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Public Housing Relocation of Older Adults in Atlanta: Challenging the Aging in Place Concept

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Cover Page Footnote

I would like to thank my MA committee members, Drs. Oakley, Ruel, and Burgess. Their dedication to the field of research and teaching has inspired me. Thanks to my wonderful family for supporting my educational endeavors .

INTRODUCTION

One of the first housing projects was constructed in Atlanta in 1936 under the U.S. Housing Act of 1937 (U.S. Department of Housing and Urban Development [HUD] History 2011). In 1959 the Housing Act was amended to allow funds for senior housing under the Section 202 Program (HUD Multi-family housing 2011) and in 1966, Atlanta built its first Section 202 housing for older residents (AHA 2008). About 4 decades later, public housing projects were typically associated with living in poverty-stricken, crime-infested, inner-city neighborhoods (Crump 2002). The National Commission on Severely Distressed Public Housing has also stated that public housing is one of the biggest failures of U.S. social welfare policy (Popkin, Levy and Buron 2009). The perceived failure of public housing has resulted in policies to deconcentrate poverty. The Housing Opportunities for People Everywhere (HOPE VI) was introduced to deconcentrate poverty, which resulted in the elimination of severely distressed public housing projects across the United States (HUD About HOPE VI). Starting in 2007 the Atlanta Housing Authority (AHA) started demolishing public housing communities including two Atlanta Section 202 senior housing (HUD Public and Indian Housing, 2011).

Seniors who have lived in Section 202 housing projects for an extended period of time wanted to remain in place because they saw their home as existing in a homogenous community, safe from the outside world of discrimination (Rowe 2007). As Rowe (2007) highlighted, the Black community can be seen as a refuge from the malicious realities of living in a stratified society where being Black, poor, and unrepresented is often the case and can lead to difficult lives. Older people in particular, as long-term residents, may be affected by place attachment (Rowles 1983). Place attachment describes the strong social-psychological attraction to a specific location among long-term residents and especially minorities who have been influenced by discrimination and life-limiting chances (McAuley 1998). For older Black Americans who have experienced severe discrimination, the community then becomes a safe haven to age in a place that enables coping with physical and mental losses that come with growing older; a recent study on Atlanta housing projects showed that the majority of older residents wanted to fix up their community versus relocation (Oakley, Ruel, and Wilson 2009:4).

The need to house the older generation will be the new challenge in the upcoming years with the rise in the aging population (Smith 2009) which will double by 2050 to 80 million persons aged 65 and older (Wacker and Roberto 2008). Keeping older people healthy and independent can delay institutionalization and thereby result in savings for the state and families (Greene, Cohen, Galambos and Kropf 2007). One way of delaying institutionalization is facilitating aging in place of older adults. A study by AARP found that most respondents 50 and over want to remain in their homes as long as possible (Masotti, Fick, John-

son-Masotti and MacLeod 2006:7). Aging in place can help seniors maintain better health, which in turn can result in cost-effective methods to minimize the provision of long-term care (Greene et al. 2007). According to Haley and Gray (2008) the ultimate goal of Section 202 housing with supportive services is to avoid institutionalization and maintain independence. Because older adults in two AHA high-rises were forced to relocate, they were not allowed to age in place and their ability to maintain place attachment was disrupted. This study compares the place attachment of older African American residents forced to relocate and residents who were able to age in place. I will examine whether tenure and distance to needed services affected place attachment for those who relocated in comparison with those who were able to age in place.

BACKGROUND

How Did We Get Here?

The Federal Housing Administration was created in 1934 under Franklin Roosevelt's' Administration (HUD History 2011). Techwood Homes in Atlanta Georgia, constructed in 1936, was one of the first public housing developments in the United States, and in 1937 the U.S. Housing Act established the public housing program (HUD History 2011). Consequently, Atlanta's Techwood Homes was all White and segregated until 1969 when the Federal Housing Administration and Veterans Administration guaranteed low homeowner loans to White Americans (Keating 2000). White Americans started to move from the city into the newly developing suburbs. Of particular importance was the spread of highways and almost universal ownership of at least one automobile by White families (Marshall 1979), which resulted in the start of the White Flight Movement. Highways were built, and the job suburbanization move began (Marshall 1979). Suburbanization prompted more White Americans to leave the city to be closer to their jobs and left behind were mostly governmental and corporate jobs to which White Americans commuted to. Because manufacturing and retail jobs left the city, other businesses moved with them to accommodate the new shift to the suburbs.

This sequence of events left a devastating effect in and around U.S. cities' borders, including Atlanta. The Federal Housing Administration and the U.S. Department of Veterans Affairs "contributed significantly to the decline of the inner city by encouraging the selective migration of whites to the suburbs" (Franklin 1997 143:127). African Americans in Atlanta and other southern states fared even worse because of Jim Crow Laws that legitimated racist practices. According to Mohl (2001), the discriminatory practices of mortgage bankers and property insurers in southern cities, along with the migration of Black people to the urban core, and the move of White people to the suburbs, helped impoverish Atlanta's inner city with majority African Americans. The White flight of Atlanta coincided with the policies of the 1960s urban development plan that included new public

housing for mostly Black Americans with Bowen Homes opening in 1964 (AHA 2008; Mohl 2001). By 1991 Techwood Homes had become 98% African American (Keating 2000) with the city of Atlanta having 62% of Blacks living below the poverty level (Bullard, Johnson and Torres 1999). By the mid-1990s the AHA was overseeing the largest number of housing projects per capita in the United States (AHA 2008). Due to budget cuts and discriminatory practices in land developments, housing policy circles have deemed public housing as a failure and the cause of social problems such as joblessness, poverty, and crime (Goetz 2003).

Hope VI and the Goal of Deconcentrating Poverty

In 1992 HUD officially launched HOPE VI with the main goal of deconcentrating poverty by eliminating failed public housing projects and replacing them with mixed-income housing to allow for a more positive environment. Previous research has shown that this may not have happened (Brazley and Gilderbloom 2007, Marquis and Ghosh 2008, Pardee and Gotham 2005, Rosenthal 2004).

Pardee and Gotham (2005) looked at HOPE VI redevelopment of St. Thomas Public Housing and concluded that only 20% of units would be available to former residents. Also, in Louisville, KY only 5% of public housing residents were currently relocated in their community (Brazley and Gilderbloom 2007). Marquis and Ghosh's (2008) study found that only 32 of the original 336 residents moved back into the redeveloped housing site and non-relocatees were also high in Atlanta's redeveloped Villages of East Lake, where only 79 of the original 428 families returned to the former housing project site (Rosenthal 2004). San Antonio's former residents fared even worse with only an 8% return rate to all HOPE VI sites as well as Charlotte's 16% return rate to all HOPE VI sites (Rosenthal 2004). Its seems as if the HOPE VI is not benefiting former public housing residents because only a small percentage of residents are returning to the redevelopment site. Where are the former residents going? Researchers have found that some residents are ending up back in areas of segregated poverty (Brazley and Gilderbloom 2007, Goetz 2002, Kingsley, Johnson and Pettit 2003, Oakley and Burchfield 2009, Popkin et al. 2009). In St. Paul-Minneapolis Minnesota, researchers found half of the displaced residents moved to other areas of concentrated poverty (Goetz 2003). Another study used data from the Chicago Housing Authority and found that a high percentage of former public housing residents moved to other high poverty areas (Oakley and Burchfield 2009), as with the case study of the Cotter and Lang Homes where the majority of public housing residents remained in concentrated poverty (Brazley and Gilderbloom 2007:438). As a final point, new evidence from the HOPE VI Panel Study found that relocatees that moved with a Section 8 voucher moved back to predominately Black poor neighborhoods (Popkin et al. 2009). Thus, moving the residents out of the housing projects only to relocate them in other areas of concentrated poverty

is clearly *not* improving their lives and some research has suggested that older people who relocate fare even worse (Colello 2007; Ormond, Black, Tilly and Thomas 2004).

In 2003, Congress reauthorized HOPE VI to include the Government Accountability Office report on severely distressed public housing for seniors (GAO-06-163, 2005). In that report they acknowledged that 2% (76 developments) of the public senior housing stock were severely distressed, with only half of that (1%) being demolished and renovated. There is little research to date on public housing and the relocation process of elders. Atlanta is unique in this aspect, but considering that 60% of senior housing residents in the Atlanta study wanted to fix up their communities rather than relocate (Oakley et al. 2009), should the alternative of aging in place have been considered when decisions were being made to demolish and relocate older people?

Senior Public Housing

The Section 202 program is affordable housing with supportive services for the elderly; it provides very low-income older adults with options that allow them to live independently but in an environment that provides support activities (HUD Section 202 Housing for the Elderly 2011). Eligibility is based on age 62 and older, and very low income, which is generally defined as equal to 50% of the area median income and adjusted for household size (Section 202 Housing for the Elderly 2011).

In Atlanta three senior high-rise buildings were built based on the prescribed doctrines of Section 202 of the Housing Act: Palmer House (1966), Roosevelt House (1973), and Cosby Spears (1985); AHA 2004). The AHA put Roosevelt and Palmer House under their Quality of Life Initiative (AHA Moving to Work Plan 2009) thereby slating Palmer and Roosevelt House for demolition, with Cosby Spears only slated for renovation. In 2004 the total housing stock for Atlanta senior high-rise buildings was 3,016 units, with 81% African-Americans (AHA 2004). Ninety-five percent of senior high-rise residents earned below the 80% of the area Median Income level (AHA 2004). The occupancy rate in 2004 for Cosby Spears was 99% with Palmer and Roosevelt House having 100% occupancy (AHA 2004). According to work order responses, 100% of emergencies were abated in under 24 hours for all three senior buildings, with non-emergency orders being completed at Cosby Spears and Roosevelt House in about a day, and Palmer House work orders being completed in half a day (AHA 2004). This documentation (AHA 2004) shows that client services based on housing needs were being met at all three buildings.

AHA committed itself to "long-term self-sufficiency for its residents as a high priority" (AHA Moving to Work Annual Report 2004:7) so client services for seniors have been offered to serve the older population in public housing communities. The services offered to housing residents included laundry and

housekeeping, transportation, prescription services, and home health care. These services hail from federal housing Section 202 and AHA doctrines on independent living for seniors: essentially, aging in place.

In fiscal year 2012, HUD is requesting $757 million for Section 202 housing with supportive services, which include expansion activities, service coordinators, and conversion to assisted living seniors to age in place (Fiscal Year 2012 Program 2011). According to Haley and Gray (2008), most residents of Section 202 housing prefer to age in place and it's also cost effective; in 2004 a nursing-home stay cost Medicaid $49,000 on average, compared to Section 202 housing with supportive services that only cost about $13,000 on average (Haley and Gray 2008).

As mentioned earlier, Atlanta is unique in its demolition of its Section 202 housing so research is limited in this field, but Keene and Geronimus (2011) interviewed Atlanta relocated public-housing residents and found that older residents experienced loss of social ties and networks that brought on depression, loss, grieving, and in some cases death. Also, researchers interviewed older residents of the five NY boroughs and found that older people in particular tried to negotiate ways to stay in their neighborhood by moving together, living in substandard housing, or fighting to keep their rent control (Newman and Wyly 2006:46). In another 2002 study (Lees 2003) in Brooklyn Heights, NY, researchers found that long-term older residents in particular tended to celebrate their close-knit community and resisted relocation fiercely (Lees 2003). Lastly, researchers from GSU examined sense of place among 290 Atlanta public-housing residents before relocation and found that 87% feel that they are in a place that was their home, and 83% saying it is important to them (Tester, Ruel, Anderson, Reitzes and Oakley 2011).

CONCEPTUAL FRAMEWORK

Aging in Place and Place Attachment for Older Minorities

As mentioned previously, aging in place for minority residents is especially important when considering the discriminatory experiences throughout their life course. Skinner (1992) findings indicated that because older minorities had restrictions on where they could live, they were more likely to form an attachment to place where they rely on co-residence and informal caregiving, along with social networks and ties. Manzo, Kleit and Counch (2008) found that older residents had formed place attachments because they were managing day-to-day life with limited resources. Even limited resources did not account for lower social capital among public housing residents. Social capital concerns the resources available through social networks and relationships based on trust, shared norms, and reciprocity (Curley 2010). In a study examining social capital in Boston, MA, the researcher found that social capital among those who relocated to mixed-income

neighborhoods was lower than for those who remained in public housing. Also, Long and Perkins (2007) looked at social capital and found that community cohesiveness, place attachment, and sense of community among older minorities were more significant than for rich or poor Whites. Social capital for older minorities living in public housing is essential to place attachment and aging in place, even if the resources are limited.

Furthermore, to expand on the concept of unique aging for African Americans, the sense of home and place attachment is not synonymous with home ownership. Due to a legacy of discrimination, older African Americans were often barred from home ownership, and thus their attachment to place is based on community rather than ownership. Qualitative data on rural communes in which residents do not own their homes, showed that the majority of residents considered their community their home and had formed place attachments (Windsong 2009:212). Gilleard, Hyde and Higgs's (2007) research study of older residents in England found that the association between area community attachment was strongest among older people and had more to do with living in the same place for long periods, rather than wealth and ownership.

Aging in place is especially important for older African Americans to maintain social ties and access to community programs. For many generations, informal social networks have sustained the Black community and dependence on social networks and fictive kin has been essential in the survival of Black families through the decades. Disrupting these networks can be extremely hard in maintaining everyday functioning (Duryea 2006). In the Manzo et al. (2008) study of public housing projects before relocation, residents' attachment to place was the single most influential factor in their reaction to relocation. Perez, Fernandez-Mayoralas and Abuin (2001) came to the same conclusion when their findings showed that the highest scoring issue with older residents 65–85 was relationships with neighbors. Social ties and networks are so important that post Katrina evacuees showed that the main reason residents wanted to return was because of "social networks based on friends, family, neighbors, and church membership" (Chamlee-Wright and Storr 2009:623). In Curley's (2010) study on Boston HOPE VI residents, African Americans scored strongest on social ties and this correlated with place attachment. Long and Perkins (2007) also came to this conclusion in their study of five neighborhoods in Brooklyn and Queens, NY and to expand on this, Cleak and Howe (2003) looked at older residents in Harlem and found that older minorities with social networks had "better psychological outcomes and used significantly more informal supports when needed" (Cleak and Howe 2003:19). Lastly, Johnson and Barer (1990) and Taylor (2001) found that Blacks have a larger kinship system that includes extensive friendships and associational networks than do Whites. Due to the hardships of living in the inner city,

older Black people come to rely on social networks and fictive kin for financial and emotional support.

Aging in Place, Place Attachment, and Mental and Physical Losses: The Concept of Selective Optimization with Compensation

Aging in place and place attachment also help cope with mental and physical losses that naturally occur with aging. Familiarity with one's home and neighborhood allows for independence where selective optimization with compensation can be used more effectively. Selection refers to the restrictions placed on aging from micro- or macro- structures; compensation is accommodating for those restrictions; and optimization is making life function to adapt to those accommodations. For example, if an older person could not see well they could still negotiate their house in the face of that loss and maintain some independence. He/she would compensate for the loss of their eyesight by optimizing the familiarity associated with their home and social services in order to still function independently. Baltes and Carstensen (1996) theorized that selection optimization with compensation is a prescription for adapting to age changes while working to optimize performance in those areas affected by age (eyesight, hearing, mobility), and using external aids (glasses, hearing aid, social services) to compensate for losses.

Selective optimization with compensation is a meta-model for successful aging that comes with simultaneous losses (Baltes and Carstensen 1996). As older adults negotiate losses that naturally come with human aging, they have to maximize the gains (select and optimize) and minimize the losses (compensate). This model would be more effective if an older person was familiar and comfortable with their home and location, and this can be accomplished by aging in place. Most of the older residents in the Manzo et al. (2008) study did not want to move out of the housing projects because it "helped them meet their basic needs" (2008:1866), described as grocery shopping and medical appointments through the social services available in their neighborhood. The Perez et al. (2001) survey of 1,148 older residents living in Madrid in low income areas found that higher neighborhood satisfaction and place attachment were correlated with ease of reaching neighborhood services.

Being able to maneuver neighborhood resources is crucial to aging in place for poor older minorities because of restrictions placed on their life from micro- and macro- structures. Peace, Holland and Kellaher (2005) found that poor older people were particularly attached to their environment especially when they started to decline in their competence. Lastly, greater overall well-being is systematically associated with attachment to place, as found in the Gilleard et al. (2007) study of place attachment and aging in place. Growing old while surrounded by the security of a physical space, along with close family and friends, allows for selective optimization with compensation. Moving an older person from a home with which they have become familiar disrupts their independence

and increases their dependency. It is important to note that GSU Urban Health Initiative (2011) findings indicated that older adults' main reason for choosing their place was the convenience of location for public transportation to get to their healthcare providers quickly and easily.

RESEARCH DESIGN AND METHODS

Place attachment is an affective bond between people and places and is related to community attachment. Community attachment denotes a sense of unity "a feeling of being socially a part of one's neighborhood or community, and a sense of rootedness, or attachment to a physical community or neighborhood" (Tester et al., 2011:438). The main research question in this study is: Is there a difference in community attachment for tenure and distance to needed services for African American residents of senior high-rise buildings who were forced to relocate and those who were able to age in place? In order to address this question secondary data analysis was conducted from the Georgia State University Urban Health Initiative (UHI) which collected data from two senior high-rise buildings that were demolished (Palmer and Roosevelt) and one senior high rise that remained open (Cosby Spears). The hypotheses are stated below:

Hypothesis 1: At baseline, longer tenure in senior public housing is associated with greater community attachment for all three groups (Palmer, Roosevelt, and Cosby Spears).

Hypothesis 2: After relocation Palmer and Roosevelt senior public housing residents will be associated with lower community attachment than Cosby Spears residents, due to shorter tenure.

Hypothesis 3: At baseline, proximity to needed services will be associated with greater community attachment for all three groups in senior public housing.

Hypothesis 4: After relocation, Palmer and Roosevelt senior public housing residents will be associated with lower community attachment than Cosby Spears residents, due to greater distances from needed services.

Data

The UHI followed residents from three senior high-rise buildings using a disproportionate stratified sample. Their overall goal was to document residents' experiences before and after the relocation process, as well as assess residential, socioeconomic, and health outcomes (UHI 2011). In 2008, UHI researchers interviewed a sample of older residents prior to their relocation. The intention was to track and interview respondents repeatedly over the next 2 years. The sampling frame used was a list of occupied units in the two relocating and one nonrelocating (Cosby Spears) senior public-housing developments. The first initial contact with housing residents was through a recruitment letter delivered by U.S. mail or in person. Next, face-to-face computer-assisted interviews were conducted at the public-housing complex, Georgia State University campus, or a neutral lo-

cation. The researchers interviewed residents again, 6 to 24 months after relocation in 2009 and in 2011–12 with an 86% response rate. They could not locate 8% of former public-housing residents and 6% of former public-housing residents had died (UHI 2011).

Constructs

***Dependent variable*.** Community attachment was measured pre-move and post-move, using an index scale from the UHI survey, shown in Table 1. An index scale was constructed by summing six questions to assess community attachment. Higher value on the scale can be interpreted as greater community attachment. The community attachment index scale has a Cronbach's alpha of .886, which is considered an excellent degree of internal consistency (Yockey 2011).

Table 1. Community Attachment Construct

Questionnaire	Community attachment scale
1. When I'm in my neighborhood I feel I'm in a place that is my home. Do you…	6–10 = Strongly Disagree
2. When I'm in my neighborhood I feel I'm in a place that holds a lot of meaning to me. Do you…	11–15 = Disagree
3. When I'm in my neighborhood I feel I'm in a place where I belong. Do you…	16–20 = no Opinion
4. When I'm in my neighborhood I feel I'm in a place that I'd miss if I had to leave. Do you…	21–25 = Agree
5. When I'm in my neighborhood I feel I'm in a place that I'm proud of. Do you…	26–30 = Strongly Agree
6. When I'm in my neighborhood I feel I'm in a place that's important to me. Do you…	

***Independent variables*.** Distance to needed services was measured at pre-move and post-move using an index scale from the UHI survey, shown in Table 2. An index scale was constructed by summing four questions to assess distance to needed services with lesser value indicating greater community attachment. The distance to needed services index scale has a Cronbach's alpha of .635, which is considered a moderate degree of internal consistency (Yockey 2011).

Table 2. Distance to Needed Services Construct

Questionnaire	Distance to needed services index scale
1. How long does it take you to get to the nearest bus or MARTA station?	4–5 = Less than 15 min 6–10 = 15–30 min
2. How long does it take you to get to the grocery store?	11–15 = 31–45 min
3. How long does it take you to get to your doctor or the place where you most often get health care?	16–20 = 46 min to 1 hour 21–25 = more than 1 hour
4. How long does it take you to get to the church (or temple)	

Note. MARTA = Metropolitan Atlanta Rapid Transit Authority.

Independent variable*:* The second independent variable is public-housing tenure. Question 8 of the survey asks "How long have you lived in your current home?"
Control variables**.** I controlled for prior or intervening variables that could have an effect on the outcome of the dependent variable, therefore the control variables are Age, Income, and Health status (see Table 3).

Table 3. Variables

Variables	Measurement
Dependent Variable	
CommAttach1 = Community Attachment pre-move	6 = strongly disagree 30 = strongly agree
CommAttach2 = Community Attachment post-move	
Independent Variables	
Distance1 = Distance to services pre-move	4–5 = less than 25 minutes
Distance2 = Distance to services post-move	6–10 = 15–30 minutes 11–15 = 31–45 minutes 16–20 = 46 minutes to 1 hour 21–25 = more than 1 hour
HowLongLive = Tenure	Continuous level variable (1-99 years)
Control Variables	
Age	Continuous level variable (19-99 years old)
Income	Continuous level variable ($250-$3,000)
Health	0 = Good Health & 1 = Fair or Poor Health

Data Analysis

Data was analyzed by using three steps. The first step used was univariate analysis to describe all the variables. For the second step an ANOVA test was used to look at the variable mean scores over two points in time (pre- and post-move). For the third step OLS regression was used to generate regression estimates to test the hypotheses on the prediction of the variables.

Ordinary Least Squares—Models

For Hypotheses 1 and 3, OLS regression was used on community attachment as a function of tenure and distance to needed services on all three groups to see if longer tenure in public housing and shorter distances to needed services equals higher community attachment pre-move. For Hypotheses 2 and 4, OLS regression was used on community attachment as a function of tenure and distance to needed services to see if after relocation Palmer and Roosevelt residents would have lower community attachment due to shorter tenure and greater distances

from needed services than Cosby Spears residents, who were able to age in place. Last, I regressed community attachment on all independent and control variables.

RESULTS

Baseline Characteristics: Pre-move

Table 4 shows descriptive statistics for the sample population of residents who relocated and those who did not. Seventy-four percent of residents at Palmer and Roosevelt House had a high degree of community attachment pre-move for their neighborhood and the majority of residents reported it takes 30 minutes or less to get to needed services. For those who lived in Cosby Spears pre-move, 66% had a high degree of community attachment with their neighborhood and the majority of residents reported it takes 30 minutes or less to get to needed services.

Table 4. Descriptive Analysis

Variables	*Baseline Sample*						*6 month re-interview Sample*					
	Roosevelt/Palmer					*Cosby Spears*	*Roosevelt/Palmer*					*Cosby Spears*
	n	*sd.*	*%*	*n*	*sd.*	*%*	*n*	*sd.*	*%*	*n*	*sd.*	*%*
CommunityAttachment	124	5		70	5		93	5		61	5	
Disagree	16		13	12		17	11		12	9		15
Moderate	16		13	12		17	11		12	7		11
Agree	60		48	34		49	46		49	35		58
Strongly Agree	32		26	12		17	25		27	10		16
Distance to services	92	3		53	8		62	2		50	3	
Less than 15 min	25			27	21	40	4		7	14		28
15-30 min	54			59	26	49	46		74	31		62
31-45 min	13			14	6	11	12		19	5		10
Separated/Divorce	124	1	43	71	1	44	93	1	40	61	1	44
Not Working	117	.23	97	71	.45	90	94	.25	97	62	.32	89
Fair/Poor Health	124	.50	55	71	.50	52	94	.49	45	62	.50	47
Income $500-$479	12	42	64	71	2	54	91	1	46	61	1	46
African-American*	123	.50	94	69	.65	8						
Female*	124	.50	51	71 .	53	52						
High School Diploma*	124	1	41	71	1	52						
Age*	124	13		71	10							
Less than 45 years	11		7	2		3						
45-61 years	53		44	40		57						
62-98 years	60		49	29		40						
Years in public housing*	124	4		71	4							
1-9 years	96		78	58		82						
10 years or more	28		22	13		18						

*question was not asked at 6 month interview.

Post-move Characteristics and 6-Month Subsequent Interviews

After relocation 76% of residents from Palmer and Roosevelt house had a high degree of community attachment with their neighborhood with 74% reporting it takes them 15-30 minutes to get to needed services. For the residents who were able to age in place (Cosby Spears housing), 74% reported a high degree of community attachment with their neighborhood with 62% percent it takes them 15-30 minutes to get to needed services.

Table 5. ANOVA Table

Source	*N*	Mean	Standard deviation	Standard error
Cosby Spears	61	.049	4.7	.61
Roosevelt & Palmer	93	.043	6.9	.71

Sum of squares	Degrees of freedom	Mean square	*F* value	*p* value
.001	1	.001	.000	.995
5778.680	152	38.018		

One-Way Analysis of Variance (ANOVA)

SPSS was used to analyze the means of the two groups using one-way ANOVA. Using community attachment (post-move – pre-move) as the dependent variable, descriptive statistics show that after relocation, Cosby Spears residents had the highest average of community attachment at .049 followed by Roosevelt and Palmer residents with community attachment of .043. The Levene statistic for community attachment is significant at .020; thus I reject the null hypothesis and assume that population variances among the groups are not equal. Rejecting the null hypothesis violates the assumption of homogeneity of variance, therefore the Brown–Forsyth test was used. The test was not significant at .995 so I fail to reject the null hypothesis and assume that the variances are equal in the population. The ANOVA is not significant at $p < .05$; therefore I fail to reject the null hypothesis that community attachment had an effect on either group after relocation.

Correlations and Ordinary Least Squares Regression

Tables 6 through 8 show correlation and regression of changes in community attachment on the population sample of all residents. SPSS was used to run correlations and multiple regressions on the amount of time lived in public housing and distances to needed services on the population sample of all residents. A dummy variable was added for Cosby Spears to distinguish between the two populations. Also, to compare across all models included were only those participants who were able to participate in the 6-month second interview (8% of former public housing residents could not be located and 6% of former public housing residents had died), and those who answered the questions related to distance to needed services N = 99. Due to the small sample size, there is not enough power to de-

termine significance at $p < .05$; therefore I used $p < .10$ for determining significance.

Table 6: Correlations of Community Attachment Pre-move

N=99	*Comm Attach Pre-move*	Tenure	Distance to services–Time 1	Cosby Spears
Comm Attach Pre-move	1.000	-.080	-.163	.111
Tenure	-.80	1.000	.017	.093
Distances to Needed services – Time 1	-.163	.017	1.000	.125
CosbySpears=1	.111	.093	.125	1.000

In Table 6 Cosby Spears residents had a positive relationship and higher community attachment with tenure and distance to needed services at .093 and .125 respectively, whereas Roosevelt and Palmer residents had a negative relationship with community attachment with tenure and distance to needed services at -.080 and -.163 respectively. Thus, Roosevelt and Palmer residents did not have increased community attachment based on longer tenure in public housing. Distance to needed services and community attachment was also negative with a weak correlation, which suggests that proximity to needed services does not account for increased community attachment for Roosevelt and Palmer residents pre-move. There is a positive and weak correlation between tenure and community attachment for Cosby Spears residents' pre-move, which suggest that the amount of time lived in public housing does not account for increased community attachment. Distance to needed services and community attachment was also positive with a weak correlation, which suggests that proximity to needed services does not account for increased community attachment.

Table 7: Correlations of Community Attachment Post-move

N=99	*Comm Attach Postmove*	Tenure	Distance to services–Time 2	Cosby Spears
Comm Attach Postmove	1.000	-.016	-.116	.163
Tenure	-.016	1.000	.087	.093
Distances to Needed services – Time 2	-.116	.087	1.000	.197
CosbySpears = 1	.163	.093	.197*	1.000

*P < .10 (two-tail test)

Six months later, all residents were interviewed again. Tenure stayed positively associated with community attachment for Cosby Spears residents at .093

as well as negatively associated for Roosevelt and Palmer residents at -.016; therefore, for every year lived in Cosby Spears community attachment increased, but for those who relocated every year lived in public housing community attachment decreased. Interestingly, post-move, Roosevelt and Palmer residents' correlation between tenure and community attachment increased which suggests that residents have higher community attachment at their new location then previous location. Not surprising, the correlation between tenure and community attachment remained exactly the same for Cosby Spears residents' who were able to age in place. The correlation between community attachment and distance to needed services remained positive for Cosby Spears residents 6 months later, but increased to .197 indicating that community attachment decreased (lower scores for distance to needed services equals higher community attachment). Roosevelt and Palmer residents' community attachment and distance to needed services remained negative but increased to -.116 indicating that community attachment also decreased for them post-move.

Table 8. Regression Analysis of Community Attachment.

VARIABLES	*N =99*	*N = 99*	*N = 99*
Community Attachment	***Model 1 (Baseline)***	***Model 2 (6-month)***	***Model 3 (6-month)***
Tenure	Coeff.	Coeff.	Coeff.
	-.009	-.002	.001
	(.010)	(.011)	(.011)
Distance to Services	-.349	-.330	-.292
	(.197)	(.221)	(.225)
CosbySpears (1=Cosby)	.015	.021*	.020*
	(.017)	(.011)	(.011)
Age			.058
			(.053)
Income			.197
			(.268)
Health			.444
(1 = Poor Health)			(.011)
Constant	25.08	24.517	19.494
Pseudo R^2	.052	.050	.068

*P < .10 (two-tail test)

Note: Standard error in parenthesis.

Looking at Table 8 Model 1, longer tenure in senior public housing did not increase community attachment pre-move, but proximity to needed services does increase community attachment pre-move. Residents living in Cosby Spears were the strongest predicator of community attachment, followed by tenure and distances to needed services. The overall model results are not statistically significant at $p < .05$ so I cannot generalize the sample to the population.

For residents of senior public housing in Atlanta 6 months later (Model 2) longer tenure in senior public housing did not increase community attachment post-move, but proximity to needed services does increase community attachment post-move. Residents' living in Cosby Spears was the strongest predicator of community attachment, followed by tenure and distances to needed services. The overall model results are statistically significant at $p < .10$, so there is a significant difference between Cosby Spears residents and those that relocated.

When comparing Models 1 and 2, residents of Cosby Spears remained positively associated with community attachment, while tenure and distance to needed services remained negatively associated with community attachment, which suggest that longer tenure in an Atlanta senior 202 high-rise does not increase community attachment for those who relocated. Ultimately, tenure pre-move and post-move negatively affected community attachment. Distance to needed services remained negatively associated with community attachment pre-move and post-move with a slight increase of .19 post-move, which suggests that community attachment decreased. For Model 1 and 2 as distance to needed services decreased, community attachment increased and this is not surprising considering that most seniors indicated that "the neighborhood was not as important as convenience to location" (Oakley et al., 2011) because of their dependence on public transportation.

To see if prior or intervening variables would have an effect on the outcome of the dependent variable controls were introduced. Income, Age, and Health are both positively associated with community attachment, whereas distance to needed services is negatively associated with community attachment. As age increased, so does a person's community attachment, and this is consistent with the literature that an older person who has aged in place, would have higher community attachment than a younger person (Haley 2008, Kontos 1998, Masotti 2006, McAuley 1998, Newman 2006, Oakley 2009, Rowles 1983). The overall model results are statistically significant at $p < .10$, so there is a significant difference between Cosby Spears residents and those that relocated.

When comparing Models 1 and 2 with 3, tenure changed from being negatively associated with community attachment to being positively associated with community attachment when controlling for Age, Income, and Health. Unsurprisingly, a person's age, income, and health does affect tenure and community attachment and this is consistent with the literature on aging in place (Baltes and

Carstensen 1996, Curley 2010, Duryea 2006, Ekstrom 1994, Haley and Gray 2008, Manzo et al. 2008, McAuley 1998, Newman and Wyly, Perez et al 2001, Rowles 1983, 2006, Skinner 1992, Smith's 2009, Tester et al. 2011). The overall model relative strength increased to R^2 =.68, which indicates that community attachment accounts for .07% of the variance in tenure and distance to needed services when controlling for Age, Income, and Health. Even though the variation is low, it is the highest among the three models.

FINDINGS

The results of the analysis did not support the first hypothesis. Cosby Spears residents' community attachment increased every year they lived in public housing in the regression model, which is consistent with the literature that longer tenure is associated with community attachment and therefore aging in place (Ekstrom 1994, Haley 2008, Lees 2003, Newman 2006, Oakley 2009, Smith 2009, Tester et. Al 2011). In contrast, Roosevelt and Palmer residents' community attachment decreased every year lived in public housing and this finding is contrary to existing literature on community attachment. Differences in the buildings and communities of Cosby Spears and Roosevelt and Palmer may contribute to this finding. One possible reason may be that Roosevelt and Palmer senior housing were more than 40 years old (Cosby Spears was only 26 years old) and due to the cost-containment phase in the 1980s, suffered severe maintenance neglect. In addition, 49% of Roosevelt and Palmer residents reported that the current condition of their home was fair/poor, whereas only 24% of Cosby Spears residents reported that the current condition of their home was fair/poor (UHI 2011). Future research may need to look at community attachment and variability in building quality for senior public housing residents.

The results of the analysis also did not support the third hypothesis. The findings showed that for Palmer and Roosevelt residents, community attachment increased as units to needed services deceased, which is consistent with the literature that proximity to needed services is associated with community attachment and therefore aging in place (Gilleard 2007, Greene 2007, Manzo 2008, Peace 2005, Perez 2001, UHI 2011). For Cosby Spears residents, as community attachment increased, so did units to needed services. This finding is contradictory to the literature and more difficult to explain. Cosby Spears is located in prominent midtown Atlanta whereas Roosevelt and Palmer residents are located in urban downtown Atlanta. Perhaps, distances to needed services was more important to Roosevelt and Palmer residents than to Cosby Spears residents but further research in how important distance to needed services are for seniors in public housing is warranted.

Findings did support the second hypothesis that after relocation Cosby Spears residents' community attachment would be higher than that of Roosevelt

and Palmer residents. Roosevelt and Palmer residents' tenure remained negatively associated with community attachment post-move but surprisingly increased from -.080 to -.016; this may be because of the deterioration of the senior high-rise buildings pre-move and the satisfaction with their new home post-move. Some seniors indicated that their new home was a big improvement over their previous public-housing homes, with some mentioning a significant decrease in pests, roaches, and broken appliances (Oakley, Reid, & Ruel, 2011). As expected, Cosby Spears residents who did not relocate and were able to age in place, community attachment remained the same 6 months later.

The results of the analysis did not support the fourth hypothesis. When comparing Palmer and Roosevelt residents to Cosby Spears residents, the correlation between community attachment and distance to needed services was higher for Roosevelt and Palmer residents at -.116 than Cosby Spears residents at .197 (lower scores for distance to needed services equal higher community attachment). Distances to needed services remained negatively associated with community attachment for Roosevelt and Palmer residents' pre- and post-move; Cosby Spears residents' distances to needed services remained positively associated with community attachment 6 months later but became statistically significant. As mentioned earlier, future research on importance of distance to needed services for seniors in public housing is necessary.

DISCUSSION

For all residents, descriptive characteristics for community attachment with tenure and distance to needed services were quite similar pre- and post-move, with Cosby Spears residents having slightly higher community attachment than Roosevelt and Palmer residents; however both populations did report a slight increase in distance to needed services 6 months later. I expected an increase in distance to needed services for Roosevelt and Palmer residents due to their relocation, but was surprised at the results for Cosby Spears residents, who were able to age in place. Because 85% of residents at Cosby Spears use public transportation or Services for Seniors transportation services, it is not clear why there was an increase in distance to needed services. In 2008-2009 MARTA eliminated 40 bus routes from their fleet due to budgetary issues from the 2007 recession (MARTA 2010). Perchance the bus route schedule most frequently use by residents was changed/cut or the Services for Seniors transportation scheduling was changed or disrupted. The reasoning for this needs to be further explored.

When reviewing the ANOVA table, there is a slight increase in community attachment for Cosby Spears residents compared to Roosevelt and Palmer residents post-move, but the results are not statistically significant; thus community attachment did not affect or differ for either group 6 months later. Essentially, even though community attachment and tenure remain negatively associated post-

move, it did increase slightly which suggest that an extended amount of time lived in public housing did not account for increased community attachment. Perhaps, the relocated residents liked their new location so much that they started to immediately attach to their neighborhood irrespective of the short 6 month tenure. As expected, longer distances to needed services did account for decreased community attachment post-move. Closer distances to needed services in order to perform selective optimization with compensation effectively are associated with higher community attachment and therefore aging in place.

The findings only supported the second hypothesis; the other three hypotheses were not supported. At baseline, longer tenure and shorter distances to needed services did not increase community attachment for all three groups. Community attachment based on longer tenure did not increase for everyone when taken with other factors, such as housing condition. Also, further distances to needed services for those who relocated did decrease community attachment, but this was not lower than those who were able to age in place, and this was unexpected. I presumed that the satisfaction with the new housing environment may be the cause, but further research in this area is needed. Ultimately, tenure and distances to needed services to perform selective optimization with compensation is very low in predicting community attachment for all residents in senior public housing in Atlanta. These results are surprising, considering that the literature states that longer tenure and proximity to needed services are associated with higher community attachment and therefore aging in place, but the research available is limited in specifically targeting seniors in Section 202 housing. Atlanta was the first city to demolish Section 202 housing and, as of 2005, only 1% of 202 housing was targeted for demolition (GAO-06-163, 2005); research in the area of Section 202 housing and aging in place is much needed. In addition, 6 month interviews only indicate immediate post-relocation results.

A final important insight is that aging in place and community attachment is complex and not consistent for long-term public-housing seniors because of other factors that can influence it. For example, longer time lived in senior public housing does not increase community attachment when the housing development is in severe deterioration and maintenance upkeep is substandard. In particular, the longer a senior citizen lives in substandard housing, the more their community attachment decreases. Also, further distances to needed services do not decrease community attachment if the housing is satisfactory and alternatives to public transportation are available.

Recommendations for Future Research

I have three implications for future research. First, other factors besides tenure and proximity to services can influence community attachment. For example, age, income, and health did have a slight influence on community attachment and should be explored further and this is consistent with existing literature (Baltes

and Carstensen 1996, Curley 2010, Duryea 2006, Ekstrom 1994, Haley and Gray 2008, Manzo et al. 2008, McAuley 1998, Newman and Wyly, Perez et al 2001, Rowles 1983, 2006, Skinner 1992, Smith's 2009, Tester et al. 2011). Second, substandard housing may also affect community attachment. Due to historically discriminatory practices against African Americans, few alternatives to living arrangements were available, so community attachment became significant regardless of substandard housing. Perhaps the need to fix up their housing was preferred to relocation; however, when faced with new housing, relocated residents liked it and started to form community attachment. Residents who were able to age in place did not experience a comparison model (moving to a new residence that is brand new), so their community attachment remained the same. Finally, community attachment and aging in place are more complex than originally hypothesized, especially for minority residents. Tenure and closer distances to needed services *does* increase community attachment, but other factors can cause it to decrease. Future research on aging in place may need to recognize that minority seniors living in Section 202 housing have unique aging experience.

Although research in the area of senior relocation is limited and aging in place and community attachment are complex issues, I have three policy suggestions based on the findings. First, HUD should continue to provide supportive services such as transportation for seniors of Section 202 housing. Community attachment decreased for both Roosevelt and Palmer residents that relocated and Cosby Spears residents because of further distances away from needed services. Second, there should be an increase in U.S. Department of Housing and Urban Development (HUD) funds for maintenance and repair of Section 202 housing. Relocated residents community attachment increased post-move, perhaps because of their satisfaction with their new home and their dissatisfaction with their previous home due to its severe deterioration. In summary, continued funds for research on aging-in-place initiatives and community attachment will assist policy makers in addressing the rising number of older adults residing in public housing. According to the Seniors Commission Report (2002), by 2020 there will be a predicted 1.3 million elderly people who will need assistance with housing and activities of daily living. That staggering figure alone should alert policy makers to enact administrative and legislative reform.

Limitations

This research has several limitations. First, due to the small sample size used for the study of older residents, I did not have enough power to determine significance at $p < .05$; therefore I changed the significance level to $p < .10$ for determining significance. Second, I only documented 6 months relocation results and UHI is a longitudinal study still in progress. Aging in place is a concept that describes long-term effects therefore 12 months or 24 months may give more precise results. To finish, a disadvantage with using secondary data is not being able

to create specific questions related to the study. Even though I was able obtain data for distances to needed services, I was not able to obtain data on how seniors of public housing are able to transport themselves to needed services to compensate for age-based changes.

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