty concentrations below 10%; close to 22% live in census tracts with poverty concentrations above 30%; and 9.5% live in census tracts with poverty concentrations above 40%; (b) Six percent of recipients who reside in suburban areas live in census tracts with poverty concentrations above 30% compared to more than 33% for recipients in the central city; (c) Black and Hispanic HCV households are more likely to live in census tracts with poverty concentrations above 30% than White households; (d) Recipients who move, when first obtaining a voucher, reside in lower-poverty concentrated census tracts than recipients who remain in their existing homes after first receiving a voucher; (e) the median length of stay of HCV program recipients is just over three years; and (f) about 20% of recipients moved during the reporting of this study (Devine, et al., 2003, p. 33). This study focused on the current residence of HCV program recipients and its authors concluded, “the effects of subsequent moves on the assistance of vouchers could not be determined from this study” (Devine, et al., 2003, p. 33).

Additional studies examine the extent to which subsidized tenant-based housing is concentrated in poverty neighborhoods when compared to public housing and other low-income renters. Turner (1998) conducted a posttest only nonequivalent control group design examining the locational outcomes in regard to level of poverty and percent Black and Hispanic of public housing, Section 8 certificate and vouchers, and other low-income
renters, in six metropolitan areas (Buffalo, NY, Dallas, TX, Dayton, OH, Omaha, NE, San Jose, CA, Tampa, FL). The results indicated that certificate and voucher recipients were less likely to reside in high-poverty, high minority neighborhoods in five of the six metropolitan areas. In addition, certificate and voucher holders were less likely to reside in high-poverty areas compared to all low-income renters, but were not more likely to reside in lower-minority areas when compared to all low-income renters. Turner (1998) states that the locational outcomes for certificate and voucher holders cannot be generalized to all recipients as some recipients have better outcomes than others. Better outcomes were found for suburban recipients than inner city, whites than for minorities, elderly than for nonelderly, and disabled than for nondisabled.

Hartung & Henig (1997) conducted a posttest only nonequivalent control group design evaluating the impact of type of housing (public housing, Section 8 certificates and vouchers) on economic integration and racial desegregation in the Washington, D.C. area. These authors examined the census tract locations of 11,000 certificate and voucher holders and determined that Section 8 recipients were less concentrated in the central cities when compared to public housing recipients. However, the certificate and voucher holders were found to reside in higher poverty concentrated areas within the suburbs with high percentages of minorities.

Promoting mixed-income neighborhoods is a policy goal for the HCV program and, therefore, is often the focus of research involving the HCV program. Prior evaluations of the HCV program in regard to deconcentration find that voucher holders are less likely to concentrate in poverty when compared to public housing recipients, and up to 50% of voucher holders reside in neighborhoods with less than 10% poverty (HUD,
2000b; Devine et al., 2003). Additionally, HCV recipients are less likely to reside in high poverty neighborhoods when compared to other low-income renters (Turner, 1998). Such positive results appear to confirm that the HCV program is indeed promoting mixed-income neighborhoods when compared to other low-income renters and recipients of other low-income housing programs.

2.7 Section 8 HCV Program and Quality of Neighborhoods

In addition to determining the level of poverty of a neighborhood in which HCV recipients reside, evaluations have explored the quality of the neighborhoods. In meeting a HUD strategic goal of “strengthening communities,” the HCV program should not only be evaluated based on the level of poverty of a neighborhood, but characteristics of a neighborhood should additionally be considered. Newman & Schnare (1997) used regression analysis to examine the extent that housing type (public housing, Section 8 certificate and vouchers) explained neighborhood quality as measured by a number of variables including: (a) economic status; (b) quality of housing stock; (c) concentration of assisted housing; (d) racial and ethnic mix; and (e) extent to which assisted housing is located in highly impacted “underclass” neighborhoods.

Neighborhood “underclass” is defined by Ricketts & Sawhill (1988) as a census tract having at least one standard deviation above the national average on all of the following four indicators: (a) high school dropouts (16-19 years olds who are not enrolled in school and are not high school graduates); (b) prime-age males not regularly attached to the labor force (males 16 years old and over who are not working regularly); (c) welfare recipients (households receiving public assistance income); and (d) female heads (households headed by women with children) (Newman & Schnare, 1997, p. 710). The
results from Newman & Schnare (1997) indicated that certificate and voucher recipients were less likely to reside in distressed neighborhoods compared to public housing recipients. Certificate and voucher holders remained the least likely to reside in the most distressed neighborhoods after controlling for geographical and market differences.

An additional study by Pendall (2000) examined the neighborhoods of Section 8 housing recipients. The author utilized Kasarda’s (1993) definition of distressed neighborhoods, which consisted of the presence of three of the five following indicators, and severely distressed, which was defined by the presence of all of the five following indicators: (a) persons below the poverty line; (b) % of households receiving public assistance; (c) % of males aged 16 and over who had worked fewer than twenty seven weeks in 1989; (d) % of families with children under age 18 headed by a single woman; and (e) % of persons between 16 and 19 years of age who were not in school and had not completed high school (Kasarda, 1993).

Pendall (2000), using the 1998 picture of subsidized households, examined the extent that Section 8 housing recipients resided in distressed neighborhoods when compared to both low-income renters and other renters. In regard to the Section 8 housing program, 17% of all recipients were found to reside in mildly distressed neighborhoods, and 2.3% of all recipients were found to reside in severely distressed neighborhoods. The Section 8 housing program recipients were 75% more likely than other low-income renters to reside in distressed neighborhoods, and 150% more likely than all renters. The results suggest that although studies show that Section 8 housing
program recipients tend to reside in lower poverty areas compared to public housing recipients, Section 8 housing program recipients still lag well behind other low-income renters and all renters in regard to neighborhood quality.

Van Ryzin and Kamber (1999) evaluate the Section 8 housing program and ten other housing programs, including publicly owned housing, welfare shelter allowances, rent regulation, and tax incentives, in New York City against unregulated rentals. The authors utilize data from the 1996 New York City Housing and Vacancy Survey (HVS) (N=4655) to assess housing and neighborhood conditions, such as number of maintenance deficiencies, number of persons per room, gross rent as a percentage of income, number of years householder has lived in the unit, rating of the physical condition of the neighborhood, sub-borough area poverty rates, and sub-borough area crime rates, while controlling for household characteristics, and housing characteristics. The performance of the Section 8 program was quite good when compared to the other low-income programs and to the unregulated rentals, yet not in relation to rates of poverty within the neighborhood. The Section 8 housing program had fewer people per room when compared to unregulated rentals (adjusted mean of 0.63 compared to 0.69), more affordable rent as measured by the percentage of household income (adjusted mean of 44 compared to 73) than unregulated rental, fewer number of years at residence compared to unregulated rentals (adjusted mean of 7.2 compared to 8.1), yet had higher rates of poverty when compared to unregulated rentals (adjusted mean of 30 compared to 26).
In regard to poverty, such results do not fare well for the Section 8 housing program as the recipients are residing in higher poverty neighborhoods than unregulated rentals. The study fails to discuss the percent of the Section 8 and unregulated tenants’ income that goes towards their rent as the unregulated tenants may have rental rates significantly higher than the Section 8 tenants. If this is the case, the Section 8 housing program recipients may actually fare better than unregulated tenants in the sense that they have affordable rent in a low-poverty neighborhood, compared to higher rents in lower-poverty neighborhoods.

2.7.1 Suburban versus Inner-City Movers. To some extent Varady and Walker (2003) address mobility of HCV program recipients of Alameda County in California. Their study reports findings from a 1999 survey of HCV program recipients, consisting of 14% “non-movers” (recipients who remained in the same residence within city limits); 32% “local-movers” (recipients who moved within the city limits); 44% “suburban-bound movers;” and 10% “returnees” (recipients who moved to the suburbs, yet moved back to the city). Suburban-bound movers were found to be significantly more likely to be younger, have children, have the highest average income level, and have the highest proportion with a college education. The suburban-bound movers obtained housing in areas that were more racially and ethnically diverse, had higher income and better housing values. “Returnees” had made these gains when moving to the suburbs, yet lost the gains when moving back to the city.

Although the Varady & Walker study takes into account the mobility of HCV program recipients, its focus is on comparing families who reside in the suburbs to those who reside in the city. This study does not address the factors that lead the “returnees” to
move back into the city or the differences between those recipients who stayed in the suburbs and those who moved. Potential significant differences between the two groups that make suburban living more appealing to some recipients and city living more appealing to others may exist. Although suburban dwellers experienced more racially integrated neighborhoods, higher incomes and better housing values, suburban living may not be feasible or desirable for all HCV program recipients.

The quality of neighborhoods for the HCV program recipients appears to vary in the prior evaluations of the HCV program. HCV program recipients are less likely to reside in distressed neighborhoods when compared to public housing residents (Newman & Schnare, 1997), yet were later found to be 75% more likely to reside in distressed neighborhoods than other low-income renters and 150% more likely than all renters (Pendall, 2000). HCV program recipients were found to have fewer people per room, and more affordable units, yet higher rates of poverty when compared to unregulated rentals (Van Ryzin & Kamber, 1999). HCV program recipients appear to reside in better quality neighborhoods when compared to public housing renters, but not other low-income renters. Such results suggest that the HCV program is segregating, not integrating, their recipients from those renters in the private market.

2.8 Ensuring Equal Opportunity in Housing

Public housing has historically socially isolated and racially segregated its recipients (Rubinowitz & Rosenbaum, 2000; HUD, 1994). Recent studies show that HCV program recipients, in certain metropolitan cities, are more likely to live in majority Black neighborhoods than other low-income renters (Turner, 1998; HUD, 2000b; Devine,
et al., 2003). An indicator of a successful HCV program is the extent that recipients are moving to less racially and ethnically segregated neighborhoods meeting HUD’s strategic goal of “ensuring equal opportunity in housing.”

Section 8 certificate and voucher recipients, who have moved to the suburbs, surrounding Washington, D.C, were found to cluster in racially defined neighborhoods with higher percentages of Blacks (Hartung & Henig, 1997). In addition, a recipients’ race was found to determine the type of housing location. Pendall (2000) found that Section 8 housing recipients with Black households are more likely to end up in distressed census tracts than other families, especially when the metropolitan area is found to have low proportions of Black residents.

A study conducted by Devine, et al., (2003) found a higher percentage of Blacks (14.6%) and Hispanic (15.3%) recipients reside in census tracts with poverty concentrations greater than 30% when compared to White (4.5%) recipients. White recipients are twice as likely (48.8%) to reside in census tracts with poverty concentrations less than 10% when compared to Blacks (24.3%) and Hispanics (21.2%). Blacks residing in suburban areas reside in census tracts with poverty concentrations greater than 30% (6.5%) compared to Blacks residing in the central city (19%). Yet, Whites (59.2%) still have a higher percentage of recipients residing in the suburbs in census tracts with poverty concentrations less than 10% when compared to Blacks (44.8%) and Hispanics (39.9%).

The research on desegregation demonstrates the tendency for HCV program recipients to reside in neighborhoods with high racial and/or ethnic populations, and for recipients’ race to determine the type of housing location. Additionally, Black and
Hispanic HCV program recipients are more likely to reside in census tracts with higher rates of poverty when compared to Whites, and are least likely to reside in census tracts with lower rates of poverty when compared to Whites.

Such racial segregation in the HCV program runs counter to the intent and expectations of Section 8 housing. The results suggest that either the recipients of the HCV program do not choose to racially integrate, or that the recipients are not able to integrate due to discrimination. Many minorities often encounter housing market discrimination, which limits the housing opportunities available to them (HUD, 1994). Consequently, additional research is needed on the process Black and White HCV program recipients use in determining where to seek housing. The factors HCV recipients consider when finding/locating/obtaining a residence as well as their experiences, such as dealing with supports and assistance or barriers they encountered, needs to be explored.

2.9 Section 8 HCV Program and Residential Mobility

HUD promotes residential mobility policies as a means to overcome “constraints imposed by place and race” (HUD, 1994). Residential mobility programs, such as the Gautreaux Program, the Moving to Opportunity (MTO) initiative, the HOPE VI program, and the Section 8 HCV program are designed to allow recipients to obtain housing in better locations and where opportunities for upward mobility are potentially greater. Scanlon & Devine (2001) explains how the United States is described as a “nation of movers” with the majority of mobile citizens earning less than $25,000 per year.
According to Hansen (2001)

About 1 in 6 Americans move each year, and the average American moves 11.7 times in a lifetime. By age 4, an American can expect to have 10.8 moves remaining. At age 19, 9.2 moves can be expected, but by age 44, only 3.1 moves remain. Since these movers are not evenly distributed throughout that average American’s life, we cannot calculate an average length of stay in a particular residence (p. 1).

Additionally, Schaeter & Kuenzi (2002) found the median duration of residence, in 1996, ages 15 and over was 4.7 years. Approximately 19% had resided in their current home for less than one year, while 24.7% resided for 1-3 years, 26.7% for 4-10 years and 30% had resided in their current home for longer than 10 years.

The current literature lacks studies that examine the residential stability or mobility of the HCV program recipients in regard to mobility patterns, factors predicting residential mobility, or the residential decision-making process of HCV program recipients. The HCV program’s primary policy goal is to promote economically-mixed neighborhoods in addition to a secondary goal of promoting mobility. This goal of promoting economically-mixed income neighborhoods is long-term in nature and the accomplishment of the goal can not be measured by the level of poverty within the recipients’ neighborhood when they first enter the program, but must consider the level of poverty within the recipients’ neighborhood over the course of their participation in the program. If recipients are moving numerous times while participating in the program, and subsequently moving to lower poverty neighborhoods overtime, then the program has been defeated. Exploring the extent of residential mobility of the recipients could allow
for programmatic changes, such as an increase in housing counseling to match recipients’
wants with available housing, more accurate measures of success, or additional services
to recipients to reduce negative effects of high mobility.

2.10 Residential Mobility

Residential mobility is defined as “whether or not a move occurred,” (Morris, Crull, & Winter, 1976, p. 309). Residential mobility should not be perceived as problematic. Many individuals and families plan to move for valid reasons, such as employment, education, family and housing structure, and if an individual or family’s needs are not fulfilled, residential stability could be problematic. According to Scanlon & Devine (2001), the success or failure of residential mobility is all dependent upon the “desirability of a move, the reasons for relocating, and the cohesion and support among household members” (p. 120). According to Gober (1993) residential mobility is often necessary for individuals and families to fulfill educational and employment goals as well as to raise a family.

2.11 Factors Influenced by Residential Mobility & Factors that Influence Residential Mobility

Residential mobility is not a new concept in the literature. Residential mobility is often studied to further define the concept, explain factors that predict individuals or families to be mobile, or the effects of residential mobility on individual and family well-being. Residential mobility has been found to influence a number of variables such as youth well-being (Pettit & McLanahan, 2003; Scanlon & Devine, 2001; Kerbow, 1996),
social integration of individuals and families (House, Umberson & Landis, 1989; Myers, 1999b), and adult well-being (Fauth, Leventhal & Brooks-Gunn, 2004; Magdol, 2002; Acevedo-Garcia, Osypuk, Werbel, Meara, Cutler & Berkman, 2004).

Alternatively, several variables have been found to influence residential mobility, such as level of housing satisfaction (Morris et al., 1976; Morris & Winter, 1975), family life cycle (McAuley & Nutty, 1982), family history (Myers, 1999a), and possibly racial/ethnic composition of neighborhoods (Quillian, 2001). The literature on residential mobility describes both positive and negative consequences on children, adults, and families. The following is a review of the literature.

2.11.1 Residential Mobility and Youth Well-Being

Scanlon & Devine (2001) reviewed the literature exploring the relationship between residential mobility and youth well-being and found that residential mobility is repeatedly associated with a decrease in academic performance, increase in the likelihood of grade retention, and decrease in high school completion, with socio-economic status, family structure, and pre-move academic performance moderating, but not eliminating the effects on the youth after the move.

Kerbow (1996) explores the characteristics of mobile students in Chicago public schools and finds that White students represent 15% of students who only attended one school over a two year period (stable students) and 6% of students who attended four or more schools over a two year period (frequent movers), yet for African Americans, 53% represent the stable students, and 75% frequent movers. In regard to income, stable students have higher household incomes ($26,989) compared to frequent movers ($22,565) and are less likely to receive subsidized meals (65% compared to 78%). Lastly,
students residing in two-parent households are more stable (46.8%) than students residing in parent-stepparent households (10.3%), mother only households (33.5%), or other households (i.e. neither parents) (9.4%). Mother only households constitute the highest percentage of frequent movers (39.9%) compared to two-parent households (21.8%), parent-stepparent households (15.1%), or other households (24.5%).

Pettit & McLanahan (2003) explored the impact that residential mobility played on children’s social capital. The authors conducted a follow-up phone survey, one year after in-person baseline data, of participants in the Moving to Opportunity (MTO) program and asked three main questions to measure social capital: (a) whether parents talk to the parents of their children’s friends; (b) whether the children participate in any after school activities; and (c) the number of after school activities in which the child participates. The authors hypothesize that residential mobility has a negative impact on social connections and that moving to middle-class neighborhoods is associated with a greater loss of social capital than moving to a lower-income neighborhood.

The results of the phone survey indicated that approximately 75% of the parents talked with the parents of their children’s friend, nearly 80% of the participants’ children participated in at least one after-school activity, and the participants’ children participated in an average of just under two after-school activities. In regard to the authors’ hypotheses, the results indicated that moving does have a negative impact on social connections as moving results in a 40% reduction in the likelihood that parents will talk to the parents of their children’s friends. The results indicate that moving does not significantly effect participation in after-school activities, but does significantly reduce the total number of activities in which the children participate. In contrast to the first
hypothesis, the results indicate that moving to middle-class neighborhoods is not more difficult than moving to lower-income neighborhoods. One important point about this research is that all of the participants are involved in the MTO program, which indicates that they volunteered for the program and wanted to move, therefore, the results should only be generalized to individuals/families that have a desire to move.

2.11.2 Residential Mobility and Social Integration

In discussing the consequences of residential mobility, researchers look to social integration of individuals who are highly mobile, and those that are more residentially stable. The research addresses whether residential mobility contributes to more or less social integration, where social integration is seen as a positive attribute of individuals.

House et al. (1988) review literature documenting how adults who have high levels of social integration are more likely to exhibit high levels of social, psychological, and physical well-being. Their review of the literature found that level of social interaction was repeatedly associated with health outcomes, where more social interaction yields better health. Particularly, the strongest associations between social relationship and mortality were found among men and women in urban communities, and were generally stronger for men than among women.

A common hypothesis in regard to less social integration is that those individuals who exhibit higher levels of residential mobility, particularly as children and adolescents, will be unable to create ties within the new communities. Highly mobile residents continually experience disruption of existing relationships and may possibly be more comfortable with social isolation (Myers, 1999b). Residential mobility is also seen as a disruption to community strength, support and kinship (Sampson, 1988). A different
hypothesis of residential mobility and social integration described the act of mobility as additional opportunities to create social ties and build community networks, kinships, and support (Myers, 1999b). With the high value placed on stability, an assumption that residential mobility is a negative event seems in order, yet, mobility is often tied to a change within or for the individual/family, such as housing size/structure, employment, or education (Gober, 1993). Therefore, mobility could actually lead to an increase in support and social integration based on the individual’s/family’s specific needs (Myers, 1999b).

Myers (1999b) explored whether residential mobility in child and adolescent years increased or decreased social integration in adulthood. Based on a national sample of 588 offspring of married couples in 1997 who were 18 years of age or younger in 1980, the author conducted a survey examining the social integration of the offspring in adulthood and their mobility while residing in their parents’ home. Myers (1999b) defined social integration as consisting of emotional integration to the participant’s community; and structural integration, consisting of both closeness to relatives and friends. The effects of child and adolescent migration on social integration in adulthood varied by sex, and age at the time of mobility.

For both males and females, mobility during adolescence significantly affected the presence of close friends in adulthood (b = -.243 for females; b = -.216 for males); whereas stability during adolescence reversed the affect on presence of close friends (b = .321 for females; b = .262 for males). Stability during childhood and adolescence did not yield a significant relationship to closeness with relatives in adulthood, yet for females, childhood moves and adolescent moves had a significant relationship with closeness to
relatives in adulthood. In regard to the adult’s connection to the community, stability in childhood and adolescence is significantly related to the connection to the community as an adult (b = .312 for females; b = .246 for males), whereas mobility in childhood is not significantly related to community connection, and adolescent mobility only yields a significant relationship with connection to community for males (b = -.462). The results tend to support that pre-adult stability is positively associated with adult social integration (Myers, 1999b).

2.11.3 Residential Mobility and Level of Housing Satisfaction

According to Morris and Winter (1975), residential mobility is one of three possible outcomes for families when they are dissatisfied with their current housing situation. Residential mobility, residential adaptation (housing additions, alterations, remodeling), or family adaptation (presence of children, entrance or exit of family members) are three ways families adjust to housing dissatisfaction, or when families experience a housing deficit (when housing does not fit normatively derived needs). Morris and Winter (1975) explain that in the United States, there exists cultural norms in regard to housing, such as having housing space norms (enough space for activities), tenure norms (homeownership), structure type norms (single-family home), quality norms (income and housing quality should be congruent), and neighborhood and location norms (residential, good school district, safe, homogeneous regarding race, ethnicity, and class). A housing deficit occurs when a family’s home deviates from one or more of the cultural norms, thus, producing housing dissatisfaction.
A study conducted by Morris et al. (1976) explored both the variables that influenced a desire to move, and an expect to move (propensity to move). The study was conducted in a suburban area in Tioga County, New York with married women who were asked questions regarding their desire to move, their expectation of moving, housing satisfaction, and neighborhood satisfaction. The participant’s level of housing satisfaction was determined by the amount of “normative housing deficits” that existed (bedroom deficits, positive structure deficit, negative structure deficit, owner deficit, and renter deficit).

The study included exogenous variables of income, education of head, occupation status, background of head, months married, and sex of head, yet the study’s focus was to test normative housing deficits as an intervening variable, and housing and neighborhood satisfaction as directly influencing desire to move and expect to move. The authors found through OLS multiple regression that recent mobility (β = .0802) leads to satisfaction; and neighborhood satisfaction (β = -.2876) and housing satisfaction (β = -.2037) strongly influenced the desire to move. When explaining the expect to move variable, neighborhood satisfaction dropped out of the equation only contributing indirectly to expect to move, leaving desire to move (β = .4657) and housing satisfaction (β = -.1582).

Although dissatisfaction is a predictor to residential mobility, HCV program recipients do not have the same option to move to a different location compared to non-recipients. Residential mobility, due to dissatisfaction with housing, is more of a luxury benefit for people not receiving assistance from government programs and therefore bound by program rules. HCV program recipients cannot alter the existing housing in
regard to residential adaptation, and really can only participate in residential mobility to
the extent that their next home is HCV program eligible. Residential mobility may not be
directly linked to housing dissatisfaction, but may be due to landlords refusing to accept
the voucher anymore, the neighbors or neighborhood characteristics, or that the recipient
makes too much money and can no longer be in the program. Therefore, residential
mobility for HCV program recipients can only be examined within the parameters of the
program rules and regulations.

2.11.4 Residential Mobility and Adult Well-Being

The psychological well-being of adults as a result of residential mobility is
another factor addressed in the literature. Moves often require changes in roles,
employment, social networks, routines and identities, which can all lead to stressors for
the individual or family (Magdol, 2002). In a study exploring the psychological effects of
residential mobility on women (N=6,131) and men (N=3,877) separately, Magdol (2002)
used a nationally representative longitudinal sample (N=10,008) to explore psychological
well-being, particularly around depression, while controlling for social class, race, and
age. The author found that movers scored higher on depression than the nonmovers, and
women had higher depression scores, on average, than men. In the regression analysis,
the author found that residential mobility had a significant effect on depression, yet after
entering the gender interaction term the results became nonsignificant. The results of the
study indicate that residential mobility has a negative psychological effect on women but
not on men, and that residential mobility may contribute to the differences in depression
between men and women.
To the contrary, Fauth et al. (2004) studied minority families who resided in public housing or private housing in high-poverty neighborhoods (Yonkers, NY) yet moved to lower-poverty neighborhoods. The sample was taken from the Yonkers Project, where minority families were randomly assigned to relocate to publicly funded housing in middle-class neighborhoods. The authors interviewed 173 Black or Hispanic families who participated in the move, and 142 similar families who remained in the high-poverty neighborhoods two years after the move. The interviews focused on the effects that housing desegregation had on their feelings of safety, exposure to violence, neighborhood characteristics and housing quality, physical and mental health, economic outcomes, and social contacts. The authors did not have baseline data to include in the analysis.

Fauth et al. (2004) found that moving (or housing desegregation) had a positive effect on all the above mentioned variables. Adults who moved to the lower-poverty neighborhoods had lower perceptions of danger, lower exposure to victimization, lower perceptions of neighborhood disorder, higher neighborhood cohesion, more neighborhoods resources, and fewer problems with housing quality. In regard to adults’ physical and mental health, those adults who moved to the lower-poverty neighborhoods had fewer problems with physical health, and less alcohol abuse symptoms. Adults who moved to the lower-poverty neighborhoods were less likely to receive welfare, and more likely to be employed. Lastly, adults who moved to the lower-poverty neighborhoods were less likely to socialize with neighbors. The analysis revealed that there are no program effects on depression, anxiety/panic, and drug abuse symptoms.
The two above mentioned studies are quite different in that Magdol (2002) used a nationally representative sample of individuals not in a federal government housing program. The effect of residential mobility was positively associated with depression, particularly in women. The study by Fauth et al. (2004) studies recipients of a federal government housing program and found that residential mobility was positively associated with feelings of safety, neighborhood characteristics and housing quality, physical and mental health, economical outcomes, social contacts, and negatively associated with exposure to crime. These studies demonstrate the necessity to study the Section 8 HCV program recipients as a separate group to determine how residential mobility impacts this specific population.

In regard to health, Acevedo-Garcia, et., al (2004) describe the three categories or pathways between housing and health as follows: (a) housing units as an immediate living environment – exposure to physical, chemical, or biological hazards; (b) housing as it relates to one’s socio-economic status; and (c) location of housing – as it relates to access to resources or environments. When looking at housing mobility programs, such as the HCV program, such housing programs may contribute to the health of individuals, as the HCV program contributes to the income of the household, and potentially on housing quality.

2.11.5 Residential Mobility and the Family Life Cycle

Residential mobility is shown to differ according to a family’s place in the life-cycle, with younger families moving more frequently than older families (McAuley & Nutty, 1982; Van Ommeren, Rietveld & Nijkamp, 1999). Individuals and families often are concerned with various factors or characteristics depending on their current needs,
such as housing size, neighborhood amenities, school quality, location to stores or services, employment opportunities, and climate, with the needs differing depending on the individual’s or families’ place in the life-cycle (McAuley & Nutty, 1982).

The categories of the family life-cycle relative to residential mobility is illustrated in a study by McAuley and Nutty (1982) who explore how life stage influences what people consider important when choosing a residential setting, and the likelihood of moving if those important characteristics are present. McAuley & Nutty (1982) describe the family life-cycle as consisting of six stages: (a) Stage I – young, < 45 years old, single; (b) Stage II – young, married, no children; (c) Stage III – young, married, young children (0-5) only; (d) Stage IV – married (any age), at least one child age 6-17; (e) Stage V – old, > 45 years old, married, no children in home; and (f) Stage VI – old, widowed (p. 303).

McAuley & Nutty (1982) asked respondents to rate their residential preferences of forty-seven different residential characteristics, and then asked the likelihood that they would move if they had their first, second, and third rated residential characteristics. The forty-seven characteristics were reduced to ten after factor analysis and included the following: employment; cultural/recreational; shopping convenience/availability; neighborhood character; child rearing; housing appearance; institutional supports; health and safety; informal contacts; and physical qualities.

The ten characteristics were more important to some stages than others, for example, the greatest characteristic for Stage I was cultural/recreational (.57), for Stage II, housing appearance (.27), Stage III and Stage IV, child rearing (.42; .44), Stage V, physical qualities (.20), and Stage VI, shopping convenience/availability (.22).
results indicate statistically significant differences across the life stages of the respondents. The authors further explored the likelihood of moving at each of the six stages if the greatest characteristics were present, and found that younger singles and couples, particularly with preschool children, were more likely to move (Stage I, 3.56; Stage II, 3.02; Stage III, 3.37) than older individuals (Stage IV, 2.96; Stage V, 2.27; and Stage VI, 2.05).

External validity is a barrier to this study as the study cannot be generalized to any other population, and particularly the HCV program population. The largest group in the HCV program consists of women with children. Not every parent with a child is married, and we often have families that are multi-family, blended families, and broken families. The above mentioned life-cycle relates to the traditional White nuclear families. McAuley & Nutty (1982) ask, “do similar patterns of residential preference exist for white and nonwhite families? How do families headed by males and females differ? And are there unique patterns of preference among single-parent families” (p. 308)? This study explores the factors that predict residential mobility of the recipients of the HCV program, with the majority of the recipients being single women with children.

2.11.6 Residential Mobility and Family History

As family life-cycle is demonstrated to influence residential mobility, the influence of one’s rate of residential mobility as a child is speculated to influence residential mobility as an adult (Myers, 1999a). Several theories, such as the socialization model based on Bandura (1982), and the status-inheritance model attempt to explain intergenerational residential mobility. The socialization model explains intergenerational
residential mobility as an adult modeling the behaviors of their parents with all other characteristics held constant, whereas the status-inheritance model states that intergenerational residential mobility is the result of parents and children sharing the same characteristics (income, education) that are associated with residential mobility (Myers, 1999a).

Myers (1999a) tested the two models through the use of national, longitudinal data constituting four interviews with parents from 1980-1992, and then interviews with children between 1992-1997. To test the socialization model, Myers (1999a) hypothesized that the number of moves that children make while living with their parents is positively associated with the number of moves that the children make once they are adults, and to test the status-inheritance model, the author hypothesizes that the positive association will disappear after controlling for adult characteristics.

Myers (1999a) found that the average number of moves for the adult children between 1992-1997 was two, with a range of 0-10. Twenty-five percent did not make any move, and 50% made only one move. The numbers are compared to the adult parents where 65% made at least one move, and 20% made three or more moves. The first regression model shows support for the socialization model as adult children who moved at least twice as a child made 60% more moves as an adult, and adult children who moved three times or more made 100% more moves as an adult compared to those adult children who did not move as a child. Yet, when the adult characteristics were added in the regression equation, the two moves coefficient becomes insignificant, the three move coefficient is still significant, but only at the lowest possible level, and adult
characteristics are now significant. The regression equation shows that higher income, younger age, college educated, larger family, and being a renter are all associated with more moves as an adult, and shows strong evidence of the status-inheritance model.

Although the socialization model was supportive by the regression model, the status-inheritance model appears to be a better model by increasing the explained variance. Therefore, residential mobility is shown to be intergenerational as supported not only by children modeling the behaviors of their parents, but also the adult characteristics that are directly related to their family of origin. It should be noted that only married couples (95% White) were used in this study. Myers (1999a) concludes by stating, “decision-making about migration should account for earlier experiences of family mobility because mobility behaviors display continuity from childhood through early adulthood” (Myers, 1999a, p. 879)

2.11.7 Residential Mobility and Racial/Ethnic Composition of Neighborhoods

Residential segregation between Whites and African Americans is prevalent in society. Such explanations include “neighborhood fit” or Whites preferring to live in predominately White neighborhoods and Blacks preferring to live in Black neighborhoods, or racial/ethnic discrimination, through real estate practices or by landlords (Quillian, 2002).

Quillian (2002) explored such segregation by examining the mobility patterns, particularly the probability of moving among neighborhoods, of both Black and White residents from 1979 to 1990 through the Panel Study of Income Dynamics (PSID). Quillian (2002) broke down the neighborhoods into four types: “White (less than 10% of
population Black), predominately White (10-30% of the population Black), racially mixed (30-70% Black), and Black (70-100% Black)” (p. 206). For the White individuals, the probability of moving to another tract increased as the rate of Blacks in the neighborhood increased, whereas the probability of Blacks moving out of a tract decreases as the percentage of Blacks in the neighborhood increases.

Quillian (2002) followed the individual to determine the racial composition of the destination move and finds that Whites who move from racially mixed neighborhoods are more likely to move to White neighborhoods versus another racially mixed neighborhood or Black neighborhood, and Whites who move from Black neighborhoods are also more likely to move to White neighborhoods than racially mixed or Black neighborhoods. Blacks who moved from racially mixed neighborhoods were more likely to move to another racially mixed neighborhood versus a White neighborhood or Black neighborhood, and Blacks who moved from Black neighborhoods were more likely to move to another Black neighborhood versus a White neighborhood or racially mixed neighborhood. Such findings could support the need for individuals to have neighbors that look similar to them, or could support the continuation of discrimination through real estate practices, or Whites not accepting Black neighbors.

2.12 Decision-Making and Race/Ethnicity

Residential mobility and decision-making may appear quite different when taking into account the race/ethnicity of individuals and families. As was noted in the previous section, Blacks are more likely to reside in higher-poverty, higher segregated
neighborhoods when compared to Whites and are less likely to gain access to suburban areas, or other more sought-after areas (South & Crowder, 1998; Logan, Alba & McNulty, 1996; Massy, Gross & Shibuya, 1994; Logan & Alba, 1993).

The mobility programs established by the government assume that individuals have an equal opportunity to select housing of their choice in neighborhoods of their choice despite their race, ethnicity, sexual orientation, and creed. Crowder (2001) explores this assumption by examining whether race is a factor in the difference between mobility expectations and actual mobility outcomes and discovers that Black households are significantly less likely to have a move that is consistent with their expectation (27% lower) when compared to White households. When controlling for income, Crowder (2001) found an increase in income for White households increased the chances that their move was consistent with their expectations, yet an increase in income for Black households did not yield the same results, and education level did not significantly change the results.

Crowder (2001) found that Black households were slightly more likely to expect a move during an annual interval than Whites (37% vs. 34%) and were more likely to experience a move during an annual interval (25% vs. 20%). For those Black households not expecting a move, 16.5% did indeed experience a move, compared to just over 10% of White households. Such results illustrate that Black households experience unexpected moves, most likely influenced by outside forces, than for Whites (Crowder, 2001).
2.13 Summary of Literature Review & Focus of Current Study

The Section 8 Housing Choice Voucher Program was established in 1974 through the Housing and Community Development Act in order to promote mixed-income neighborhoods and mobility choice among the recipients. An additional goal by HUD is the desegregation of neighborhoods. Since the program’s inception, various evaluations of the program have explored whether the HCV program is indeed promoting mixed-income neighborhoods and/or desegregating neighborhoods. The results tend to be positive in regard to promoting mixed-income neighborhoods, and mixed in terms of quality of neighborhood and neighborhood desegregation.

Residential mobility has been found to occur when changes occur in families, or as individuals or families become dissatisfied with their current housing structure or neighborhood. Prior studies have found both positive and negative consequences of residential mobility. Residential mobility has been shown to negatively impact children’s academic performance and both children and adult social connections, yet has also been shown to be positive when individual and/or families are moving due to changes in employment, education or family structure. Residential mobility is an important factor to consider when evaluating the HCV program as Devine et al. (2003) found that the median length of stay of HCV program recipients was just over three years.

The prior evaluations of the HCV program recipients fail to examine the locational outcomes of the HCV program recipients in order to determine if the results change as the recipient remains in the program. Only examining the recipients’ neighborhoods, in terms of poverty, neighborhood quality, and racial and ethnic segregation, at one point in time fails to address the second policy goal of the program,
which is residential mobility. The HCV program established a goal of residential mobility in order to allow recipients to move to new locations as they so desire under the program rules and regulations. The HCV program recipients do take advantage of this option and move to new locations. Therefore, evaluations of the HCV program in terms of locational outcomes should take into account that HCV program recipients are mobile and that locational outcomes can change as the recipients move.

This study addresses the three goals in which HUD has established: (1) promotion of mixed-income neighborhoods; (2) promotion of desegregation; and (3) promotion of residential mobility. As illustrated through the discussion of research on residential mobility, the HCV program recipients have been the focus of very few studies. HCV recipients are comprised of renters who are going to move at a higher rate than homeowners as they have fewer obligations to stay when they are not financially tied to the location. Homeowners have to find a buyer for their home, which is not as easy or quick as informing a landlord that a lease will not be renewed (Morris et al. 1976). Additionally, the market for renters versus homeowners is quite different; moving costs for homeowners are more expensive and the presence of children often increase this cost (Van Ommeren et al. 1999).

The scope of this study is on the initial part of residential mobility, which explores the factors that predict residential mobility of the HCV program recipients, determines the locational outcomes of the recipients in terms of change in poverty and racial composition in neighborhoods, and the decision-making process of HCV program recipients in selecting and maintaining their HCV program home. To better capture whether mobility expectations meet mobility outcomes in the Section 8 HCV program
this study includes a qualitative piece. McHugh, Gober & Reid (1990) argue that housing and neighborhood satisfaction are good topics to explore, yet better predictors of human behavior are the individual’s mobility expectation. Through individual interviews with the HCV program recipients, I can more fully assess the extent that recipients are able to put mobility expectations into actual moves.
CHAPTER 3

DATA AND METHODS

3.1 Data Analysis

This study explores the factors that predict residential mobility of the Section 8 Housing Choice Voucher (HCV) program recipients, and the locational outcomes of the HCV recipients in regard to experienced change in poverty in neighborhoods and racial composition in neighborhoods. The study combines the correlational research with individual interviews with HCV program recipients to explore their decision-making process in locating housing. The following research questions are addressed through correlational research in this study: (1) What individual-level factors predict residential mobility among the recipients of the Section 8 HCV program?; (2) Does residential mobility of the HCV program recipients predict an experienced change in neighborhood poverty level from pre to post move residences?; and (3) Does a recipient’s race predict an experienced change in racial composition in neighborhoods from pre to post move residences? The following question is addressed through the individual interviews with current HCV program recipients: (1) What is the decision-making process of recipients of the HCV program in regard to housing location and residential mobility?
This study involves a multi-method approach in order to adequately answer the research questions. Secondary data was provided by the Columbus Metropolitan Housing Authority (CMHA), a local Public Housing Authority (PHA) in Columbus, Ohio and the 2000 U.S. Census Bureau. The secondary data from CMHA consists of administrative data and is used to explore the factors that predict residential mobility, the experienced change in poverty, and the experienced change in racial composition in neighborhoods. Individual interviews with current HCV program recipients provide qualitative data to explore the decision-making process of the HCV program recipients in obtaining and maintaining housing. A social constructivist framework and grounded theory are used to guide and analyze the qualitative data.

This chapter describes the population characteristics of CMHA, secondary data provided by CMHA, the sampling process of HCV program recipients selected for this study, the variables of interest for this study, the analyses selected to answer each question, and the rationale for data analyses. Additionally, this study describes the framework and theory guiding the data collection and data analysis process for the individual interviews, the solicitation process of the HCV program recipients who participated in the individual interviews, the data collection process, the analysis used to answer the research question, and the rationale for the data analysis.

3.2 Predicting Mobility and Its Outcomes

The following discussion details the setting and sample of which the administrative data represents. The variables included in the secondary data analysis are discussed and the analyses utilized to answer the research questions are described.
3.2.1 CMHA and Population Characteristics

This study utilizes administrative data from the Columbus Metropolitan Housing Authority (CMHA). CMHA is the local public housing authority (PHA) responsible for administering the HCV program vouchers under the supervision of the local United States Housing and Urban Development (HUD) office. CMHA has over 9,139 housing units in the HCV program who reside within the Columbus city limits or surrounding suburban areas in 2006 (HUD, 2006a).

The average income and total tenant payment (TTP) for the HCV recipients of CMHA as of April 30, 2006 is displayed in Table 3.1. The average annual income for recipients was $9,083 per year. The majority of recipients (N=7,879; 86%) had incomes defined as extremely low, below 30% of the median. Less than 1% (N= 6) of recipients fell into a category of above low income, 81%+ of the median. The average TTP for recipients was $212.00 per month. Thirty-one percent of recipients paid TTPs between $101.00 and $200.00, with only 1% of recipients paying $0 per month, and 7% paying $501.00 or more a month.

<table>
<thead>
<tr>
<th>CMHA</th>
<th>Average annual income</th>
<th>Average Total Tenant Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 2006</td>
<td>$9,083</td>
<td>$212.00</td>
</tr>
</tbody>
</table>

Table 3.1: CMHA recipients’ average annual income and Total Tenant Payment

U.S. Department of Housing and Urban Development (2006a)
Table 3.2 illustrates the average TTP for the following family types: (1) elderly, no children, non-disabled; (2) elderly, with children, non-disabled; (3) non-elderly, no children, non-disabled; (4) non-elderly, with children, non-disabled; (5) elderly, no children, disabled; (6) elderly, with children, disabled, (7) non-elderly, no children, disabled; (8) non-elderly, with children, disabled; and (9) female headed household with children. The majority of recipients (N=4,911; 54%) fell into the “non-elderly, with children, non-disabled” family type. According to Table 3.2 the “elderly, with children, non-disabled” pay the highest TTP per month ($295.00).

<table>
<thead>
<tr>
<th>Family Type (CMHA)</th>
<th>Average TTP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elderly, no children, non-disabled</td>
<td>$192</td>
</tr>
<tr>
<td>Elderly, with children, non-disabled</td>
<td>$295</td>
</tr>
<tr>
<td>Non-elderly, no children, non-disabled</td>
<td>$150</td>
</tr>
<tr>
<td>Non-elderly, with children, non-disabled</td>
<td>$214</td>
</tr>
<tr>
<td>Elderly, no children, disabled</td>
<td>$221</td>
</tr>
<tr>
<td>Elderly, with children, disabled</td>
<td>$267</td>
</tr>
<tr>
<td>Non-elderly, no children, disabled</td>
<td>$203</td>
</tr>
<tr>
<td>Non-elderly, with children, disabled</td>
<td>$264</td>
</tr>
<tr>
<td>Female headed household with children</td>
<td>$220</td>
</tr>
</tbody>
</table>

Table 3.2: CMHA average TTP for each family type.

U.S. Department of Housing and Urban Development (2006a)
The HCV program records the recipients’ race and ethnicity as two separate categories. Categories under race include: (1) White only; (2) Black/African American only; (3) American Indian or Alaskan Native only; (4) Asian only; (5) Native Hawaiian/other Pacific Islander only; (6) White, American Indian/Alaska Native only; (7) White, Black/African American only; (8) White, Asian only; and (8) Any other combinations. Categories under ethnicity include: (1) Hispanic or Latino; and (2) Non-Hispanic or Latino. Table 3.3 and 3.4 depicts the recipients’ race and ethnicity. The majority of recipients were Black/African American only (75%) followed by White only (23%). One percent of recipients stated their ethnicity as Hispanic or Latino.

<table>
<thead>
<tr>
<th>Race (CMHA)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black/African American only</td>
<td>75%</td>
</tr>
<tr>
<td>White only</td>
<td>23%</td>
</tr>
<tr>
<td>Asian only</td>
<td>1%</td>
</tr>
<tr>
<td>American Indian or Alaskan Native only</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Native Hawaiian, Other Pacific Islander only</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>White, American Indian/Alaska Native only</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>White, Black/African American only</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>White, Asian only</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Any other combinations</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

Table 3.3: Distribution of head of household by race

U.S. Department of Housing and Urban Development (2006a)
Table 3.4: Distribution of head of household by ethnicity

U.S. Department of Housing and Urban Development (2006a)

<table>
<thead>
<tr>
<th></th>
<th>Hispanic or Latino</th>
<th>Non-Hispanic or Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>1%</td>
<td>99%</td>
</tr>
</tbody>
</table>

Table 3.5 depicts the average age of the HCV program recipient and the recipients’ household members. The largest percentage of household members (37%) was between the ages of 6 and 17 years old, followed by 35% of household members who were between the ages of 18 and 50 years old. Fifty-five percent of the household members in the HCV program were between the age group of 0 to 17, thus, illustrating the vast amount of children in the program.

<table>
<thead>
<tr>
<th></th>
<th>0-5 years</th>
<th>6-17 years</th>
<th>18-50 years</th>
<th>51-61 years</th>
<th>62-82 years</th>
<th>83+ years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>18%</td>
<td>37%</td>
<td>35%</td>
<td>5%</td>
<td>4%</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

Table 3.5: Distribution of household members’ ages

U.S. Department of Housing and Urban Development (2006a)

According to HUD (2006a) the current CMHA recipient of the HCV program had an average income of $9,083 compared to the national average of $11,597. The CMHA HCV recipient had an average TTP of $212.00 compared to the national average of $
$267.00, and were most likely to be non-elderly, with children, non-disabled compared to the national recipient of a female headed household with children. Lastly, the CMHA HCV recipient was most likely to be Black/African American only (75%), non-Hispanic or Latino, compared to the majority of national recipients who were most likely to be White (52%), non-Hispanic or Latino.

3.2.2 Sample from CMHA, HCV Program Recipients

The unit of analysis consists of “recipients” of the HCV program who receive or have received services from CMHA. The population for the proposed study consists of all the HCV program recipients at CMHA who were HCV program recipients at any time during the years 1999-2005. CMHA stores administrative data that contains detailed information on the recipients, such as unit number and location, landlord, total tenant payment (TTP), fair market rent (FMR), the number of individuals residing in the home, as well as basic demographic variables of the recipient. CMHA stores their administrative data in a database housed on CMHA’s campus. For this study, CMHA extracted all HCV program recipients between the years 1999-2005 from the database and placed it into an excel file. The excel file contained 14,659 cases and was used as the sampling frame from which to randomly select the sample for this study.

For this study, the population is known and there is a nonzero probability that every recipient will be included in the sample, therefore, a probability sample, stratified random sample, was used to randomly select the sample for this study (Rubin & Babbie, 2001; Levy & Lemeshow, 1999). A stratified random sample involves basically separating the population into “mutually exclusive and exhaustive strata” and then taking an independent simple random sample from each of the strata (Levy & Lemeshow, 1999,
According to Levy & Lemeshow (1999) one would use stratified random sampling because, “it combines the conceptual simplicity of simple random sampling with potentially significant gains in reliability” (p. 123).

Stratified random sampling ensures that the sample is representative of the population by separating out each subgroup and then conducting a random sample from each subgroup. For this study, stratified random sampling was appropriate as the study explores differences between men and women, Blacks and Whites. The use of stratified random sampling enables the researcher to explore differences between subgroups while ensuring a large enough sample size to reduce standard error (Levy & Lemeshow, 1999; Pedhazur & Schmelkin, 1991).

For the stratified random sample, the original data set (N=14,659) was separated into four categories: (1) White females (N=2683); (2) Black females (N=9434); (3) White males (N=949); and (4) Black males (N=1353). When calculating the power analysis with alpha = .05, power = .80, and an effect size of .3, I would need a total of 180 recipients in each of the four categories (Kazdin, 2003; Cohen, 1988). An effect size refers to “the degree to which the phenomenon in the population is present or the degree to which the hypothesis is false” and serves “as an index of degree of departure from the null hypothesis” (p 9-10). Using Cohen’s (1988) three categorizations of effect sizes (.2 – small; .5 – medium; .8 – large), I selected a small effect size of .3 in order to detect small effects between population means (e.g. means differ by 1/3 of a standard deviation). For this study, I randomly selected 250 recipients in each of the four categories to further increase the power to .92 (Cohen, 1988).
Such strata were determined by examining the current population characteristics of CMHA’s HCV program recipients. As noted in Table 3.3, the majority of the HCV program recipients identify as being either White or Black with more representation from Blacks. Due to the number of females in the HCV program compared to males, an equal number of males and females were selected to ensure adequate representation from each group, and to determine any statistical differences between the two on the variables of interest for this study.

In order to answer the last research question, “does a recipient’s race predict an experienced change in racial composition in neighborhoods from pre to post-move residences,” an additional stratified random sample will be drawn. The question asks to explore those recipients who have experienced a potential change in either percent Blacks or percent Whites in neighborhoods due to residential mobility, therefore, only those recipients who are mobile should be included. There are 384 recipients who were mobile during the years 1999-2005. From these 384 recipients (Black females N=154; White females N=94; White males N=57; Black males N=79), 55 recipients will be randomly selected from each of the four categories: Black females, White females, Black males, and White males. Hair, Anderson, Tatham & Black (1998) recommend a “minimum cell size of 20 observations, although larger cell sizes may be required for acceptable statistical power,” additionally, “at the minimum, the sample in each cell must be greater than the number of dependent variables included” (p. 342). Therefore, with alpha = .05, an effect size = .5, and 55 subjects per group, power for this analysis is .70 (Stevens, 2002).
3.3 Factors that Predict Residential Mobility

The first research question asks, “What are the individual-level factors that predict residential mobility among the recipients of the Section 8 Housing Choice Voucher (HCV) program?” Ordinary Least Squares (OLS) regression was used to test the relationship between individual level characteristics and residential mobility (Table 3.6). The objective in using OLS regression is to “predict a dependent variable from a set of independent variables” (Stevens, 2002, p. 21). OLS is the most appropriate statistical analysis as there is more than one independent variable, all of which is either naturally or transformed into metric form, and the dependent variable consists of a ratio-level variable measured on the individual level (George & Mallery, 2003; Allison, 1999; Hair et al., 1998; Pedhazur & Schmelkin, 1991). The use of OLS will assist in making predictions about future mobility based on knowledge of the independent variables (Allison, 1999).

<table>
<thead>
<tr>
<th>Question #1</th>
<th>Independent Variables</th>
<th>Dependent Variables</th>
<th>Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the individual-level factors that predict residential mobility among the recipients of the Section 8 Housing Choice Voucher (HCV) program?</td>
<td>Race, Gender, Age, Number in Family, Annual Income, Increase in Fair Market Rent, Decrease in Fair Market Rent, Increase in Total Tenant Payment, Decrease in Total Tenant Payment</td>
<td>Residential Mobility</td>
<td>Ordinary Least Squares Regression (OLS)</td>
</tr>
</tbody>
</table>

Table 3.6: Factors that predict residential mobility: Specified variables and analysis.
The independent variables included in the OLS regression analysis include; race, gender, age, number in the family, annual income, total increase in fair market rent (FMR) from 1999-2005, total decrease in FMR from 1999-2005, total increase in total tenant payment (TTP) from 1999-2005, and total decrease in TTP from 1999-2005. The dependent variable is residential mobility, which is a ratio of the number of moves divided by the number of years in the program.

3.3.1 Rationale for Independent Variables

The independent variables included in the above analysis were selected based on previous research and the availability of variables in the administrative data. In regard to the relationship of race and residential mobility, Blacks are found to have higher rates of mobility than Whites (19.1% v. 16.2%) (Hansen, 2001). Schachter & Kuenzi (2002) found that Whites had an average tenure (4.9 years) that was one year longer than the average tenure for Blacks (3.9 years). Crowder (2001) found that Blacks are more likely to expect to move than Whites, and more likely to actually move than Whites. For the data analysis, race was dummy coded (Blacks = 1; Whites = 0).

Gender is included in the analysis as Long (1992) found that women headed households tend to move more frequently than other families. South & Crowder (1998) found that 26% of unmarried mothers moved to a new residence within one year, and Kerbow (1996) found that single-mother households constituted the highest percentage of movers (39.9%). For the data analysis, gender was dummy coded (male = 1; female = 0).
Age is found to be associated with residential mobility as Foulkes & Newbold (2005) found that people aged 18-29 years were more likely to be mobile. Hansen (2001) also found that young adults in their twenties have the highest mobility rates, and mobility rates continue to decline with age. Based on the U.S. Census Bureau’s age categories, Schachter & Kuenzi (2002) found the median duration of residence for the age group 15-24 was 2.3 years; 25 – 34 was 1.9 years; 35 – 44 was 4.3 years; 45 - 54 was 8 years, 55 – 64 was 12.2 years; and 65 years and older was 18.7 years.

Number in family can be associated with residential mobility, yet is often determined by the relationship of the family members. Being married tends to decrease residential mobility (Schachter & Kuenzi, 2002), unless the couple is recently married in which case residential mobility increases (South & Deane, 1993; Speare & Goldscheider, 1987). The presence of children often decreases residential mobility (Long, 1992; Rossi, 1955), yet can also increase residential mobility to gain access to better schools or neighborhoods (South & Crowder, 1997b; Schachter & Kuenzi, 2002). Additionally, an increase or decrease to the number of household members may spur residential mobility (Rossi, 1955; Crowder, 2001).

Annual income is also shown to be associated with residential mobility, as households tend to be more stable the higher the income. Schachter & Kuenzi (2002) found that for households with incomes less than $25,000 the median duration of residence is 3.6 years; $25,000 - $49,000 is 4.3 years; $50,000 - $74,999 is 5.4 years; and $75,000 or more is 6.3 years.
Although the relationship of FMR and TTP on residential mobility has not been studied in the literature, they are included in the analysis. If a decrease in income is positively associated with residential mobility, than a decrease in FMR or an increase in TTP would most likely decrease the HCV program recipient’s income, therefore, the recipient is more likely to be mobile. FMR and TTP are set by CMHA based on their current funding from HUD and according to their current goals (i.e. deconcentration). For example, FMR for a two bedroom home in 2002 was $673, in 2004 it decreased to $640, in 2005 FMR increased to $674, and then increased again in 2006 to $720. Additionally, TTP is calculated based on a household’s income and what CMHA has determined is a reasonable rental rate for a rental unit with a particular number of bedrooms. The FMR and TTP are not influenced solely by the rental market and do not fluctuate with the rental market; they are calculated based on the budget of CMHA, their policy goals, and the recipient’s income.

In order to account for the increase and decrease in FMR and TTP during the years 1999-2005, four variables were created. The total number of increases during the years 1999-2005 in FMR and TTP were summed separately and constitute the variables “increase in FMR” and “increase in TTP”. The total number of decreases during the years 1999-2005 in FMR and TTP were summed separately and constitute the variables “decrease in FMR” and “decrease in TTP”. The FMR and TTP values were rounded to whole dollars, therefore, the smallest amount of change that could occur is $1.00.
3.3.2 Residential Mobility as Dependent Variable

Residential mobility is the dependent variable for the first research question. Residential mobility simply means that an HCV program recipient has moved from one residence to another. For this study, the HCV program recipients could move between 0 to 6 times as the study examines recipients from the years 1999-2005. Therefore, residential mobility was determined by number of moves divided by the total number of years in program. This ratio most adequately represents residential mobility as it accounted for the number of years that someone was in the program, thus, someone with 3 moves in 3 years had a different rate than someone with 3 moves in 7 years.

3.4 Relationship between Residential Mobility and Change in Poverty

The second research question asks, “Does residential mobility of an HCV program recipient predict an experienced change in neighborhood poverty level from pre to post-move residences”? Ordinary Least Squares (OLS) regression was used to assess the relationship between the residential mobility of the HCV program recipients and the change in poverty experienced with each move (Table 3.7). OLS is the most appropriate statistical analysis as there is more than one independent variable, residential mobility as the variable of interest and demographic variables as control variables, and the dependent variable, change in poverty, is measured on the individual level (George & Mallery, 2003; Allison, 1999; Hair, et.al., 1998; Pedhazur & Schmelkin, 1991). The use of OLS will assist in making predictions regarding the change in poverty over time based on knowledge of the independent variables (Allison, 1999).
Table 3.7: Residential mobility and poverty: Specified variables and analysis.

The independent variables included in the OLS regression analysis include residential mobility with race, gender, age, number in the family and annual income as control variables. The control variables are included to account for extraneous variance by examining their effects on the dependent variable (Pedhazur & Schmelkin, 1991). The dependent variable is change in poverty, which consists of a ratio-level variable defined by the sum of the change of poverty in each move, divided by the number of moves of the recipient from 1999-2005.

3.4.1 Rationale for Independent Variables

The independent variable was selected based on previous research and the policy goals of the HCV program. Research exploring the level of poverty in neighborhoods of the HCV program recipients has repeatedly demonstrated that the HCV program recipients tend to reside in lower-poverty neighborhoods when compared to public housing recipients, and other low-income housing recipients (Devine, et.al., 2003; HUD, 2000b; Pendall, 2000; Tuner, 1998; Hartung & Henig, 1997; Newman & Schnare, 1997).

What is missing from the research is the extent that mobile recipients remain in lower-
poverty neighborhoods over time. Therefore, residential mobility as an independent variable is important in determining the extent that mobile HCV program recipients remain or move from lower-poverty neighborhoods.

The control variables for this question consist of race, gender, age, number in family, and annual income. As demonstrated through the discussion regarding factors that predicted residential mobility, Blacks tend to be more mobile than Whites (Schachter & Kuenzi, 2002; Hansen, 2001; Crowder, 2001), single mothers tend to move more frequently than males (South & Crowder, 1998; Kerbow, 1996; Long, 1992), individuals in their twenties or early thirties tend to be more mobile than other age groups (Foulkes & Newbold, 2005; Schachtel & Kuenzi, 2002; Hansen, 2001), the number of family members tends to either increase or decrease mobility rates, dependent upon the relationship of the family member (Schachter & Kuenzi, 2002; Crowder, 2001; South & Crowder, 1997b; South & Deane, 1993; Speare & Goldscheider, 1987; Long, 1992; Rossi, 1955), and as income increases, mobility decreases (Schachter & Kuenzi, 2002). Based on these previous findings, the above recipient demographics will serve as control variables for this research question.

3.4.2 Change in Poverty as Dependent Variable

Change in poverty is the dependent variable for this research question. Poverty is measured as the percent of individuals residing below the poverty level for a given zip code. In order to calculate change in poverty, three levels of poverty move type were created based on the change in level of poverty from each move. The three levels are as follows: (1) a move that results in a decrease of poverty (a positive move: value +1); (2) a move that results in an increase in poverty (a negative move: value -1); and (3) a move
that results in no change in level of poverty (a neutral move: value 0). The poverty move types, as a result of moving to a new location, were totaled for each HCV program recipient.

Change in poverty is thus defined as the sum of poverty move type divided by the number of moves of the HCV program recipient between the years 1999-2005. This ratio accounts for the number of years the HCV program recipients were in the program, as well as the change in poverty for each recipient individually.

3.5 Relationship between Recipients’ Race and Racial Composition in Neighborhoods

The third research question asks, “Does a recipient’s race predict an experienced change in racial composition in neighborhoods from pre to post-move residences”? Multivariate Analysis of Variance (MANOVA) was used to assess the relationship between race of the HCV program recipients and the racial composition in neighborhoods measured as the change in percent Whites and change in percent Blacks experienced with each move (Table 3.8). The objective in using MANOVA is to, “determine whether several groups differ on the average on a set of dependent variables” (Stevens, 2002, p. 22). MANOVA is the most appropriate statistical analysis as the research question explores the relationship between more than one independent variable (with one consisting of at least two levels) and two dependent variables and there is a presence of multicollinearity among the dependent variables (George & Mallery, 2003; Hair et al., 1998; Bray & Maxwell, 1985). According to Bray & Maxwell (1985), “if a researcher plans to only use dependent variables that are uncorrelated, there is little advantage for using MANOVA” (p. 12).
Table 3.8: Recipients’ race and racial composition in neighborhood: Specified variables and analysis.

The independent variables included in the MANOVA regression analysis include race, with gender, age, number in family and annual income as control variables. As stated previously, the control variables are included to account for extraneous variance by examining their effects on the dependent variables (Pedhazur & Schmelkin, 1991). Additionally, the interaction of race and gender was tested to determine if gender moderates the effects of race. The dependent variables, which will be explained in detail below, consist of the following: (1) change in percent Whites, which consists of a ratio-level variable defined by the sum of change in percent Whites in each move, divided by the number of moves of the recipient from 1999-2005; and (2) change in percent Blacks, which consists of a ratio-level variable defined by the sum of change in percent Blacks in each move, divided by the number of moves of the recipient from 1999-2005.

The MANOVA analysis consists of two steps: (1) test the overall hypothesis of no difference between Blacks and Whites on both change in percent Whites and change in percent Blacks; and (2) conduct a follow-up test to explain the group differences (Bray & Maxwell, 1985). For the first step, I used Pillai-Bartlett trace as the multivariate test
statistic. Pillai-Bartlett trace was chosen because it has been found to be the most robust, particularly to violations of assumptions, and when there are equal sample sizes (in terms of Type I error), such as in this study’s case (Blacks N=110; Whites = 110) (Bray & Maxwell, 1985).

3.5.1 Rationale for Independent Variables

The independent variable of race was selected based on previous research and the policy goals of low-income housing policy and HUD. As discussed in Chapter Two, public housing has historically socially isolated and racially segregated its recipients (Rohe & Freeman, 2001). According to Newman & Schnare (1997), certificate and voucher holders actually fare better in regard to being located in racial and ethnic segregated neighborhoods when compared to public housing residents (9.9 average units for certificate and voucher holders in >80% minority compared to 37.6 average units for public housing). Additionally, Hartung & Henig (1997) found the largest average number of units (55.8) of public housing was located in census tracts with 80% Black, compared to 5.0 for voucher holders. Pendall (2000) found that racial and ethnic composition was a significant predictor of subsidized tenant-based housing being located in distressed tracts.

What is missing from the research is an examination of HCV program recipients’ racial composition of neighborhoods over time. The studies fail to examine whether HCV program recipients continue to reside in less segregated neighborhoods over time or if Black recipients are moving to more minority concentrated neighborhoods and White recipients are moving to less minority concentrated neighborhoods with each move.
Therefore, race as an independent variable is important in determining the extent that mobile HCV program recipients remain or move from lower or higher minority concentrated neighborhoods.

The control variables for this question consist of gender, age, number in family, and annual income. As demonstrated through the discussion regarding factors that predicted residential mobility and relationship between residential mobility and level of poverty, single mothers tend to move more frequently than males (South & Crowder, 1998; Kerbow, 1996; Long, 1992), individuals in their twenties or early thirties tend to be more mobile than other age groups (Foulkes & Newbold, 2005; Schachtel & Kuenzi, 2002; Hansen, 2001), the number of family members tends to either increase or decrease mobility rates, dependent upon the relationship of the family member (Schachter & Kuenzi, 2002; Crowder, 2001; South & Crowder, 1997b; South & Deane, 1993; Speare & Goldscheider, 1987; Long, 1992; Rossi, 1995), and as income increases, mobility decreases (Schachter & Kuenzi, 2002). Based on these previous findings, the above recipient demographics will serve as control variables for this research question.

3.5.2 Change in Percent Whites & Change in Percent Blacks as Dependent Variables

Change in percent Whites and change in percent Blacks are the dependent variables for this research question. In order to calculate change in percent Whites three levels of neighborhood racial move type were created based on the change in percent of Whites from each move. The three levels are as follows: (1) a move that results in an increase in percent of Whites (a positive move: value +1); (2) a move that results in a decrease in percent of Whites (a negative move: value -1); and (3) a move that results in
no change in percent of Whites (a neutral move: value 0). Additionally, in order to calculate change in percent Blacks three levels of neighborhood racial move type were created based on the change in percent of Blacks from each move. The three levels are as follows: (1) a move that results in an increase in percent of Blacks (a positive move: value +1); (2) a move that results in a decrease in percent of Blacks (a negative move: value -1); and (3) a move that results in no change in percent of Blacks (a neutral move: value 0). The neighborhood racial move type, as a result of moving to a new location, was totaled for each HCV program recipient for both dependent variables separately.

Change in percent Whites is thus defined as the sum of neighborhood racial move type, which, as defined above, is the change in percent of Whites divided by the number of moves of the HCV program recipient between the years 1999-2005. Change in percent Blacks is thus defined as the sum of neighborhood racial move type, which is the change in percent of Blacks divided by the number of moves of the HCV program recipient between the years 1999-2005. These two ratio-level dependent variables account for the number of years the HCV program recipients were in the program, as well as the change in percent Whites and change in percent Blacks for each recipient individually.

3.6 Data Manipulation

As detailed above, the data from CMHA consisted of 14,659 recipients who were recipients at any point during 1999-2005. From the 14,659 recipients, 1000 recipients were randomly selected for the study. The data for the 1000 recipients were transferred from the administrative database at CMHA into an excel file. The excel file consisted of information for each recipient at the time they first entered the program, and then again each time the recipient experienced a new residence, a change in income, a change of
number if family, or a change in the total tenant payment for rent or fair market rent, which could occur numerous times in one year. Due to the numerous entries for each recipient, the excel file could not be directly transferred into SPSS, yet had to be manually entered by selecting the last entry for each year. For example, if a recipient had an income change three times during 1999, the income that was entered into SPSS was the last entry of income for 1999. Such data entry took place for each year from 1999-2005 for each recipient.

The Census 2000 data was obtained from the Census Bureau website at www.census.gov. The Census data were used to determine the percent of individuals that live below the poverty line for a given zip code, and the percent of Blacks and Whites in a given zip code. The administrative data included the zip code for each recipient at each residence between the years 1999-2005. Each zip code was entered into the website. From the website the percent of individuals below the poverty line, percent Black, and percent White were manually entered into the existing SPSS database.

The variables of race, gender, age, number in family, annual income, FMR and TTP were entered directly from excel into SPSS with race and gender requiring a dummy code for analysis (Males = 1; Blacks = 1). Data manipulation occurred for the following variables: residential mobility; increase in TTP, increase in FMR, decrease in TTP, decrease in FMR, change in poverty; change in percent Black; and change in percent White. Residential mobility consisted of dividing the number of moves of the recipient by the number of years the recipient was in the program. Increase in TTP was the sum of increases between the years 1999-2005 in the TTP for the recipients and decrease in TTP was the sum of decreases between the years 1999-2005 in the TTP for the recipients.
Increase in FMR was the sum of increases between the years 1999-2005 in the FMR for the recipients and decrease in FMR was the sum of decreases between the years 1999-2005 in the FMR for the recipients. Change in poverty consisted of the change in percent poverty with each move divided by the number of moves. And change in percent Black and change in percent White consisted of the change in percent Black or White with each move divided by the number of moves.

3.7 Understanding Recipients’ Decision Making

The quantitative analysis seeks to identify the factors predicting residential mobility, and the locational patterns of residential mobility. However, this analysis fails to examine why HCV program recipients decide to be mobile, or the decision-making process in determining where to move. In order to explore such questions, individual interviews with HCV program recipients took place to address their decision-making process in regard to housing location and residential mobility. The individual interviews addressed factors that influenced recipients in deciding to move to a new location, or the factors that led recipients to remain in the same location.

Previous research has called for a qualitative study of HCV program recipients. Acevedo-Garcia et al. (2004) calls for a qualitative study when examining people in their neighborhoods as a “qualitative investigation provides a historical context and also communicates the reciprocal and dynamic process of how people shape their neighborhoods” and that qualitative data “helps explain the results from quantitative analyses” (p. 86). A qualitative study can explore the experiences of recipients in finding housing and provide possible barriers and avenues to obtaining housing that quantitative data is not able to answer.
3.8 Theoretical Framework & Data Analysis

Denzin & Lincoln (2000) define qualitative research as “a situated activity that locates the observer in the world. It consists of a set of interpretive, material practices that make the world visible” (p. 3). In order to fully grasp the patterns of mobility among the HCV program recipients and to explore their decision-making process in locating and maintaining their residence, a qualitative piece to this study was in order. Qualitative research takes this study one step further by exploring the phenomenon of being an HCV program recipient and trying to find an HCV program-approved residence. By conducting such research, this study is able to present the true life experiences of HCV program recipients through their own eyes.

A social constructivist framework and grounded theory were used to collect and analyze the data from the individual interviews. Each framework is described below followed by a description of the data analysis used in this study.

3.8.1 Social Constructivism: Basic Premises

Social constructivism is a recently developed theory that came into existence after Berger & Luckman (1966) wrote The Social Construction of Reality in which they examine the sociology of knowledge and thus developed the meta-theory of social constructionism. According to Schwandt (2000) constructivism means, “that human beings do not find or discover knowledge so much as we construct or make it […] we do not construct our interpretations in isolation but against a backdrop of shared understandings, practices, language, and so forth” (p. 197). Social constructivism is a
spin-off from social constructionism in the sense that it considers both individual and social factors equally in shaping an individual’s reality versus more of an environmental side as with social constructionism (Gergen, 1999; Patton, 2002).

According to Greene & Lee (2002) social constructivism is in alignment with the ecological perspective often used in social work practice. Social constructivism values each person’s life experiences and acknowledges that each individual can experience situations very differently, particularly when one is influenced by social and/or cultural values. Language is best used to express one’s experience, therefore, in attempting to understand or explore a certain phenomenon, such as the decision-making process in locating and obtaining housing, individual accounts should be considered versus an exploration of aggregate data.

Four fundamental premises of social constructivism were found based on literature focusing on the use of social constructivism in clinical practice, social work education, and research. The four premises are as follows: (1) each individual has their own reality and their own way of viewing the world; (2) an individual’s reality and knowledge is placed in a historical and cultural context; the reality is developed through social interactions within these historical and cultural contexts; (3) language is used to express an individual’s reality; and (4) there is no objective reality; there is no one truth. Each of the four premises is described in detail below.

The premise, “each individual has their own reality and their own way of viewing the world,” states that an individual’s reality is created by the individual and no other individual has the same reality. No one can experience or fully understand another’s reality. An individual’s reality is developed by the events they experience in the world
and their values and beliefs about these experiences, which are influenced by the society
to which they are a member (Middleman & Wood, 1993; Laird, 1993). For example, each
HCV program recipient has their own reality in regard to their experiences in the HCV
program. Such realities are shaped by their experiences in other situations, their family
and cultural values and norms, and their experiences as members of society.

The premise, “an individual’s reality and knowledge is placed in a historical and
cultural context; the reality is developed through social interactions within these
historical and cultural contexts,” focuses on the historical and cultural environment that
has an influence on how an individual will interpret an experience and how this
experience will then shape the individual’s reality. Individuals experience and interpret
the world, as well as develop knowledge and meaning, based on the current social
processes and the current values and beliefs of their culture or sub-culture (Middleman &
Wood, 1993; Franklin, 1995; Dean & Fleck-Henderson, 1992). These values and beliefs
are usually determined by the dominant members of society. What is “normal” is socially
constructed by the dominant members of society and thus if an individual’s reality does
not agree with the dominant culture, that individual is considered “abnormal.” Through
social interchange within a culture or sub-culture, knowledge and meaning are created
and are influenced and sustained by the various institutions within that culture (Witkin,
1995; Dean, 1993). Therefore, individuals construct their own reality based on their
experiences, but these experiences take place within a historical and social context, which
influence the interpretation of the individual’s experience. For example, HCV program
recipients most likely have identified the type of environment in which they which to
reside. Such an environment, which is preferred to them, is shaped by their culture and their prior experiences in society.

“Language is used to express an individual’s reality” is a premise whereby language is the means by which individuals, with their own constructed reality, attempt to explain their reality with others and attempt to understand the reality of others (Dewees, 1999; Gergen, 1999; Middleman & Wood, 1993; Witkin, 1995; Dean, 1993). Words are arbitrary. Agreement on the meaning of terms used in language develops based on actions in society that individuals agree to express or describe using a particular term. Such agreement differs by social class and sector of society. For example, the majority of individuals in society agree that they would like to reside in a house that is “clean”, yet the only way to truly understand what “clean” means to one person is to describe it through words or through visual examples. Individuals use language in an attempt to allow other individuals to understand their reality.

The premise, “there is no objective reality; there is no one truth” refers to each individual constructing his or her own reality which no one else is able to completely understand, there is no objective reality (Dewees, 1999; Franklin, 1995). An individual cannot bypass their reality to understand an objective world. An individual’s constructed reality determines how he or she views the world and therefore, cannot view the world without that reality, values, and beliefs shaping one’s perceptions (Dean, 1993). Individuals gain knowledge through the interactions they have with their environment (Dean & Rhodes, 1998). There is no one truth, as truth is something that is agreed upon by individuals in which they specify that something will be viewed in a particular way. The agreed upon truth is usually determined by the dominant group within a culture,
which comes about based on their experiences, and does not represent the truth for all individuals (Middleman & Wood, 1993). Therefore, an objective reality does not exist based on an inability of individuals to separate themselves from their beliefs, values, and perceptions.

3.8.2 The Importance of Language in Social Constructivism

Language influences individual functioning and behavior. Language is the source of attempting to understand another’s reality and is seen as central in shaping meaning (Gergen, 1999; Dean & Rhodes, 1998). Individual behavior is influenced by how the individual interprets the meaning of terms. An individual will use actions and language to express their behavior, or their reality, when faced with different experiences. The actions and the language in which the individual will choose has been agreed upon in advance, usually by the dominant members of the culture or sub-culture, to mean something specific. An individual’s interpretation of the world and the ability to express their reality is shaped by the type of language forms available to that individual (Witkin, 1995).

The use of language as a way of expressing one’s reality is difficult based on the social constructionist belief that no one will ever fully know another’s reality. When an individual is expressing their reality to an observer through language, the observer is attempting to understand the reality through their own lens filled with their values and beliefs. It is human behavior to attempt to understand someone’s reality as it relates to one’s own life or the lives of someone they know. Even if an observer wanted to allow another to have their own experiences, social constructivism states that it is impossible to understand the person’s experience, due to the observer’s values, beliefs, and reality.
According to Franklin (1995) “operations of human cognitive structures and processes and the nature of language and social processes, in particular, make it impossible for us to know an objective reality completely” (p. 396).

In exploring a particular phenomenon in a population, the best way to attempt to understand is through language interaction with the population members. For example, this study seeks to explore the decision-making process in locating and obtaining housing in a particular population, the Section 8 HCV program recipients. In order to attempt to understand this phenomenon, the researcher will need to participate in a language interaction with the recipients in order to have them explain the phenomenon. The researcher, not being a member of that population, needs to ask very detailed questions regarding the phenomenon and as the phenomenon is described, the researcher needs to have the recipient further explain terms and concepts that could mean different things to different people, such as safety, clean, or comfortable. Such a process is the only way to attempt to understand the phenomenon of the particular population.

3.8.3 Application of Social Constructivism

In conducting the individual interviews, I worked from a social constructivist framework. I realized that exploring the decision-making process of the HCV program recipients needed to come from qualitative data, the recipients’ own words, in order to grasp the specific and individual decision-making process that the recipients experienced. Utilizing the social constructivist framework, I acknowledged before the interviews that each individual will describe their experience through their own reality and use the language that is common to them to describe these experiences. As an outsider, I had to ask open-ended questions, encourage the recipient to elaborate, take a position of
curiosity, use the recipient’s language, and clarify terminology all in an attempt to truly grasp the HCV program recipients’ decision-making process in selecting housing in the HCV program.

3.8.4 Grounded Theory: Basic Premises

Grounded theory was first introduced in 1967 by two sociologist, Barney Glaser and Anselm Strauss (Charmaz, 2005; 2000; Strauss & Corbin, 1998; 1997; Corbin & Strauss, 1990; Glaser & Strauss, 1967). Grounded theory is derived from Pragmatism and Symbolic Interactionism and is a process of developing concepts that explains and describes a social phenomenon, particularly by conducting research in the field (Charmaz, 2000; Corbin & Strauss, 1990). In describing the social phenomenon, the theorist explains the actions of individuals as they respond to certain conditions or consequences. In grounded theory, the theorists does not begin the research process with a preconceived theory in mind, instead, the theory emerges from the data. According to Charmaz (2000), “grounded theory methods specify analytic strategies, not data collection methods” (p. 514).

According to Strauss & Corbin (1998) characteristics of grounded theorist include the following: (1) the ability to step back and critically analyze situations; (2) the ability to recognize the tendency toward bias; (3) the ability to think abstractly; (4) the ability to be flexible and open to helpful criticism; (5) sensitivity to the words and actions of respondents; and (6) a sense of absorption and devotion to the work process (p. 7). Although the mentioned characteristics are ideal for the theorist, practice and experience may be needed before holding all of the characteristics.
In explaining the basic premises of grounded theory, Corbin & Strauss (1990) detail eleven procedures. The first premise, “data collection and analysis are interrelated processes,” illustrates that the data analysis process begins with the first gathering of data whether through observation, interviews or another source of data collection. Often referred to as the constant comparative method, this continual data analysis starts with the first piece of data collection comparing it with each subsequent piece of data yielding an evolving analysis (Charmaz, 2005; Charmaz, 2000; Strauss & Corbin, 1998; Corbin & Strauss, 1990). During the analysis, concepts and ideas that are continually brought forward are relevant pieces of data as they will contribute to the theory development which is grounded in the reality of the participants. This study will incorporate the constant comparative method, particularly comparing each interview with subsequent interviews and making changes to the interview schedule based on emerging concepts and/or ideas.

The second premise, “concepts are the basic unit of analysis” indicates that the theorists are working more with concepts that emerge from the data, not just the actual data itself. Actions or behaviors to certain situations are grouped together to form a concept that is the basis for the theory development (Corbin & Strauss, 1990). Additionally, the third premise, “categories must be developed and related,” indicates that the concepts can then be grouped together to form categories, which are more abstract than concepts (Corbin & Strauss, 1990). For this study, concepts are expected to emerge through the constant comparative method and all concepts will be examined to determine their relationship to one another.
“Sampling in grounded theory proceeds on theoretical grounds,” is the fourth premise stating that there is a specific phenomenon that is the focus of the study, not necessarily certain individuals (Corbin & Strauss, 1990). For example, this study seeks to explore the decision-making process of the HCV program recipients in locating and maintaining HCV program housing. Based on the phenomena of decision-making in finding housing, this study conducts interviews with individuals who have experienced this phenomenon. Therefore, the decision-making process is the focus of the study, not necessarily the individuals themselves.

As stating under the first premise, the fifth premise states, “analysis makes use of constant comparisons.” In analyzing the data and developing concepts and categories, each new emerging piece should be compared with all others emerging or emergent pieces (Charmaz, 2005; Charmaz, 2000; Strauss & Corbin, 1998; Corbin & Strauss, 1990). During this continual comparison, the theorist should be looking for both similarities and differences.

In continuing with the analysis, the sixth and seventh premises, “patterns and variations must be accounted for,” and “process must be built into the theory” both address looking for a process that describes the phenomenon by examining both regularities and irregularities (Corbin & Strauss, 1990). By examining each, the process of the phenomenon is further described, which assist in transforming the process into theory.

The eighth premise, “writing theoretical memos are an integral part,” denotes the value places on the theorist notes, field notes, and memos throughout the analysis (Charmaz, 2000; Strauss & Corbin, 1998; Corbin & Strauss, 1990). Such information
assists in understanding the phenomenon and building the theory. Corbin & Strauss (1990) recommend writing memos from the beginning to the very end of the study. This study will incorporate journal notes and field notes taken during the data collection process in the data analysis.

Premises nine and ten address validating the concepts, categories and processes whereby, “hypotheses about relationships among categories should be developed and verified as much as possible during the research process,” and, “a grounded theorist need not work alone.” In abiding by such premises, the theorist will take pieces of the data analysis, such as concepts, categories or processes back into the field to validate the relationships (Oktay, 2000; Padgett, 1998; Corbin & Strauss, 1990; Lincoln & Guba, 1986). Additionally, validation takes place by having experienced colleagues review the analysis and give feedback to the theorist. Such practices guard against theorist’s potential biases (Oktay, 2000; Padgett, 1998; Corbin & Strauss, 1990; Lincoln & Guba, 1986). For example, pieces of this qualitative study will be reviewed by the Section 8 HCV Program Director to validate the analysis.

Finally, the eleventh premise, “broader structural conditions must be analyzed, however microscopic the research,” states the importance in considering additional conditions that could affect the phenomenon of interest, such as economic conditions, prejudice/discrimination, social and cultural values, constraints of programs or regulatory agencies (Corbin & Strauss, 1990). For example, the recipients of the HCV program are searching for housing and residing in housing under the rules and regulations of government-funded program. This study will explore how the information obtained from the recipients are affected by such constraints.
3.8.5 Social Constructivism & Grounded Theory: Constructivist Grounded Theory

In using grounded theory and a framework from social constructivism, this study took more of a constructivist ground theory approach versus an objectivist grounded theory approach. A constructivist grounded theory approach views the data as a reality that is shaped through social and cultural experiences versus true reality for all (Charmaz, 2005; Charmaz, 2000). Additionally, using this framework allows for the acknowledgement that the researcher will shape, analyze and define the phenomenon as she sees it, not from a totally objective position. As Charmaz (2000) states, “a constructivist grounded theory seeks to define conditional statements that interpret how subjects constructed their realities” versus purely grounded theorists whom “accepts the positivistic assumption of an external world that can be described, analyzed, explained, and predicted: truth, but with a small r” (p. 524).

3.8.6 Grounded Theory: Guidelines for Data Analysis

As described under the premises, data analysis in grounded theory consists of line-by-line coding of the data where the theorists is looking for “processes, actions, assumptions, and consequences” (Ryan & Bernard, 2000, p. 780). In doing such rigorous data analysis, the theorist is seeking to describe a phenomenon, or the central idea in the data, in a very detailed manner, such as asking when, why, and under what conditions do such themes occur, thus producing a very well-supported theory (Ryan & Bernard, 2000). According to Strauss & Corbin (1998), the data analysis process should be divided into three stages: (1) open coding; (2) axial coding; and (3) selective coding. Each of the three types of coding is described in detail below.
Open coding is the first step in the data analysis process. According to Strauss & Corbin (1998), open coding is “the analytic process through which concepts are identified and their properties and dimensions are discovered in data” (p. 101). Open coding involves conducting line-by-line coding of the transcriptions of the interviews where the researcher looks for emergent themes and categories. The themes and categories should encompass all perspectives of a particular event, not just similar perspectives.

According to Gibbs (2002), “as you construct new [themes], you should be asking yourself whether they have properties or dimensions” (p. 169). Gibbs (2002) provides the following possible techniques to follow when conducting line-by-line coding: (1) analysis of word, phrase, or sentence – select one word or phrase and list all possible meanings that may apply; (2) flip-flop technique – compare the extremes of a given concept; (3) systematic comparison – compare two phenomenon looking for differences, particularly in how people respond; (4) far out comparisons – focus on one concept and then select another concept totally different, yet that shares the same traits to assist in forming further dimensions of the original concept; and (5) waving the red flag – paying attention to extreme words, such as never and always in an attempt to figure out what would really happen if the opposite were true (p. 170).

As themes or categories emerge, they are given a name that best describes the event. The name of the themes or categories should not be merely a description of the event, but rather a term that provides some theoretical meaning (Gibbs, 2002). If the selected name of the category is a word given by the interview participant to describe that particular situation, that category is considered an in vivo term (Ryan & Bernard, 2000).
Axial coding is the second step in the data analysis process, which involves refining the categories, and relating or connecting the categories (Gibbs, 2002). According to Strauss & Corbin (1998) axial coding is “the process of relating categories to their subcategories, termed ‘axial’ because coding occurs around the axis of a category, linking categories at the level of properties and dimensions” (p. 123). Strauss & Corbin (1990) identify the following six categories that should emerge from the data collection process with one category leading to the next: (1) causal conditions – what are the casual factors that influence the central phenomenon; (2) phenomenon – the main concept under study; (3) strategies in the context – the strategies to reaching the phenomenon and the setting in which this takes place; (4) intervening conditions – conditions that mediate the strategies from impacting the phenomenon; (5) action/interaction – the actions step taken to approach the phenomenon; and (6) consequences – the consequences of the actions or interactions.

Selective coding is the third and final process in the data analysis phase. According to Strauss & Corbin (1998), selective coding is “the process of integrating and refining the theory” (p. 143). Selective coding looks at all the concepts, categories and themes and selects the central core category that encompasses all the other related categories (Gibbs, 2002). During the axial coding, several central phenomenons may have emerged from the data. In the selective coding phase, the researcher is to select one of those central phenomenons as the focus of the study (Strauss & Corbin, 1990). Once the central phenomenon is selected, the researcher than relates all the other categories and themes to the central phenomenon in creating the theory (Gibbs, 2002).
3.9 Data Collection Procedures

The following paragraphs describe the data collection process for the individual interviews. The setting of the individual interviews, sampling and solicitation process are described as well as a detailed review of the instrumentation used for the interviews. The Ohio State University’s Internal Review Board pre-approved all research activity and the Columbus Metropolitan Housing Authority (CMHA) provided a letter of support in regard to all research activity.

3.9.1 Setting for Data Collection

The individual interviews with the HCV program recipients took place at the Columbus Metropolitan Housing Authority (CMHA) in Columbus, Ohio. With prior approval from CMHA, I was able to physically be present at CMHA when recipients were present to meet with their housing case managers. CMHA designated a room for the interviews and I remained either in the designated room, or in the waiting area. All tape-recorded individual interviews took place in the designated room which provided privacy and confidentiality for the HCV program recipients.

The individual interviews took place on the following dates: July 18, 2006 and July 19, 2006, and lasted between twenty to forty minutes. All twelve individual interviews were audio taped with prior permission from the HCV program recipient, and all recipients completed consent forms prior to the beginning of the interview.

Additional data collection occurred through sitting and observing in the waiting room, brief encounters with case managers, and brief observations and contacts with HCV program recipients outside of the interview room. Such data were recorded in my field notes and were included in the data analysis.
3.9.2 Sampling & Solicitation Process

The sample for this study was selected through purposive sampling and consisted of twelve HCV program recipients. Eligibility requirements consisted of being a current recipient of the HCV program, identifying their race as either Black or White, and being present at CMHA on the days and times I was at CMHA.

In regard to sampling procedure, Warren (2000) states, “in qualitative interview studies, respondents may be chosen based on a priori research design, theoretical sampling, or ‘snowball’ or convenience design, or particular respondents may be sought out to act as key informants” (p. 87). For this particular study, HCV program recipients were selected through stratified purposive sampling with an emphasis placed on interviewing a selection of White males, Black males, White females, and Black females. Such a selection allowed for a variety of shared experiences from recipients who most likely represent the recipients on the HCV program at CMHA. According to Patton (2002), the purpose of a stratified purposive sample “is to capture major variations rather than to identify a common core, although the latter may also emerge in the analysis” (p. 240).

The sample for this study consisted of the following HCV program recipients: five Black females; three White females; one White male; one Black male; one White female and male couple; and one Black married couple. Additionally, the sample consisted of recipients who are new recipients looking for their first home, had been in the program for several years, were employed, unemployed, retired, going to school, recovering alcoholic/addict, and had children. The various backgrounds and experience in the HCV program allowed for a wide perspective of the experience of recipients.
The solicitation process involved the support of the CMHA, HCV program director and the front-line housing case managers. CMHA has HCV program recipients coming to their office on a daily basis as annual reviews at HCV program recipients’ cases occur nearly every day. The recruitment process took place after the HCV program recipients finished meeting with their housing case managers for their annual review. At the end of the meeting, the housing case manager gave the HCV program recipient a solicitation letter and/or read the solicitation letter to them (Appendix A). The solicitation letter describes the purpose of the research, confidentiality, the use of a cassette recorder to record the interview, the length of the interview, how participation in the research would not impact services offered by CMHA to the recipient, when the interview could take place and the $25.00 grocery gift certificate as compensation for the recipient’s time. If the HCV program recipient stated they were interested in talking more with me, the housing case manager brought the recipient to the designated room.

Once the HCV program recipient had expressed interest in participating in the interview, I read and gave the recipient an additional solicitation letter (Appendix B). This second solicitation letter described the purpose of the research, confidentiality, the use of a cassette recorder to record the interview, the approximate length of the interview, how participation in the research would not impact services offered by CMHA to the recipient and the $25.00 grocery gift certification to compensate their time. If the HCV program recipient still expressed interest in the study, they were given and read a consent form (Appendix C). Once the HCV program recipient consented to the research and signed the consent form, the interview began. Although the recipients were able to stop the interview at any time, all twelve completed the interviews.
3.9.3 Instrumentation

A semi-structured interview schedule was used to guide the individual interviews with the HCV program recipients. The initial interview schedule consisted of eleven questions addressing factors that led to selecting past and current housing structures and locations, and satisfaction with current housing structure, neighborhood and landlord. As the correlational research seeks to explore factors that predict residential mobility, and whether residential mobility predicts a change in poverty, such questions of the HCV program recipients were included to enhance the understanding of residential mobility. Asking the recipients to describe what is important to them in locating a home, describe the search process, and what led them to pick their current residence allows for further understanding of why HCV program recipients decide to be mobile and what factors have impacted or assisted them in deciding to make a move.

The initial semi-structured interview schedule was reviewed by my dissertation committee members and the CMHA HCV program director. The comments given were incorporated into a new semi-structured interview schedule, and additional likert-scale questions were asked after question three and question nine. Additional changes to the interview schedule were made throughout the twelve individual interviews as needed based on responses of the recipients, clarification desired by the recipients, or additional components of the decision-making process that was not initially included in the semi-structured interview schedule. The final semi-structured interview schedule is below.

1. How long have you had a voucher through the Section 8 HCV program? (have you had housing vouchers in the past?)

2. How long have you lived at your current residence?
3. When you were searching for a place to rent, what things were you looking for? (neighborhood characteristics, housing type, community resources, family, friends, school, church.) What things were important to you?

3a. Please rate the following as either (1) not important, (2) somewhat important, (3) important, or (4) very important when considering a place to live.

   - Neighborhood safety
   - Type of housing unit (town home, duplex/double, garden, single)
   - Nearby commercial area for shopping
   - Unit security
   - Unit condition
   - Family and friends

4. What led you to pick your current residence? (availability, location, cost?)

5. Describe the process of finding your current residence? (how long did it take, how did you locate the residence?)

6. Where did you live prior to moving to this residence? (City, Section 8, public housing or private housing, rent or own, whom did they live with?)

7. What led you to move from your prior residence?

8. How does this residence compare to your prior residence(s)?

9. Describe your experience with the Section 8 HCV program? (in regard to housing, services, location of housing)
9a. Please rate the following as either (1) not at all; (2) somewhat; (3) most of the time; or (4) all of the time in response to the following statements.

I am treated fairly by staff
I am aware of the various Program rules
I am treated fairly by my landlord

10. Could you talk about how you feel about your residence?

11. Do you feel that you experienced any stigma either from CMHA, your landlord or you community? Did you experience any race/racism?

12. Did you have to sell the program to the landlord?

13. What would you change about the program?

In addition to the semi-structured interview schedule, I was also able to collect data through my field notes. At the end of each individual interview, I completed a form on each recipient (Appendix D). The form asked to report whether the recipients’ responses appeared to be affected by anything, such as differences between the recipient and myself (socioeconomic background/race/gender), to report on how I addressed such differences, describe the setting and mood of the interview, any key themes tied to the research question that stood out from the interview, and any other relevant notes related to the interview.

3.10 Data Analysis

As described above, social constructivism and grounded theory were used to guide the data collection and data analysis process. Each piece of information, either through the interviews, field notes, or observations was constantly compared to each other to yield themes and categories. To further the data analysis process, each individual
interview was transcribed verbatim and entered into the qualitative data analysis package, NVivo. Using NVivo as a tool, line-by-line coding, or open coding, was performed followed by axial coding, and selective coding (Strauss & Corbin, 1990; 1998; Gibbs, 2002). Line-by-line coding was performed by reading each line of text and highlighting and naming concepts that emerged from the data; all named concepts were then placed into separate files. Once all the text had been coded, the concepts were combined or collapsed into similar themes (by combining files) and the central phenomenon was selected. With the focus on the central phenomenon, the combined themes were structured to completely describe the central phenomenon by putting the themes into one of the following categories: (1) causal conditions; (2) strategies in the context; (3) intervening conditions; (4) action/interaction; or (5) consequences. (Strauss & Corbin, 1990; 1998; Gibbs, 2002).

I chose to transcribe the interviews myself to become more acquainted with the data and to begin the data analysis process through the transcription process (Padgett, 1998). By transcribing the tapes, I was able to hear the information once again with all the interviewees’ sighs, pauses and inflections in their voice. The audio tapes were transcribed verbatim and all sighs and pauses (consisting of a few seconds) along with other emotions were noted (Padgett, 1998).

3.11 Trustworthiness

Trustworthiness responds to the rigor in qualitative research and is an important aspect in determining the credibility, transferability, dependability, and confirmability of the data collection and analysis. As in quantitative (conventional scientific research)
research where the rigor in a study is dependent on internal validity, external validity, reliability, and objectivity, qualitative research also requires rigor in the methods and analysis (Lincoln & Guba, 1986). Lincoln & Guba (1986) parallel credibility with internal validity, transferability with external validity, dependability with reliability, and confirmability with objectivity.

Threats to the trustworthiness of a study include three types of bias; (1) researcher bias, where the researcher comes with preconceived ideas or theories; (2) informant bias, where the informant wants to be perceived in a certain way; and (3) reactivity, whereby the process of the research affects trustworthiness (Padgett, 1998). Several techniques are available to the researcher to increase the chances that the four forms of trustworthiness are met or enhanced (Lincoln & Guba, 1986). In order to increase the trustworthiness of this study and minimize potential biases, I used the following techniques: (1) triangulation; (2) peer debriefing; (3) member checking; (4) thick description; (5) journaling; and (6) audit trail.

3.11.1 Credibility

Credibility refers to the rigor of the methods used when conducting the qualitative study and the thoroughness and accurateness of the data (Lincoln & Guba, 1986). According to Patton (2002), credibility depends on three elements: (1) rigorous methods; (2) the credibility of the researcher; and (3) philosophical belief in the value of qualitative inquiry. To address the credibility of this study, I used triangulation, and peer debriefing.

Triangulation of data involves gathering data from more than one source (cross-checking), such as interviews and observations (Oktay, 2002; Patton, 2002; Padgett, 1998; Lincoln & Guba, 1986). Triangulation was used in this study in the sense that I was
able to be present at the Columbus Metropolitan Housing Authority (CMHA) to conduct the interviews. While waiting to conduct interviews, I was able to observe the waiting area where the recipients waited for their housing case managers, talk informally with recipients not participating in this study, and observe the interaction between the staff and the recipient. Such triangulation of data allowed me to experience and observe the social situations and interactions that recipients have with CMHA and its staff and, thus, further understand the context of the experiences they describe.

Peer debriefing involves obtaining support and supervision during the data collection and data analysis process in order to minimize researcher bias (Oktay, 2002; Padgett, 1998; Lincoln & Guba, 1986). During the data collection and data analysis phase, I was able to participate in peer debriefing once every three weeks with a fellow doctoral student who is also interested and familiar with qualitative research methods. In addition, I consulted with the Section 8 HCV program director at CMHA and my advisor as I gathered data and analyzed the data in order to obtain support and supervision.

3.11.2 Transferability

Transferability in qualitative research refers to the extent that the results can be generalized, or transferred, outside of the study (Patton, 2002; Lincoln & Guba, 1986). When conducting grounded theory, the researcher attempts to explain a certain phenomenon among a certain population, therefore, the “real merit of a substantive theory lies in its ability to speak specifically for the populations from which it was derived and to apply back to them” (Strauss & Corbin, 1998). Additionally, the true meaning of grounded theory is to develop a theory grounded in the data that yields explanatory power (Strauss & Corbin, 1998). Although smaller studies can yield
explanatory power through the theory-building, much larger studies are more likely to uncover more themes and categories thus yielding more explanatory power for the population of interest (Strauss & Corbin, 1998). For this study, I am not attempting to transfer the study results beyond the participants of the individual interviews, yet do provide one technique, thick description, to enhance the transferability of this study.

Thick description involves providing detailed descriptions of every process step and when describing settings, events, people, interaction and findings (Oktay, 2002; Lincoln & Guba, 1986; Guba, 1981). Thick description shows the “different and complex facets of particular phenomena” (Holliday, 2002, p. 78). Thick description is not overloading on information, but providing a clear reason behind each detail that is given in describing a phenomenon (Shank, 2002). I am able to provide thick description through the use of my field notes and verbatim transcriptions of the individual interviews and providing both the recipient’s accounts of a phenomenon combined with my observations of the phenomena. When reporting the emergent themes and concepts, I am able to provide evidence of such through examples of quotes from the individual interviews.

3.11.3 Dependability & Confirmability

Dependability in qualitative research is to reliability in quantitative research (Patton, 2002; Lincoln & Guba, 1986). Dependability refers to the extent that the same results would be found if other researchers conducted the same research under the same conditions, and confirmability refers to the objectivity of the study (Gibbs, 2002; Lincoln & Guba, 1986). The use of the constant-comparative method, an audit trail, using
quotations and thick description when reporting concepts all help in assuring dependability. A thorough explanation and audit trail of the data analysis helps to assure the confirmability of the study (Lincoln & Guba, 1986).

To strengthen the dependability of this study, I provide a clear audit trail that consists of contacts with the CHMA HCV program director, detailed descriptions of the interviews, CMHA setting, observations, and journaling and field notes all in an effort to provide a clear description of the process of the study (Lincoln & Guba, 1986). To address confirmability, I use the qualitative data analysis package, NVivo, to conduct the data analysis, which allowed me to track all coding and developing categories. My techniques to strengthen both dependability and confirmability are described below.

Journaling involves recording the process of data collection and analysis, which could include specific events, the researcher’s thoughts and feelings, and ideas, construction of concepts and theory development (Oktay, 2002). I was able to keep a journal and field notes throughout the data collection and analysis process, which included my thoughts and feelings for the day, any significant event or idea that was worthy of recording, any changes to the questionnaire, and any emerging ideas or concepts to explore further. To further contribute to my credibility as a researcher, my field notes ask me to identify any potential issues or differences between the researcher and the recipient that might have impacted the recipient’s responses, and then identify how I responded to such situations.

An audit trail allows the researcher and other future researcher to trace concepts and themes back to the original source or orientation (Oktay, 2002; Padgett, 1998; Lincoln & Guba, 1986). Documenting each step in the data collection and data analysis
process yields little to no question in regard to how themes and concepts have emerged.

For this study, I am able to show an audit trail through my field notes, interviews, and data analysis using the qualitative data analysis package, NVivo.
CHAPTER 4
RESULTS

This chapter presents the findings from the quantitative and qualitative analyses. The basic demographics of the sample taken from CMHA administrative data are presented followed by analyses testing the factors that predict residential mobility and the locational outcomes of the HCV program recipients in regard to experienced change in percent poverty and experienced change in racial composition in neighborhoods. The chapter concludes with the results from the individual interviews with the HCV program recipients at CMHA.

4.1 Demographics of HCV Program Recipient Sample

The sample for this study consists of 1000 HCV program recipients who were recipients at any time between the years 1999-2005. The sample consists of 50% males (N=500) and 50% females (N=500), and 50% Whites (N=500) and 50% Blacks (N=500). Of the females, 50% are White (N=250) and 50% are Black (N=250), and of the males, 50% are White (N=250) and 50% are Black (N=250). The average age of the HCV program recipients is 45 years old. The average number in each HCV program recipient family is 2.27 with an average annual household income of $9,799.54. Table 4.1 illustrates the demographic characteristics of the HCV program recipients by race and gender in this study.
Table 4.1: Demographic variables of the HCV program recipient sample.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Black Female X (sd)</th>
<th>White Female X (sd)</th>
<th>Black Male X (sd)</th>
<th>White Male X (sd)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>39.1 (12.4)</td>
<td>42.9 (16.7)</td>
<td>47.1 (12.5)</td>
<td>50.6 (14.9)</td>
</tr>
<tr>
<td>Annual Income</td>
<td>10852 (8655)</td>
<td>9245 (6940)</td>
<td>9053 (8020)</td>
<td>10046 (6825)</td>
</tr>
<tr>
<td>Number in Family</td>
<td>3.2 (1.6)</td>
<td>2.2 (1.2)</td>
<td>2.0 (1.8)</td>
<td>1.7 (1.2)</td>
</tr>
</tbody>
</table>

As table 4.1 illustrates, White males have the highest average age at 50.6, followed by Black males (47.1), White females (42.9), and Black females (39.1). Black females are found to have the highest annual income at $10,852, followed by White males ($10,046), White females ($9245), and Black males ($9053). Finally, Black females have the largest number of family members at 3.2, followed by White females (2.1), Black males (2.0), and White males (1.7).

4.2 Total Tenant Payment & Fair Market Rent

The total tenant payment (TTP) is the amount of rent that the HCV program recipients are responsible for paying on a monthly basis. The fair market rent (FMR) is the predetermined rent that HUD establishes for a particular rental unit with a certain number of bedrooms. The average TTP and FMR for the HCV program recipient sample for each year from 1999-2005 is detailed in Table 4.2. As the table illustrates, the mean for the TTP ranges from $170 in 1999 to $266 in 2003. When examining the FMR, the mean ranges from $521 in 1999 to $709 in 2003. In 2005, the average TTP was $243 and the average FMR was $664.
<table>
<thead>
<tr>
<th>Variable (N)</th>
<th>Mean</th>
<th>Median</th>
<th>Std. Dev.</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>TTP 99 (370)</td>
<td>170</td>
<td>140</td>
<td>112</td>
<td>0-619</td>
</tr>
<tr>
<td>00 (419)</td>
<td>191</td>
<td>149</td>
<td>133</td>
<td>0-724</td>
</tr>
<tr>
<td>01 (523)</td>
<td>213</td>
<td>165</td>
<td>147</td>
<td>0-734</td>
</tr>
<tr>
<td>02 (726)</td>
<td>188</td>
<td>154</td>
<td>129</td>
<td>0-785</td>
</tr>
<tr>
<td>03 (734)</td>
<td>213</td>
<td>165</td>
<td>147</td>
<td>0-734</td>
</tr>
<tr>
<td>04 (735)</td>
<td>220</td>
<td>171</td>
<td>164</td>
<td>0-865</td>
</tr>
<tr>
<td>05 (640)</td>
<td>243</td>
<td>193</td>
<td>175</td>
<td>0-1046</td>
</tr>
<tr>
<td>FMR 99 (370)</td>
<td>521</td>
<td>494</td>
<td>144</td>
<td>358-887</td>
</tr>
<tr>
<td>00 (419)</td>
<td>554</td>
<td>553</td>
<td>144</td>
<td>358-1020</td>
</tr>
<tr>
<td>01 (523)</td>
<td>621</td>
<td>608</td>
<td>149</td>
<td>364-971</td>
</tr>
<tr>
<td>02 (728)</td>
<td>692</td>
<td>665</td>
<td>246</td>
<td>364-728</td>
</tr>
<tr>
<td>03 (734)</td>
<td>709</td>
<td>740</td>
<td>162</td>
<td>156-1240</td>
</tr>
<tr>
<td>04 (735)</td>
<td>696</td>
<td>673</td>
<td>161</td>
<td>159-1240</td>
</tr>
<tr>
<td>05 (640)</td>
<td>664</td>
<td>640</td>
<td>150</td>
<td>159-1079</td>
</tr>
</tbody>
</table>

Table 4.2: Average TTP and FMR for the HCV program recipient sample.

4.3 Increase and Decrease in FMR and TTP

To explore the research question, “What individual-level factors predict residential mobility among the recipients of the Section 8 HCV program” I included four variables to capture the influence that FMR and TTP might have on residential mobility. The four variables included, increase in FMR, increase in TTP, decrease in FMR, and decrease in TTP. These variables were calculated by counting the number of increases in FMR and TTP and decreases in FMR and TTP that each recipient had while in the program between the years 1999-2005. For example, if a recipient experienced an increase in their TTP each year they were in the program from 1999-2005, then their increase in TTP value would be 6 and their decrease in TTP value would be 0. That same
recipient could also experience an increase in their FMR from years 1999-2000, yet experienced a decrease in their FMR each year after that, which would yield an increase in FMR value of 1 and a decrease in FMR value of 5. The variables are not dependent on one another as there are actually three levels to each variable: (1) an increase in the value (TTP or FMR); a decrease in a value (TTP or FMR); or (3) no change from year to year (TTP or FMR).

Table 4.3 illustrates the frequency of each of the four variables. In regard to increase in FMR, 47.8% of recipients experienced no increase in FMR and only 0.2% experienced four increases in FMR. Over 31% of recipients experienced no increases in TTP, yet 25.5%, 19.6% and 12.6% experienced one, two and three increases respectively. The majority of recipients (89.1%) did not experience a decrease in FMR followed by 10.3% of recipients experiencing only one decrease. Lastly, the majority of recipients (52.5%) did not experience a decrease in TTP, followed by 32.6% who only experienced one decrease.

As stated in Chapter 3, the smallest unit change in TTP or FMR that could occur for this data was $\pm 1.00. Again, FMR is set by CMHA and never had a change smaller than $5.00 during the years 1999-2005. For TTP, over 70% of the recipients with a change experienced a change in excess of $\pm 5\%$. For example, for recipients experiencing a change in TTP from 1999-2000, 75% experience a change in excess of $\pm 5\%$; 81% experienced a change in excess of $\pm 5\%$ from 2000-2001; 76% from 2001-2002; 71% from 2002-2003; 76% from 2003-2004; and 83% from 2004-2005.
<table>
<thead>
<tr>
<th>Variable (N)</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Increase in FMR (1000)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>478</td>
<td>47.8%</td>
</tr>
<tr>
<td>1</td>
<td>260</td>
<td>26.0%</td>
</tr>
<tr>
<td>2</td>
<td>198</td>
<td>19.8%</td>
</tr>
<tr>
<td>3</td>
<td>62</td>
<td>6.2%</td>
</tr>
<tr>
<td>4</td>
<td>2</td>
<td>0.2%</td>
</tr>
<tr>
<td><strong>Increase in TTP (1000)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>316</td>
<td>31.6%</td>
</tr>
<tr>
<td>1</td>
<td>255</td>
<td>25.5%</td>
</tr>
<tr>
<td>2</td>
<td>196</td>
<td>19.6%</td>
</tr>
<tr>
<td>3</td>
<td>126</td>
<td>12.6%</td>
</tr>
<tr>
<td>4</td>
<td>85</td>
<td>8.5%</td>
</tr>
<tr>
<td>5</td>
<td>22</td>
<td>2.2%</td>
</tr>
<tr>
<td><strong>Decrease in FMR (1000)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>891</td>
<td>89.1%</td>
</tr>
<tr>
<td>1</td>
<td>103</td>
<td>10.3%</td>
</tr>
<tr>
<td>2</td>
<td>5</td>
<td>0.5%</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>0.1%</td>
</tr>
<tr>
<td><strong>Decrease in TTP (1000)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>525</td>
<td>52.5%</td>
</tr>
<tr>
<td>1</td>
<td>326</td>
<td>32.6%</td>
</tr>
<tr>
<td>2</td>
<td>122</td>
<td>12.2%</td>
</tr>
<tr>
<td>3</td>
<td>26</td>
<td>2.6%</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

Table 4.3: Frequency distribution for increase and decrease in FMR and TTP.
4.4 Level of Poverty

The level of poverty in neighborhoods was determined by the percent of individuals that lived below the poverty line for a given zip code. According to HUD (2000b), the poverty level is one way to define the “economic status of a neighborhood”. HUD’s (2000b) categories of poverty level were used in order to determine whether HCV program recipients are residing in low, normal, or high poverty rates. HUD (2000b) defines “low-poverty” as poverty rates below 10%, and “high-poverty” as poverty rates greater than 30% poverty rate. HUD (2000b) did not name the category that falls between low-poverty and high-poverty (10%-30%), yet will be referred to as “normal-poverty” when interpreting the results of this study.

To determine the level of poverty that each recipient resides in for a given year, the current variable of “percent of individuals below the poverty level for a given zip code” was categorized into low-poverty, normal-poverty, or high-poverty based on HUD’s (2000b) definitions above. Low-poverty neighborhoods were defined as less than or equal to 9.9% of individuals below the poverty level for that given zip code; normal-poverty neighborhoods were defined as greater or equal to 10.0% and less than or equal to 29.9% of individuals below the poverty level for that given zip code; and high poverty neighborhoods were defined as greater or equal to 30.0% of individuals below the poverty level for that given zip code.

As Table 4.4 illustrates, the percent of HCV program recipients residing in low-poverty neighborhoods nearly doubled over the years 1999-2005 (14.1% in 1999; 25.7% in 2005). Over 25% of all HCV program recipients are residing in low-poverty neighborhoods (less than 10% poverty) in the year 2005. As the percent of recipients are
increasing in low-poverty neighborhoods, the percent of recipients are decreasing in normal and high-poverty neighborhoods. The percent of recipients in normal-poverty neighborhoods (between 10%-30% poverty) has decreased between 1999 and 2005 by 6.7% (62.4% in 1999; 55.7% in 2005), and the percent of recipients in high-poverty neighborhoods (greater than 30% poverty) has decreased by 4.8% (23.5% in 1999; 18.7% in 2005). The majority of recipients in 2005 (55.7%) are residing in normal-poverty neighborhoods.
<table>
<thead>
<tr>
<th>Variable (N)</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-poverty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1999 (370)</td>
<td>52</td>
<td>14.1%</td>
</tr>
<tr>
<td>2000 (420)</td>
<td>77</td>
<td>18.3%</td>
</tr>
<tr>
<td>2001 (523)</td>
<td>121</td>
<td>23.1%</td>
</tr>
<tr>
<td>2002 (728)</td>
<td>177</td>
<td>24.3%</td>
</tr>
<tr>
<td>2003 (736)</td>
<td>188</td>
<td>25.5%</td>
</tr>
<tr>
<td>2004 (736)</td>
<td>182</td>
<td>24.7%</td>
</tr>
<tr>
<td>2005 (643)</td>
<td>165</td>
<td>25.7%</td>
</tr>
<tr>
<td>Normal-poverty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1999 (370)</td>
<td>231</td>
<td>62.4%</td>
</tr>
<tr>
<td>2000 (420)</td>
<td>255</td>
<td>60.7%</td>
</tr>
<tr>
<td>2001 (523)</td>
<td>309</td>
<td>59.1%</td>
</tr>
<tr>
<td>2002 (728)</td>
<td>417</td>
<td>57.3%</td>
</tr>
<tr>
<td>2003 (736)</td>
<td>414</td>
<td>56.3%</td>
</tr>
<tr>
<td>2004 (736)</td>
<td>414</td>
<td>56.3%</td>
</tr>
<tr>
<td>2005 (643)</td>
<td>358</td>
<td>55.7%</td>
</tr>
<tr>
<td>High-poverty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1999 (370)</td>
<td>87</td>
<td>23.5%</td>
</tr>
<tr>
<td>2000 (420)</td>
<td>88</td>
<td>21.0%</td>
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<td>2001 (523)</td>
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<td>134</td>
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<td>134</td>
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<tr>
<td>2004 (736)</td>
<td>140</td>
<td>19.0%</td>
</tr>
<tr>
<td>2005 (643)</td>
<td>120</td>
<td>18.7%</td>
</tr>
</tbody>
</table>

Table 4.4: Frequency distribution of HCV program recipients residing in low, normal and high poverty neighborhoods (1999-2005)
4.5 Residential Mobility

Residential mobility refers to recipients who move from one residence to another residence. As Table 4.5 illustrates, the average (mean) number of moves for the HCV program recipients while in the program was 0.58 moves, with the majority of the recipients (61.6%) never moving while in the program. Additionally, the average number of years that a recipient remained in the program was 4.16 years with 4.8% remaining for only one year, and 20.1% remaining for all seven years. Black females had the highest average number of moves (0.94) followed by White females (0.58), Black males (0.48), and White males (0.31). Additionally, Black females have remained in the program for the longest amount of time with an average of 4.61 years, followed by White females and White males (4.04) and Black males (3.96).
<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
<th>Mean</th>
<th>Median</th>
<th>Std. Dev.</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of moves</td>
<td>0.58</td>
<td>0</td>
<td>0.90</td>
<td>0</td>
<td>0-5</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>616</td>
<td>61.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>256</td>
<td>25.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>83</td>
<td>8.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>31</td>
<td>3.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>8</td>
<td>0.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>6</td>
<td>0.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black Females</td>
<td>0.94</td>
<td>1</td>
<td>1.00</td>
<td>0</td>
<td>0-5</td>
<td></td>
</tr>
<tr>
<td>White Females</td>
<td>0.58</td>
<td>0</td>
<td>0.93</td>
<td>0</td>
<td>0-5</td>
<td></td>
</tr>
<tr>
<td>Black Males</td>
<td>0.48</td>
<td>0</td>
<td>0.84</td>
<td>0</td>
<td>0-5</td>
<td></td>
</tr>
<tr>
<td>White Males</td>
<td>0.31</td>
<td>0</td>
<td>0.69</td>
<td>0</td>
<td>0-5</td>
<td></td>
</tr>
<tr>
<td>Total number of years</td>
<td>4.16</td>
<td></td>
<td>1.88</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>48</td>
<td>4.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>200</td>
<td>20.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>148</td>
<td>14.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>214</td>
<td>21.4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>129</td>
<td>12.9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>60</td>
<td>6.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>201</td>
<td>20.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black Females</td>
<td>4.61</td>
<td>4</td>
<td>1.81</td>
<td>1</td>
<td>1-7</td>
<td></td>
</tr>
<tr>
<td>White Females</td>
<td>4.04</td>
<td>4</td>
<td>1.93</td>
<td>1</td>
<td>1-7</td>
<td></td>
</tr>
<tr>
<td>White Males</td>
<td>4.04</td>
<td>4</td>
<td>1.95</td>
<td>1</td>
<td>1-7</td>
<td></td>
</tr>
<tr>
<td>Black Males</td>
<td>3.96</td>
<td>4</td>
<td>1.77</td>
<td>1</td>
<td>1-7</td>
<td></td>
</tr>
</tbody>
</table>

Table 4.5: Total number of moves and total number of years in the HCV program.
As illustrated above, not all 1000 recipients in the study sample remained in the program for all seven years, therefore, in order to account for longevity in determining the factors that predict residential mobility, the number of years each recipient was in the program was taken into account. A new variable depicting residential mobility was formed by dividing the number of moves by the number of years the recipient was in the program. Table 4.6 shows the frequency distribution for the new variable, residential mobility. Based on the sample in this study, the variable residential mobility had a range between .000 and .833 which implies that some HCV program recipients in this sample never moved yet some recipients moved nearly every year in the program. The majority of recipients (61.6%) never moved, followed by 7.8% of recipients who made an average of one move every four years.
<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
<th>Mean</th>
<th>Median</th>
<th>Std. Dev.</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Mobility</td>
<td>.115</td>
<td>0</td>
<td>.171</td>
<td>.000</td>
<td>.000-.833</td>
<td></td>
</tr>
<tr>
<td>.000</td>
<td>616</td>
<td>61.6%</td>
<td>.171</td>
<td>.000</td>
<td>.000-.833</td>
<td></td>
</tr>
<tr>
<td>.143</td>
<td>76</td>
<td>7.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>.167</td>
<td>13</td>
<td>1.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>.200</td>
<td>41</td>
<td>4.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>.250</td>
<td>78</td>
<td>7.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>.286</td>
<td>34</td>
<td>3.4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>.333</td>
<td>38</td>
<td>3.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>.400</td>
<td>19</td>
<td>1.9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>.429</td>
<td>18</td>
<td>1.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>.500</td>
<td>46</td>
<td>4.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>.571</td>
<td>7</td>
<td>0.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>.600</td>
<td>2</td>
<td>0.2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>.667</td>
<td>2</td>
<td>0.2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>.714</td>
<td>5</td>
<td>0.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>.750</td>
<td>4</td>
<td>0.4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>.833</td>
<td>1</td>
<td>0.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black females</td>
<td>.187</td>
<td>0</td>
<td>.185</td>
<td>.000</td>
<td>.000-.833</td>
<td></td>
</tr>
<tr>
<td>White females</td>
<td>.118</td>
<td>0</td>
<td>.180</td>
<td>.000</td>
<td>.000-.750</td>
<td></td>
</tr>
<tr>
<td>Black Males</td>
<td>.097</td>
<td>0</td>
<td>.163</td>
<td>.000</td>
<td>.000-.714</td>
<td></td>
</tr>
<tr>
<td>White Males</td>
<td>.058</td>
<td>0</td>
<td>.124</td>
<td>.000</td>
<td>.000-.714</td>
<td></td>
</tr>
</tbody>
</table>

Table 4.6: Frequency distribution of residential mobility.
In regard to race and gender, Table 4.6 illustrates that Black females have the highest rates of residential mobility at .187, followed by White females (.118), Black males (.097) and White males (.058).

Residential mobility can be categorized into low, normal and high mobility. According to Schachtel & Kuenzi (2002), the average tenure for the American population is 4.7 years. Based on the Schachtel & Kuenzi’s (2002) finding of 4.7 years as average tenure and the frequency distribution of residential mobility of the study sample, the following three categories of residential mobility for this study is as follows: (1) low mobility – 1 move every 5.1 or more years (values .000-.167; N=616); (2) natural mobility – 1 move every 4-5 years (values .200-.250; N=119); and (3) high mobility – 1 move every 3.9 or less years (values .286-.833; N=176).

Table 4.7 depicts the number of HCV program recipients in the study sample that fell into the low, normal and high mobility categories. The majority of recipients (70.5%) are considered to have low mobility, followed by 17.6% of recipients who are considered to be highly mobile. In regard to race and gender, Black females experienced high mobility (30%) more than White females (18%), Black males (14.4%), and White males (8%). Alternatively, White males experienced low mobility (86.4%) more than Black males (74.8%), White females (71.2%), and Black females (49.6%).
### Table 4.7: Frequency distribution of low, normal and high residential mobility.

<table>
<thead>
<tr>
<th></th>
<th>Low Mobility f(%)</th>
<th>Normal Mobility f(%)</th>
<th>High Mobility f(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study Sample (N=1000)</td>
<td>705 (70.5%)</td>
<td>119 (11.9%)</td>
<td>176 (17.6%)</td>
</tr>
<tr>
<td>Black Females (N=250)</td>
<td>124 (49.6%)</td>
<td>51 (20.4%)</td>
<td>75 (30.0%)</td>
</tr>
<tr>
<td>White Females (N=250)</td>
<td>178 (71.2%)</td>
<td>27 (10.8%)</td>
<td>45 (18.0%)</td>
</tr>
<tr>
<td>Black Males (N=250)</td>
<td>187 (74.8%)</td>
<td>27 (10.8%)</td>
<td>36 (14.4%)</td>
</tr>
<tr>
<td>White Males (N=250)</td>
<td>216 (86.4%)</td>
<td>14 (5.6%)</td>
<td>20 (8.0%)</td>
</tr>
</tbody>
</table>

4.6 Change in Poverty

In order to explore the research question, “Does residential mobility of an HCV program recipient predict an experienced change in neighborhood poverty level from prêt to post-move residences,” I created the variable “change in poverty.” As stated in Chapter 3, change in poverty is the sum of the change in level of poverty with each move (+1.00 = move to lower-poverty neighborhoods; 0 = move to equal poverty neighborhoods; -1.00 = move to higher-poverty neighborhoods) divided by the number of moves. The equation involves a change in level of poverty as the numerator, and the number of moves as the denominator. Change in poverty is the dependent variable for this research question and incorporates the changes in level of poverty of neighborhoods while taking into account the number of times an HCV recipient has moved. Table 4.8 depicts the frequencies of the change in poverty variable.
<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
<th>Mean</th>
<th>Median</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty change</td>
<td>.041</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td>-1.00-+1.00</td>
</tr>
<tr>
<td>-1.00</td>
<td>71</td>
<td>7.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-0.67</td>
<td>1</td>
<td>0.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-0.50</td>
<td>18</td>
<td>1.8%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-0.40</td>
<td>1</td>
<td>0.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-0.33</td>
<td>7</td>
<td>0.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-0.25</td>
<td>2</td>
<td>0.2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.00</td>
<td>754</td>
<td>75.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.20</td>
<td>2</td>
<td>0.2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.25</td>
<td>2</td>
<td>0.2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.33</td>
<td>12</td>
<td>1.2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.50</td>
<td>17</td>
<td>1.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.67</td>
<td>4</td>
<td>0.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.00</td>
<td>109</td>
<td>10.9%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
<th>Mean</th>
<th>Median</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black females</td>
<td>.097</td>
<td>.000</td>
<td></td>
<td></td>
<td>-1.00-+1.00</td>
</tr>
<tr>
<td>Black males</td>
<td>.047</td>
<td>.000</td>
<td></td>
<td></td>
<td>-1.00-+1.00</td>
</tr>
<tr>
<td>White males</td>
<td>.023</td>
<td>.000</td>
<td></td>
<td></td>
<td>-1.00-+1.00</td>
</tr>
<tr>
<td>White females</td>
<td>.002</td>
<td>.000</td>
<td></td>
<td></td>
<td>-1.00-+1.00</td>
</tr>
</tbody>
</table>

Table 4.8: Frequency distribution for change in poverty.
The variable has a range from -1.00 to 1.00. A negative number indicates that after all moves, while in the program between 1999-2005, the HCV program recipient tended to reside in higher poverty neighborhoods when compared to their place of residence in 1999 or their initial place of residence (if entered the program after 1999). A positive number indicates that after all moves, while in the program between 1999-2005, the HCV program recipient tended to reside in lower poverty neighborhoods when compared to their place of residence in 1999 or their initial place of residence (if entered the program after 1999). The mean of this variable is .041, which indicates that after the change in poverty in neighborhoods with each residential move is taken into account (-1.00 for a move to higher poverty; +1.00 for a move to lower poverty; 0.00 for a equal poverty move), the recipients are moving to neighborhoods with lower levels of poverty.

Black females had the highest positive value of change in poverty (.097) indicating that after all of their moves while in the program between the years 1999-2005, they made moves to neighborhoods that had lower rates of poverty when compared to their initial place of residence. Additionally, Black males (.047), White males (.023), and White females (.002) all have positive values for change in poverty indicating that they moved to neighborhoods with lower rates of poverty when compared to their initial place of residence.

As Table 4.8 shows, the majority of this study sample (N=754; 75.4%) did not show an increase or decrease in level of poverty in neighborhoods. Such a number can be explained by one of two situations: (1) the HCV program recipients never moved; or (2) the HCV program recipient moved to an equal number of both higher and lower poverty neighborhoods that canceled each other out in the equation. Additionally, Table 4.8
shows that 10.9% (N=109) of the recipients moved to lower poverty neighborhoods (poverty change = -1.00), and 7.1% (N=71) moved to higher poverty neighborhoods (poverty change = +1.00).

4.7 Change in Percent Blacks & Change in Percent Whites

In order to answer the research question, “Does a recipient’s race predict an experienced change in racial composition in neighborhoods from pre to post-move residences,” a variable accounting for the changes in percent Blacks and changes in percent Whites in the recipients’ subsequent neighborhoods had to be determined, while taking into account the number of moves. The variable change in percent Blacks was calculated by determining whether a recipient moved to neighborhood with a higher percentage of Blacks than their pre-move neighborhood (+1.00), a lower percentage of Blacks than their pre-move neighborhood (-1.00) or whether they experienced no change in percentage of Blacks between their pre and post-move neighborhood (0). The values (-1.00; +1.00; 0) were then summed and divided by the number of moves experienced by the recipient. The same calculation was applied for percent change in Whites. The two equations involve a change in percent Blacks as the numerator and the number of moves as the denominator, and a change in percent Whites as the numerator and the number of moves as the denominator. As stated in Chapter 3, change in percent Whites and change in percent Blacks are two separate variables, which comprise the two dependent variables in the MANOVA analysis. Table 4.9 illustrates frequencies of the two variables.
<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
<th>Mean</th>
<th>Median</th>
<th>Std. Dev.</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in % Black</td>
<td>93</td>
<td>9.3%</td>
<td>-.015</td>
<td>.000</td>
<td>.434</td>
<td>-1.00-+1.00</td>
</tr>
<tr>
<td>-1.00</td>
<td>93</td>
<td>9.3%</td>
<td>-.015</td>
<td>.000</td>
<td>.434</td>
<td>-1.00-+1.00</td>
</tr>
<tr>
<td>-0.67</td>
<td>3</td>
<td>0.3%</td>
<td>-.015</td>
<td>.000</td>
<td>.434</td>
<td>-1.00-+1.00</td>
</tr>
<tr>
<td>-0.50</td>
<td>18</td>
<td>1.8%</td>
<td>-.015</td>
<td>.000</td>
<td>.434</td>
<td>-1.00-+1.00</td>
</tr>
<tr>
<td>-0.40</td>
<td>1</td>
<td>0.1%</td>
<td>-.015</td>
<td>.000</td>
<td>.434</td>
<td>-1.00-+1.00</td>
</tr>
<tr>
<td>-0.33</td>
<td>11</td>
<td>1.1%</td>
<td>-.015</td>
<td>.000</td>
<td>.434</td>
<td>-1.00-+1.00</td>
</tr>
<tr>
<td>-0.25</td>
<td>3</td>
<td>0.3%</td>
<td>-.015</td>
<td>.000</td>
<td>.434</td>
<td>-1.00-+1.00</td>
</tr>
<tr>
<td>-0.20</td>
<td>2</td>
<td>0.2%</td>
<td>-.015</td>
<td>.000</td>
<td>.434</td>
<td>-1.00-+1.00</td>
</tr>
<tr>
<td>0.00</td>
<td>760</td>
<td>76.0%</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td>0.00-1.00</td>
</tr>
<tr>
<td>0.25</td>
<td>1</td>
<td>0.1%</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td>0.00-1.00</td>
</tr>
<tr>
<td>0.33</td>
<td>8</td>
<td>0.8%</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td>0.00-1.00</td>
</tr>
<tr>
<td>0.50</td>
<td>17</td>
<td>1.7%</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td>0.00-1.00</td>
</tr>
<tr>
<td>0.67</td>
<td>1</td>
<td>0.1%</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td>0.00-1.00</td>
</tr>
<tr>
<td>1.00</td>
<td>82</td>
<td>8.2%</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td>0.00-1.00</td>
</tr>
</tbody>
</table>

| Black males               | .019      | .000   | .428 | -1.00-+1.00 |
| White females              | .015      | .000   | .399 | -1.00-+1.00 |
| White males                | -.011     | .000   | .351 | -1.00-+1.00 |
| Black females              | -.084     | .000   | .530 | -1.00-+1.00 |

| Change in % White          | 81        | 8.1%    | .018 | .000   | .434      | -1.00-+1.00 |
| -1.00                     | 81        | 8.1%    | .018 | .000   | .434      | -1.00-+1.00 |
| -0.67                     | 2         | 0.2%    | .018 | .000   | .434      | -1.00-+1.00 |
| -0.50                     | 16        | 1.6%    | .018 | .000   | .434      | -1.00-+1.00 |
| -0.33                     | 8         | 0.8%    | .018 | .000   | .434      | -1.00-+1.00 |
| -0.25                     | 1         | 0.1%    | .018 | .000   | .434      | -1.00-+1.00 |
| 0.00                      | 759       | 75.9%   | .018 | .000   | .434      | -1.00-+1.00 |
| 0.20                      | 2         | 0.2%    | .018 | .000   | .434      | -1.00-+1.00 |
| 0.25                      | 2         | 0.2%    | .018 | .000   | .434      | -1.00-+1.00 |
| 0.33                      | 11        | 1.1%    | .018 | .000   | .434      | -1.00-+1.00 |
| 0.40                      | 1         | 0.1%    | .018 | .000   | .434      | -1.00-+1.00 |
| 0.50                      | 20        | 2.0%    | .018 | .000   | .434      | -1.00-+1.00 |
| 0.67                      | 3         | 0.3%    | .018 | .000   | .434      | -1.00-+1.00 |
| 0.75                      | 1         | 1.0%    | .018 | .000   | .434      | -1.00-+1.00 |
| 1.00                      | 93        | 9.3%    | .018 | .000   | .434      | -1.00-+1.00 |

| Black females              | .062      | .000   | .543 | -1.00-+1.00 |
| White females              | .026      | .000   | .395 | -1.00-+1.00 |
| White males                | .004      | .000   | .351 | -1.00-+1.00 |
| Black males                | -.022     | .000   | .421 | -1.00-+1.00 |

Table 4.9: Frequency distribution of change in percent Blacks and change in percent Whites.
Both variables have a range from -1.00 to +1.00. A negative number indicates that after all moves, while in the program between 1999-2005, the HCV program recipient tended to reside in neighborhoods with lower percentages of the particular race (either White or Black) than when compared to their place of residence in 1999 or their initial place of residence (if entered the program after 1999). A positive number indicates that after all moves, while in the program between 1999-2005, the HCV program recipient tended to reside in neighborhoods with higher percentages of the particular race (either White or Black) when compared to their place of residence in 1999 or their initial place of residence (if entered the program after 1999).

The mean of change in percent Blacks is -0.015, which indicates that after the change in percent Blacks in neighborhoods with each residential move is taken into account (-1.00 for a move to lower percentages of Blacks; +1.00 for a move to higher percentages of Blacks; 0.00 for a move to equal percentages of Blacks), the recipients are moving to neighborhoods with lower percentages of Blacks. The mean of change in percent Whites is 0.016, which indicates after the change in percent Whites in neighborhoods with each residential move is taken into account (-1.00 for a move to lower percentages of Whites; +1.00 for a move to higher percentages of Whites; 0.00 for a move to equal percentages of Whites), the recipients are moving to neighborhoods with higher percentages of Whites.

Black males had the highest positive value of change in percent Black (.019) indicating that after all of their moves while in the program between the years 1999-2005, they made moves to neighborhoods that had higher percentages of Blacks when compared to their initial place of residence. Additionally, White males had a positive
number (.015) indicating they also moved to neighborhoods with higher percentages of Blacks. Black females (-.084) and White females (-.011) had negative numbers indicating that they move to neighborhoods with lower percentages of Blacks when compared to their initial place of residence. For change in percent Whites, Black females (.062), White females (.026) and White males (.004) had positive numbers in dictating they moved to neighborhoods with higher percentages of Whites when compared to their initial residence. Black males (-.022) moved to neighborhoods with lower percentages of Whites.

As Table 4.9 shows, the majority of this study sample (N=760; 76.0% for change in percent Black; N=759; 75.9% for change in percent White) did not show an increase or decrease in percentage of Blacks or Whites in neighborhoods. When summing all the positive and negative moves for change in percent Blacks, 13.1% of recipients are moving to neighborhoods with a lower percentage of Blacks and 10.9% are moving to neighborhoods with a higher percentage of Blacks. For change in percent Whites, 10.8% of recipients are moving to neighborhoods with a lower percentage of Whites and 3.6% are moving to neighborhoods with a higher percentage of Whites.

4.8 Reasons for Vacating a Residence

As stated above, the average number of years that a HCV program recipient remained in the program from the years 1999-2005 is 4.16 years, and the average number of moves while in the program is 0.58. There are numerous reasons for a program recipient to move to a new location and CMHA tracks the following reasons: (1) abate or cancel at annual review; (2) non-annual move; (3) emergency, housing quality standards (HQS) cancel; (4) death; (5) eviction; (6) fraud; (7) moving in program, non-annual; (8)
lack of HUD funds; (9) moving in place near annual; (10) over income; (11) port to another PHA; (12) resigned; (13) unknown; (14) violation of Section 8 rules; and (15) drugs/criminal acts. Table 4.10 illustrates the number of moves and the reasons for moving for the HCV program recipients in this study. As the table depicts, moving to a new location at the annual review, a violation of Section 8 rules, and an emergency removal due to housing quality standards not being up to par, are the three top reasons for the HCV program recipient to move to a new residence.
<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moving in place near annual</td>
<td>42</td>
<td>67.7%</td>
</tr>
<tr>
<td>Abate/Cancel annual review</td>
<td>9</td>
<td>14.5%</td>
</tr>
<tr>
<td>Unknown</td>
<td>5</td>
<td>8.1%</td>
</tr>
<tr>
<td>Violation of Section 8 rules</td>
<td>3</td>
<td>4.8%</td>
</tr>
<tr>
<td>Resigned</td>
<td>2</td>
<td>3.2%</td>
</tr>
<tr>
<td>Port to another PHA</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td>Moving in place near annual</td>
<td>72</td>
<td>43.3%</td>
</tr>
<tr>
<td>Emergency HQS cancel</td>
<td>51</td>
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<tr>
<td>Unknown</td>
<td>17</td>
<td>10.2%</td>
</tr>
<tr>
<td>Violation of Section 8 rules</td>
<td>8</td>
<td>4.8%</td>
</tr>
<tr>
<td>Abate/Cancel annual review</td>
<td>8</td>
<td>4.8%</td>
</tr>
<tr>
<td>Port to another PHA</td>
<td>4</td>
<td>2.4%</td>
</tr>
<tr>
<td>Eviction</td>
<td>3</td>
<td>1.8%</td>
</tr>
<tr>
<td>Death</td>
<td>1</td>
<td>0.6%</td>
</tr>
<tr>
<td>Fraud</td>
<td>1</td>
<td>0.6%</td>
</tr>
<tr>
<td>Resigned</td>
<td>1</td>
<td>0.6%</td>
</tr>
<tr>
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<td>47.7%</td>
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<tr>
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<td>4.7%</td>
</tr>
<tr>
<td>Abate/Cancel annual review</td>
<td>6</td>
<td>3.1%</td>
</tr>
<tr>
<td>Resigned</td>
<td>5</td>
<td>2.6%</td>
</tr>
<tr>
<td>Over income</td>
<td>3</td>
<td>1.6%</td>
</tr>
<tr>
<td>Death</td>
<td>2</td>
<td>1.0%</td>
</tr>
<tr>
<td>Eviction</td>
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<td>6.1%</td>
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<tr>
<td>Death</td>
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<td>2.7%</td>
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<td>Eviction</td>
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<td>0.7%</td>
</tr>
<tr>
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<td>89</td>
<td>41.4%</td>
</tr>
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Table 4.10: Number of moves for the HCV program recipient and reasons for moving.
Table 4.10 Continued

<table>
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<tr>
<td>Violation of Section 8 rules</td>
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<td>48</td>
</tr>
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<td>45</td>
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</tr>
<tr>
<td>Abate/Cancel annual review</td>
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<td>10</td>
</tr>
<tr>
<td>Resigned</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>Death</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>Fraud</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Port to another PHA</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Drug/Criminal acts</td>
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<td>2</td>
</tr>
<tr>
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</tr>
<tr>
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<td>27</td>
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<td>Moving in program non-annual</td>
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<td>Abate/Cancel annual review</td>
<td>17</td>
<td>10</td>
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<tr>
<td>Unknown</td>
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<td>9</td>
</tr>
<tr>
<td>Resigned</td>
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<td>11</td>
</tr>
<tr>
<td>Death</td>
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<td>9</td>
</tr>
<tr>
<td>Port to another PHA</td>
<td>7</td>
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</tr>
<tr>
<td>Over income</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Eviction</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Fraud</td>
<td>1</td>
<td>2</td>
</tr>
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<td>Vacate Code (2005) (N=176)</td>
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<td>Violation of Section 8 rules</td>
<td>48</td>
<td>48</td>
</tr>
<tr>
<td>Moving in place near annual</td>
<td>45</td>
<td>45</td>
</tr>
<tr>
<td>Moving in program non-annual</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td>Resigned</td>
<td>11</td>
<td>11</td>
</tr>
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<td>Abate/Cancel annual review</td>
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<td>Over income</td>
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<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Non-annual move</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
4.9 Research Question 1: Individual-Level Factors that Predict Mobility

Ordinary Least Squares (OLS) regression analysis was used to answer the first research question, “What individual-level factors predict residential mobility among the recipients of the Section 8 Housing Choice Voucher (HCV) program?” The independent variables include race, gender, age, number in family, annual income, increase in FMR, decrease in FMR, increase in TTP, and decrease in TTP. The dependent variable is residential mobility.

As the validity of the technique (OLS) is dependent on satisfying the basic assumptions, the following few paragraphs describe how the sample for this study fares against the basic assumptions of OLS multiple linear regression (Allison, 1999; Hair, et al., 1998).

4.9.1 OLS Multiple Linear Regression: Assumptions

The assumptions of a multivariate analysis involve two steps: (1) testing the individual independent and dependent variables; and (2) testing the overall relationship after the model has been estimated (Hair, et al., 1998). For testing the relationship between the independent and dependent variables, the following assumptions must be met: (1) Normality; (2) Homoscedasticity; and (3) Linearity (Hair, et al., 1998). To test the overall relationship the following assumptions must be met: (1) Linearity; (2) Homoscedasticity; (3) Independence of the residuals; and (4) Normality (Hair, et al., 1998). The assumptions for both the individual independent and dependent variables and for the overall relationship after the model has been estimated in regard to this study are discussed in the following paragraphs.
4.9.2 Independent and Dependent Variables & Overall Relationship: Normality

To meet the assumption of normality, the metric independent and dependent variables’ distributions should resemble a normal curve (Hair et al., 1998). To test the metric independent and dependent variables for normality, I used a visual test by examining the histograms, as well as a statistical test which calculates the $z$ values of both skewness and kurtosis. The critical value of $\pm 2.58$ was used for both skewness and kurtosis, which corresponds to a .01 probability level (Hair, et al., 1998). The results indicated that annual income and decrease in FMR did not meet the criteria of normality. Age, number in family, increase in FMR, increase in TTP, decrease in TTP, and residential mobility did meet the criteria for normality. Table 4.11 illustrates the skewness and kurtosis values for each variable.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Skewness</th>
<th>Kurtosis</th>
<th>Normality ($\pm 2.58$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>0.76</td>
<td>0.21</td>
<td>Yes</td>
</tr>
<tr>
<td>Number in Family</td>
<td>1.46</td>
<td>2.20</td>
<td>Yes</td>
</tr>
<tr>
<td>Annual Income</td>
<td>1.47</td>
<td>3.64</td>
<td>No</td>
</tr>
<tr>
<td>Increase in FMR</td>
<td>0.78</td>
<td>-0.49</td>
<td>Yes</td>
</tr>
<tr>
<td>Decrease in FMR</td>
<td>3.12</td>
<td>10.95</td>
<td>No</td>
</tr>
<tr>
<td>Increase in TTP</td>
<td>0.67</td>
<td>-0.51</td>
<td>Yes</td>
</tr>
<tr>
<td>Decrease in TTP</td>
<td>1.06</td>
<td>0.48</td>
<td>Yes</td>
</tr>
<tr>
<td>Residential Mobility</td>
<td>1.42</td>
<td>1.32</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Table 4.11 Skewness and kurtosis for the independent and dependent metric variables.
Transformations were made for annual income and decrease in FMR due to their non-normal distribution. A square root transformation of the variable “annual income” was preformed, which resulted in a skewness value of -.32 and a new kurtosis value of .38 illustrating a normal distribution. Additionally, a square root transformation of the variable “decrease in FMR” was preformed, which resulted in a skewness value of 2.68 and a kurtosis value of 5.80. Although the transformed values still demonstrate a non-normal distribution, the transformed variable is closer to normality.

The normality of the overall relationship was determined with a visual check of the histogram of residuals and the normal probability plot (Appendix E), comparing the actual data values with a normal distribution (Hair et al., 1998). Based on the histogram and normal probability plot, a peaked distribution was noted with a slight positive skewness.

4.9.3 Independent and Dependent Variables & Overall Relationship:

Homoscedasticity

The assumption of homoscedasticity requires that the dependent variable have equal levels of variance across the independent variables versus having the variance of the dependent variable concentrated in only one or a few of the independent variables (Hair, et al., 1998). A visual examination of a graphical plot of the residuals is used to test for homoscedasticity. I analyzed the partial regression plots, which plotted the residuals of the independent variable against the dependent variable in separate plots. The
partial regression plots for all nine independent variables revealed variance that was constant with no prominent shapes noted, which indicates that the sample does meet the assumption of homoscedasticity (Hair et al., 1998).

4.9.4 Independent and Dependent Variables & Overall Relationship: Linearity

The assumption of linearity indicates that the values will fall in a straight line with a constant unit change in the independent variable resulting in a unit change in the dependent variable (Hair et al., 1998). As with homoscedasticity, partial regression plots are examined for linearity for either a linear pattern or a curvilinear pattern. Upon examination of the partial regression plots of each of the nine independent variables, all independent variables were found to be linear with the dependent variable. No curvilinear patterns were identified (Hair et al., 1998). In regard to the overall relationship, the residual plot was used to examine linearity of the residuals. Again, the residuals tend to follow in a linear direction with no curvilinear pattern noted.

4.9.5 Overall Relationship: Independence of the Residuals

The assumption of independence of the residual refers to the independence of each predicted value or it’s nonrelationship with any other predicted value that is sequence in nature (Hair et al., 1998). For this study, none of the independent variables are sequential in nature. All variables measure one moment in time.

4.9.6 Testing for Multicollinearity

Multiple regression appears to be the appropriate model to use with this study sample based on the research question and on the above assumptions. Before reporting the results of the OLS multiple linear regression, the correlations between the
independent variables are examined to determine if there is a presence of multicollinearity. I examined the correlation matrix looking for correlations of .90 or greater, which would indicate that multicollinearity is present (Hair et al., 1998). The correlation matrix showed that none of the independent variables were correlated at .90 or greater demonstrating that multicollinearity is not present.

Additionally, the tolerance value and variance inflation factor (VIF) are examined as they are additional measures of multicollinearity. The tolerance value and VIF report the degree that an independent variable is explained by another independent variable (Hair et al., 1998). Hair et al., (1998) suggest a cutoff value of tolerance at .10 and VIF value above 10. For this particular model, the tolerance statistics remained above 0.10 with a range from 0.471 - 0.932, and the VIF value remained below 10 with a range from 1.073 – 2.122 both indicating that multicollinearity is not present in this model.

4.9.7 Factors that Predict Mobility: Regression Model

The results of the first research question, “what individual-level factors predict residential mobility among the HCV program recipients” are presented in Table 4.12. Residential mobility, as the dependent variable, was constructed by dividing the number of moves a recipient made between the years 1999-2005 by the total number of years they were in the program. The independent variables were entered into the model using the SPSS “Enter” method. The overall regression model is significant (p<.01). As Table 4.12 illustrates 45.6% of the variance in residential mobility is explained by the following variables: age, race, gender, number in family, increase in TTP, increase in FMR, and decrease in FMR. The linear equation is as follows:
Residential mobility (predicted) = .140 + .034(race) - .002(age) - .039 (gender) + .008(number in family) + .016 (increase in TTP) + .024 (increase in FMR) + .160 (decrease in FMR).

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race (Black = 1)</td>
<td>.034</td>
<td>.010</td>
<td>.098*</td>
</tr>
<tr>
<td>Age</td>
<td>-.002</td>
<td>.000</td>
<td>-.181**</td>
</tr>
<tr>
<td>Gender (Male = 1)</td>
<td>-.039</td>
<td>.010</td>
<td>-.115**</td>
</tr>
<tr>
<td>Number in Family</td>
<td>.008</td>
<td>.004</td>
<td>.074*</td>
</tr>
<tr>
<td>Annual Income</td>
<td>-6.0E-005</td>
<td>.000</td>
<td>-.015</td>
</tr>
<tr>
<td>Increase in TTP</td>
<td>.016</td>
<td>.005</td>
<td>.125**</td>
</tr>
<tr>
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<td>.007</td>
<td>.021</td>
</tr>
<tr>
<td>Increase in FMR</td>
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<td>.135**</td>
</tr>
<tr>
<td>Decrease in FMR</td>
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<td>.212**</td>
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<td>.456</td>
</tr>
</tbody>
</table>

Note. B= unstandardized regression coefficients; SE B = standard error; and Beta = standardized regression coefficients. *p<.05; **p<.01

Table 4.12: Summary of OLS regression analysis for variables predicting residential mobility (N=1000)
In regard to the coefficients, race, age, gender, increase in TTP, increase in FMR, and decrease in FMR are all significant at p<.01. Additionally, number in family is significant at p<.05. The influence of race is positive indicating that being a Black recipient was associated with an increase of residential mobility by .034. The direction of the influence for age is negative indicating that for every one year increase, residential mobility is decreased by -.002. The influence of gender is negative indicating that being a female recipient was associated with an increase in residential mobility by .101. For each additional increase to number in family residential mobility is increased by .008. For each additional increase in TTP residential mobility is increased by .016. Lastly, for each additional increase in FMR residential mobility is increased by .024 and for each additional decrease in FMR residential mobility is increased by .160.

The standardized regression coefficients indicate that a decrease in FMR has the greatest influence on residential mobility (β = .212) followed by age (β = -.181), an increase in FMR (β = .135), an increase in TTP (β = .125), gender (β = -.115), race (β = .098), and number in family (β = .074).

4.10 Research Question 2: Relationship between Residential Mobility and Change in Poverty

Ordinary Least Squares (OLS) analysis was used to answer the second research question, “Does residential mobility of an HCV program recipient predict an experienced change in neighborhood poverty level from pre to post-move residences?” The independent variables include residential mobility, age, race, gender, number in family, and annual income. The dependent variable is change in poverty, which was constructed by dividing the sum of the change in percent poverty experienced with each move while
in the program from 1999-2005 by the total number of moves while in the program. As mentioned above the validity of the technique (OLS) is dependent on satisfying the basic assumptions, the following few paragraphs describe how the sample for this study fares against the basic assumptions of OLS multiple linear regression (Allison, 1999; Hair, et al., 1998).

4.10.1 Independent and Dependent Variables & Overall Relationship: Normality

To test the metric independent and dependent variables for normality, I used a visual test by examining the histograms, as well as a statistical test which calculates the $z$ values of both skewness and kurtosis. The critical value of $\pm 2.58$ was used for both skewness and kurtosis, which corresponds to a .01 probability level (Hair, et al., 1998). The results indicated that annual income did not meet the criteria of normality. Age, number in family, residential mobility, and change in poverty did meet the criteria for normality. Table 4.13 illustrates the skewness and kurtosis values for each variable.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Skewness</th>
<th>Kurtosis</th>
<th>Normality ($\pm 2.58$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>0.93</td>
<td>0.41</td>
<td>Yes</td>
</tr>
<tr>
<td>Number in Family</td>
<td>0.97</td>
<td>0.91</td>
<td>Yes</td>
</tr>
<tr>
<td>Annual Income</td>
<td>1.36</td>
<td>2.89</td>
<td>No</td>
</tr>
<tr>
<td>Residential Mobility</td>
<td>1.04</td>
<td>.70</td>
<td>Yes</td>
</tr>
<tr>
<td>Change in Poverty</td>
<td>-0.18</td>
<td>-1.01</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Table 4.13: Skewness and kurtosis for independent and dependent metric variables.
A transformation was made for annual income due to its non-normal distribution. A square root transformation of the variable “annual income” was performed, which resulted in a skewness value of -.34 and a new kurtosis value of .53 illustrating a normal distribution.

The normality of the overall relationship was determined with a visual check of the histogram of residuals and the normal probability plot (Appendix F), comparing the actual data values with a normal distribution (Hair et al., 1998). Based on the histogram and normal probability plot, a nonpeaked distribution was noted.

4.10.2 Independent and Dependent Variables & Overall Relationship:

Homoscedasticity

A visual examination of a graphical plot of the residuals is used to test for homoscedasticity. I analyzed the partial regression plots, which plotted the residuals of the independent variable against the dependent variable in separate plots. The partial regression plots for all six independent variables revealed variance that was constant with no prominent shapes noted, which indicates that the sample does meet the assumption of homoscedasticity (Hair et al., 1998).

4.10.3 Independent and Dependent Variables & Overall Relationship: Linearity

As with homoscedasticity, partial regression plots are examined for linearity for either a linear pattern or a curvilinear pattern. Upon examination of the partial regression plots of each of the six independent variables, all independent variables were found to be linear with the dependent variable. No curvilinear patterns were identified (Hair et al.,
In regard to the overall relationship, the residual plot was used to examine linearity of the residuals. Again, the residuals tend to follow in a linear direction with no curvilinear pattern noted.

4.10.4 Overall Relationship: Independence of the Residuals

The assumption of independence of the residual refers to the independence of each predicted value or its nonrelationship with any other predicted value that is sequence in nature (Hair et al., 1998). For this study, none of the independent variables are sequential in nature. All variables measure one moment in time.

4.10.5 Testing for Multicollinearity

Multiple regression appears to be the appropriate model to use with this study sample based on the research question and on the above assumptions. Before reporting the results of the OLS multiple linear regression, the correlations between the independent variables are examined to determine if there is a presence of multicollinearity. I examined the correlation matrix looking for correlations of .90 or greater, which would indicate that multicollinearity is present (Hair et al., 1998). The correlation matrix showed that none of the independent variables were correlated at .90 or greater demonstrating that multicollinearity is not present. For this particular model, the tolerance statistics remained above 0.10 with a range from 0.695 - 0.952, and the VIF value remained below 10 with a range from 1.050 – 1.440 both indicating that multicollinearity is not present in this model.
4.10.6 Relationship between Residential Mobility and Change in Poverty:

Regression Model

The results of the second research question, “does residential mobility of an HCV program recipient predict an experienced change in neighborhood poverty level from pre to post-move residences” are presented in Table 4.14. For this particular question only those recipients who were mobile from 1999-2005 were included in the analysis as 616 recipients never made a move while in the program. Therefore to determine if residential mobility predicts a change in poverty, only those recipients who are mobile (N=384) should be included.

The independent variables were entered into the model using the SPSS “Enter” method. The overall regression model is significant (p<.01). As Table 4.14 illustrates, 20.4% of the variance in change in poverty is explained by age and race. The linear equation is as follows:

\[
\text{Change in poverty (predicted) = -.287 + .165(race) + .007(age).}
\]
<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race (Black = 1)</td>
<td>.165</td>
<td>.075</td>
<td>.115*</td>
</tr>
<tr>
<td>Age</td>
<td>.007</td>
<td>.003</td>
<td>.146**</td>
</tr>
<tr>
<td>Gender (Male = 1)</td>
<td>-.046</td>
<td>.079</td>
<td>-.031</td>
</tr>
<tr>
<td>Number in Family</td>
<td>-.022</td>
<td>.026</td>
<td>-.052</td>
</tr>
<tr>
<td>Annual Income</td>
<td>.001</td>
<td>.001</td>
<td>.079</td>
</tr>
<tr>
<td>Residential Mobility</td>
<td>-.178</td>
<td>.251</td>
<td>-.037</td>
</tr>
<tr>
<td>Constant</td>
<td>-.287</td>
<td></td>
<td></td>
</tr>
<tr>
<td>R²</td>
<td></td>
<td></td>
<td>.204</td>
</tr>
</tbody>
</table>

Note. b= unstandardized regression coefficients; SE B = standard error; and Beta = standardized regression coefficients.  
*p<.05; **p<.01

Table 4.14: Summary of OLS regression analysis for variables predicting change in poverty (N=384).

In regard to the coefficients, race is significant at p < .05. Additionally, age is significant at p<.01. Again, positive values on change in poverty indicate that recipients have moved to lower-poverty neighborhoods on average, negative values on change in poverty indicate that recipients have moved to higher-poverty neighborhoods on average, and a zero value indicates that a recipient moved to neighborhoods with the same rate of poverty as their pre-move neighborhood. The influence of race is positive indicating that being a Black recipient was associated with an increase in score on change of poverty by
.165. The direction of the influence for age is positive indicating that for one year increase in age, the score on change in poverty increased by .007. Residential mobility is not significant in this model.

The standardized regression coefficients indicate that an increase in age has the greatest influence on change in poverty (β = .146) followed by race (β = .115).

4.11 Research Question 3: Relationship between Recipient’s Race and Racial Composition in Neighborhoods

Multiple Analysis of Variance (MANOVA) was used to answer the third research question, “Does a recipient’s race predict an experienced change in racial composition in neighborhoods from pre to post-move residences?” The independent variables include race, age, gender, number in family, and annual income. The racial composition of neighborhoods is measured by two dependent variables, which include change in percent Blacks and change in percent Whites. Again, change in percent Black is constructed by first determining whether a recipient made a move to a neighborhood with higher percentages of Blacks than their pre-move neighborhood (+1.00), made a move to a neighborhood with a lower percentage of Blacks than their pre-move neighborhood (-1.00) or a move to a neighborhood with an equivalent percentage of Blacks (0). The values (+1.00; -1.00; 0) are determined for each move made by the recipient during the years 1999-2005. The sum of values (+1.00; -1.00; 0) are calculated and divided by the total number of moves the recipient made from 1999-2005. Change in percent Whites is calculated in an identical way, yet considering the percent of Whites in neighborhoods.
As the validity of the technique (MANOVA) is dependent on satisfying the basic assumptions, the following few paragraphs describe how the sample for this study fares against the basic assumptions of MANOVA (Hair, et al., 1998, Bray & Maxwell, 1985).

**4.11.1 MANOVA: Assumptions**

The basic assumptions of MANOVA include the following: (1) units are randomly sampled from the population of interest; (2) observations are statistically independent of one another; (3) The dependent variables have a multivariate normal distribution within each group; and (4) the population covariance matrices for the $p$ dependent variables are equal (Bray & Maxwell, 1985, p. 32; Stevens, 2002, p. 257). Each of the assumptions is discussed below as they relate to this study.

**Random Sample.** This assumption states that the study sample is randomly selected from the population of interest (Bray & Maxwell, 1985). As discussed in Chapter 3, the sample for this study was sampled through a stratified random sample. The sample consists of Black females (N=250); White females (N=250); Black males (N=250); and White males (N=250). From this stratified random sample, only those recipients who were mobile during the years 1999-2005 were extracted and an additional stratified random sample was selected to include the following: Black females (N=55); White females (N=55); Black males (N=55); and White males (N=55).

**Observations are Statistically Independent.** This assumption states that the dependent variables should be independent of one another (Stevens, 2002; Hair et al., 1998; Bray & Maxwell, 1985). The construct for this analysis includes racial composition of neighborhoods, which is comprised of two variables; change in percent Blacks and change in percent Whites. The two variables, change in percent Whites and change in
percent Blacks, are highly correlated at -.87, yet 24% of the variance in each variable is not explained by the other. Although the observations of change in percent Blacks and change in percent Whites are related, they are independent of one another; one does not preclude, follow, or depend on the other.

*Multivariate Normal Distribution.* Testing the multivariate normal distribution is a difficult task as it assumes that “the joint effect of two variables is normally distributed”, and “there is no direct test for multivariate normality “(Hair et al., 2002, p. 349). One way to begin to test for multivariate normality is to test for univariate normality of each dependent variable as a multivariate normal distribution requires that each of the variables be normally distributed (Stevens, 2002). As Hair et al. (2002) states, “although univariate normality does not guarantee multivariate normality, if all variables meet this requirement, then any departures from multivariate normality are usually inconsequential.” (p. 349).

To test the metric dependent variables for normality, I used a statistical test which calculates the z values of both skewness and kurtosis. The critical value of ± 2.58 was used for both skewness and kurtosis, which corresponds to a .01 probability level (Hair, et al., 1998). The results indicated that both change in percent Blacks and change in percent Whites met the criteria of normality. Table 4.15 illustrates the skewness and kurtosis values for each variable.
<table>
<thead>
<tr>
<th>Variable</th>
<th>Skewness</th>
<th>Kurtosis</th>
<th>Normality (± 2.58)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in percent Blacks</td>
<td>-.080</td>
<td>-1.113</td>
<td>Yes</td>
</tr>
<tr>
<td>Change in percent Whites</td>
<td>-.099</td>
<td>-1.106</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Table 4.15: Skewness and kurtosis for dependent metric variables.

*Equal Population Covariance Matrices.* This assumption involves two criteria: (1) the ANOVA homogeneity of variance assumption must be met for each dependent variable; and (2) The correlation between any two dependent variables must be the same in all $k$ groups (Bray & Maxwell, 1985, p. 33). One statistic available to test for the equality of covariance matrices through SPSS is Box’s M where a significant test indicates that the assumption has not been met. For this study, Box’s M is indeed significant indicating that the assumption of homogeneity of the covariance matrices was not met. Although this assumption was not met, Steven’s (2002) states “as long as the group sizes are approximately equal, $F$ is robust” (p. 268). According to Hair et al. (1998), “a violation of this assumption has minimal impact if the groups are of approximately equal size” (p. 348). As stated earlier, this study does involve equal group sizes (Blacks, N=110; Whites, N=110). Additionally, Steven’s (2002) states, “if the Box test is significant with equal $n$’s, then, although the Type I error rate will be only slightly affected, power will be attenuated to some extent” (p. 278).
Additionally, the Levene’s test of equality of error variances is a test to determine “if the variance of each dependent variable is the same as the variance for all other dependent variable” (George & Mallery, 2003, p. 304). A significant test reveals that the variances are indeed the same. The Levene’s test of equality of error variances for this analysis revealed that the variances of the dependent variables are not the same as the test was not significant.

4.11.2 Relationship between Recipient’s Race and Racial Composition in Neighborhoods

The results of the third research question, “does a recipient’s race predict an experienced change in racial composition in neighborhoods from pre to post-move residences” are presented in Table 4.16 and Table 4.17. For the multivariate test, the results indicate that while controlling for number in family, annual income, age, and gender, race does not predict change in racial composition in neighborhoods. The multivariate tests of significance, Pillai’s Trace, Wilks’ Lambda, Hotelling’s Trace, and Roy’s Largest Root, are only significant for annual income (F (2, 212) = 4.681, p<.01). Race, age, gender, number in family, and the interaction between race and gender are not significant. Table 4.16 illustrates the results from the multivariate test.
<table>
<thead>
<tr>
<th>Variable</th>
<th>df (H)</th>
<th>df(error)</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number in Family</td>
<td>2</td>
<td>212</td>
<td>.425</td>
</tr>
<tr>
<td>Annual Income</td>
<td>2</td>
<td>212</td>
<td>4.681**</td>
</tr>
<tr>
<td>Age</td>
<td>2</td>
<td>212</td>
<td>-2.497</td>
</tr>
<tr>
<td>Race</td>
<td>2</td>
<td>212</td>
<td>.526</td>
</tr>
<tr>
<td>Gender</td>
<td>2</td>
<td>212</td>
<td>.894</td>
</tr>
<tr>
<td>Race*Gender</td>
<td>2</td>
<td>212</td>
<td>1.847</td>
</tr>
</tbody>
</table>

Note. = df(H) = Hypothesis degrees of freedom; df(error) = Error degrees of freedom. *p<.05; **p<.01

Table 4.16: Summary of multivariate test for recipients’ race and change in racial composition (N=220).

The univariate results in regard to race reveal that race is not significant for a change in percent Blacks, or for a change in percent Whites when controlling for number in family, annual income, age, and gender. The results reveal that annual income is significant in predicting both change in percent Whites (F(1, 213) = 8.154, p<.01), and change in percent Blacks (F(1, 213) = 9.268, p<.01), and age is significant in predicting change in percent Blacks (F(1, 213) = 4.937, p<.05). Annual income explains 4.2% of the variance in change in percent Blacks, and 3.7% of the variance in change in percent Whites. Age explains 2.3% of the variance in change in percent Blacks. Number in
family, race, gender, and the interaction of race and gender were not significant on either change in percent Blacks or change in percent Whites. Table 4.17 illustrates the results from the univariate tests.

<table>
<thead>
<tr>
<th>Source (mean square errors)</th>
<th>df</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number in Family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in Percent Whites (.396)</td>
<td>1</td>
<td>0.825</td>
</tr>
<tr>
<td>Change in Percent Blacks (.366)</td>
<td>1</td>
<td>0.774</td>
</tr>
<tr>
<td>Annual Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in Percent Whites (3.912)</td>
<td>1</td>
<td>8.154**</td>
</tr>
<tr>
<td>Change in Percent Blacks (4.383)</td>
<td>1</td>
<td>9.268**</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in Percent Whites (1.590)</td>
<td>1</td>
<td>3.314</td>
</tr>
<tr>
<td>Change in Percent Blacks (2.335)</td>
<td>1</td>
<td>4.937*</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in Percent Whites (.101)</td>
<td>1</td>
<td>0.211</td>
</tr>
<tr>
<td>Change in Percent Blacks (.334)</td>
<td>1</td>
<td>0.707</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in Percent Whites (.794)</td>
<td>1</td>
<td>1.655</td>
</tr>
<tr>
<td>Change in Percent Blacks (.430)</td>
<td>1</td>
<td>0.909</td>
</tr>
<tr>
<td>Race*Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in Percent Whites (.411)</td>
<td>1</td>
<td>0.856</td>
</tr>
<tr>
<td>Change in Percent Blacks (1.236)</td>
<td>1</td>
<td>2.613</td>
</tr>
<tr>
<td>Error</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in Percent Whites (.480)</td>
<td>213</td>
<td></td>
</tr>
<tr>
<td>Change in Percent Blacks (.473)</td>
<td>213</td>
<td></td>
</tr>
</tbody>
</table>

Note. = Values enclosed in parentheses represent mean square errors.  
*p<.05; **p<.01

Table 4.17: Summary of univariate tests for recipients’ race and change in racial composition (N=220).
The results from the quantitative analyses reveal that 45.6% of the variance in residential mobility can be explained by race, age, gender, number in family, increase in TTP, increase in FMR, and decrease in FMR. Residential mobility was not found to predict a change in poverty in neighborhoods. Race and age did explain 20.4% of the variance in change in poverty in neighborhoods. Lastly, race does not predict a change in racial composition in neighborhoods. Annual income was shown to be the only predictor of racial change in neighborhoods.

To further understand residential mobility, individual interviews were conducted with twelve current HCV program recipients. The interviews explored the recipients’ decision-making process in locating and obtaining housing and experiences in residential mobility, and with the HCV program. The individual interviews will be discussed in detail below with a proposed model of their experienced decision-making process in locating and obtaining housing.

4.12 Decision-Making Process of Recipients

The decision-making process of twelve HCV program recipients, who are currently receiving services through CMHA, was examined through individual interviews. The interviews took place at CMHA in a designated room that provided privacy to the recipients. The interviews lasted between 20-35 minutes and were audio taped with the written consent of each of the recipients. Table 4.18 illustrates the basic demographics of the twelve recipients that participated in the individual interviews.
The individual interviews took place with 8 Blacks and 6 Whites, 10 females and 4 males (Table 4.18). Such a selection of Blacks and Whites, males and females allowed for an exploration of shared experiences of recipients who are most likely to represent the recipients of the HCV program at CMHA. The average number in family for the twelve recipients was 3.2, and the average number of years in the program was 4.4 years. Eleven of the recipients were single and 1 couple was married. Eight of the recipients were employed and 4 were not employed. Ten of the recipients were renting Section 8 housing and 2 recipients were participating in the homeownership program. The average number of moves for the twelve recipients was 2, yet increased to 2.7 moves when taking into account only those recipients who have been in the HCV program one year or longer.
<table>
<thead>
<tr>
<th>ID</th>
<th>Race</th>
<th>Gender</th>
<th>Number in family</th>
<th>Number of years in program</th>
<th>Marital Status</th>
<th>Employed</th>
<th>Rent/Own</th>
<th>Number of Moves</th>
</tr>
</thead>
<tbody>
<tr>
<td>001</td>
<td>Black</td>
<td>Female</td>
<td>3</td>
<td>13</td>
<td>Single</td>
<td>Yes</td>
<td>Own</td>
<td>6</td>
</tr>
<tr>
<td>002</td>
<td>Black</td>
<td>Female</td>
<td>6</td>
<td>7</td>
<td>Single</td>
<td>Yes</td>
<td>Rent</td>
<td>5</td>
</tr>
<tr>
<td>003</td>
<td>Black</td>
<td>Female</td>
<td>3</td>
<td>8</td>
<td>Single</td>
<td>Yes</td>
<td>Own</td>
<td>2</td>
</tr>
<tr>
<td>004</td>
<td>White</td>
<td>Male</td>
<td>2</td>
<td>2</td>
<td>Single</td>
<td>Retired</td>
<td>Rent</td>
<td>0</td>
</tr>
<tr>
<td>005</td>
<td>Black</td>
<td>Female</td>
<td>3</td>
<td>5</td>
<td>Single</td>
<td>Yes</td>
<td>Rent</td>
<td>3</td>
</tr>
<tr>
<td>006</td>
<td>Black</td>
<td>Female</td>
<td>3</td>
<td>8</td>
<td>Single</td>
<td>Yes</td>
<td>Rent</td>
<td>4</td>
</tr>
<tr>
<td>007</td>
<td>White</td>
<td>Female</td>
<td>3</td>
<td>&lt;1</td>
<td>Single</td>
<td>No</td>
<td>Rent</td>
<td>0</td>
</tr>
<tr>
<td>008</td>
<td>White</td>
<td>Female</td>
<td>2</td>
<td>2 ½</td>
<td>Single</td>
<td>Yes</td>
<td>Rent</td>
<td>0</td>
</tr>
<tr>
<td>009</td>
<td>White</td>
<td>Female</td>
<td>2</td>
<td>&lt;1</td>
<td>Single</td>
<td>No</td>
<td>Rent</td>
<td>0</td>
</tr>
<tr>
<td>010</td>
<td>Black</td>
<td>Male/Female</td>
<td>6</td>
<td>5</td>
<td>Married</td>
<td>Yes</td>
<td>Rent</td>
<td>4</td>
</tr>
<tr>
<td>011</td>
<td>Black</td>
<td>Male</td>
<td>1</td>
<td>2</td>
<td>Single</td>
<td>No</td>
<td>Rent</td>
<td>0</td>
</tr>
<tr>
<td>012</td>
<td>White</td>
<td>Male/Female</td>
<td>4</td>
<td>&lt;1</td>
<td>Single</td>
<td>Yes</td>
<td>Rent</td>
<td>0</td>
</tr>
</tbody>
</table>

Total: 8-Blacks 6-Whites 10-Females 4-Males

\[ \bar{X} = 3.2 \quad \bar{X} = 4.4 \]

11-Single 1-Married 8-Yes 4-No

10-Rent 2-Own

\[ \bar{X} = 2 \]

Table 4.18: Demographics of the twelve HCV program recipients who participated in individual interviews.
4.13 Decision-Making Process of Recipients: Data Analysis

In order to explore the decision-making process of the HCV program recipients, I transcribed each of the twelve audio taped interviews and imported them into Nvivo 2.0 for analysis. As described in detail in Chapter 3, I used grounded theory to guide the analysis, which focuses on three specific types of analysis: (1) open coding; (2) axial coding; and (3) selecting coding (Strauss & Corbin, 1998).

4.13.1 Data Analysis: Open Coding

Open coding began when the twelve transcriptions were imported into Nvivo 2.0. Each transcription was read line-by-line and as concepts were identified, they were given a name that specifically described the concept. Each event, behavior, feeling, attitude and want were coded as concepts. Multiple dimensions of a concept were coded, such as “benefits of Section 8” and “barriers of Section 8”; “moving up” and “starting at rock bottom.” The open coding (line-by-line coding) of the twelve transcriptions yielded 108 nodes or concepts.

4.13.2 Data Analysis: Axial Coding & Selective Coding

Once the open coding was complete, I had to analyze the 108 concepts (nodes) to combine, relate or connect the concepts to their subcategories (Strauss & Corbin, 1998). As described in Chapter 3, Strauss & Corbin (1990) identify six categories that should emerge from the data analysis with one leading to the next: (1) casual conditions; (2) phenomenon; (3) strategies; (4) intervening conditions; (5) action/interaction; and (6)
consequences. Using these six categories, I connected, related, and refined the 108 concepts or nodes into 8 subcategories that could be placed under at least one of the six categories described by Strauss & Corbin (1990).

Selective coding is the last step in the analysis where the researcher refines the theory, particularly by selecting the central core category that encompasses all the other related categories, referred to as the central phenomenon (Strauss & Corbin, 1998). During the axial coding phase, several central phenomenons emerge from the data. In this particular study the following phenomenon that emerged from the data are as follows: (1) decision-making process of HCV program recipients in regard to obtaining a house; (2) the experience of the HCV program recipient in the Section 8 program; (3) HCV program recipients evaluating and specifying their wants in regard to housing; and (4) reasons why HCV program recipients move from one location to another. The central core phenomenon that emerged and was the focus of this study was the “decision-making process of HCV program recipients in obtaining housing.” Thus, Table 4.19 details the axial coding for this particular phenomenon.
<table>
<thead>
<tr>
<th>Type of category</th>
<th>Description of category</th>
<th>Example from study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Causal conditions</td>
<td>The casual factors that influence the central phenomenon</td>
<td>1. Being on a waiting list</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Experience in residences prior to Section 8 program</td>
</tr>
<tr>
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<td>3. Obtaining a Section 8 voucher</td>
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<td>4. Evaluation/Specification of “wants” In regard to:</td>
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<td>a. neighborhood</td>
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<td>b. for child(ren)</td>
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<td>c. unit specific</td>
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<td>d. future wants</td>
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<tr>
<td>Phenomenon</td>
<td>The main concept under study</td>
<td>1. “Decision-making process in obtaining a Section 8 home”</td>
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<tr>
<td>Strategies</td>
<td>The strategies in reaching the phenomenon.</td>
<td>1. Evaluation/Specification of “wants” (same as above)</td>
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<td>2. Search for home based on predetermined wants</td>
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<td>Context</td>
<td>The setting in which the strategies take place</td>
<td>1. Under Section 8 umbrella (program rules and regulations)</td>
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<td>a. time constraints</td>
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<td>b. housing quality standards</td>
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<td>c. private market (landlords)</td>
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<tr>
<td>Intervening conditions</td>
<td>The conditions that mediate the strategies from impacting the phenomenon</td>
<td>1. Time Constraint (90 days)</td>
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<td>2. Landlords</td>
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<td>3. Difficulty in finding housing</td>
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<tr>
<td>Action/Interaction</td>
<td>The action steps taken to approach the phenomenon</td>
<td>1. Talk to people</td>
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<td>2. Searching tools</td>
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<td>3. Sell the program/yourself as a renter</td>
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<td>4. Re-evaluate/compromise wants</td>
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<td>Consequences</td>
<td>The consequences of the actions or interactions</td>
<td>1. Obtain a home and stay</td>
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<td>2. Obtain a home and later repeat the process</td>
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<td>3. Lose a voucher (leave the program)</td>
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Table 4.19: Illustration of axial coding.

Chart is modified from Gibbs (2002, p. 171).
4.14 Decision-Making Process Model

A decision-making process model for the HCV program recipients in this study was developed after the open, axial and selective coding portions of the analysis were complete. The model reflects the axial coding description in Table 4.19 in the sense that the central phenomenon is the decision-making process and the model illustrates the causal conditions, strategies, context, intervening conditions, actions/interactions/ and consequences. The model yields six emergent themes or concepts that explain the decision-making process. The six themes are as follows: (1) Experience in residence prior to the HCV program; (2) Evaluation/Specification of “wants” (in regard to a home); (3) Search for home based on pre-determined “wants”; (4) Outcome of home search; (5) Unforeseen circumstances or unplanned or planned events; (6) Re-evaluation Re-specification of “wants”. Figure 4.1 illustrates the Decision-Making Process Model of HCV program recipients in finding an HCV program home.
Figure 4.1: Decision-making process of the 12 HCV program recipients.
As the model illustrates, the HCV program recipient starts the decision-making process in finding an HCV program home by (2) evaluating and specifying what they would like in a home or neighborhood. Such wants are often influenced by (1) the HCV program recipient’s experiences in housing and neighborhoods prior to entering the program. The wants can be categorized into four subgroups of wants: (2a) neighborhood wants; (2b) wants for child (ren); (2c) unit specific wants; and (2d) future wants. Once the wants are specified, the search process begins.

During the search process (3) the HCV program recipient is responsible for finding a unit that is Section 8 eligible and meets the housing quality standards set forth by CMHA within a 90-day time period. The HCV program recipients discuss the importance of (3a) talking with other people regarding where to live, (3b) using alternative searching tools, such as the newspaper or driving by homes, (3c) selling the program or themselves as a renter to a potential landlord, and (3d) re-evaluating and compromising their wants. Through this search process the HCV program recipient either (4a) leaves the HCV program or (4b) obtains a home. Once a home is obtained, HCV program recipients can often experience unforeseen circumstances, planned or unplanned events (5) that lead them to either (5a) stay at their residence, (5b) move to a new residence, or (5c) leave the program. If the HCV program recipient decides to search for a new residence, the recipient re-evaluates their wants and begins the search process again (6).
The six themes describe a phenomenon, the “decision-making process of HCV program recipients in finding housing.” Each theme or concept comprises a variety of subcategories that are described by the HCV program recipients through the individual interviews. Each of the six themes is described in detail below followed by an explanation of the subcategories for each theme. Supporting evidence from the individual interviews is included.

4.15 Experience in Residence Prior to HCV Program

During the interview process, the Section 8 HCV program recipients were asked to describe what was important to them in finding a place to live. The recipients listed various characteristics that they deemed important while often referring to their previous residence before admittance into the HCV program. In this reference back to their prior residences, the recipients were able to illustrate what they looked for that was different or similar from what they experienced. Many of the recipients were not financially able to rent from the private market on their own, yet were either homeless, or doubled-up with their family and/or friends. The following few paragraphs illustrate the experience of the recipients in their prior residence in regard to where they lived, their financial burden, neighborhood conditions, and experience on the Section 8 HCV program waiting list.

4.15.1 Homeless and/or Doubling up with Family and/or Friends

Several of the recipients describe their prior residence as doubling up with family and/or friends and/or being homeless. The recipients do not have the financial means to rent from the private market, so they save on rent by doubling up with a family and/or friend. As one recipient states, “well, actually, I stayed with my sister for a minute, and then I moved to the private market.” One recipient attempted to rent from the private
market after residing with her mother yet states, “we stayed at my mom’s house at first, um, we tried…we had our own apartment after we moved out of my mom’s house, but that didn’t work too well.” Another recipient and her significant other rented from the private market, yet had to move back to family member’s house after losing her job. She states,

Well, I mean, it was like he was working and I was working and I lost my job, so then we couldn’t afford the apartment and then, um, and then we moved back into my mom’s house, and then, it was just kind of crowded because I have two younger sisters and my middle sister has her boyfriend and her son living there, so we moved into his dad’s house with his dad, and, um, that’s were we are now.

One recipient became homeless while actually in the HCV program due to her landlord selling the house in which she and her family were staying. The recipient was not prepared for such an occurrence and as a result had to double up with her friend. She describes her experience:

The unit I was in before…the landlord sold, and so, I was homeless. […] I stayed with a friend and it was the most miserable time in my life [laughter]. Because we both have the same amount of children, actually she’s my best friend. And it was like, “oh, my God,” I was gonna go crazy. You know, two women can’t, two women and ten kids can’t stay under the same roof, you know, but she was lovely about it. It was just so hard for me because I’m not used to being grounded, especially in someone else’s home, you know. I have to be on their schedule and their time and I just…hated it.”
Prior to having the Section 8 HCV program voucher, many recipients simply do not have any place to live. Several recipients describe this process as moving from one family member to another or one friend to another. One recipient states:

No. I stayed with my friend and then I met my little boy’s dad and me and him stayed together for a little while, but we split up and he went back to Mexico, so. And I’ve been staying with my mom for about nine months.

4.15.2 Renting from the Private Market

Some of the HCV program recipients have rented from the private market prior to their admittance into the HCV program. The recipients describe this time in their life as “strenuous” as they are paying full market rent and attempting to raise their families on limited income. One recipient who is a single mom with seven kids had to pay $450.00 a month in 1999 for her private market rent. She states, “…that was hard because not only did I have my kids, I had my best friends two children, so there was like eight of us.” Another single mother states:

It was, uh, um, it was pretty hard. Cause, my parents, you know, I had moved out of my parents house, I only had one child, we were in a one bedroom apartment, and I was trying to go to school and trying to work a part-time job and it was just, it was really strenuous on me, really strenuous.

4.15.3 Required Financial Help from Family/Friends

The Section 8 HCV program recipients who rented from the private market before admittance into the HCV program often required financial help from their family and/or friends. One recipient who is a single mother of two children describes the help she received from her uncle:
Yeah. I had my uncle…he helped me until I get all this stuff done. Cause the situation I was in, I was in a one-bedroom with my mom…my mom and two kids and there wasn’t a lot of room, so my kids couldn’t go outside and play, because, like where she lives, it’s above a store, and so, and it’s a nice place, it’s a nice area, but it’s just my little boy, he’s four, and I got scared…I was always scared he’d go over the balcony. So, I basically kept them enclosed unless I took them to the park or something. So, my uncle said “I’ll help you find you a place that will take the Section 8 and stuff,” […] so he said he’d help me with the rent and stuff until I received it.

Another single mother, who was recently admitted into the HCV program, has one disabled child and paid $650 a month in private market rent. She was unable to work as she was the full-time caregiver for her disabled child. She describes the help that she received while in the private market:

Yeah, well, my family helps a lot, you know, so, um, my only income is…I receive SSI for my child, you know, when he had got sick, I had to quit school, I had to take care of him full time, so, um, […] I’m planning on going back to school, so.

One recipient describes financial relief once she was admitted into the HCV program.

It was kind of different, um, because you’re paying full contract rent, so, it was more of a struggle. Um, once, you know, I received, I obtained the voucher, you know, so financial relief came in which was a lot better.
4.15.4 Prior Neighborhood Conditions

Many recipients describe the neighborhood conditions, in regard to safety, of their prior residences. One recipient who just received her first HCV program voucher was asked what she would like to be different from her current private market residence to her HCV program residence. She responded, “just the safety of the neighborhood.” One recipient states, “I started off in the lower areas…I call them the slum areas.” Another recipient describes the safety conditions in her prior residence:

…like I said, my son’s eight, um, he’s done lost three friends within the last year, one due to a shooting, and one due to a house fire that just happened within the last couple of months, you know, he’s lost three friends, so, you know, just safety.

4.15.5 Experience on the Waiting List

All of the HCV program recipients that I interviewed experienced the HCV program waiting list. Some recipients, who have been in the program since 1999, were only on the waiting list for two or three months, as one recipients states, “…cause they had just start opening [the waiting list], so I was like, “maybe I can get in soon.” It was maybe two or three months at the most before I got my voucher.” While some recipients only experienced a wait of two or three months, many new recipients experienced a wait of up to six years. One recipient describes her experience on the waiting list, “well, they didn’t call me, they, um…I had moved like within the six years, I had to keep coming down and resubmitting my new address and phone number, but, um, they actually contacted me by mail.”
4.16 Evaluation/Specification of “Wants”

During the interviews the recipients were asked to describe what was important to them in finding HCV program housing. The recipients were asked to describe the characteristics or aspects of a neighborhood and house that was important to them. The recipients described characteristics that were specific to neighborhoods, their children, housing units, and their future wants. Additionally, recipients were asked to rate six factors on a four-point Likert scale (1 = not important; 4 = very important) as to how important each factor was to them in locating a home. Table 4.20 shows the mean results of the rated factors. Unit condition received the highest rating (4) followed by unit security (3.9), neighborhood safety (3.8), and type of housing unit (3.0). The lowest rated items were nearby commercial area for shopping (2.7) and being near family and/or friends (2.7).

<table>
<thead>
<tr>
<th>Factor</th>
<th>Mean</th>
<th>Range</th>
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<tr>
<td>Neighborhood Safety</td>
<td>3.8</td>
<td>3-4</td>
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<tr>
<td>Type of housing unit (town home, duplex/double, garden, single)</td>
<td>3.0</td>
<td>2-4</td>
</tr>
<tr>
<td>Nearby commercial area for shopping</td>
<td>2.7</td>
<td>1-4</td>
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<tr>
<td>Unit security</td>
<td>3.9</td>
<td>3-4</td>
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<tr>
<td>Unit condition</td>
<td>4</td>
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</tr>
<tr>
<td>Family and friends</td>
<td>2.7</td>
<td>1-4</td>
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Table 4.20: Mean and range for factors in locating a home.
4.16.1 Neighborhood Specific

Peaceful “Nice” Neighborhood. Many recipients stated they wanted a “nice” neighborhood. Although the specifics of a “nice” neighborhood varied from recipient to recipient, the over-arching theme was a peaceful neighborhood where residents take care of their property and care about the community. One recipient states, “mainly just like a community involvement where there’s some community pride and things like that.”

Another recipient describes her desire for a nice neighborhood as follows:

I don’t want to hear about drive-by shootings, so anywhere that…and I grew up in [hometown], so this was before I had children, so [I] knew what it was like to have a peaceful neighborhood, so I looked for neighborhoods that were more geared towards that type of environment. Something where you saw people were actually walking their kids or walking their dogs or things like that. So, I just didn’t want anything where there was a lot of, um…and at times I didn’t want an area where there was a lot of young people, you know, just because the fact that they may not have the same values.

Another recipient specified looking for a home in a particular area that she thought was a nice neighborhood:

Well, the city of Hilliards just pretty nice in general, there aren’t too many bad areas so to say, um, but as far as, you know, how kept up it is, how receptive people in the office are, um, especially with apartment complexes, if they’re really willing to help you, or they really just could care less…so, those were big factors.
One recipient planned on judging whether a neighborhood was nice by comparing it to her mother’s neighborhood. She states, “my mom’s neighborhood is kind of trashy, um, houses are falling apart, people don’t take care of their lawns. Those are the kinds of things that I would probably look at to see if it’s an okay neighborhood, so.

Accessibility. Several recipients considered particular neighborhoods based on the accessibility to schools and stores. Such recipients relied on public transportation as their only means of transportation and therefore had to limit their search to neighborhoods that had access to such transportation. When asked what was important in finding a house, one recipient stated, “…believe it or not, stores…location to stores…”. Another recipient stated, “I needed to be somewhere where I can be accessible to everything”. Another recipient responded, “yeah…grocery stores, um, mall, um, recreational stuff, um, libraries”. When asked specifically about accessibility to stores, one recipient responded as follows:

That, uh, definitely plays a part in it, I mean, I don’t have transportation, personal transportation. I walk or use public transportation…that played a big, big part, cause I want to have access to, I’ve got to have access to a grocery store. I don’t have money, but I’ve got to have access to it.

Even if recipients did have access to their own form of transportation, some still mentioned the convenience of their neighborhood to their children’s school, and their place of employment. One recipient states, “um, something convenient, close to my job…”
Safety & Security. Safety and security was the most frequently mentioned factor that recipients considered when searching for their HCV program home. Safety and security was the one factor that was mentioned despite whether the recipient was male or female, married or single, or whether or not they had children residing in the home. One recipient who was concerned about where he could live using the voucher stated:

What was important to me more than anything was safety. Security. I mean, the voucher does not really cover the really nice places. It seems like the vouchers limit you to certain areas in the city, and just to putting it flat out, they’re ghetto.

The recipients were also very specific in what safety and security meant to them and how they determined whether their home would be safe for them. One single male stated:

I wanted to be upstairs because I worked…I didn’t want to be downstairs where somebody could…cause they have these sliding doors downstairs…patio…now, I wanted upstairs, because it’s more secure, you know, they’d have to get a ladder to come through the window.

A single mother with two children wanted to find a home in a particular neighborhood because she knows people that live in the neighborhood which made her feel more safe than entering a new neighborhood where she doesn’t know anyone. She describes this feeling as follows:

I feel safe. I feel a lot safer there around people that, you know, I know, cause I know most of the people over there cause I live there, but, going out north, south
or east, or out further west, and some people that I don’t know. And being there with two kids and being there by ourselves then I have to get in an area that I feel safe and my kids feel safe in.

One single mother involved her children in the search process. The mother would search for a home and take her children with her to get their opinions on residences. I asked the mother what was important to her children. She replied:

What was important to them is a safe environment. Um, [pause] you know they didn’t want to be around the drugs and, you know, they would have to walk home from school and there was one area that we lived in that was like the first unit that we had, and, um, somebody came out with a razor blade on them and ran them home, and, you know, just, I just, they wanted to be safe, they wanted to be in a safe, clean environment

One recipient deviated from the rest of the recipients in regard to safety and security. This recipient is a single mother of teenage children. She stated:

I really…[pause]…I’m not gonna say I don’t look for it, but it’s not a big thing to me, cause I’m the type of person that I mind my business, whatever’s going on across the street that’s what’s going on across the street. Me and my kids are here conducting this and that’s it. If you have to shut the blinds, shut the blinds so that you don’t even have to see.

*Particular Location.* An additional factor that some recipients considered was the particular location of the residence. Some recipients specifically defined the location in which they wanted to reside. For example, when asked what was important in finding a housing unit, one recipient stated, “…the area. I mean I knew that I wanted anywhere
between Georgesville Road, I don’t know if you know where that is, somewhere in that area or out in Galleway.” Another recipient desperately wanted to stay in the same neighborhood as her friends and family. She states, “yeah, my mom actually lives two streets over from me, then I have my friend that lives three streets over, and my cousin lives one street.”

A single mother with a disabled child specified a particular location based on her child’s specific education and medical needs. She describes her reasons for a particular area as follows:

Probably, um, out east, near Blacklick. Um, or up north, like maybe Westerville, um, my son currently goes to [school], um, so, north would be closer to the school that he goes to, but he’s about to start going through surgery at Children’s, so, um, and that’s gonna be like a two year process, so, you know, being close to Children’s will help.

4.16.2 Unit Specific

In addition to the specifics of a neighborhood, the recipients described their specific wants in regard to their housing units. The recipients mentioned wanting a housing unit that was clean and large enough to meet their families’ needs.

Cleanliness. The recipients mentioned that when searching for a housing unit, cleanliness was a factor in the selection process. Cleanliness is a subjective term, but was defined by the recipients as no bugs, not falling apart, and no presence of “dirty” people.
One man went to view an apartment building during his search, which he later moved into, and states, “so, I went over and looked at them…they was clean…real nice.” When asked to clarify what was nice to him he goes on to describe the following:

Well, I like for it to be, you know, I’ve been in apartment buildings where there’s real nasty hallways, and people, uh, kind of dirty like and they don’t make their kids mind. This over here, I’ve never seen that problem in my building.

A single mother of two children describes what she was looking for in a unit as the following:

As long as it wasn’t falling apart, and it was nice, and my kids had a backyard to play in, and it had three bedrooms, then I really didn’t care. As long as it wasn’t falling apart, and the outside looked nice and the inside looked nice”

Several recipients describe their desire for a unit that is free from bugs and rodents. One recipient states, “…it can’t have bugs or anything, if we see one of those, we don’t want to be there.” A single man describes his disgust for living in an environment with bugs and rodents:

And that’s my number one priority…it safe and clean. I’ve got to have the sanitary, I mean, I’m not gonna put up with rodents and infestations and this and that. I’d live outside. I’ve been in people’s houses in public housing where, I would be like…I wouldn’t even sleep in here. I’d sleep outside in the woods or on a park bench before I’d sleep in here.
Large Enough to Accommodate Family. The recipients are very specific in selecting their housing units in regard to the size of the unit. The recipients discuss their desire for an apartment building, duplex, single family home, and/or the number of bedrooms in the unit. The recipients who have children tend to be more specific in regards to unit size. One single mother with teenage children states the following:

You know, so, [pause]...I can’t see me in some kind of like little ranch, you know, no basement, nothing like that, like I said, I have teenagers for the most part and they need their room. So, we can’t be in anything little or anything…

A married couple with four children describes their desire for a single family home that is not too close to neighbors and a home with enough space for their children.

Um, well for us since we have all the kids, it’s a four because, you don’t want to move into like a three or four bedroom garden and you have four kids, you would want a whole house where you can, you know, that way you don’t have to disturb any neighbors and things of that nature.

4.16.3 Future Wants

As the HCV program recipients described the factors or characteristics that were important to them in finding a HCV program home, they began to discuss their future wants. Some recipients mentioned that they wanted to provide long-term stability for themselves and their children, and others described their goal of reaching for the next best thing, or continually upgrading their homes to better homes.
Stability. Several recipients mentioned the desire for long-term stability in regard to housing for themselves and their children. One single mother mentioned how she had progressed since being a recipient of the HCV program as she states, “when I started out, I started out rock bottom and then I climbed my way up to nice to nicer, and I’m just looking for something that I can be at long-term.” Another recipient describes her desire to provide stability for her children as she states, “I just wanted some place that they could just grow up where we could plant our roots and they could feel comfortable.”

Reaching for Something Better. Several recipients described their desire to reach for something better. Some recipients have moved through the Section 8 program into the homeownership program and others desire to do the same. One recipient describes staying in the same residence for many years and her decision to “move on,”:

And, plus I was there so long, you know, I was like, “okay, it’s time to move on.” […] I wanted to advance in life and I knew I wanted to purchase a home so, you know, that was the main reasons, but there were, you know, other little side things that pushed me along a little bit faster.

Another single mother was determined to find better housing for her and her children. She is a current renter in the Section 8 HCV program, yet desires to start the homeownership program and purchase her own home. She describes her experience in reaching for better:

I just went out there and searched and did what I had to do, you know, come to work everyday, um, [pause] I took them [her children] with me to look for the homes and asked them what their opinions were, and went from there…[I]t was never easy, it’s getting easier, but it was never easy, and a lot of people think that
because you’re on the program that you have to stay at a certain level, and you don’t. You know, there’s always something better, and I just kept reaching for better and better and we found better.”

4.16.4 Needs of the Children

Next to safety, the needs of the HCV program recipients’ children (for those who had children) was the second most widely mentioned factor when searching for a place to reside. For the recipients who had children, schools were mentioned as a consideration in moving into a neighborhood. Additionally, the recipients discussed finding a neighborhood that would better the lives of their children.

Schools. The HCV program recipients appear to have a strong desire to live in neighborhoods where their children can attend a particular school. Schools for children were widely mentioned by the recipients as a factor in deciding where to reside. One recipient states, “now, since I’ve gotten older, with my children getting older, I look for schools, of course, I look for crime, you know, crime and school are the big ones.” Another mother states two important factors in finding a place to live were, “closeness to my school and her pre-school.” Another mother responds, “I don’t really care, it’s school district. That’s what I’m looking for is school district.”

One single mother had made a move to be closer to her mother, yet continued to drive her child to the same school she had attended prior to the move. The mother eventually decided to move again to have her child closer to her school. The mother explains:
I had to come back because my daughter was in school up north. And I had her in school the whole time, so it was more convenient for me to come back this way to keep her close to the school that she was in, cause it was a good school that she was in.

One single mother with a physically handicapped child mentions that her son goes to a special school, and, therefore, when searching for a home she looks for the following:

um, schooling, um, my son is physically handicapped, so, um, you know, so basically the neighborhood, you know, and schooling.

Better Life for their Children. In addition to schools, the recipients described wanting to provide a better life for their children. Some recipients describe experiencing better just by being a part of the Section 8 HCV program, and others describe continually reaching for better for themselves and their children. One mother describes her experience of making life better for her children while in the Section 8 HCV program as follows:

My first place that I lived. It was [pause] the street over was kind of drug infested, but the area that we lived in, it was like it was really nice and quiet, but when you crossed over it was like another world, you know, so, I worked my way from that, you know, to make a better life for my children.
Another mother describes repeatedly moving while in the Section 8 HCV program to better the lives of her children.

And, don’t get me wrong, my kids hate moving, you know, you get settled and then we got to move. And it’s because I want better for them, it’s not because I want houses or, you know, it’s I want better for them and if I see better, I’m gonna go get it, you know.

One mother describes her rationale for moving her children to a new residence while in the Section 8 HCV program. The mother mentions that she doesn’t necessarily think her children are happy about it, but that she is moving them to make their lives better, or have them see that “there’s other sides of life.”

So, I’m trying to let them see that there’s other sides of life, you know, you can live in a peaceful neighborhood and you can be happy in a peaceful neighborhood contrast to the music being loud, running around. So, I don’t think they’re unhappy, I wouldn’t say they’re not unhappy, I just think they’ve grown to that and that’s all they know. So, now, they’ve getting ready to experience something different.

Another single mother wanting better for her children appears to feel guilty in being “picky” in regard to what she wants for her children. She describes her desires as follows:

And really that’s all I care about is having a nice place for my kids. I mean I wanted that area, I mean it sounds a little picky with getting Section 8, I want the area that my kids feel safe in, that I feel safe in, a nice area for my kids, a
backyard and their own room. Not something that I have to worry about that’s gonna fall apart or cave in my kids. So, when I went looking that’s what I was looking for.

4.17 Search for Home Based on Pre-determined Wants

Once the HCV program recipients have received their housing vouchers, they begin the search process for their home. The process is more complicated than just calling a landlord on the Section 8 HCV program housing list and asking to sign a lease for a unit. The recipients actually participate in a search that can involve many components, such as selling themselves as tenants, selling the Section 8 housing program, networking, compromising their wants, and utilizing a variety of search tools.

4.17.1 Sell the Program/Sell Yourself

Selling the program and selling yourself as a tenant is one of the most strategic tools that recipients use when searching for a home. Recipients tend to do this after they have requested a landlord accept Section 8 and the landlord turned them down. The recipient then begins to think strategically about how they can rent a house that they like where the landlord is not currently a part of the Section 8 program. As one recipient states,

…a lot of people were skeptical about using this, so it was like, you had to keep repeating yourself, I’m like, “so this is what this program is about,” oh my goodness, I went through that so many times it wasn’t even funny.
One recipient describes her experience in searching for a unit, being turned down, and then developing her plan to sell herself to the landlords.

Um, but a lot of times I would go to the paper and I would see different units, I might drive by them, and then call the landlord and say, “do you accept Section 8?” And immediately they would say, “No. No. No.” So, then I found that when I was talking to people before I mentioned Section 8, they’re getting to know a little bit about me, they’re asking me, you know, “what do you do?” And I’ve always had fairly good jobs and I was always going to school part-time, so they always loved that, and then I would mention Section 8. And then they’re saying, “well, I haven’t done Section 8. I’ve heard bad things, but we’re willing to give it a try, and so, you know and that’s how I was able to get a lot, you know, units I was in.

Another recipient describes having to sell herself to the landlord before mentioning the Section 8 HCV program.

I found that normally I would have to go and sell myself to them first, and then mention the Section 8 program. And, I always tried to kind of disguise it as, you know, there’s a government based program that helps, you know, and I never mentioned Section 8 until they mentioned it.
Another recipient explains her determination in obtaining a house that meets her specifications.

Um, I’m the type of person, if I see what I want, I’m gonna try to get what I want. So, you know, if I see a house and it just made me think Remax or some kind of realtor, then I’m gonna enquire about it, and I’m gonna sell my vouchers, so that I’m able to get a place.

When asked to specifically describe how this recipient sells her vouchers, she states:

I just go into the whole spiel about, you know, this being a program that helps us, it’s kind of like guaranteed money for the landlord, um, but I’ve always had to pay a portion, cause I’ve always worked, so I’ve never had them pay my full rent. So, I, I explain to them I work, you know, I take care of my business and this is kind of like guaranteed money for your part with this program.

4.17.2 Searching Tools

The recipients that participated in the interviews described using a variety of tools when searching for their housing unit. CMHA compiled a list, referred to as the “housing list” that lists all of the landlords and properties that are already Section 8 approved. This list is often given to Section 8 HCV program recipients to assist in locating a new residence. Many of the recipients that participated in this interview found that the housing list was not enough for them. They developed several other tools to use in locating a
house, such as driving by neighborhoods and searching in the newspaper. One recipient recalls her experience in searching for a home and gives suggestions for future recipients searching for a home.

I drove through neighborhoods, I called people on my own, but, you know, just to think outside the box. And, if you want something, I’d just have to say, if you want a different lifestyle, a different place to live, look at that type of place that you want to live and just kind of target your efforts there.

Another recipient comments on why she believes people are living in homes that are dissatisfying and how she attempts to help them in the process.

Well…[pause]…some, and I think that’s because they don’t get out there and look. I think they do limit themselves to the housing list. But, I pull them aside and tell them, “you don’t have to mainly stay with this list. You can go elsewhere. You can get in the newspaper. You can go to houses and knock on the door. You can leave notes. Do that.

Another recipient who utilizes additional searching tools, describes driving around neighborhoods that are appealing to her and leaving notes on the doors for the landlords.

The thing with a lot of other people is that they limit themselves to our housing list. Um, but what I do is I go around the area, the surrounding area, and I go to different houses, I leave letters on the doors, things like that. I don’t limit myself
to that housing list, because it’s…might not be anything in there that I would like, you know, that would benefit me and my kids. So, I usually, you know, get in the newspaper and find something.

When asked how this particular recipient (a Section 8 recipient since 1999) found her housing, she states:

Um, it was just like looking around. I got apartment guides, I got, you know, I got out in the street, you know, driving around trying to find places that would accept it. Because when I did it, it wasn’t as easy as it is now, you know, like trying to figure out…you know, you had a lot of people who were hesitant on using Section 8 or it was just like, “ugh, okay what am I gonna do? My time is running out on my voucher,” and, you know, so, I just happened to luck out and find one.

4.17.3 Networking/Prepping from Others

Not only are the recipients utilizing various searching tools and selling themselves or their vouchers to the landlords, they are networking with individuals to find housing units, or receiving some time of prepping from family and/or friends. One recipient who moved to Columbus from another city explained how her aunt prepped her in where to live before she arrived. “Um, I had an aunt that lived here, and she kind of helped me […] It was easy only because of my aunt. She had already kind of already prepped me, she sent me to the apartment complex.” Another recipient received some prepping from an alcohol & drug treatment center from which he was receiving services. He states,
“once she got me on Section 8, they told me to go find one. After about a month and a half I was like, “I can’t find nothing.” She got me in touch with [landlord], bam, there I was.”

Another recipient describes networking with realtors and/or landlords who have listings in the newspaper.

Um, as far as in the newspaper, you’ll see like realtors that have properties and stuff like that who may not say, “accept Section 8,” so that’s when I’m calling saying, “hey, I have this voucher, I’m on this program will they help subsidized my housing, you know, I do work…”

Often times if a recipient is turned down by one landlord, that landlord will refer the recipient to a friend or acquaintance who has rental properties, or the recipient will ask the landlord if they know of anyone that may be willing to rent to them. One recipient explains how she networks.

…if they’ll not gonna accept it, well, then “my buddy he may have…”, so, you know, you kind of, “well, do you know of anybody else who may, or…?” And they’ll say, “well, yeah, give so and so a call and he may have something, if not he may know of somebody who might.” So you gotta kind of work it a little bit.
Another recipient describes how she was referred to a new landlord from a landlord who did not accept her due to her income.

…I had called them and because of my income I didn’t qualify, but, um, the guy who was at the agency hooked me up with his uncle, who privately rents houses, um, but, his nephew, my landlord’s nephew, um, has contacted me, and, you know, they take Section 8…”

In addition to networking with landlords, the recipients network with each other to find a house that meets their needs. One recipient who moved into a new house found her current residence by talking with another recipient who resided in the neighborhood. She describes this process as follows:

And then one day I was happening just to be driving down to my sister’s house and I seen her out there and I seen this beautiful house and I was like “hey, how’d you come…” and she was like, “well, just give them a call and they should be able to tell you.” So, I gave them a call, and they said, “okay, well we’ll be taking applications this day and from this time to this time,” […] But, that’s how I came about.

4.17.4 Compromise Wants

The recipients begin the search process with pre-determined and pre-specified wants in regard to their neighborhoods and housing units. During the search process, the recipients often find themselves having to compromise their wants as they are not able to find exactly what they have specified. The recipients may find a neighborhood that is nice and clean, yet is not located in particular school district. When such events occur, the recipients are forced to compromise on their wants. One woman describes how safety is
her number one priority and if she finds a housing unit that needs repairs, yet is located in a safe neighborhood, she will pick that unit. She explains, “with mine safety was number one, if it needed a couple of repairs, as long as it was, you know really safe and that was my only option, I’d be okay.”

Another recipient describes having to compromise schools for a nice neighborhood.

I was hoping to get […] schools, I didn’t get […] schools, but other than that it’s just really quiet, it’s just more of a…like how I grew up it was community…it’s more of like a community. Not just everyone walling out, so, it’s nicer.”

Another recipient describes moving back to a neighborhood to be closer to her child’s school.

I had to come back because my daughter was in school up north. And I had her in school the whole time, so it was more convenient for me to come back this way to keep her close to the school that she was in, cause it was a good school that she was in.

One man on the HCV program describes finding a unit that is not particularly good or bad, yet does have his specification of safety. He states, “luckily, I found this place of where I’m at now. It’s not ghetto, it’s not upscale, it’s kind of cut in the middle, but it’s safe.”

One recipient had to compromise her wants because of her credit and rental history. The recipient describes how she did not want a particular unit, but because of her history and the 90-day time constraint, she had to take it.
…when we looked at it one time at first, I did not want it, but then I thought about it, like, “no.” You know, usually there’s issues with your credit, or your rental history, sometimes you got to do what you got to do, but, I’m tired of doing what I got to do. We want something nice, so, you know.

4.17.5 Difficulty in Finding a Unit

Although many recipients describe being able to locate a housing unit within the allotted 90 days, several recipients discussed some difficulty in locating a unit. The recipients particularly had difficulty due to landlords’ lack of acceptance of the Section 8 HCV program. One recipient describes looking in the newspaper for housing units, calling the landlord to inquire and having the landlord refuse.

Um, but a lot of times I would go to the paper and I would see different units, I might drive by them, and then call the landlord and say, “do you accept Section 8?” And immediately they would say, “No. No. No.

This recipient had previously been evicted from a private market housing unit. She was determined to be upfront with the landlords and let them know about the eviction. She described being honest with one landlord.

I talked to that one landlord and he was just…it was rude. He said, “I had experience…” that’s what I was telling you some of them has had bad experiences and then I told him that I had an eviction on me…I told him that and he just, basically stuck his nose up and then wouldn’t talk to me.”

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4.18 Outcome of Home Search

Under the rules and regulations of CMHA, the HCV program recipients have 90 days in which to find a housing unit. If the recipient is unable to find a housing unit with the allotted time, they have to give their voucher back to CMHA to be distributed to another HCV program recipient. Therefore, the only two outcomes of the housing search process is obtaining a home or losing their voucher.

4.18.1 Obtain a Home

Obtaining a home at the end of the home search does not necessarily mean that the recipient has selected a housing unit that meets all of their specified characteristics. Some recipients feel the time crunch and select a unit in order to remain in the program with future plans of moving to a more desirable home. A housing advisor that works for CMHA states that her clients are having difficulty finding a unit within the allotted time that is not outside of the inner-city limits.

I think it’s not as easy and especially with the payment standards it’s more difficult to find housing that’s…I’m finding for my clients, they’re having more of a difficult time finding housing that is outside of their, um, outside of their, the inner city.

Others have great success with the search process and find a home within the allotted time that does meet their specified characteristics. As one recipient states, “actually, I got pretty lucky. The third apartment that I tried fit all of my criteria.” Another recipient obtained a home that she feels is a nice match for her. She states, “I couldn’t ask for a better apartment. Um, I really don’t think that I could have found a better one. Even my first choice, I like this one better.”
4.18.2 Lose a Voucher

The other outcome of the housing search is losing the voucher. Although the recipients in this study did not lose the voucher and remained in the program, some did comment on their fear of not identifying a house within the allotted time. One recipient describes her experience in dealing with the 90 day allotted time. As landlords were hesitant to accept Section 8, she felt that she was not going to be able to find a unit within the allotted time.

…had a lot of people [landlords] who were hesitant on using Section 8 or it was just like, “ugh, okay what am I gonna do? My time is running out on my voucher” and, you know, so, I just happened to luck out and find one.

4.19 Unforeseen Circumstances/(Un)Planned Events

After the recipients have identified and moved into their housing, many describe unforeseen circumstances of unplanned events that cause them to either stay in the residence and adjust to the circumstance, or re-evaluate their wants and start the housing search over again. Such circumstances include the housing unit being too expensive, the unsatisfactory condition of the unit, the presence of crime or lack of safety in the neighborhood, the location of the unit, an increase in family size, experiences with the landlord, or a move to be closer to family. In certain cases the events were planned, such as moving into an apartment to save money with the expectations of moving into a single family unit as their financial situation improves. Yet, other circumstances include the recipient being kicked out of the HCV program due to violated program rules and regulations.
4.19.1 Too Expensive

Several recipients described moving into a housing unit to later find out that they are expending more of their funds than they had expected. One recipient described how she had made a decision to move from a single family home into an apartment because she was paying more in utilities than she had originally expected and was responsible for yard work. The recipient decided to move in to an apartment with less expensive utilities and with no yard work requirements allowing her to have more time for her children.

Okay, I’m putting out more money then I really should at this point, I’m gonna move back to an apartment,” because of the fact that it had [name of school] city schools, which are good schools, um, and then also it was a lot smaller, cleaner, it was less maintenance, and it allowed me to still be able to participate in my children’s activities and still not have to worry about coming home and doing yard work.

Another recipient made a decision to move to a smaller unit to save on utilities with a plan of saving for the purchase of a home in the future. She states, “but I did it for utilities, to save money, to be able to take the next step to go into homeownership.”

4.19.2 Unit Condition

The condition of the housing unit is another unforeseen circumstance or unplanned event that leads to recipients moving to a new home. A married couple with four children had to move out of their house because it was infested with black mold. The family was very concerned because they have a son with asthma. The family really liked the housing unit, yet stated CMHA would not recognize black mold as a health hazard, therefore, the landlord was not required to remedy the problem. The mother states, “well,
the other place that we had was infested with black mold like really bad. Section 8 does not recognize black mold as a hazard.” Another recipient had to move to another housing unit after her ceiling had caved in. She states, “and after that I moved out of another unit because the ceiling had caved in.”

This particular family is very dissatisfied with the condition of their current housing unit. They plan on making a move to a new location in the near future. When asked to describe their current unit they state the following:

All over the whole place it’s just straight painted hardwood floor, like you would paint a wall. Um, basement floods real bad, so we can’t have a washer and dryer down there, uh, we just found out that we have some mice in the house. Yeah, um, I think my buddy seen a couple of roaches. Um, the neighbors next to us, the lady she’s okay to talk to, but, I mean, just the first glance at them, I mean, you’re like, “oh, my God.” I mean, they’re just, I mean just to put it simpler, they’re just dirty, you know. Um, broken bottles on the side walk all the time, um, just I mean, we’re just on borrowed time I guess you can say. We’re really not trying to do anything to it to try to make it look like home. We’re just ready to move already.

4.19.3 Presence of Crime / Lack of Safety

One of the most common specified wants listed by the HCV recipients was safety, therefore, one of the most common unforeseen circumstance or unplanned event is moving due to the presence of crime or lack of safety in the neighborhood. One mother describes her experience with lack of safety in her neighborhood.
The very first unit that I got, um, that I moved into, I moved out of it for because of safety reasons. It wasn’t the safest neighborhood, they were doing, you know, drive by shootings in the day time, so that wasn’t good.

Another recipient describes liking her specific housing unit, yet feeling unsafe in the neighborhood as the street was over infested with crime.

My first place that I lived. It was [pause] the street over was kind of drug infested, but the area that we lived in, it was like it was really nice and quiet, but when you crossed over it was like another world…

Other recipients describe their experience with crime as being repetitive in their neighborhood often with several incidences leading to a move. One recipient states, “it was just [pause] the first time someone breaking into my car, the second time [pause] someone breaking into my house.” Another recipient who lived in her apartment complex for five years describes how the events that were occurring specifically to her and her children finally led to a move.

Oh…I just got tired of being out there. It, you know, you want to grow, and I wanted to grow, and there was several incidents…my car got broken in, someone took my children’s bike, they were egging our window at our house, and was like “okay you know what, I’m about to get on the ball and get on up out of here.”

4.19.4 Location

Location of the neighborhood is another factor that led some HCV program recipients to move to a new residence. The location was either in a neighborhood that did not match their wants. One family described their housing as being placed in the “ghetto”: 
And, you know, the apartment itself was like nice, cause it had enough room, but it’s the ghetto. We don’t like the ghetto, I mean, I want to live somewhere where we don’t have to just look outside and just be like, “ugh.” You know.

In the situation of another recipient the location did not provide easy access to her place of employment and her daughter’s school.

Well, it was…I came back to this area cause…I lived…I stayed up north, I lived up north and then I moved far east, you know, to be closer to my mom for a while and then I was like, “okay, I can’t stay out here no more,” I had to come back because my daughter was in school up north. And I had her in school the whole time, so it was more convenient for me to come back this way to keep her close to the school that she was in, cause it was a good school that she was in.

4.19.5 Increase in Family

An increase in family is another factor that leads HCV program recipients to move to another location. A single mother of four children adopted a child and needed a larger housing unit to accommodate the increase in her family.

Hmmm…that was it, it was just really small. Yeah, and I only have four biological children, but I adopted another child so that’s why it got too small, so I had to find something bigger to accommodate.

4.19.6 Experience with Landlord

The HCV program recipient’s experience with their landlord can lead the recipient to move to another location. Several recipients described experiences with their landlords that were uncomfortable for them. One recipient describes the following:
…the one when I lived in the house that was on McGuffey, I had a landlord that he did all the repairs and things like that, but he wanted to know a lot more of my personal life even after I had already been approved for the unit and had moved in and been there for a year. So, I found that was more of a headache and that's why I moved, and that’s another reason why I moved.

Another recipient describes her experience with her landlord when she first entered the HCV program as violating her privacy and intruding into her home.

Cause at the first property that I had, I did have a male landlord and he would come and wash his clothes, eat food out of my refrigerator. I didn’t even mention that...that is another reason why I left him. I mean he was nice, he was just a little crazy.

Another recipient refers to her prior landlord as a “slum lord” where the recipient is responsive for doing repairs on her own unit. She states the following:

…the landlord was a slum lord. I mean, you know, if it wasn’t for me doing repairs and stuff around the house, then it would have never been done. So, I mean, just cause the handles loose, I don’t need to call you cause the handles loose, I’m gonna take care...but if the ceilings falling in, I need for you to do something. So, um, that was the first house for me being in the program and I stayed there almost four years. So, I mean, I liked my little house, but then it got to the point where, you know, I got to notice that, “I’m putting all the work into this house like it belongs to me. It doesn’t belong to me!” So, he’s not gonna fix nothing, so let me move.
4.20 Re-evaluation/Re-specification of Wants

When the HCV program recipient is faced with an unforeseen circumstance or (un)planned event and the recipient decides to repeat the search process, the recipient begins to re-evaluate/re-specify their wants. The re-evaluation/re-specification of wants consists of the same factors as described under the concept “evaluation/specification of wants” where the recipient identifies their wants in regard to the neighborhood, their children, the housing unit, and/or their future wants. One recipient describes her children’s safety being threatened, which lead to her to move to a safer neighborhood.

There was one area that we lived in that was like the first unit that we had, and, um, somebody came out with a razor blade on them and ran them home, and, you know, just, I just, they wanted to be safe, they wanted to be in a safe, clean environment.

4.21 Recommendations for the Section 8 HCV Program from HCV Program Recipients

During the interview process, the HCV program recipients were asked what they would change about the HCV program is they had the chance to do so. Having hands on experience with the program’s services, and rules and regulations, they were able to comment on several areas in which they would like to see a change. The recipients commented in regard to the services provided by CMHA, which included comments on the communication from staff, the need for more staff, the wait time, presentation of the CMHA building, and the homeownership program. Additionally, the recipients commented on the rules of recipient eligibility, which included payment standards, zero income folks, married clients, and inspections. Although the recommendations for the
Section 8 HCV program was not the research focus of this study, I believe it is very important in understanding the reality of the recipients and the context in which they experience the decision-making process in finding a housing unit.

4.21.1 Recommendations for Services

When asked what the recipient would change about the Section 8 HCV program, many recipients desired to make changes to the service delivery provided by CMHA. The recipients commented on the communication between CMHA and the recipients, the need for more staff, the wait time when meeting a housing advisor at CMHA or for paperwork changes to take effect, the presentation of the CMHA building, and the homeownership program.

Communication. Communication was mentioned by several recipients as a change in which they would like to see. The recipients described that communication needs to be more clear between the housing advisors and the clients and that the communication needs to be more professional and respectful. One recipient who is also employed by CMHA describes the need for clearer forms of communication between staff and clients.

Communication. Definitely. Um, I think, the clients, well, you can’t make anyone listen, but it’s hard to communicate to them, and there’s a whole lot of confusion in between the CMHA self and the clients. If it could be a clearer form of communication to them, it would be such a smoother process around here. I think the communication, it’s a major communication break.
A married couple, who are recipients of the HCV program, describe how they view the communication at CMHA. They state that the staff of CMHA is not speaking to clients in a professional, respectful manner, which causes the client to feel “low” and “worthless.” The husband states the following:

I think there’s another problem. The clerks upfront, how they talk to people. […] I mean, that’s not how…when you work in a professional setting, you don’t talk like that to people. Talking to you like you were a child or a kid, you know, if you’re working in a professional setting, you’re supposed to talk like a professional. […] It makes you feel low.”

The wife follows:

“…yeah, it does make you feel low. It makes you feel like you’re worthless, like, “oh, so that’s how they treat me?”

Need for More Staff. One recipient commented on the need for more staff at CMHA because the current staff appears stressed out and is unable to give clients a personal touch.

…I think they need more workers, they need to hire more people, just because I know that those caseworkers are just so stressed, and, you know, trying to deal with that many people, you can’t really add a personal touch all the time, and it’s hard to keep everybody separate, as far as, you know, I know this person.
Wait Time. Several recipients commented on the wait time that they experience either coming to meet with a housing advisor or when waiting on paperwork. One single mother of one child who is attending school comments on how difficult it is for her to make appointments and then wait to meet with a housing advisor.

The only complaint I ever had is the wait time especially when you have an appointment, and with me being a single mom and a full time student, trying to schedule appointments during the day is difficult, but I mean, I understand there’s so many people here and not as many workers. So…it’s kind of one-sided…if they’re late, it’s okay, but if a client comes in, the clients late, it’s not a good thing, so.

Another change in regard to wait time is when a recipient experiences a change in their income, such as losing a job, or a decrease in pay, yet the change does not immediately go into effect with CMHA. While the recipients are waiting for the change to take effect, they have to continue to act as if their income has remained the same.

Um, you know, as far as like, here, they…like if you don’t hand in your, like say that you don’t have any income anymore, if you don’t have that in soon enough, you’re still responsible for rent no matter how much it is, and no matter if you don’t have no money for it. So, that’s one thing I would definitely…

Another recipient describes this experience as being in the “slump” where they are trying to make ends meet with less income.

don’t put us in a slump where we got to try to figure out how were gonna get the rent for the other two months that they’re charging us for and then hit us with

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another month right around the corner. That’s gonna put us in the hole even more, you know, to the point were we can probably get evicted, you know what I’m saying. But, that was their screw up.

*Presentation of Building.* One couple responded to the presentation of the building as something they would like to see changed. The interviews took place in one of two meeting rooms on the second and/or third floor of the building. The HCV program recipients only use the first floor when coming to CMHA. One couple appeared amazed at how the third floor (administrative floor) compared to the first floor and described what it meant to them.

So, think about it, I mean, look at the building…so where’s the money really going…look at the building. […] They got the stuff. […] I mean the building is the bomb…I’ve never see this part before. […]

When asked what it meant to them, the wife described the following:

It says to me, they really don’t give a damn, because I was just explaining to my husband when we were sitting out there, I said, “it is hot in here, and they have no shade.” People come over with their kids, and the sun is just booming right in your face, and you’re like, “oh my God.” And you’re just sweating and it’s hot. Sometimes there’s nowhere to sit.

*Homeownership.* The recipients that are a part of the homeownership program described how excited they were that they had the opportunity to be apart of such a program and the opportunity to own their own home. One recommendation for change included expanding the services of the program to allow more recipients to participate in homeownership. The recipients states, “I also think that there needs to be something in
place to really allow the people in the homeownership program to really experience and understand what it really means.” Another recipient describes her excitement about being a homeowner:

The homeownership process is a headache anyways. Oh my God it was the worst.

But, it’s exciting, I’m excited that first off that I am a homeowner, I’m excited that CMHA has a program that you can be a homeowner.

4.21.2 Recommendations for Recipient Eligibility

In addition to recommendations to the services provided by CMHA, the recipients provided recommendations for recipient eligibility. The recipients described a need for changes in regard to the payment standards, recipients who have zero income, married clients, and inspector/inspections.

Payment Standards. One recipient made a recommendation to stabilize the payment standards for recipients, due to the burden that a decrease in payment standards can cause on an individual or family.

Um, the voucher standards go up and down, which cause more of a burden on someone. If I move into a unit today and this unit fits based on the payment standards, next year that payment standard could go down, which means I’ll have to pay more rent, which is gonna be more of a burden on the family.

Zero Income Folks. A recipient of the HCV program who is also employed by CMHA is ready to make a change in regard to those recipients who claim zero income. This particular recipient believes that zero income folks should be monitored more closely as she believes they are working, yet not disclosing their income to CMHA. She states the following:
I also think they need to do something as far as getting people that are considered to be zero income off of the program or weaning them towards self-sufficiency. Because we have clients that have been at zero income for three to five years and we can’t verify that they’re working, but we know in our hearts, when you’re seeing new jewelry…things like that, that they have to be working, that they have to have income coming in from somewhere.”

One recipient who is a single male with no income describes how he is forced not to work if he wants to stay a recipient of the HCV program. He is aware of the lag time between reporting that you have a loss in income and the time that CMHA is able to change your rent standard to reflect your new lower income. He believes that if he works and reports his income to CMHA, they will raise his rent to the point that he is working just to cover the rent. Alternatively, he believes that if he works and loses his job, he will not be able to continue to afford his apartment. He explains in the following:

I’ve done the math, I ain’t no real dummy, I’ve done the math, and it’s simple math. And people out here working 8, 9 bucks an hour and they wonder why it don’t add up, cause you ain’t done the math and it takes money to live, and the rent is your number one…place of shelter, and clothes. And you think since you working you should have some things. That’s why I call it slave wages. That’s why I’m thankful for this Section 8, cause I can thumb my nose at them, I’m glad they don’t come at me and say, “look you’ve got to take whatever come your way.” That’s a beautiful thing. So, I’ve got that as a saving grace. So, Section 8 saved me a lot.”
*Married Clients.* As with the zero income folks, the recipients who are married are also in a difficult situation. The recipient who is employed at CMHA describes how some recipients will disclose their marriage and then later report that they have separated or the spouse has left the residence, only later to find out that the spouse is still residing in the same home. This particular recipient would like for married couples to be more closely monitored. The recipient describes as follows:

I have clients who are getting married, so they’re adding a husband, and you’re telling me that the husband’s not working. [...] as soon as you get the husband on the voucher, you’ve done your part to notify us that you’re married and that’s great, but then you’ll come in like less than six weeks later and say, “we’re divorced,” or “we’re separated, I don’t know where he is.” And, so I don’t like, realistically, we’re seeing that so much that we know that people are hearing that that’s all you have to do and at that point we’ll remove the husband’s income and then the husband is probably still staying there and we have no way of knowing.

A married couple on the HCV program describes how difficult it is to be on the program as a married couple. They feel they are at a disadvantage because they have higher rent standards and they are both working, yet feel like they are struggling to stay ahead. They would like for CMHA to recognize that married couples struggle financially too.

…honestly, we struggle, we struggle. And, I wish that they had something for a married couple or just couples just trying to get back on their feet, it seems like we can never get on our feet just for some reason or another [...] We’re at…well, I feel like if we put out money together and just go ahead and get our own place,
we would be at an advantage on that, but by us being on the program it’s a complete disadvantage because they, they don’t recognize that couples are trying to make it too.”

Inspectors/Inspections. CMHA has very strict standards in regard to what housing units can be approved for the HCV program. Although there are set standards, referred to as housing quality standards, some recipients believe that the standards are not adhered to, but rather some inspectors will not approve certain units because they do not want the recipient to reside in a certain location. Several recipients would like to see the process of inspections change to where recipients are able to obtain housing of their choice. One recipient states, “…it’s like, it seems like a lot of times we can’t get what we want, you know what I’m saying?” Another recipient believes that the inspectors are taking bribes to accept houses that would not normally qualify under the housing quality standards. She states, “…they’ll fail it, because they don’t want you to live in a nice area. They want to keep you in the slums […] and, I think they’re accepting bribes.”

Another recipient explains how she knows of homes that are part of the HCV program yet are not up to standard.

Like for instance, I know a few people that are on Section 8 and they have roaches in their house, and part of Section 8 biggest guideline in black and white in the booklet says a unit can’t pass if it has infestations like mice, rats, anything like that, but I know a lot of people still have houses that are like that…
4.22 Experience with the Section 8 HCV Program

The recipients that participated in the interviews were asked to discuss their experience in the HCV program. Again, this is not the main focus of the study, yet provides information on how the recipients perceive the HCV program. Additionally, such explanation of experiences provides the researcher with further rationale for the recipients’ responses in regard to decision-making. When asked about their experience with the HCV program, the recipients discussed their experience with the staff, experience with their landlords, experience with mixed income/mixed racial neighborhoods, and their perception of the program of either pushing them forward or holding them back from advancing in life. Additionally, recipients were asked to rate three statements in regard to their experience in the HCV program on a four-point Likert scale (1 = not at all; 4 = all of the time). Table 4.21 illustrates the average responses from the twelve recipients on each of the three statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Mean</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am treated fairly by staff.</td>
<td>3</td>
<td>2-4</td>
</tr>
<tr>
<td>I am aware of the program rules.</td>
<td>3.8</td>
<td>2-4</td>
</tr>
<tr>
<td>I am treated fairly by my landlord.</td>
<td>3.7</td>
<td>1-4</td>
</tr>
</tbody>
</table>

Table 4.21: Mean and range for statements regarding experience in the HCV program.
4.22.1 Experience with Staff

This theme is very similar to communication under recommendations for the Section 8 HCV program. Several recipients describe experiences where staff treated them in a rude manner and made them feel worthless. One recipient describes how her experiences made her feel as if the staff members were looking down on her.

It’s like, they look down on you…a lot of the clerks look down on you, and then I noticed that a lot of them are on the program too, and I don’t understand how you can based my situation and not base your own situation on, “you’re going through the same thing I’m going through.” You know, I’m a single parent with five children. I don’t feel that you should justify my actions because I’m in the program, you know, this program has helped me…a lot”

Another recipient describes how her contact with the staff of CMHA has been both positive, where she refers to them as “nice”, and negative, where she states they were “rude.”

Some of them…some of the people are rude, not a lot of them, but, some of them, and they just act like they’re better than you because they’re helping you. Some of them they get rude and stuff when you ask questions, but a lot of them, I mean, are nice. Some of them that I’ve talked to have been really nice, some of them’s been rude.

Another recipient responds:

Just a couple of people here. I mean, you have those basics who are rude and they look at it like, I mean they are helping us, but, I feel you shouldn’t…if you
wouldn’t want to be treated like that, just because you’re helping us, you don’t treat us like that. I mean there’s just a lot of them that are just really rude and snobby and get attitudes and stuff. If you don’t want to be here…don’t. I mean nobody’s made you take this job…basically…but just some of them are rude.

In contrast to the above experiences, some of the recipients have good experiences with their housing advisors where they are responsive and provide a personal touch. One recipient states, “but, my caseworker’s great, he knows who I am when I call…I don’t know if he’s like that with everybody else.” Another recipient states, “she just does everything. Calls me back as soon as I leave a message, keeps, you know, she’s real good.”

4.22.2 Experience with Landlords

As described under previous themes, the recipients varied in their experiences with their landlords. The majority of the recipients felt that their landlords were responsive to their needs and maintained the property. One recipient states, “I live in a place owned by [name] properties, and I give [them] a lot of credit, they maintain their properties. If something breaks they’ll be right there…the maintenance people.” Another recipient comments on the personalized attention she receives from the property managers, “Um, the landlords are great, they’re very helpful, and very receptive, and it’s, you know, an apartment complex, so they actually have an office. Every time I go in there, they know my name, they know my daughter’s name.” As mentioned prior, other recipients have experienced nosey landlords or landlords that intrude in their space.
4.22.3 Experience with Mixed Income & Mixed Racial Neighborhoods

As part of the interview, I asked the recipients to describe their current neighborhood in regard to income and racial integration. One of the goals of the Section 8 HCV program is to promote mixed income neighborhoods, therefore, I was curious as to the extent that the recipients believed their neighborhoods were economically and racially mixed. Many recipients commented on the fact that their neighborhoods were economically and racially mixed. In regard to income, one recipient stated her neighbors tended to have higher incomes than she did. She answers, “well, higher…it’s higher in the area that I’m in. But you can’t tell because my community works together, so.” Another recipient responds, “Yes. It’s very integrated, it’s so scattered it’s unbelievable, I mean, cause they’re everywhere […]. So, I mean it’s just scattered everywhere.”

For recipients who reside in apartment complexes, they comment on being situated in with non-Section 8 neighbors.

In the community…in the apartment complex that I live in, it’s a broad range of everybody and not everybody there is on Section 8, they accept both regular tenants and Section 8 tenants, so, and it’s not really segregated as far as one end is Section 8 and the other end is not. We’re just all mixed in, nobody knows unless you tell them. And it’s, you know, just about every race, and every age difference, and kids, no kids.”

A Black female describes how her neighborhood is very accepting of her and her children despite her expectations of the neighbors treating her badly and school children making fun of her children.
Because I am going into those different communities […] I don’t know maybe I thought that because our skin colors were different that it would be different, but they’re just like any other person, you know. Um, and they don’t treat me bad at all. They actually come over we all have dinner or we just…you know it’s a nice community where I’m at… and, those people over there are really, really nice, and I couldn’t believe it. I was thinking, “okay, they’re not gonna like me because I am Black and my kids are different.” But, no.”

On the contrary, one recipient, who is also an employee of CMHA, does not see that the HCV program is economically and racially integrating neighborhoods. She recalls that particular recipients request to live in more prominent White neighborhoods and some Blacks end up living in the inner city. She explains as follows:

Um, I would say the quote unquote “poverty black” all end up about in the same areas. […] [they] end up coming in and, “I have a slumlord and I’m on 7th avenue or whatever down the street, and my windows are shut,” […] I have a couple clients, um, I don’t want to sound racist in any kind of way, but, I have a couple of clients who are very, um, persistent to being in the Hilliard areas because of the, the uh, reputation of being in the Hilliard area. […] so I don’t think that neighborhoods are spread. I wouldn’t say that.

4.22.4 The HCV Program “Keeps you where you are” or “Pushes you Forward”

The recipients of the HCV program describe a phenomenon where the program either “keeps you were you are” or “pushes you forward.” For some recipient, receiving assistance from the HCV program and staying in their particular housing unit is sufficient for them. In one man’s case, he has calculated that in order to move from his current
position, in regard to economic level, he would need to get a job that paid no less than $14.00 an hour. Because he can’t find such a paying job, the only other option for him is to be unemployed and have his HCV program housing secure. He states:

My goal in life is, I’m glad to have a housing, and I’m not gonna give up my housing, unless I have a great economic opportunity. I’ll go to work full time for no less than 14 bucks an hour. I just won’t do it for less than…cause I’ve got to pay the rent.

The HCV program is also seen as pushing recipients forward by allowing them to rent from the private market where without the assistance, many recipients would not be able to financially afford to do so. One recipient states, “It’s been positive versus paying the full amount, which just would not be possible.”

Another recipient describes the HCV program as assisting her in meeting her personal goals in life. This recipient finished school, is employed and owns her home.

Well, I would definitely say, you know, once I got on the track of getting assistance of, you know, look at me now, you know, I went from, I was in school, you know, able to work a full-time job, now I purchased a home, you know, so it has assisted me, you know, it’s like right now, it’s not major…I don’t get a whole lot from the program, but the fact is I get some assistance.

4.23 Trustworthiness of Qualitative Study

Trustworthiness responds to the rigor of the qualitative research and is an important aspect in determining the credibility, transferability, and dependability and confirmability of the data collection and analysis. As described in detail in Chapter 3, this study incorporated several techniques to enhance the trustworthiness of this study.
Credibility refers to the thoroughness and accurateness of the data (Lincoln & Guba, 1986). As discussed in Chapter 3, I employed triangulation and peer debriefing to enhance the credibility of this study. The triangulation involved gathering data from more than one source (Oktay, 2002; Patton, 2002; Padgett, 1998; Lincoln & Guba, 1986), such as through individual interviews, information obtained from the staff of CMHA and observations in the waiting room of CMHA. Such triangulation allowed me to cross check the information obtained from the individual interviews with information gathered from the other sources. For example, several recipients commented on the way in which they were treated by staff, which I was then able to validate by observing interactions between the staff and recipients.

Peer debriefing was employed in order to minimize researcher bias (Oktay, 2002). My peer debriefing involved discussing the data collection and analysis process with a fellow doctoral student who is also interested in qualitative research methods, as well as consulting with the CMHA program director, and my advisor.

Transferability refers to the extent to which the results can be generalized or transferred outside of the study (Patton, 2002; Lincoln & Guba, 1986). One technique which often strengthens transferability is the use of thick description, which involves providing detailed descriptions of every process step and when describing settings, events, people, interactions and findings (Oktay, 2002; Lincoln & Guba, 1986; Guba, 1981). Thick description can also be employed by providing evidence of emergent themes and concepts by using quotes from the individual interviews. Although, I am not attempting to transfer the study beyond the participants of the individual interviews, I do provide thick description, which enhances transferability.
Dependability and confirmability refer to the reliability and objectivity of the study (Gibbs, 2002; Patton, 2002; Lincoln & Guba, 1986). In particular, dependability refers to the extent to which another researcher would find the same results under the same conditions. In order to enhance the dependability and confirmability of this study, I used the constant comparative method, using the qualitative data analysis package, Nvivo 2.0, used thick description by reporting exact quotes from the individual interviews when describing themes and concepts, and kept an audit trail of all contact with CMHA, the individual interviews, field notes and journal entries.

4.2.4 Conclusion

This chapter presented findings from both the quantitative and qualitative portion of this study. The findings included the significant factors that predict residential mobility, change in poverty in neighborhoods, and the extent to which race predicts change in percent Blacks and change in percent Whites. Additionally, the results from the twelve individual interviews were presented, in regards to the decision-making process, the recipients' suggestions for changes in the HCV program and their experience in the HCV program.
Evaluations of the Section 8 Housing Choice Voucher (HCV) Program in relation to policy goals are very important as the Section 8 HCV program is the largest low-income federal housing program in the United States. The current policy goals state to promote economically-mixed neighborhoods and residential mobility. Prior evaluations show that the Section 8 HCV program does promote economically-mixed neighborhoods when compared to public housing residents (HUD, 2000) and other low-income renters (Turner, 1998; Hartung & Henig, 1997), yet recipients still appear to reside in distressed and racially/ethnically segregated neighborhoods (Pendall, 2000; Van Ryzin & Kamber, 1999; Hartung & Henig, 1997; Newman & Schnare, 1997). This study provides a further evaluation of the HCV program in the sense of evaluating what predicts residential mobility of the HCV program recipients. Additionally, this study examined whether residential mobility predicts a change in poverty and whether race predicts a change in racial composition in neighborhoods. Finally, the study involved interviews with twelve HCV program recipients to explore their decision-making process in finding and obtaining housing. The following paragraphs include a discussion of the findings of this study.
5.1 Outcomes of the Individual-Level Factors that Predict Residential Mobility

Prior evaluations find that several factors predicted residential mobility. For example females are more likely to move than males (South & Crowder, 1998; Kerbow, 1996; Long, 1992), Blacks more than Whites (Schachter & Kuenzi, 2002; Hansen, 2001; Crowder, 2001), individuals in their twenties and thirties tend to be more mobile than other age groups (Foulkes & Newbold, 2005; Schachtel & Kuenzi, 2002; Hansen, 2001), number of family members tends to increase or decrease mobility rates, dependent upon the relationship of the family member (Schachter & Kuenzi, 2002; Crowder, 2001), and as income increases, mobility decreases (Schachter & Kuenzi, 2002). Such studies have included individuals in the rental private market and homeowner private market.

This study examined the individual-level factors that predict residential mobility among the Section 8 HCV program recipients and included the above mentioned variables and the impact of total tenant payment (TTP) and fair market rent (FMR) on residential mobility, which has not been examined previously. In a prior evaluation, income was shown to significantly affect residential mobility, as residential mobility decreases with income (Schacter & Kuenzi, 2002). Therefore, the variables TTP and FMR were included as they have the potential to affect a recipient’s income. As a recipient experiences a decrease in FMR or an increase in TTP, the recipient’s income will most likely decrease, and is thus, more likely to be mobile.

The findings from this study indicate that race, age, gender and number in family do indeed predict residential mobility. This study found similar results to Foulkes & Newbold (2005), Schachter & Kuenzi (2002), Crowder (2001), Hansen (2001), South & Crowder (1998), Kerbow (1996), and Long (1992) in that Blacks experience residential mobility.
mobility at higher rates than Whites, younger individuals more than older individuals, females more than males, and as the number of family members increase, mobility increases. Additionally, TTP and FMR variables predict residential mobility with the HCV program recipients indicating that any change in FMR can predict a move (more so a decrease than an increase) and an increase in TTP, yet not a decrease.

In regard to factors that predict residential mobility, the model for this study not only confirms findings from prior studies (except for income), yet adds three additional factors (increase in FMR, decrease in FMR, and increase in TTP) that contribute to residential mobility for this particular population. FMR and TTP are important components of the HCV program as they specify the rental value of a particular unit and the amount of rent that recipients are expected to pay (TTP). Local housing authorities often make adjustments to FMR and TTP as changes occur either in the market, or with their budget. For example, an increase in TTP occurred at CMHA on 4/1/04 due to a HUD decrease in their budget. Such an increase in TTP, or otherwise referred to as a decrease in payment standards, went from $853 for a 3-bedroom unit in 2002 to $813 for the same 3-bedroom unit in 2004, to $848 in 2005. If a recipient desires to remain in the unit, he/she has to pay the difference between the payment standard, established by CMHA, and the actual rent for the unit.

Changes to a recipient’s TTP can also occur when a recipient has a change in income. Such changes to FMR and TTP affect a recipient’s income as changes may require them to pay more or less in rental costs, and in turn, result in the recipient moving to a location that best matches their payment abilities.
The individual interviews with the current HCV program recipients provide additional support for the quantitative findings. When asked to describe what should be changed about the HCV program, one recipient commented on TTP (known inversely as payment standards). She states, “voucher standards go up and down, which cause more of a burden on someone. If I move into a unit today and this unit fits based on the payment standards, next year that payment standard could go down, which means I’ll have to pay more rent, which is gonna be more of a burden on the family.” Such a statement validates the findings that a change in FMR or an increase in TTP can cause a burden on the family and in turn contribute to residential mobility.

5.2 Outcomes for Relationship between Residential Mobility & Change in Poverty

Recipients have been found to reside in lower-poverty concentrated neighborhoods when compared to public housing renters and other low-income renters (HUD, 2000; Pendall, 2000; Van Ryzin & Kamber, 1999; Turner, 1998; Hartung & Henig, 1997). Such findings are important as the HCV program seeks to promote economically-mixed neighborhoods, yet the studies fail to examine whether recipients who are found to reside in lower-poverty concentrated neighborhoods during their tenure in the HCV program remain in such areas. With the promotion of residential mobility in the HCV program, recipients have the opportunity to be mobile while in the program, thus, potentially changing poverty rates as they move to new neighborhoods. This study examined two policy goals in combination (1) residential mobility; and (2) the promotion of economically-mixed neighborhoods, measured by a change in poverty. This combination determines if recipients who are mobile experience a change in poverty.
This study examined recipients who were in the program at any time between 1999-2005 with some recipients residing for one year and some for the full seven years. For this particular question, only those recipients who were mobile during their tenure in the program from 1999-2005 were included in the analysis (N=384). These recipients were only included as the research question seeks to explore whether residential mobility predicts a change in poverty, therefore, only those recipients who were mobile can experience a change in poverty.

To capture the change in poverty experienced by recipients, the percent of individuals below the poverty level were tracked for each recipient location, thus revealing the change in poverty with each subsequent move. The results of the regression analysis reveal that residential mobility does not predict a change in poverty. The results indicate that 20.4% of the variance in change in poverty was explained by age and race alone. The act of residential mobility does not predict a change in poverty, but individual-level factors (age and race) contribute to whether an HCV program recipient experiences a change in poverty. Therefore, moving while in the program does not predict that a recipient will move to a higher or lower poverty concentrated neighborhood during their tenure in the program.

5.3 Outcomes for Recipients’ Race and Racial Composition of Neighborhoods

The results of the MANOVA analysis reveal that race does not account for a significant amount of variance in change in racial composition of neighborhoods. In fact, race, age, gender, number in family, and the interaction of race and gender were all found to be non-significant. Annual income was entered as a control variable, yet was found to be significant in predicting racial composition in neighborhoods (p<.01). Annual income
was shown to account for 4.2% of the variance in racial composition. When examining the univariate results, race still remained non-significant in predicting change in percent Whites or change in percent Blacks. Again, annual income was significant on both dependent variables and accounted for 4.2% of the variance in change in percent Blacks, and 3.7% of the variance in change in percent Whites. Additionally, age was found to be significant in predicting change in percent Blacks and explained 2.3% of the variance.

Such results indicate that a recipient’s race does not predict a change in racial composition in neighborhoods when they are mobile. As stated in Chapter 2, Quillian (2002) found that Blacks desire to reside in neighborhoods with other Blacks and Whites in neighborhoods with other Whites, yet neither Blacks nor Whites desire to reside in poverty concentrated areas. Additionally, Kingsley (2003) finds that “many African American HOPE VI relocatees have used their Section 8 subsidies to move to neighborhoods inhabited mainly by moderate-and middle-income families of their own race” (p. 437). Therefore, such findings of this study indicate that although a recipient’s race does not predict a change in racial composition in neighborhoods, the results may be explained by recipients desiring to reside and then move to neighborhoods where the predominant race matches their own, thus not necessarily experiencing a change in racial composition of neighborhoods.

During the individual interviews, the recipients were asked to comment on their experience in mixed-income and mixed-racial neighborhoods. The majority of the recipients commented that income and racial composition of neighborhoods were not factors in considering housing, contradicting Kingsley (2003). One recipient stated, “Doesn’t matter. I mean, I don’t care if they make $100,000 and I make $50,000, I mean
that doesn’t bother me. As long as people are nice, I mean, it don’t matter what color…”

Another recipient, supporting Kingsley (2003), was asked if there are certain
neighborhoods in which she wouldn’t live in, and she responded “yes.” When asked why,
she stated, “I wouldn’t feel very comfortable.” Another recipient was asked to describe
her neighborhood and she stated, “It’s predominately White. I think the two neighbors
next to me are Black, but the rest of the neighbors are White.” The responses varied by
the recipients, but what appeared to be prominent amongst them all is that recipients tend
to live in neighborhoods that are familiar or comfortable to them. If a recipient resided in
a mixed-income, mixed-racial neighborhood (particularly growing up) then they looked
for neighborhoods very similar in characteristics.

Kingsley (2003) after examining the locational outcomes of HOPE XI relocatees,
suggested that deconcentration of poverty is a process involving several moves for
recipients. The first move often involves recipients residing in familiar, comfortable
neighborhoods. Kingsley (2003) then suggest “a process that offers relocatees further
counseling and support so that a while after their first move, many might be encouraged
to move again to neighborhoods that have yet lower poverty rates and are yet more
racially diverse” (p. 444-445). Such a suggestion is feasible only where housing
counseling and support is available. As the discussion below will show, the current HCV
program recipients through CMHA do not receive such services and therefore are fully
responsible for locating their homes.
Individual interviews with twelve current HCV program recipients allowed for an exploration of the factors that are important to recipients when they are locating and obtaining housing. In addition to examining the factors that predict residential mobility through the quantitative analysis, the individual interviews allow for an expansion on what the HCV program recipients are really experiencing in regard to mobility. The analysis of the interviews yields four areas that are particularly important when recipients search for a home: (1) neighborhood specific; (2) unit specific; (3) their children’s needs; and (4) their future wants or goals. As described in Chapter 4, these four categories are shaped by the recipient’s experiences in their prior residences through which they have determined what is and is not important.

The most extensive process in the home search involves actually locating a home that meets the recipient’s specified criteria while operating under the 90-day time constraint established by CMHA and HUD. The recipients described four different tools that they use when searching for a home: (1) selling themselves/the program; (2) networking/prepping from others; (3) searching tools (newspaper, drive by, phone calls); and (4) compromising their wants.

The recipients particularly describe the process whereby they sell themselves as renters or the HCV program to the landlords in order to have the landlords enter into a lease agreement. Additionally, recipients utilize various tools when searching for their home; tools that are generally not suggested by CMHA. The recipients deviate from the standard housing list provided by CMHA and use their own resources to find housing. Such resources include networking and talking with others, looking in the newspaper,
driving through neighborhoods, and contacting landlords either in person, by phone, or through written letters. One recipient describes her reason for not limiting herself to the housing list:

The thing with a lot of other people is that they limit themselves to our housing list. Um, but what I do is I go around the area, the surrounding area, and I go to different houses, I leave letters on the doors, things like that. I don’t limit myself to that housing list, because it’s…might not be anything in there that I would like, you know, that would benefit me and my kids.

Another recipient described how limiting the housing search to the housing list can lead to a more difficult housing search. This particular recipient describes informing other recipients of ways in which to locate housing that does not involve the housing list.

I think [other recipients] do limit themselves to the housing list. But, I pull them aside and tell them, “you don’t have to mainly stay with this list. You can go elsewhere. You can get in the newspaper. You can go to houses and knock on the door. You can leave notes. Do that.” So, generally they take my advice and do that.

Critics have often faulted the HCV program for not providing housing counseling to recipients during the housing search process (Kingsley, 2003). Housing counseling is a service provided by some local public housing authorities and many initiated mobility programs such as the Gautreaux program, MTO and HOPE VI. The service involves a designated housing counselor who assists HCV program recipients in finding a housing unit that best matches their particular needs and wants. Currently, CMHA does not provide such a service. The recipients interviewed for this study describe participating in
the same activities as a housing counselor yet are participating on their own time and with their own resources. The one recipient who only used the housing guide as a tool in her search process did not have a car and appeared to have limited resources in regard to participating in similar activities. This recipient has participated in numerous moves as she, along with her family, has been unsatisfied with their housing. Such a recipient could greatly benefit from a housing counseling service.

The individual interviews also provided insight into why an HCV program recipient might be mobile. The majority of recipients interviewed had experienced at least one move while in the program. These recipients were able to explain the circumstances of why they decided to move and describe the process in which the move took place. The recipients described several unforeseen circumstances or unplanned events that led to a decision to move. Such circumstances included both planned and unplanned events such as the following: (1) housing unit being too expensive; (2) unsatisfactory condition of the unit; (3) presence of crime or lack of safety in the neighborhood; (4) the location of the unit; (5) an increase in family size; (6) experiences with the landlord; or (5) a move to be closer to family. When the recipients experienced any of these planned or unplanned events, they found themselves re-evaluating what was important to them in housing and then starting the search process over again with the re-specified wants in mind. Such a process has occurred as many as five or six times for some recipients and never for others.

This study found that an impact on income (particularly through FMR and TTP) predicts residential mobility. The individual interviews revealed that other affects on income also serve as a burden for individuals and families. One couple that was
interviewed described how they believe they are at a disadvantage because they are married. The wife repeatedly stated, “they need to realize that married couples are trying to make it too.” A housing advisor at CMHA also described how recipients will report a marriage, yet either state that the spouse is not providing additional income, or will disclose the income and then later report that the spouse has left. An unemployed single man who has his full rent paid by CMHA has come to the conclusion that he would have to work for $14 an hour in order to maintain his current quality of life. Such accounts taken from the individual interviews validates the finding that a change in FMR or an increase in TTP financially impacts an HCV program recipient and could potentially lead to residential mobility.

The individual interviews were able to provide insight into the decision-making process of recipients and their lived experience as a Section 8 HCV program recipient. Where the quantitative findings were able to illustrate the individual-level factors that predict residential mobility among the HCV program recipients, the individual interviews were able to give examples of recipients’ experienced search for a home and their experienced residential mobility. The individual interviews illustrated the decision-making process and highlighted the complexity involved in locating and obtaining a home. The recipients are participating in a search that involves locating a home that is based on their pre-specified wants, marketing themselves and the HCV program, utilizing their formal and informal networks, and creating their own search tools all while operating under the rules and regulations of the HCV program.
5.5 Limitations

Several limitations exist within this study. First and foremost is the use of administrative data for the quantitative analysis, which limited the variables that could be used in the analysis. Although the administrative data provides a vast amount of information regarding HCV program recipients, the inclusion of several variables could have strengthened the outcome of this study in regard to predicting residential mobility. Additional variables such as income source, disability status, marital status, educational level, and employment status could provide a better picture of what predicts residential mobility as they are additional individual-level factors that could potentially affect income.

Receipt of social care services would have been particularly useful as CMHA actively participates in the Shelter Plus Care program, which provides HCV program housing to recipients who are also currently receiving services from a community service agency. Often individuals who receive HCV program housing under the Shelter Plus Care program can bypass the HCV program waiting list and receive immediate housing. Such a particular population may have a different experience with residential mobility.

Neighborhood quality is an additional factor to be explored when studying the HCV program, yet was not available through the administrative data. As of 2005, over 25% of HCV program recipients resided in low-poverty neighborhoods, 55.7% resided in normal-poverty neighborhoods, and 18.7% resided in high-poverty neighborhoods. Although the majority of the recipients are residing in low to normal-poverty neighborhoods the quality of the neighborhoods in which they reside are unknown.
An additional limitation to this study is the number of recipients who were in the program every year from 1999-2005. This study sample (N=1000) includes only 201 recipients who were in the program for the full seven years constituting only 20.1% of the full sample. This study could be strengthened by including only recipients who were in the program for the full seven years to examine residential mobility, change in poverty, and change in racial composition in neighborhoods.

The extent to which the mobility of the HCV program recipients was intentional or unintentional was not evaluated in this study. The individual interviews provided some insight into this topic where recipients cited several reasons for being mobile. Many of the reasons, such as experience with landlords, unit or neighborhood condition, or cost of unit were unplanned circumstances for the recipients. The HCV program could prevent future unintentional mobility by enhancing the housing quality standards and responsibilities of landlords as recipients report moving due to unit or neighborhood conditions or negative experiences with landlords.

Despite the above mentioned limitations, this study has examined the locational outcomes of the HCV program recipients taking into account recipients’ residential mobility, in which prior studies have failed to explore. Because of the access to administrative data, this study was able to examine locational outcomes of the HCV program recipients over a seven year period, which could not have occurred in a timely manner if the data were collected in the field. Additionally, through the use of this data and findings from the analyses, future evaluations and potential variables of interest have been identified. Lastly, although only 20.1% of the study sample remained in the program for the full seven years, the median length of tenure for an HCV program recipient is just
over three years (Devine, et al., 2003), thus indicating that including recipients who were in the program for all seven years does not accurately represent the general population.

5.6 Implications for Future Research

This study provides a solid foundation in regard to the individual-level factors that predict residential mobility among the HCV program recipients. With mobility as one of the policy goals of the HCV program an understanding of the factors that predict residential mobility among this population should be determined. Residential mobility has been explored with other populations, yet the HCV program recipients have not been specifically examined for factors that predict their mobility. This study provides such information by confirming findings from previous studies which find that factors such as, age, race, gender, and number in family predict residential mobility, yet adds three additional factors specific to this population, an increase or decrease in FMR and an increase in TTP. As stated above, future studies could further enhance such findings by including additional variables such as income source, disability status, marital status, educational level, employment status, and receipt of social services to determine such variables’ impact on predicting residential mobility.

As residential mobility is considered an advantage of the HCV program, when compared to other low-income housing program such as public housing, a further examination of this variable could be explored by comparing the mobility rates of current HCV program recipients with non-subsidized renters. Such non-subsidized renters could
be those individuals who are on the HCV program waiting list. A comparison of the two
groups could provide an understanding of the extent that the HCV program fosters
residential mobility and/or residential stability.

Although annual income was not found to predict residential mobility, a change in
FMR and an increase in TTP were found to be significant. Such variables do impact
annual income as recipients may be required to pay more or less for their HCV program
housing as changes in these variables occur. Additionally, changes to recipients’ income,
due to employment, marriage, child support, and/or government funded programs impact
their ability to pay for housing. Although CMHA makes necessary changes to TTP based
on changes to a recipient’s income, the individual interviews with the recipients
highlighted a lengthy amount of time between a change in income and adjusted TTP.
Grigsby & Bourassa (2004) calls for future research on income and mobility as they state,
“a low-income housing problem that has always been present but has not received much
attention until recently is the involuntary residential mobility caused by the interruption
of household income” (p. 809). Future studies should further examine the extent to which
income impacts residential mobility, particularly involuntary changes to income.

Several government-funded initiatives, such as Gautreaux, MTO and HOPE VI,
often encourage recipients to use their HCV program vouchers in suburban
neighborhoods, which tend to consist of lower rates of poverty. As the initiatives are
attempting to promote a better quality of life for recipients, future studies should examine
the extent to which these particular recipients are mobile compared to recipients who are
not part of the initiative. A study by Varady and Walker (2003) examined the
characteristics of HCV program recipients who moved to suburban neighborhoods and
found these recipients to be younger, have children, have higher incomes, and have the highest proportion of college education. Varady & Walker (2003) also found that 10% of their study population had moved to the suburbs yet returned to the city, which was found to be due to their dissatisfaction with the housing and neighborhood conditions, or they were unsuccessful in their search for housing in the suburbs. Therefore, residential mobility of such a population, particularly mobility back to cities, can provide evidence of the extent to which such mobility programs are meeting program goals.

In terms of locational outcomes, future studies of the HCV program recipients should include an examination of quality of neighborhoods. Neighborhood quality is often defined by the following: (a) economic status; (b) quality of housing type; (c) concentration of assisted housing; (d) racial and ethnic mix; and (e) extent to which assisted housing is located in highly impacted “underclass” neighborhoods (Newman & Schnare, 1997). An alternative way to measure the quality of a neighborhood is through variables measuring distress. Distressed neighborhoods are often defined as consisted of three of the following five indicators and severely distressed by the presence of all five indicators: (a) persons below the poverty level; (b) % of households receiving public assistance; (c) % of males aged 16 and over who had worked fewer than twenty seven weeks; (d) % of families with children under age 18 headed by a single woman; and (e) % of persons between 16 and 19 years of age who were not in school and had not completed high school (Kasarda, 1993). Future studies of the HCV program should include an exploration of quality of neighborhoods when data are available.
When evaluators examine the quality of the neighborhoods, the results do not clearly fall in a positive direction. One study found that HCV program recipients are less likely to reside in distressed neighborhoods when compared to public housing residents (Newman & Schnare, 1997), yet another studied found the HCV program recipients to be 75% more likely to reside in distressed neighborhoods when compared to other low-income renters (Pendall, 2000). As stated above, future studies of the HCV program should include an analysis of the quality of neighborhoods in which the recipients reside.

This study found that a recipient’s race does not predict a change in racial composition in neighborhoods. HUD has specified a strategic goal of ensuring equal opportunity in housing; therefore, the extent to which HCV program recipients are residing in segregated neighborhoods should be explored. This study provides a foundation for future studies by finding that a recipient’s race does not predict an experienced change in racial composition. This study finds 13.1% of recipients tend to reside in neighborhoods with lower percentages of Blacks when compared to their place of residence in 1999 or their initial place of residence (if entered the program after 1999); and 10.8% of recipients tend to reside in neighborhoods with lower percentages of Whites. Over ten percent of mobile recipients tend to reside in neighborhoods with higher percentages of Blacks than when compared to their place of residence in 1999 or their initial place of residence, and 13.3% of recipients tend to reside in neighborhoods with higher percentages of Whites. Seventy six percent of recipients either moved to
neighborhoods with equivalent percentages of either Blacks or Whites or did not move at all. The results show that the recipients tend to move into neighborhoods with fewer Blacks and more Whites.

Quillian (2002) found that although individuals do not desire to reside in poverty areas, they are found to reside in neighborhoods with neighbors of the same race. Therefore, future studies should examine the factors that predict racial segregation of the HCV program recipients, as well as the extent to which recipients are able to reside in neighborhoods of their choice. Studies should explore whether racial segregation is a choice or due to the inability to gain access into alternative neighborhoods (Foulkes & Newbold, 2005). Future qualitative studies could explore the extent to which recipients desire to reside in neighborhoods where neighbors are predominately of the same race.

5.7 Implications for Policy

Residential mobility is an advantage of the HCV program in the sense that recipients are free to move to neighborhoods of their choice pending availability of housing and landlords willing to participate in the program. The discussion in Chapter 2 on residential mobility describes how mobility can yield both positive and negative affects on individuals and families. For example, residential mobility has been found to negatively affect a child’s academic performance, reduce social connections, and reduce the total number of activities in which a child participates (Pettit & McLanahan, 2003; Scanlon & Devine, 2001). For adults, residential mobility has been found to decrease social integration, which often results in lower levels of social, psychological, and physical well-being, and increase rates of depression, particularly for women (Magdol, 2002; Myers, 1999b; House et al., 1988;). To the contrary, residential mobility has been
found to increase feelings of safety and housing satisfaction, and is also associated with changes in employment, education, or income level (Fauth et al., 2004; Morris et al. 1976). Although the consequences of residential mobility vary depending on the circumstances, a program that promotes residential mobility should examine the extent to which this occurs among the recipients.

This study reveals that among 1000 recipients who were in the program at any time between the years 1999-2005, 38.4% experienced at least one move. Over 25% of the recipients moved at a rate of at least once every four years. When categorizing the recipients into low, normal and high mobility, this study finds that the majority of HCV program recipients fall into the low mobility category (70.5%), followed by high mobility (17.6%) and normal mobility (11.9%). This study provides implications for policy by exploring the rates of mobility, and the factors that predict residential mobility among the HCV program recipients. Future policy can structure its goal of residential mobility or stability around the factors that have been found to predict mobility, thus determining the extent to which residential mobility or stability will occur in the program. For example, future policy could involve raising FMR and decreasing payment standards for recipients. The HCV program can attempt to promote stability by stabilizing FMR and TTP as to not cause unintentional mobility.

The locational outcomes of the HCV program recipients reveals that 10% of recipients made moves to higher poverty neighborhoods while in the program and 14.6% of recipients made moves to lower-poverty neighborhoods. Over 75% of recipients made moves to neighborhoods with equivalent rates of poverty or did not make any moves while in the program. As of 2005, the majority of recipients (55.7%) were residing in
normal-poverty neighborhoods, followed by 25.7% in low-poverty, and 18.7% in high poverty neighborhoods. Such results provide support for the policy goals in that the program is promoting mixed-income neighborhoods with over 80% of its recipients residing in normal or low-poverty neighborhoods. Yet, to the contrary, nearly 20% of the recipients are residing in high-poverty neighborhoods, and 14% of recipients have made moves while in the program resulting in higher rates of poverty.

Future policy could address the 20% of recipients who are residing in higher-poverty neighborhoods by developing opportunities within the recipient’s current community such as better access to neighborhoods, better schools, and safer neighborhoods (Turner, Popkin & Cunningham, 1999). The individual interviews revealed that recipients often reside in neighborhoods that are familiar and comfortable to them, often similar to neighborhoods in which they resided as minors. Varady, Walker & Wang (2001) found that more satisfied recipients make shorter moves from their original destination compared moves involving greater distances. Varady et al. (2001) concluded that recipients want to remain near family and friends, familiar scenery and access to services, such as public transportation. Therefore, future policy should attempt to improve neighborhoods of recipients and promote economically-mixed neighborhoods by revitalizing existing neighborhoods versus expecting recipients to move into new, unfamiliar, neighborhoods.

Future policy needs to tackle the issue of income and receiving services from the HCV program as some recipients describe a situation where they want to work, yet feel that the program will not allow them to work or feel it a disadvantage to work or become
married. Future policy could relax the payment standards for recipients who work or are married in order to allow recipients to work while receiving the same services and without increasing the burden on individuals and families.

5.8 Implications for Practice

The individual interviews provided extensive information regarding the experiences of the HCV program recipients in searching for a home. The HCV program recipients are responsible for locating a home that meets the housing quality standards established by HUD and involves a landlord willing to participate in the program; all within the allotted 90 day time frame. The receipts describe the process in locating a home and the various tools in which they use. They also describe the specified factors or wants that are important to them in finding a home and that drive their search process. If recipients are unfamiliar with the metropolitan area, many seek assistance from friends, family, and social service providers in selecting a location to begin their search. During the search process, recipients often have to make compromises as they are not able to match a home with their pre-specified wants. The recipients then find themselves moving within a year or two to something that better matches their specified wants. This process involves residential mobility potentially avoided through housing counseling.

Housing counseling is a service provided by some local public housing authorities and is a part of the Gautreaux, MTO and HOPE VI initiatives. Housing counseling can be administered in a number of ways depending on the availability of resources of an agency or individual. Such services could include providing transportation to search for a home, a housing list that best matches a recipients needs in terms of location and housing size, teaching the clients how to be a tenant, or can include actually participating in the home
search right along with the client. Housing counseling is a service that could be provided by social workers in virtually any arena. A caseworker at a Children’s Services agency, a medical social worker working through a hospital, a social worker involved in the court system or mental health system could all provide housing counseling services to best match a client’s needs and wants with safe and affordable housing. Additionally, housing counseling could potentially reduce the amount of unplanned circumstances or events that arise which cause recipients to participate in unintentional mobility.

Varady et al. (2001) conducted a study looking at the impact that housing counseling played in housing satisfaction. The results indicated that those recipients who received housing counseling were more likely to be satisfied with their homes compared to recipients who did not receive counseling. Additionally, the study illustrated that housing counseling that included assistance in interactions with landlords contributed the most to housing satisfaction. This particular study provides support for implementation of housing counseling.

The individual interviews also revealed that some recipients have experienced negative encounters with providers of the HCV program or with landlords. Social workers who encounter clients who receive services from the HCV program should reinforce with the clients their rights as a recipient of such service. A recipient should be encouraged to inform the proper authorities and voice their concerns if they are being treated unfairly or inappropriately by landlords, inspectors, and/or housing advisors. Such experiences have resulted in recipients participating in unintentional mobility and one recipient discussed actually leaving the program.
Social workers are also encouraged to empower recipients to “sell themselves” to landlords as the recipients described through the individual interviews. Such empowerment can occur either through specific housing counseling or through causal interactions with clients. The recipients that participated in the interviews describe how they strategically presented themselves to landlords in an attempt to gain their trust and reduce stigma. The recipients who presented themselves in such a manner appeared to have greater opportunities and appeared to be more satisfied with their current housing.

5.9 Conclusion

The Section 8 HCV program was established through the Housing and Community Development Act of 1974 and is the largest federal housing program in the United States providing services to 1.8 million households (HUD, 2006a). The HCV housing program is unique in the sense that recipients rent housing in the private market and have the ability to relocate to different housing and different neighborhoods. The program encourages mobility, or the ability to best match current needs with decent, safe and affordable housing. The program was founded on a policy goal of promoting economically-mixed neighborhoods and HUD has established a strategic goal of ensuring equal opportunity in housing. This study explored the residential mobility patterns of 1000 HCV program recipients who have received services from CMHA between the years 1999-2005 and the locational outcomes of recipients in terms of change in poverty and change in racial composition in neighborhoods. The study was enhanced with individual interviews with twelve current HCV program recipients.
This study built on prior evaluations of the HCV program and found that residential mobility of the HCV program recipients is determined by the age, race, gender, and family size of the recipient and whether the recipient experienced a change in FMR or an increase in TTP. The study also found that residential mobility does not predict a change in poverty and race does not predict a change in racial composition in neighborhoods. The individual interviews provided information regarding the decision-making process of recipients, reasons for mobility and revealed the recipients’ reflection on their experiences and satisfaction with the program.

Although the program can further enhance the services provided to HCV program recipients, the outcomes of current HCV program recipients in terms of mobility, change in poverty, and change in racial composition tend to fall in alignment with the current policy goals. The program, being relatively new (just over 30 years old), has provided recipients with many opportunities that they otherwise would not have had the chance to experience. One recipient who is a single mother and a college student confirmed the existence of the program by stating, “and that was the only way that I was going to be able to be here [at college], was to have a place with the Section 8 assistance.” Another single mother states, “look at me now…I went from, I was in school, you know, able to work a full-time job, now I purchased a home…so it has assisted me.”
LIST OF REFERENCES


APPENDIX A

ORAL SOLICITATION FROM HOUSING CASE MANAGER
Oral Solicitation from Housing Case Manager

Now that we are finished for our meeting today, I would like to inform you of a study in which you are eligible to participate. There is a Doctoral student from The Ohio State University named Barbra Teater who is currently working on her Doctoral Thesis, under the supervision of Tom Gregoire, where she is looking at the mobility patterns of the Section 8 Housing Choice Voucher (HCV) program recipients, and the decision-making process of Section 8 recipients in locating housing. She is interested in interviewing current Section 8 program uses, like yourself, to learn about your experiences in finding and living in Section 8 program housing.

Barbra is present at CMHA today and would like to talk to you further about the interview if you are interested. The interview can occur today if you are available. The interviews will last approximately ½ -1 hours, and will be audio taped. You will receive a $25.00 gift certificate to Krogers Grocery Store for your participation.

Participation in this study is on a voluntary basis. If you agree to participate in the interview, you have the right to not answer any questions that are asked of you. You are also able to stop the interview at any time. Your eligibility for HCV (Section 8) program housing is not affected by participating or not participating in this study. All information that is collected, such as audiotapes, will be used for research purposes only. Confidentiality will be strictly observed. I will not have access to your information and CMHA will not know whether you participated or not. Once the research is complete, the audiotapes will be destroyed.

If you are interested in participating in the study, I can take you to Barbra and you can talk to her further.

Tom Gregoire, Ph.D.                                Barbra Teater
Principal Investigator                             Doctoral Student
1947 College Road                                  1947 College Road
Columbus, OH 43210                                 Columbus, OH 43210
(614) 292-9246                                      (614) 292-9246
APPENDIX B

ORAL SOLICITATION FROM DOCTORAL STUDENT
Oral Solicitation from Doctoral Student

My name is Barbra Teater and I am a Doctoral student at The Ohio State University. I am currently working on my Doctoral Thesis, under the supervision of Tom Gregoire, where I am looking at the mobility patterns of the Section 8 Housing Choice Voucher (HCV) program recipients, and the decision-making process of Section 8 recipients in locating housing. I am working with the Columbus Metropolitan Housing Authority (CMHA, although they will not have access the information you provide to me, nor will they know if you participated in this study. I am interested in interviewing current Section 8 program users, like yourself, to learn about your experiences in finding and living in Section 8 program housing.

The interviews can take place right now, if you are available. If you would like to participate, but can not at this time, we can make arrangements to meet at a time that is good for you. The interviews will last approximately ½ -1 hour, and will be audio taped. You will receive a $25.00 gift certificate to Krogers Grocery Store for your participation.

Participation is this study is on a voluntary basis. If you agree to participate in the interview, you have the right to not answer any questions that are asked of you. You are also able to stop the interview at any time. Your eligibility for HCV (Section 8) program housing is not affected by participating or not participating in this study. All information that is collected, such as audiotapes, will be used for research purposes only. Confidentiality will be strictly observed. Your case manager will not have access to your information and CMHA will not know whether you participated or not. Once the research is complete, the audiotapes will be destroyed.

If you are interested in participating we can review the consent form and then begin the interview.

If you have any questions at any time please contact Tom Gregoire or myself, Barbra Teater, at (614) 292-9246.

Tom Gregoire, Ph.D. Barbra Teater
Principal Investigator Doctoral Student
1947 College Road 1947 College Road
Columbus, OH 43210 Columbus, OH 43210
(614) 292-9246 (614) 292-9246
APPENDIX C

CONSENT FORM
The Ohio State University Consent to Participation in Research

Protocol title: Residential mobility and the Section 8 housing choice voucher program: Factors predicting mobility and the decision-making process of recipients.

Protocol number: 2005B0193

Principal Investigator: Tom Gregoire

I consent to my participation in research being conducted by Tom Gregoire of The Ohio State University and his assistants and associates.

The investigator has explained the purpose of the study, the procedures that will be followed, and the amount of time it will take. I understand the possible risks and benefits, if any, of my participation.

I know that I can choose not to participate without penalty to me. If I agree to participate, I can withdraw from the study at any time, and there will be no penalty.

• I consent to the use of audiotapes. I understand how the tapes will be used for this study.

I have had a chance to ask questions and to obtain answers to my questions. I can contact the investigators at (614) 292-9246.

For questions about my rights as a participant in this study or to discuss other study-related concerns or complaints with someone who is not part of the research team, I may contact Ms. Sandra Meadows in the Office of Responsible Research Practices at 1-800-678-6251.
Participant

I have read (or someone has read to me) this document and I am aware that I am being asked to participate in a research study. I have had the opportunity to ask questions and have had them answered to my satisfaction. I voluntarily agree to participate in this study.

I am not giving up any legal rights by signing this consent form. I will be given a copy of this signed document.

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Relationship

Investigator/Research Staff

I have explained the research to the participant or his/her representative before requesting the signature(s) above. There are no blanks in this document. A signed copy of this consent form has been given to the participant or his/her representative.

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APPENDIX D

FIELD NOTES
Participant ID # __________________

Field Notes

1. Did the responses of the participant appear to be affected by anything? (Differences between the participant and the researcher (socioeconomic/racial/ethnic/age), distractions in the setting, personality of the participant, etc.)

2. How did the researcher address such affects?

3. Describe the setting and mood of the interview.

4. What key themes tied to the research questions stood out from this interview?

5. Any other relevant notes related to this interview.
Normal P-P Plot of Regression Standardized Residual

Dependent Variable: ratio of number of moves/number of years in program
APPENDIX F

NORMAL PROBABILITY PLOT FOR RESEARCH QUESTION TWO
Normal P-P Plot of Regression Standardized Residual

Dependent Variable: Ratio of the Poverty change / number of moves