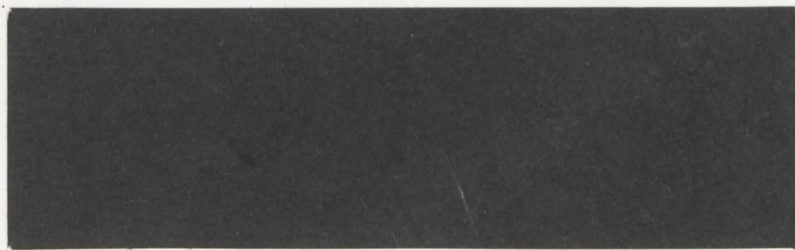


H9801



**cura**

*Center for Urban and Regional Affairs*

Edward G. Goetz  
David Chollar  
Kim Rowe

University of Minnesota  
Center for Urban and Regional Affairs

April 20, 1998

*Public Housing Highrise  
Social Service Pilot  
Evaluation*

**CURA RESOURCE COLLECTION**

Center for Urban and Regional Affairs  
University of Minnesota  
330 Humphrey Center



# *Public housing highrise social service pilot project evaluation.*

## EXECUTIVE SUMMARY

In April 1996, a pilot program of integrated and expanded on-site social services was initiated at two Minneapolis Public Housing Authority (MPHA) highrise projects, Horn Tower and Terraces, and the Cedars highrises. The program represents a cooperative effort of MPHA, Hennepin County, and private social service agencies.

### **Program model**

The new service delivery system operates through the activities of a "core team" present in each highrise project. The core team includes representatives of highrise residents, the MPHA, the county, and the social service providers. The team is designed to collectively address community-building, social service provision, and property management issues at the highrises. Responsibility for the overall implementation and management of the pilot program was given to a second group, called the "oversight committee." This committee included representatives from MPHA, Hennepin County, the United Way, highrise residents, and service providers.

The program consists of physically locating the service providers inside the highrise projects themselves. The service providers hold office hours in the buildings and meet with residents on-site. Service providers are expected to reach out to the residents, being as visible and supportive as possible, even in ways not connected with the particular services they provide. The scope of services to non-elderly residents is also increased in the pilot program.

The core teams are to facilitate a cooperative and integrated environment in which the providers can work together and coordinate their activities with management staff and residents. This cooperative working arrangement is designed to increase the quality of services provided by allowing the providers to address the entire range of concerns that residents may have, and to coordinate their services with the actions of building management. The core team process is also hypothesized to improve the level of community-building that takes place in the buildings.

## **FINDINGS**

### **Program implementation**

- The program was implemented in a gradual fashion. Services were introduced to the highrise projects over time. Some service providers were on-site before the pilot project officially began while others were introduced several months after the program began. Indeed, it has been the work of the core team to identify other types of services needed in the buildings and to arrange additional service provision. Second, the evolution of the core teams as a functioning interdisciplinary team of professionals with resident representatives also occurred over an extended period of time. For example, at Horn, the core team was not fully functional until 1997. Implementation of the pilot program at Horn was complicated by the physical renovation of the project that was undertaken by MPHA during the last half of 1996. Finally, a critical element of the core team operations, the interdisciplinary case management by service providers, did not begin until early 1997.
- The core teams at each of the sites experienced significant difficulties in defining their roles and focusing their activities. The confusion of the core teams was the result of several factors. First, core team members never fully understood the objectives of the core team, nor the complete set of objectives for the program as a whole. Second, there was disagreement, in the initial stages of the program implementation, between the two major systems (Hennepin County and MPHA) regarding whether the core teams were to be vehicles for collective case management or vehicles for community-building efforts at the highrises. Finally, lead officials from MPHA and the County have opted for a low-profile leadership style. This has been meant to induce greater participation by residents and providers and to create a more democratic operation. In fact, however, many members of the core team have criticized what they regard as the lack of direction and leadership from MPHA and the County.
- Since the spring of 1997, almost one full year after the official beginning of the program, the program has been operating as envisioned. The core teams include community building as well as case management efforts. The oversight committee is more closely monitoring the core teams and the implementation of the program.

### **Program impacts**

- Pre- and post-test surveys of the pilot site residents and residents of two control group highrise projects (surveys completed in September of 1996 and September of 1997) indicate that there was a significant increase in the awareness of available services at the pilot sites. The impact of the program on the use of services (as reported by survey respondents) was less widespread. Residents reported an increase in use between 1996 and 1997 for only five of the 17 services listed in the questionnaire. Finally, among those respondents who reported using services, the reported increase in



the "ease of use" was negligible. For 15 of the 17 services, there was no change in the respondents' judgment of how easy the services were to use.

- Caseload data suggests that there was an increase in service usage at the pilot sites. Services provided by one private contractor, *Spectrum*, increased from 0 at the time the program began to 106 open cases at the two pilot sites by the end of December 1997. Services provided by the other private contractor, *Senior Resources, Inc.*, increased very slightly from 86 open cases in April of 1996 to 92 in October 1997. In terms of individual contacts with clients, *Senior Resources, Inc.* reported an increase from 1274 to 1342 over the same time period. Hennepin County caseload data shows a 21 percent increase in cases between August 1995 (one year before the program began) and December 1997 (18 months after the program began). This increase, however, was exceeded in the two control sites, which experienced a 29 percent increase in open cases over that same period of time.
- Survey data reveal that the pilot program had virtually no impact on the degree of "internal" community-building (neighboring behaviors and participation within the highrise community) at the pilot sites. When, however, we controlled for the degree of change in the awareness of social services, we found a moderate effect. That is, those who experienced an increase in their awareness of the on-site social services reported moderately greater levels of internal community building behaviors.
- The pattern of program impact found for internal community building was exactly repeated for external community-building activities (defined as the degree of interaction with the neighborhood surrounding the highrise). Slightly higher levels of external community participation were found among those whose awareness of services had increased between pre- and post-test.
- The program had little to no direct impact on residents' sense of self-sufficiency and empowerment. Again, however, those whose awareness of on-site services increased over time also showed a slightly greater increase in self-sufficiency and empowerment.
- Residents showed a significantly greater change in sense of security in the pilot sites compared to the control sites. Some of this effect was due to the renovation taking place at Horn. However, improvements in residents' sense of security also showed up at Cedars, suggesting the program had some impact in this area.
- Overall residential satisfaction was also significantly higher at the pilot sites compared to the control sites. As with security issues, the rise in satisfaction was in part due to the completion of building renovations at Horn. However, increases in satisfaction were also experienced at Cedars.
- MPHA operational data show that the trend in monthly police calls dropped at the two pilot sites over the period of the pilot program while remaining roughly constant at the

two control sites. The rates of resident turnover, resident evictions, and security staff incident reports were not significantly different from pilot to control sites.

## RECOMMENDATIONS

1. Core team participants need to be fully informed of program goals and the logic model of the program. They should be made aware of the role of the core team and what is expected of them as core team members. This can be achieved in a number of ways from an initial orientation for new members to the development of materials that briefly and clearly describe program goals and the expected roles of individual team members.
2. Core team and oversight committee activities should be routinely tied to program goals in order to keep these bodies on task. Some members of the oversight committee have attempted to implement such a process using the measures of impact developed for this evaluation. While this process is worth keeping and institutionalizing, now that the evaluation is complete it would be more fruitful for the oversight committee to reassess those measures and possibly develop its own set of objectives or benchmarks against which program activities can be judged. Such a process would clarify the relative weight given to the issues of coordinated case management and service provision, improved management and building operations, and community building and resident organizing.
3. The lead MPHA and County officials need to maintain a higher profile of leadership in the program. As mentioned in the report, the lead officials have consciously attempted to allow other players to take ownership of the program and to use the program as an opportunity to empower. They have, in effect, chosen a facilitative style of leadership over a directive style. While this choice should not be abandoned, it should be noted that a visible leadership presence is not incompatible with a facilitative style.
4. Core teams and the oversight committee need to examine ways of building resident participation in core team activities. Greater connection of core team and resident councils should occur. Resident council representation on core teams should be encouraged as well as the regular reporting of core team activities at resident council meetings.
5. More generally, the oversight committee needs to investigate ways in which the pilot program could be connected with other forms of resident organizing taking place at the highrises.
6. On-site management personnel should be encouraged by program officials in MPHA to share resident information with service providers to the fullest extent possible. More generally, there should be opportunities provided for service providers and managers to meet and exchange their perspectives on the program as well as relevant information on residents.

7. Core team time should continue to be reserved for case consultation by the service providers. The providers regard this as a valuable opportunity to exchange information and improve the quality of services provided to residents.
8. The core teams should continue the practice of provider-open houses as a means of publicizing the on-site services. These have been effective ways of introducing providers to residents.
9. The oversight committee should investigate ways to increase the degree of outreach by service providers at the pilot sites. This could improve case loads and increase the reach of the services provided on-site. However, provider outreach may also be valuable in helping improve the sense of community at the pilot sites. Thus, program leaders, should initiate discussions with the on-site providers regarding the role of service providers in community building. Providers need to be aware of the expectations for their activity in this area. Many of the providers we spoke with were unsure of their role in community building, while others saw no role in that regard.

## SUMMARY

The public housing highrise social service pilot project set for itself a series of ambitious goals. First, program documents identify a series of planned outcomes, from increased quantity and quality of social services in the highrises, to improvements in the satisfaction of residents, their sense of self-sufficiency and empowerment, and the level of community-building in the projects. Second, these outcomes were to be produced as the result of the mixing of several systems (including residents, building management, and social service providers) that had little history of cooperative engagement in the past.

The findings of the evaluation suggest that there is much to be optimistic about regarding this model. First, despite persistent difficulties and delays in implementing the program as planned, the data show a moderate level of program impact across almost the entire range of expected outcomes. Residents have become more aware of services, and report using some of these services more heavily over time. Among residents who had become more aware of on-site services, there was a small to moderate increase in community-building and self-sufficiency. By comparison, increases in sense of safety and satisfaction were more widespread among all pilot site residents. As improvements to the implementation model are made, these impacts can be expected to increase.



## PART ONE:

### INTRODUCTION

#### The pilot project.

In 1993, Hennepin County and the Minneapolis Public Housing Authority (MPHA) began looking at ways to improve the delivery of social services to residents in MPHA highrise buildings. These efforts were stimulated by dramatic changes in the demographic profile of highrise residents, from a predominantly white, elderly population to an increasingly young, minority, or disabled population. The prevailing set of services available to highrise residents was geared to the needs of the elderly. This package of services was becoming increasingly inappropriate for a larger number of highrise residents. The County and MPHA initiated discussions regarding how to meet the changing needs of highrise residents.

Planning meetings that included officials from Hennepin County, MPHA, The Greater Minneapolis United Way, *Senior Resources* and other community service agencies, and residents of MPHA highrises resulted in the issuance of the *MPHA Social Service Project, Final Report, April 26, 1995*. One central element of the recommendations that came out of the *Final Report* was the creation of a new social service delivery system to be pilot tested at three MPHA highrise projects.

The new service delivery system operates through the activities of a "core team" present in each highrise project. The core team includes representatives of highrise residents, the MPHA, the County, and the social service providers to collectively address community-building, social service, and property management issues at the highrises.

In the original model created by the MPHA/Hennepin County planning group, a secondary team consisting of additional service providers and others participating in highrise community activities would be formed that would meet periodically with the core teams. In actuality, such a group was not formed, and more ancillary actors were simply incorporated into the meetings of the core teams.

Responsibility for the overall implementation and management of the pilot program was given to a second group, called the "oversight committee." This committee included representatives from MPHA, Hennepin County, the United Way, highrise residents, and service providers.

The pilot project planning documents identify five specific results that the new service delivery system is intended to accomplish:

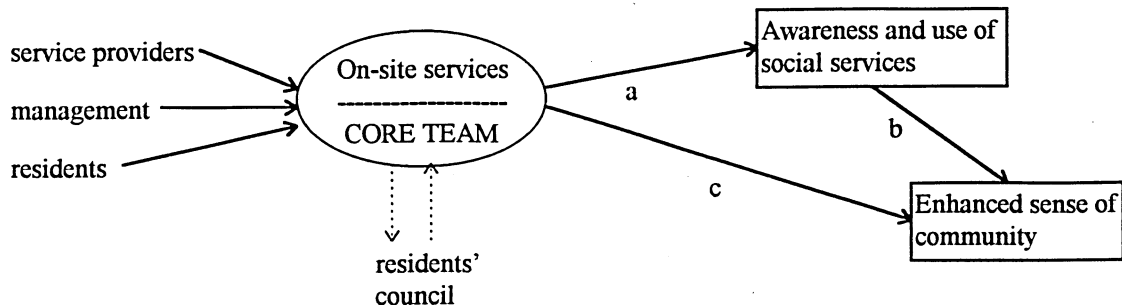
- Improve the physical condition and maintenance of the physical facilities of the highrises;
- Increase the safety and security of the highrises and residents' feelings of being in a safe environment;
- Increase the quality of "community life" within the highrises;
- Increase the social and economic self-sufficiency of highrise residents;
- Increase the social integration of highrise residents into the large community and greater use of community resources to meet residents' needs.

**The logic model of the program.**

The social service pilot project attempts to use an integrated and on-site service delivery system to enhance the residential experience of public housing highrise residents. Though the logic model of the program is not explicitly described in the program documents, the implicit model is described below. Service providers, including Hennepin County and the agencies with which it contracts, work together with residents and staff from the Minneapolis Public Housing Authority to implement the program. The program consists of physically locating the service providers inside the highrise projects themselves. The service providers hold office hours in the buildings and meet with residents on site. Discussions with County staff have made it clear that the service providers are expected to reach out to the residents, being as visible and supportive as possible, even in ways not connected with the particular services they provide. The location of resident services on-site at the highrises, is one component of the program. Not only will services be located on-site, but the scope of services to non-elderly residents will be increased.

The second major component is the creation of "core teams" made up of the providers, residents, and MPHA management staff to facilitate a cooperative and integrated environment in which the providers can work together and coordinate their activities with management staff and residents. This component is designed to increase the quality of services provided by allowing the providers to address the entire range of concerns that residents may have, and to coordinate their services with the actions of building management. In addition to increasing the quality of those services, the core teams will also increase the visibility of the on-site service providers by connecting them directly to residents through the residents council and to the building management. The core team process is also hypothesized to improve, more generally, the level of community-building that takes place in the buildings. Higher quality service provision and the coordination of service and management concerns is hypothesized to have a positive impact on the residents sense of community, their neighboring behaviors, and their sense of belonging and security in their housing. Figure 1 below illustrates the general logic model of the program.

*Figure 1: Model of integrated service delivery pilot project.*



The logic model of this program incorporates the following assumptions and hypotheses.

Regarding on-site services:

1. Providing on-site services will increase resident use of social services.
2. Access to more social services will increase residents' sense of community.<sup>1</sup>

Regarding the core team:

3. The activities of the core team will increase resident awareness of available social services.
4. The activities of the core team will improve the coordination of resident services between housing management staff and social service providers.
5. The activities of the core team will lead to integrated case management by service providers.
6. Integrated case management by service providers will improve the quality of social services provided to residents.
7. Better quality social services will, in turn, increase residents' sense of community.
8. The activities of the core team will increase residents' sense of community.

For the program to have the maximum impact that is suggested in the planning documents each of these eight propositions would have to hold true. This evaluation will shed light on the degree to which that is the case.

<sup>1</sup> By the use of the summary term "sense of community," we mean the entire range of community-building responses identified by the program planning documents, including satisfaction with housing and the community, participation in community events, sense of safety, feelings of self-sufficiency and empowerment, and neighboring behaviors.



### **Integrated social services - previous studies.**

Providing supportive services on site to residents who live in public housing is a relatively new idea. The pilot project is a form of decentralization of county and city services/ programs in which mental health, economic assistance, substance abuse treatment, and other services are provided to the resident of public housing at the place of residence. There is very little previous experience to build upon, however, in the linking of housing and social services (Cohen and Phillips, 1997).

In some circumstances, service-enriched housing can pose a central problem; the tension between housing management imperatives on the one hand and the provision of social services to assist residents on the other. This source of tension involves conflicts between the service coordinator's goal of empowering residents and management's desire for predictability and ease in managing housing (Sheehan, 1996). There is a lack of common language between housing managers and service coordinators. The achievement of both goals is achieved by establishing solid links between housing management and the service providers, and by also by keeping each actor principally focused on its own area of expertise (Newman and Ridgely, 1994). Opportunities for housing professionals and social service coordinators to "meet to discuss their different orientations are important for avoiding immediate and long-range problems" (Sheehan, 1996: 79).

In order for a program to succeed, there is a need for clear unity of vision. All team members should be able to articulate their own role within the overall mission of building communities and strong families. "This sense of collective vision is critical in bringing together a diverse group of workers with varying levels of education and areas of expertise" (Cohen & Phillips, 1997: 478). Service providers must convey a strong commitment to the achievement of tenants' goals in their work together. In another study, the authors conclude that "the planning period is critical for creating a shared vision and for forging a working coalition committed to carrying out that vision" (Garnett & Gould, 1996: 81).

It is important that each service coordinator gear their program to the culture of the residents and the longer a service coordinator was on the job, the more comfortable residents stated they felt in using the services (Schulman, 1996). Service coordination is especially critical in elderly housing (Ibid). The elderly do not have the necessary information nor, often, the willingness to ask for the help they need. Morrill (1996) argues that the integration of housing and social services should include shifting more decision making and responsibility to recipients, and functionally integrating helping groups.

Cohen & Phillips (1997) found that the best-used services are those provided on-site or as nearby the residents' own buildings as possible. For the large number of women with young children at home, such services are essential, but residents who found travel easier also preferred on-site services. The greatest preferences for on-site services came in the

early stages of contact with tenants. As residents became comfortable with their home community and their own abilities, they were able to more effectively connect with off-site services. Furthermore, they felt more secure about the referrals made by the on-site workers because of the relationships they had built together.

The vast majority of residents surveyed by Schulman (1996) reported that their quality of life had been enhanced by the service coordinator. Finally, site managers stated that the service coordinator has been able to bring to the project supportive services that the site manager did not know existed.

### *The role of social services in community building.*

Community-building in multi-family housing refers to both the degree of cohesion internal to the building (i.e., relationships between residents), and the building's relationship to the external environment. If housing settings are to survive and flourish, Cohen & Phillips (1997) argue, communities need to have more than secure housing, available jobs, and good schools; they must also have a sense of community. This sense of community is critical in preventing housing deterioration and substandard school performance and serves as the foundation for healthy families. Feeling part of a community fosters a sense of ownership, serves as a deterrent to alienation, and can enhance the empowerment of lower-income residents. "The intent of the community-based approach to service delivery is to avoid problems by placing control of service design and delivery in the hands of the community residents being served" (Glaser, 1986: 94).

As Cook (1988) suggests, however, equally important in determining residential satisfaction is the way in which one's residential environment is integrated into the surrounding neighborhood. Cohen & Phillips (1997) show that residents of service-enriched housing felt that the buildings provided stability in a troubled area by contributing a large group of stable residents who affected the larger community in positive ways. Residents described how feeling secure allowed tenants to feel better about themselves. This sense of security was, in turn, seen as a stabilizing influence in their community. Much of this sense of security was based on the linkage that had been fostered between tenants. Thus, there is an important connection the internal and external dimensions of community-building. "Staff can help make the broader community connection with tenants by serving as bridges to the community at large and by helping the tenants define what it is they want to do and how collectively they may work to create the changes they desire" (Cohen & Phillips, 1997: 479).

### **The evaluation.**

In 1996, Hennepin County contracted with the Center for Urban and Regional Affairs (CURA) to conduct an evaluation of the pilot project. The CURA research team began their work in July of 1996, shortly after the beginning of the pilot in the two highrise sites, the Cedars highrises and Horn Tower and Terraces.

The evaluation design incorporates several data collection methods and both quantitative and qualitative data analysis. With the help of the oversight committee, the evaluation team identified two public housing highrise projects to serve as control sites for the evaluation. These two highrise projects, Hiawatha Towers (1700 - 22nd Street SE, 2019 and 2121 - 16th Avenue South) and the 5th Avenue Highrises (2419 and 2433 - 5th Avenue South) were chosen for their similarity to the pilot sites on the following dimensions: Location, size (number of units and number of separate buildings), and resident profile. Virtually all of the data collected for the pilot sites was also collected for the control sites. Thus, changes that have taken place at the pilot sites can be compared against changes that have been occurring in other highrises not subject to the concentrated social service model implemented at the study sites. The use of the control sites allows the evaluators to eliminate several alternative explanations for the changes found to occur in the pilot sites.

One major component of the evaluation is the observational notes of the evaluation team as it monitored the activities of the oversight committee and the core teams. Evaluators were present at all but four meetings of these bodies from July 1996 through September 1997. These data are reported primarily in part two. A fuller description of the observational methods used in this evaluation is contained in appendix 1. Operational data from MPHA and Hennepin County constitute the second major source of data for the evaluation. The County provided data on service usage while MPHA provided a variety of information related to building operations. The findings from that analysis are reported in parts three and four of the report. The third primary source of data for the evaluation was a pretest/posttest survey questionnaire of public housing highrise residents.<sup>2</sup> The first questionnaire was conducted in September of 1996, four months after the official start of the pilot project. The post-test questionnaire was conducted 12 months later in September 1997. These findings, also, are reported primarily in parts three and four of the report. A complete explanation of the survey methods is contained in appendix 2.

The evaluation team provided the oversight committee with an interim report on their findings in February of 1997. At that time, no "impact" data had been analyzed, thus the interim report focused on process issues related to how the oversight committee and the

---

<sup>2</sup> In virtually all of the analyses reported in this evaluation, we have utilized multiple measures of the concepts we are interested in. For example, in the questionnaire we measure community involvement by asking over 20 separate questions about the residents' level of interaction inside the highrise and outside in their neighborhoods. Similarly, when we measure residents' sense of self-sufficiency or empowerment, or residential satisfaction we ask a series of questions. This is done for two overriding reasons. The first is that these concepts are inherently complicated and multi-dimensional and they therefore require that a range of behavioral and attitudinal responses be analyzed. Second, the use of multiple indicators is to some extent an acknowledgment of the inherent limitations of social research. Whether it is survey research or the use of documentary evidence, it is not always clear that the indicator actually measures the concept we think it does. Therefore, multiple indicators allow the researcher to "surround" a concept. Where a single indicator may miss the concept altogether, multiple indicators allow the research more confidence that the concept is being captured by some of the measures.



core teams were functioning as they implemented the program. The interim report did result in some modifications in the ways in which these committees operated (see part two).

### **The pilot and control sites.**

The two pilot study sites are highrise complexes on the south side of Minneapolis. A third pilot site on the north side was recently demolished by MPHA. The Cedars highrise project consists of 530 units in four buildings on the corner of Cedar Avenue and Sixth Street South in the Cedar-Riverside neighborhood. The project is one block from Riverside Plaza, a complex of four privately owned, federally subsidized residential buildings. Horn Tower and Terraces is located at 31<sup>st</sup> Street South between Pillsbury and Blaisdell Avenue. (For the sake of simplicity, these two projects will be referred to in the rest of the report as Cedars and Horn). There are 475 units in three highrise buildings. Horn is located in the Lyndale neighborhood, one block south of the Lake Street commercial district. In 1996, MPHA spent \$7.1 million to renovate and improve Horn. Construction was completed in January 1997.

The two control sites are also located on the south side. Hiawatha Towers is a three-building complex located at 16<sup>th</sup> Avenue South and 22<sup>nd</sup> Street SE in the northeast corner of the Phillips neighborhood. There are 280 units in the Hiawatha complex. The other control site is the 5<sup>th</sup> Avenue Highrises at 2419 and 2433 5<sup>th</sup> Avenue South. The 5<sup>th</sup> Avenue project has 250 units and is located right next to Interstate 35W on the western edge of the Phillips neighborhood. These two projects were chosen as the control sites because of their location on the southside of the city and because of their size in terms of the number of units and the number of buildings.

Though the control sites are the largest on the southside outside of the pilot sites, they are just over half the size of the pilot projects in terms of units. Table 1, below, compares the demographic breakdown in the four evaluation sites. The table also charts the change in those demographics since 1995.

The projects are very similar on most of the dimensions listed in table 1. Over half of the resident population at each project is male, with the 5<sup>th</sup> Avenue highrises having a slightly larger male population (in percentage terms) than the other buildings. The two control sites have a larger population that is non-elderly, non-disabled, with the 5<sup>th</sup> Avenue highrises again being the exception among the four projects. All of the projects except Cedars have experienced significant increases in the non-elderly, non-disabled population since 1995 (the largest increase in numerical and percentage terms has occurred at Horn).

The racial and ethnic makeup of these projects has also changed in the past two years. All of the projects except Cedars have experienced significant increases in the percentage of residents who are black. Again, the increase at Horn has been the most dramatic (from 41% of the highrise population in October 1995 to 58% of the population in 1997). The Cedars project has the largest Southeast Asian population among the four projects, and it

has grown by over half since 1995 (from 14% to 22%). The two control sites have also seen increases in the black population, though the Southeast Asian population at those sites is small and has remained stable. The elderly population has remained essentially the same at Cedars but has declined in the other three projects.

Table 1: Resident demographics at pilot and control sites, 1995-1997.

|                                  |                        | October 1995 | October 1996 | August 1997 |
|----------------------------------|------------------------|--------------|--------------|-------------|
| Pct. of residents male           | Cedars                 | 58           | 57           | 58          |
|                                  | Horn                   | 55           | 54           | 54          |
|                                  | Hiawathas              | 56           | 54           | 51          |
|                                  | 5 <sup>th</sup> Avenue | 64           | 63           | 62          |
| Pct. non-elderly, non-disabled   | Cedars                 | 36           | 39           | 38          |
|                                  | Horn                   | 29           | 34           | 38          |
|                                  | Hiawathas              | 38           | 44           | 45          |
|                                  | 5 <sup>th</sup> Avenue | 54           | 56           | 59          |
| Pct. residents black             | Cedars                 | 39           | 40           | 38          |
|                                  | Horn                   | 41           | 46           | 58          |
|                                  | Hiawathas              | 42           | 52           | 56          |
|                                  | 5 <sup>th</sup> Avenue | 57           | 65           | 70          |
| Pct. residents Southeast Asian   | Cedars                 | 14           | 18           | 22          |
|                                  | Horn                   | 3            | 4            | 4           |
|                                  | Hiawathas              | 3            | 2            | 3           |
|                                  | 5 <sup>th</sup> Avenue | 3            | 3            | 4           |
| Pct. residents over 60 years old | Cedars                 | 25           | 25           | 27          |
|                                  | Horn                   | 34           | 30           | 30          |
|                                  | Hiawathas              | 30           | 30           | 25          |
|                                  | 5 <sup>th</sup> Avenue | 20           | 17           | 16          |

Overall, the changes taking place at the pilot and control sites reveal a resident population that is increasingly non-elderly, non-disabled, and increasingly diverse in ethnic and racial makeup. The 5<sup>th</sup> Avenue highrises are younger than the other projects, and they have a larger percentage of African-American residents. The Cedars population is less black and more Southeast Asian than the others. Though there are some differences between the projects, they are moving in the same direction in their demographic changes.

## PART TWO:

### IMPLEMENTATION OF THE PILOT PROJECT

Implementation of the pilot projects was to begin in April of 1996. Because of the pending demolition of one of the proposed pilot sites, the Bryants, implementation was limited to two sites, Cedars and Horn.

#### PROGRAM START-UP.

Program start-up was gradual. Though Hennepin County and the MPHA approved the pilot to begin in the spring of 1996, there are three main aspects of the program that had to be put in place before it could be considered fully operational. First, the social service providers needed to be brought on-site at each of the pilot sites. This turned out to be the most gradual process in the program. Second, the core teams at each site needed to begin their meetings, bringing together the residents, MPHA management personnel, and the service providers in a team setting. A fully functional oversight committee is the last element of the program. The oversight committee is charged with overseeing the implementation of the pilot project at the two sites and ensuring top-level cooperation from the County, MPHA, and the contract providers.

#### On-site services.

Social services for the residents of the pilot study highrises are provided in three ways, by County workers directly, through private social service agencies holding contracts with the County, and by community workers hired directly by MPHA. Thus, the pilot program was designed to combine the activities of a VISTA community worker (hired by MPHA), various county service workers, and private providers. At the pilot study highrises, there are two primary private providers, *Senior Resources*, and *Spectrum Community Mental Health*. In addition, as the pilot program progressed, additional providers became part of the team of on-site professionals. In this report, references to "service providers" are meant to describe the entire range of professionals in the buildings who are providing social and community-related services to the residents.

Bringing social services on-site meant reorienting and coordinating the operations of these different providers. *Senior Resources* had a pre-existing contract to provide services in some public housing highrises, including Cedars. After the pilot study began more workers from *Senior Resources* came to the two pilot sites, expanding the number of on-site hours at Cedars and Horn. The *Spectrum* mental health worker began her work in August of 1996, splitting her time between Cedars and Horn (20 hours per week at each site). Two other service providers were located at Cedars prior to the pilot (*People, Incorporated*, an epilepsy program, and *DeafBlind Services*). These providers have continued as a part of the pilot. The introduction of Hennepin County social workers has been more gradual. A chemical health worker began in April 1996, while community



health, and mental health workers began shortly afterward. An on-site disabled-services worker started in the fall of 1996. The Cedars also has the benefit of a Korean Social Services office on-site, and since the early part of 1997, a Somali Services worker.

### **Core team operations.**

The Cedars VISTA worker began her position in August of 1995. Though there had been another VISTA hired before her, records of core team meetings go back only as far as September, 1995. At this meeting were the VISTA worker, MPHA on-site management staff, a senior MPHA official, several social service providers and resident representatives. By the time the evaluators began to observe the Cedars' core team meeting on July 22, 1996, the core team at Cedars had expanded to several more service workers. This core team had been meeting for several months prior to the beginning of the pilot. Thus, by the time the pilot began the team members knew each other and had worked together, creating a smoother transition into the pilot project than occurred at Horn.

The Horn core team first began meeting in July 1996. The late summer and fall of 1996, however, was a time of significant remodeling and rehabilitation of the Horn highrises. MPHA devoted \$7.1 million to an extensive rehabilitation of the three Horn towers. The construction meant that meeting places were often inaccessible and providers' office space subject to change depending on the construction schedule. Though core team meetings were held and business was conducted, the difficulties of the construction process tended to overshadow everything that was being planned by the core team. In fact, in October, 1996, several months after the official start of the program, the leader of the Horn core team stated that she 'did not see the pilot taking off until January 1997, after the completion of construction.' Thus, there was not a strong effort to begin implementing the pilot at Horn during the first six to nine months of the program. Core team activities did pick up in January 1997, though service providers were finally allocated permanent offices in March, and the provider open house did not occur until April.

### **Oversight committee operations.**

The oversight committee began its meetings in April of 1995. This body was responsible for the planning of the pilot project and the choice of the evaluation team. Thus, the oversight committee was in place and operational well before the pilot began.

### **A gradual intervention.**

It is impossible to say with precision when the pilot program began. This is so for several reasons. First, there seems to have been some integrated social service activity in at least one of the sites (Cedars) prior to the point at which the pilot program was even fully conceived and planned. The core team at Cedars had been meeting for more than six months prior to the official beginning of the pilot program. At those meetings were several social service providers who would continue their work as part of the pilot. Thus, the main element of the program intervention, on-site services, was being partially

implemented at Cedars well before the official beginning of the program. There is, in fact, no single identifiable moment when all of the pilot program services were introduced at the two sites. Chemical health services began in April, 1996, economic assistance services were on-site by July, *Spectrum* mental health services began in August, County services to the disabled came on-site in November. At the Cedars, services for the Somali population were added in the spring of 1997. Finally, there is a sense in which the full intervention did not occur at either pilot site until the core teams were fully operational, and the service providers had regularly scheduled (and publicized) hours. This did not occur at Cedars until September 1996, and not at Horn until March 1997.

Many of the early months were spent in a planning mode, arranging office space, coordinating hours, and establishing relationships within the core team. Each of the actors were attempting to assimilate new roles. Social service providers were asked not only to provide their services on-site, but they were also asked to participate in a sort of shared-governance model for the services and to participate in enhancing the community-building aspects of public housing highrises - two functions they were neither familiar with nor entirely prepared for. MPHA management was being asked to commit to regular interactions with residents and service providers on issues they had not been involved in before. Finally, residents were being asked to interact on an equal basis with management and service providers, representatives of "systems" that had not previously been accessible to them in this way. Thus, the tentativeness of the early months can be readily understood in the context of how significant the changes were that these teams were trying to introduce.

Nevertheless, it remains the case that the full implementation of the program interventions was delayed many months. In the next section we document the operation of the pilot program at the two sites in which we expand on this finding that the program was only gradually and sometimes quite slowly introduced and fully implemented.

## **PROGRAM OPERATION.**

### **On-site services.**

As mentioned in the previous section, there were delays in getting all providers on-site at the two pilot sites. As the program has continued, the full cooperation of all service providers has been inconsistent. Some service providers have been lax in establishing and keeping office hours at the pilot sites. For example, the first Hennepin County Economic Assistance (EA) worker, though scheduled for four hours per week at 630 Cedars, had dropped her hours by January of 1997. The Hennepin County Mental Health worker stopped keeping his office hours at Cedars after only four months, indicating to the VISTA worker there that he would instead see clients at the community office. In both cases, the director of the pilot program for Hennepin County brought the service providers back on-site.

Additional issues have continued to present themselves at the two sites. The first of these is related to office space. The pilot sites have multiple highrise buildings (three at Horn and four at Cedars). At Horn, after the renovation in 1996, the Terrace buildings were connected on the ground floor while the Tower building is physically separated from the other two highrises by a small patio area. At the Cedars Highrises, all four buildings are separated from each other by a common courtyard area. The existence of separate buildings has introduced two issues related to the presence of on-site social services. First is the question of how the service providers publicize their services and their availability in all of the buildings, not just the main administrative building and the building in which their service offices are located. Second, there is some concern about the degree to which the service providers are actively engaging with the residents of the buildings in which they are located or whether they are more passively "waiting" inside their offices for residents to seek them out.

*Marketing on-site services.*

An important factor in effectively delivering services to the residents of public housing highrises is making residents aware that the services are available. Simply bringing services on-site does not guarantee residents will be aware of them. The issue of marketing the availability of on-site services was identified by core team members at the very outset of the program. As early as January 1996, the Cedars core team discussed the issue of publicizing the availability of the chemical health services that were to begin at that site in April. But the phased start-up of the pilot program meant that the issue of marketing surfaced each time a new provider joined the core team. In July of 1996, a resident member of the Cedars core team claimed that "not even one-tenth of the tenants know a thing about the pilot program. We need to get back to grass roots and get the information out to people." The Horn core team also began considering marketing alternatives in August. The core teams settled on two primary marketing strategies - informational fliers and directories that were passed out to residents, and open houses to provide an opportunity for residents to meet the providers.

*Provider directories.* The core team at Cedars began in August 1996 to ensure that the on-site providers had a higher profile at the pilot sites. Their first efforts in this regard were in signage, simply identifying all of the service providers and their office hours at the project. Later in the year the provider schedule was distributed door to door to all residents of Cedars. Updating and maintaining that directory proved difficult, however. In July of 1997, for example, a resident member of the Cedars core team claimed she could not find a posted list of the service providers anywhere on-site. This time the schedule was put on poster board and positioned more prominently in the building.

At Horn, the core team also identified marketing as a need as early as July 1996. In August a flier was completed that gave the temporary location of the service providers, but little more was done in that regard until early 1997, after the construction work was completed. Some of the individual service providers notified residents of their on-site availability, but as late as March 1997 there was still talk in the core team meetings of

putting up a service provider directory for all tenants to see. In July of 1997, one service provider, who had been a member of the core team from the beginning distributed his own fliers to the residents at Horn.

*Open houses.* The core teams also used open house receptions for the service providers as ways of increasing the visibility of the services in the highrises. The Cedars core team had their first open house in September of 1996. After the first open house the Cedars core team evaluated its usefulness and decided, a) to scheduled quarterly open houses to keep reinforcing the presence of the providers, and b) to rotate teams of providers through all of the buildings so that residents would not have to come to a single location to meet with the providers. After further review of their open house strategy, the Cedars core team added a Somali interpreter to the team of service providers for the fourth open house in September of 1997.

The first Horn open house, originally planned for the end of 1996, was rescheduled until after construction was completed and did not occur until April of 1997. One opportunity for advertising the service providers availability was lost when a list of providers was not ready for the dedication of the new senior buildings at Horn in January of 1997. The Horn core team was scheduling its second open house in October 1997.

There have been some glitches in the open house strategy. In one case, residents were given notice of an open house but the providers themselves were given a slightly different schedule and time. Some of the core team members felt that some open houses were not adequately advertised before hand. Core team members at Horn were disappointed that most of the residents in attendance at their first open house were resident council members who were already familiar with the pilot program and the providers. Finally, not all service providers have participated in the open houses.

#### **Pro-active service providers.**

The introduction of on-site services at the public housing highrises in the pilot project is not meant to be passive. The pilot project director for the County has made it clear on several occasions that he expects the service providers to be out in the buildings meeting the residents and becoming a more noticeable presence in the buildings. According to him, this may help to break down some of the walls between residents and providers, thereby encouraging some to seek assistance when they would not have otherwise. The County director also has said that he expects the service providers to go beyond the normal boundaries of their work to assist residents on those matters they need assistance with and to engage them on those issues that concern them. Thus, there is some expectation that the service providers will become part of the highrise community. This is, however, a role to which not all service providers have taken. The County director has had to reinforce his message on numerous occasions in core and oversight committee meetings.

To what extent has service provider outreach occurred in the pilot project? The experience at both project sites has been very mixed. Some of the service providers have made themselves more visible and interacted more directly with residents than have others. For example, the *Spectrum* and *Senior Resources* workers at Horn began visiting residents in the fall of 1996. Other providers at Horn and Cedars made active attempts to engage residents. On the other hand, other service providers appear much less at ease being proactive in seeking clients in the buildings. For example, while two providers described their efforts at visiting apartments at one of the sites in the fall of 1996, another provider likened himself to the "Maytag repairman," referring to a television commercial character known for sitting alone in his office waiting for business that never comes.

### **Core teams.**

In this section we describe the operations of the two core teams. The discussion will be organized thematically, though we will incorporate specific comparisons of the two core teams where appropriate and we will take explicit account of chronological developments in the activities of the core teams. Generally, we found that the core teams had significantly different personalities at the two pilot sites. They had different leadership structures, different levels of participation, different methods of problem solving, and often grappled with different issues in the implementation of the pilot program.

#### *Leadership and participation.*

Leadership styles at the two core teams were quite different. At Cedars during the first months of the program, the leadership was shared between the VISTA worker on the one hand, and the MPHA and Hennepin County central staff members on the other. The VISTA worker did much of the leg-work necessary to keep the team moving forward. At the beginning the core team members looked to the VISTA worker to keep the team going in terms of taking minutes and following up on the business conducted by the team. The VISTA worker did most all of the work organizing and facilitating while others in the team seemed like they were along for the ride. At the same time, however, the MPHA/Hennepin County central staff persons provided much of the leadership regarding the agenda for the meeting and the direction of the core team. This is quite likely due to the newness of the program and the tendency for other persons on the core team to slip into familiar roles. That is, there may have been a tendency to see the core team as a Hennepin County or MPHA initiative, making the leadership of those people quite natural. Individual service providers, residents, and on-site management personnel stayed in the background. In addition, in the early stages of the program a few service providers were not clear about the purpose of the core team and did not attend meetings frequently.

Neither the VISTA worker nor the MPHA/Hennepin County staff members were comfortable with this situation. All three of them preferred to see more ownership of the process by residents and service providers. The VISTA worker became uncomfortable with the degree of responsibility she was getting for the operation of the core team at Cedars. Since October of 1996, the VISTA worker has made a conscious attempt to step

back from the leadership role, saying, "there is an impression that the core team cannot function without me... everybody else believes that their role is to decide what I am going to work on. There is a reluctance of some members to be terribly committed" to the core team. In fact, there is some evidence that there was disagreement about the correct role of the VISTA worker in the core team. While some felt that the VISTA worker should be the person who keeps the team running smoothly and fulfills the more routine secretarial roles, the Cedars' VISTA worker felt that real empowerment meant a sharing of responsibilities among all members. This problem became more acute at Cedars in 1997 when the VISTA worker informed the team that she would no longer be responsible for the minutes and agenda of core team meetings so that she could devote more time to other efforts. During 1997 the group has been facilitated by a service provider and other members of the core team rotate taking minutes. Yet, MPHA staff understood the role of the VISTA worker to be the support person for the core team. This issue has resulted in several meetings being convened without agendas, and without the minutes of previous meetings. This makes systematic progress on the issues confronting the core team quite difficult, and gives core team members the impression that no one is in charge.

The involvement of the senior MPHA/Hennepin County staff has been very important at Cedars. When the MPHA staff member withdrew his involvement from the team after he felt it had gotten off the ground during the early months of the program, the other core team members began to question the commitment of MPHA to the project. Since then MPHA officials have understood that their presence is at the very least symbolically important to the other members.

Resident involvement has waned over time at Cedars. During the first few months of the program there were several residents who made it to core teams on a regular basis and provided important input. Consistent input is only provided by a single resident at Cedars, a spokesperson, primarily, for the senior residents at Cedars. This resident has also been vocal in expressing the opinion that the professionals have too much control over the proceedings at core team meetings.

In summary the Cedars core team has gone through some typical growing pains of a working group that is attempting to be democratic and inclusive. The professionals more directly responsible for the pilot program (senior County and MPHA staff) appear to be committed to resident empowerment, and a high level of ownership of the core team by its members (both residents and providers). But the empowerment and ownership of the process by residents requires more community organizing than has been done to date. When senior staff pull back to allow and encourage greater participation, the result is a vacuum of leadership.

By contrast, the Horn core team has had strong resident leadership from the very beginning. Indeed, the President of the Resident Council at Horn has been the focal point of the Horn core team from the outset. This person sets the agenda, at times provides snacks at the meetings, and devotes an enormous amount of time to the project. She also rarely delegates responsibilities, and controls most core team and resident events at the



site. The VISTA worker at Horn began in October 1996, several months after the core team had started meeting, and never became a central player.

The Horn core team meetings have far fewer people in attendance than the Cedars core team, usually between six and ten. This core team has consciously made the decision to limit the number of participants allowed at meetings. A new resident council has been formed at the "A" building (the non-senior designated building) and they are becoming very active on issues relating specifically to their building. Their participation has made the meetings more lively in the past few months. There seems to be some personality conflicts between the members of the two resident councils that have created tension at some of the core team meetings. This tension has not, so far, affected the implementation of the pilot program.

The participation of service providers has been somewhat problematic at both sites. Most service providers are regular attendees, while some attend irregularly and have little impact on Horn core team matters. Our interviews with service providers revealed some early confusion about the role of the core team and the place of the service providers within the team (see next section). This has no doubt led some service providers to a more irregular schedule of participation. In fact, once the core teams began to regularly include integrative case management sessions at the end of their meetings, the attendance by service providers has improved.

#### *Core team members' understanding of program objectives.*

Many core team members spent many months uncertain about the objectives of the teams. Some of the team members we interviewed were unable to articulate the objectives of the teams, others offered conflicting views about what the objectives were supposed to be. Similarly, there was uncertainty among Cedars core team members as late as October 1996 regarding who, exactly, should be considered a member of the team. This problem of unspecified goals and expectations began to resolve itself in 1997 as more explicit discussions took place in core team meetings.

In addition to the early uncertainty about objectives, there was a more fundamental lack of agreement among the two major systems (Hennepin County and MPHA) regarding the objectives of the core teams. Are the core teams to be a vehicle for collective case management and consultation among the service providers? Or, is the core team to focus on community building activities in the highrise buildings? The lead County official maintains that the core teams were always meant to facilitate case consultation among the providers. The lead MPHA official maintained that this was not an original objective of the core teams. This lack of consensus has not led to serious problems between the two systems, but it does reflect a fundamental lack of coordination in program implementation. The issue of disagreement about the use of core teams for case consultation did not even arise until October when the oversight committee began to discuss issues of data privacy. Because this issue concerns the central role of the core team, it should have been resolved much earlier.

The main impact of the confusion over core team objectives was slow movement toward achievement of either objective, case consultation or community building. Some service providers regard the core teams as unfocused because there is too much time spent on high-rise-related community issues, and not enough is being done to facilitate the exchange of useful case information between providers. They chafe at what they see as a lack of progress in the core teams. Yet, the core teams are clearly supposed to be about more than case management, and residents sometimes resent the central role played by service providers at core team meetings.

There is also occasional friction between the service providers and property management staff. In one case, a provider felt that management at both sites was neglecting to make referrals to him and he complained about it at both core team meetings. Property management staff at one site reacted badly to that suggestion, accused the provider of not being around to receive referrals and of not being a team player. Other service providers told us in interviews that they would like to see more referrals from property managers. As previous studies indicated, the conflicting mission of housing management and service provision can be a difficult challenge to overcome in providing on-site social services. This problem has surfaced in this program and it has generally surfaced when program objectives and role expectations have not been clear to all parties.

#### *Implementation of the pilot and problem-solving.*

In this section we evaluate the ability of the core teams to solve implementation problems that have presented themselves during the first year of the program. We constructed flow charts of agenda items at all of the core team meetings. For the first six months of the program the charts show little continuity at Horn. Issues tend not to be on-going, and there is little follow-up from one meeting to the next. This was clearly due to the disruptions over the physical rehabilitation of the buildings as well as the early personnel turnover at the Horn.

Issue tracking was much more systematic at Cedars. One particularly good example of issue resolution at Cedars involved concerns raised about the Somali population at the high-rise. In October 1996 concerns about the behavior of the growing Somali population were raised (although not as a planned agenda item). The very next meeting a representative of the Somali community was at the core team meeting and there began a series of discussions between the core team and the Somali representatives. Recommendations related to facilitating communication between the Somali residents and others were created. In a short time a representative of the community was elected to the residents council and there is now Somali representation on the core team itself. Since then a series of meetings between the Somali community and Cedars management produced a number of concrete areas in which the Somali community might benefit from social services at the high-rises. These service requests are being acted upon by Hennepin County and the Oversight Committee. Since January 1997, however, both core teams have shown a greater ability to track and resolve issues. The Horn core team has carried

through two open houses for the providers, helped to organize a self-esteem workshop on-site and been involved in a number of community-building efforts (described below). The Cedars core team has continued its efforts on behalf of the growing Somalian community, including organizing English as a Second Language (ESL) classes for residents on-site.

#### *Case management.*

Case management by the service providers on the core team began in the spring of 1997, almost one year after the beginning of the program. Though providers began to discuss cases in general terms as early as January 1997, the important release of information forms were not ready until a month or two after that. The service providers, universally, like the case management feature of core team activities. They see it as an important opportunity to share information with each other, to generate treatment ideas on individual cases, and as a means of increasing referrals. As mentioned earlier, the introduction of case management has improved the attendance record of providers at core team meetings.

Typically, the case management occurs at the end of core team meetings so that resident and other non-providers can leave after the rest of the core team's business is completed, leaving the providers to talk about individual cases. This model has proved generally acceptable, although there has been some criticism that leaving service issues to the end inevitably reduces the amount of time available for that purpose because the first part of core team meetings generally go longer than anticipated. The alternative, which would be to get the providers together at a different time, all by themselves, has not been actively pursued, presumably because of the difficulties of coordinating schedules.

#### *Community-building.*

Community-building refers to efforts to strengthen the sense of community within the highrise, as well as strengthening the connections between highrise residents and the surrounding neighborhood. The role of the core teams in building 'internal' community-building is sometimes difficult to assess. This is due, in part, to the difficulty of separating core team activities from what had been taking place, or what would have taken place, at other venues, notably the residents councils. Both core teams have been involved in issues that pre-dated the pilot program and that seem more closely related to resident council matters. The core teams discuss the fence around the parking lot, the third annual resident trip to the zoo, pancake breakfasts, and Christmas parties. Though these matters seem more like resident council issues and they seem peripheral to a program of integrated social services, if the core teams and the pilot program are serious about community-building, then these issues are appropriate for the core teams to consider.

There are other matters, however, that have arisen at both sites, having to do with community-building where the core teams have been the central actors. The Somalian example at Cedars is a case in point. Another example at Cedars is the organization of Black History Month activities by one of the service providers.

At Horn there are two important examples of community-involvement by the core team. The first is the attempt to connect Horn residents with the Commonweal program run by the Lyndale Neighborhood Association (LNA). This program offers special script, redeemable for goods at local businesses, in exchange for volunteer activity. The core team made a connection with LNA during the summer of 1997, though it is unclear how many Horn residents are actually participating in the program. A second example at Horn is the coordination of volunteers from nearby Zion Lutheran Church to help Horn residents. The core team has met with church leaders and helped facilitate the introduction of volunteers from the church into the highrise. The volunteers help residents with grocery shopping and reading.

### **Oversight Committee.**

The oversight committee is made up of senior County and MPHA officials, and selected residents and service providers from the two core teams. The oversight committee is charged with the overall direction of the pilot program.

Over time participation at oversight committee meetings has diminished. Over the past year the committee has rarely had more than five or six people in attendance at any one meeting. The senior official from the County, two officials from MPHA, one representative each from *Senior Resources* and *Spectrum*, one resident representative from each of the pilot sites, and a representative from the council of highrises (a residents' group) make up the core of the oversight committee. Additional attendance is rare.

The oversight committee, and especially the top County and MPHA officials, have opted for a low profile leadership style. This is a conscious decision that is driven by their desire to make the program and the proceedings as democratic as possible. But most of the service providers see this strategy as creating a leadership vacuum, while resident representatives still complain that they have not been given the training and skills to truly empower themselves in this process. These criticisms of leadership (from both sides) stem from the conflicting expectations that providers and residents have for the program. Providers see the pilot program in terms of decentralized and integrated on-site service delivery. Their expectations regarding the program are related to implementing this service delivery strategy in the most efficient and effective way. Residents emphasize the pilot program as a way of enhancing the residential environment in the highrises, of creating a more tightly-knit community of residents, resolving resident differences and empowering residents to take on a greater role in the entire process of community building. In fact, of course, the pilot program planning documents talk about all of these as objectives of the program. The real vacuum in the leadership of the pilot program, to date, has been in the inability to bring all actors together in a shared and common vision of what the program is about. The fact that there was widespread confusion about the role and objectives of the core team (described in the previous section) is an example of this phenomenon. The oversight committee has made progress in this area since the spring of 1997, but more needs to be done.

There have been operational lapses on the part of the oversight committee that have also hindered the smooth implementation of the pilot program. The prolonged delay in creating a form for the release of client information and getting everyone trained on data privacy issues pushed back considerably the onset of case management. Even simple things, such as contacting members of the oversight committee who have stopped coming to encourage their return (a strategy decided upon by the committee in the summer of 1997 but not completed by the fall), have taken months to be carried out.

### **Mid-program adjustments.**

The oversight committee has instituted a number of mid-course corrections, most in the spring of 1997, aimed at improving the implementation of the pilot. First, the oversight committee worked to improve its oversight of the core teams. The committee attempted to improve the method of core team reports to focus on what is working and what obstacles are being faced at the two pilot sites. Second, the committee decided that core team meetings would be divided into two meetings, one with all the members of the core team and a second one with just the service providers discussing case management. Third, the oversight committee suggested a format for core team meetings, an agenda that included as the main items of business, "community-building," "services," and "management" issues. This was an attempt to keep core team meetings focused on the three primary objectives of the pilot project. The oversight committee also revisited the issue of the role of the VISTA workers. It is not clear, however, whether this was resolved to everyone's satisfaction. The continuing trouble at Cedars regarding the role of the VISTA worker through most of 1997 suggests that there is still not a consensus on this issue.

There is a continuing concern among oversight committee that the larger picture of what the program is intended to accomplish and how goals and objectives should be set needs to be continually reinforced for all participants. In the summer of 1997 one member of the oversight committee suggested a set of criteria against which core team activities should be judged. The criteria were, in fact, taken directly from the resident questionnaire used by the evaluators, and included the use and awareness of services, community-building, residents' sense of safety, and residential satisfaction. The purpose of this suggestion was two-fold. First, there was the desire to begin generating outcomes relevant to what the evaluators were going to measure in an effort to make the program look as good as possible. But more fundamentally, these criteria can be used to focus the efforts of everyone involved in the pilot program, and to provide a context for people's work. This is the type of effort that the oversight committee should be making on behalf of the program and the core teams.

## Summary.

The field observations of the implementation of the pilot program generated a number of important findings. First, the program was implemented in a very gradual manner. It was many months before all service providers were in place, and even longer before the core teams had marketing strategies in place to inform residents about the program. Although the official start-date was April 1996, the oversight committee was still working 12 months later to shape the program implementation the way they wanted it.

The issue of leadership in the program has been a central matter. County and MPHA officials have attempted to allow ownership of the program to emerge from the participants (including on-site providers and residents). But the rest of the program participants have complained about the lack of leadership.

Third, there has been continuing lack of consensus about important features of the program such as the balance between community-building and case management, the role of the core teams, and the role of the VISTA worker. These disagreements have not been adequately resolved. The logic model of the program was never fully understood by the participants. This resulted from an initial planning stage that failed to clearly state the objectives of the program and clearly explain how the program would meet those objectives.

Fourth, there seemed to be times during the implementation of the pilot program when the core teams and the oversight committee shifted into "automatic pilot" in which meetings were devoted to the minutiae of running the program but larger questions of effectiveness were ignored. This is a natural tendency of group process that can be averted with a strong orientation toward results. This tendency also manifested itself in long delays in the resolution of implementation issues (such as data privacy).

Fifth, there has been a marked improvement in the implementation of the program since the first months of 1997. Core teams are integrating case management and community building efforts. The oversight committee has made conscious efforts at improving its operations and those of the core teams. Service providers are beginning to work as teams.



**PART THREE:**

**IMPACTS OF THE PILOT PROJECT -  
SERVICE USE**

In this section of the report we begin the analysis of the impact of the pilot project on the lives of public housing highrise residents. The impact analysis is broken down into two parts; the first, report here, focuses on the changes in the rate of social service use in the pilot buildings. In this section we utilize interview data with service providers, questionnaire responses from building residents, and program data from the service providers.

**PERCEPTIONS OF PROVIDERS**

The experience of service providers at the two pilot sites with respect to caseloads, varied significantly. Some providers experienced large case loads and were kept busy at the two sites, while others complained about the lack of business, reduced their hours, or even abandoned their on-site offices altogether. Even those who reported a large caseload were not kept busy at all times of the years, experiencing a variety of "lull" periods.

The County chemical health provider at the two sites began to note his lack of clients at the core team meetings as early as November 1996. This provider felt that this was especially the case at Horn after his office had been moved to the second floor during construction. This provider also complained about a lack of referrals from building management even when chemical dependency problems had become obvious to management. Two other County providers have cut back their on-site hours as a result of a low case load.

On the other hand, several providers have reported high case loads at various times during the pilot period. Group sessions have been formed by some of the providers to meet the demand of residents.

**RESIDENTS' REPORTED SERVICE USE**

The pre- and post-test surveys of highrise residents posed a number of questions related to the awareness and use of services. Surveys were delivered to both of the pilot sites as well as to two control sites. By analyzing the change in response from the pre-test to the post-test, and comparing the rate of change between the pilot and control sites, the impact of the pilot program can be assessed. In the analysis to follow the impact of the pilot

program is determined by the difference in the rate of pre-test to post-test change at the pilot sites compared to the control sites.

#### **Awareness of services.**

The first question asked of survey respondents was aimed at determining the level of awareness of the services being provided on-site. A list of seventeen services was given in association with the question, "Which of the following services are offered at [highrise project name]?" We would expect that in the two pilot sites, significantly more residents would indicate an awareness of services at the post-test than at the pre-test. No change is expected at the control sites because there was no program operating to make these services available to residents. This question analyzes the most basic challenge of the pilot program - to make residents aware of its existence. Table 2 presents the data.

In the far left column the specific services are listed. For each service three possible answers are listed in the table. "Yes" indicates that the respondent answered that his/her project does have the service in question. "No" indicates that the respondent believes that this service is not available on-site. "DK" means that the respondent indicated that s/he does not know whether this service is available on-site. The respondents are broken down into control group and pilot group, and the statistical significance of the test statistic,  $\chi^2$  (chi-square) is given for each service. This is done first for the pre-test and then again for the post-test. Thus, for example, 83 respondents in the control group (34.4 percent of all control group respondents) indicated that their highrise projects did have visiting nurses (27 percent said they did not have visiting nurses and 38.6 percent did not know). Among respondents from the two pilot sites, 173 (or 35.2 percent of all pilot site respondents) indicated at the pre-test that their project had visiting nurses (21.4 percent said this service was not available and 43.4 percent did not know). The fact that the chi-square was not statistically significant indicates that there is no real difference between the control and pilot sites on the pre-test. However, in the post-test, the number of people in the control group responding yes declined slightly (to 71 or 32.6 percent) while the number of pilot site respondents indicating yes increased slightly (to 181 or 37.2 percent). The chi-square is significant at the .05 level, meaning that we can be more than 95 percent sure that this distribution of answers represents a true difference between the control and pilot site groups.

This pattern is repeated, only much more dramatically, for crisis services. At the pre-test there is virtually no difference between the percentage of control and pilot site respondents who indicate that the service exists in their projects. At the post-test, however, 42.8 percent of pilot site respondents answer yes compared to 25.5 percent of control site respondents. This pattern of response indicates that after 12 months the pilot program has increased the awareness of services by the residents of the pilot sites.

Table 2: Awareness of services.

|                            |     | Pre-test   |            |          | Post-test  |            |          |
|----------------------------|-----|------------|------------|----------|------------|------------|----------|
|                            |     | Control    | Pilot      | $\chi^2$ | Control    | Pilot      | $\chi^2$ |
| Visiting nurses            | Yes | 83 (34.4)  | 173 (35.2) | n.s.     | 71 (32.6)  | 181 (37.2) | *        |
|                            | No  | 65 (27)    | 105 (21.4) |          | 65 (29.8)  | 102 (20.9) |          |
|                            | DK  | 93 (38.6)  | 213 (43.4) |          | 82 (37.6)  | 204 (41.9) |          |
| Crisis services            | Yes | 71 (30)    | 150 (30.6) | n.s.     | 54 (25.5)  | 206 (42.8) | ***      |
|                            | No  | 62 (26.2)  | 131 (26.7) |          | 63 (29.7)  | 91 (18.9)  |          |
|                            | Dk  | 104 (43.9) | 209 (42.7) |          | 95 (44.8)  | 184 (38.3) |          |
| Transportation assistance  | Yes | 90 (37.3)  | 182 (37.7) | n.s.     | 85 (39.2)  | 194 (40.5) | n.s.     |
|                            | No  | 71 (29.5)  | 130 (26.9) |          | 62 (28.6)  | 116 (24.2) |          |
|                            | DK  | 80 (33.2)  | 171 (35.4) |          | 70 (32.3)  | 169 (35.3) |          |
| Mental health              | Yes | 49 (20.8)  | 156 (32.4) | **       | 35 (16.5)  | 196 (41.2) | ***      |
|                            | No  | 73 (30.9)  | 124 (25.8) |          | 68 (32.1)  | 81 (17)    |          |
|                            | DK  | 114 (48.3) | 201 (41.8) |          | 109 (51.4) | 199 (41.8) |          |
| Employment assistance      | Yes | 137 (58.3) | 205 (42.2) | ***      | 84 (40)    | 177 (37)   | *        |
|                            | No  | 46 (19.6)  | 108 (22.2) |          | 55 (26.2)  | 96 (20)    |          |
|                            | DK  | 52 (22.1)  | 173 (35.6) |          | 71 (33.8)  | 206 (43)   |          |
| Help applying for services | Yes | 92 (37.9)  | 237 (47.9) | **       | 73 (34)    | 242 (49.5) | ***      |
|                            | No  | 61 (25.1)  | 87 (17.6)  |          | 56 (26)    | 81 (16.6)  |          |
|                            | DK  | 90 (37)    | 171 (34.5) |          | 86 (40)    | 166 (33.9) |          |
| Help with GA/AFDC, etc.    | Yes | 88 (36.7)  | 226 (45.8) | *        | 64 (29.2)  | 234 (48.6) | ***      |
|                            | No  | 62 (25.8)  | 92 (18.7)  |          | 59 (26.9)  | 80 (16.6)  |          |
|                            | DK  | 90 (37.5)  | 175 (35.5) |          | 96 (43.8)  | 167 (34.7) |          |
| Chemical health assistance | Yes | 50 (21.3)  | 142 (29.3) | n.s.     | 29 (13.7)  | 171 (36.2) | ***      |
|                            | No  | 72 (30.6)  | 126 (26)   |          | 71 (33.5)  | 88 (18.6)  |          |
|                            | DK  | 113 (48.1) | 217 (44.7) |          | 112 (52.8) | 214 (45.2) |          |
| Grocery service            | Yes | 144 (60.5) | 223 (45.9) | ***      | 85 (40.1)  | 230 (48.2) | *        |
|                            | No  | 45 (18.9)  | 118 (24.3) |          | 63 (29.7)  | 96 (20.1)  |          |
|                            | DK  | 49 (20.6)  | 145 (29.8) |          | 64 (30.2)  | 151 (31.7) |          |

$\chi^2$  statistic indicates the degree to which the pattern of responses deviates from the expected pattern if there were no relationship between the variables.

\*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$ , n.s. = not significant.

Responses to the question "Which of the following services are available at (name of highrise project)?"

DK = don't know.

Figures in parentheses are column percentages.

Table 2 (cont.): Awareness of services.

|                             |     | Pre-test   |            |          | Post-test  |            |          |
|-----------------------------|-----|------------|------------|----------|------------|------------|----------|
|                             |     | Control    | Pilot      | $\chi^2$ | Control    | Pilot      | $\chi^2$ |
| Services for disabled       | Yes | 95 (39.6)  | 180 (36.9) | n.s.     | 80 (36.2)  | 176 (36.9) | *        |
|                             | No  | 61 (25.4)  | 117 (24)   |          | 61 (27.6)  | 92 (19.3)  |          |
|                             | DK  | 84 (35)    | 191 (39.1) |          | 80 (36.2)  | 209 (43.8) |          |
| Fitness groups              | Yes | 14 (06)    | 54 (11.2)  | **       | 33 (15.1)  | 64 (13.4)  | **       |
|                             | No  | 135 (57.7) | 225 (46.5) |          | 111 (50.9) | 192 (40.1) |          |
|                             | Dk  | 85 (36.3)  | 205 (42.4) |          | 74 (33.9)  | 223 (46.6) |          |
| Social groups               | Yes | 94 (39.8)  | 150 (31.1) | *        | 91 (41.9)  | 207 (43.1) | *        |
|                             | No  | 72 (30.5)  | 150 (31.1) |          | 65 (30)    | 102 (21.3) |          |
|                             | DK  | 70 (29.7)  | 183 (37.9) |          | 61 (28.1)  | 171 (35.6) |          |
| Adult education             | Yes | 32 (13.7)  | 91 (18.7)  | n.s.     | 23 (10.8)  | 107 (22.6) | ***      |
|                             | No  | 106 (45.3) | 188 (38.7) |          | 105 (49.5) | 139 (29.4) |          |
|                             | DK  | 96 (41)    | 207 (42.6) |          | 84 (39.6)  | 227 (48)   |          |
| Congregate dining           | Yes | 102 (43)   | 346 (70.8) | ***      | 84 (39.3)  | 343 (70.9) | ***      |
|                             | No  | 80 (33.8)  | 61 (12.5)  |          | 85 (39.7)  | 43 (8.9)   |          |
|                             | DK  | 55 (23.2)  | 82 (16.8)  |          | 45 (21)    | 98 (20.2)  |          |
| Senior services             | Yes | 88 (37.1)  | 181 (37.3) | n.s.     | 76 (35.5)  | 184 (38.3) | *        |
|                             | No  | 47 (19.8)  | 94 (19.4)  |          | 53 (24.8)  | 77 (16)    |          |
|                             | DK  | 102 (43)   | 210 (43.3) |          | 85 (39.7)  | 220 (45.7) |          |
| VISTA worker                | Yes | 60 (26)    | 172 (35.7) | **       | 53 (24.9)  | 217 (45.3) | ***      |
|                             | No  | 56 (24.2)  | 78 (16.2)  |          | 59 (27.7)  | 59 (12.3)  |          |
|                             | DK  | 115 (49.8) | 232 (48.1) |          | 101 (47.4) | 203 (42.4) |          |
| Services for younger adults | Yes | 42 (17.7)  | 63 (13)    | n.s.     | 25 (11.7)  | 88 (18.4)  | **       |
|                             | No  | 75 (31.6)  | 149 (30.7) |          | 77 (36)    | 115 (24)   |          |
|                             | DK  | 120 (50.6) | 273 (56.3) |          | 112 (52.3) | 276 (57.6) |          |

$\chi^2$  statistic indicates the degree to which the pattern of responses deviates from the expected pattern if there were no relationship between the variables.

\*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$ , n.s. = not significant.

Responses to the question "Which of the following services are available at (name of highrise project)?"

DK = don't know.

Figures in parentheses are column percentages.

Because the pre-test was administered in September 1996, almost six months after the pilot project was officially begun, it is possible that residents at the pilot sites would already be aware of some of the social services on-site and would register higher levels of awareness at the pre-test than the control site respondents. This was the case in six of the 17 services listed - a statistically significant greater percentage of pilot site respondents

responded yes on the pre-test than did control group respondents for mental health, help applying for services, help with GA/AFDC, chemical health, fitness group, and congregate dining. But in each of those cases, except for congregate dining, the difference between control and pilot groups was even greater at the post-test, indicating a positive effect of the pilot study.

In all, there was an increase in the awareness of services at the pilot sites, relative to the responses from the control group, for 13 of the 17 services listed. This constitutes a strong level of support for the proposition that the pilot study was successful in increasing residents' awareness of on-site services.

Another pattern emerges from the data in table 2. For 14 of the 17 services, the percentage of pilot site respondents answering "don't know" is between 30 and 45 percent, and these numbers are very stable between the pre- and post-test. This suggests that there is a core group of residents who, for any number of reasons, are uninformed and remain uninformed about resident services.

Finally, it should be mentioned that there are many respondents who have provided answers that do not correspond with what we know to be true about the services that are available to them. Those in the pilot who answer "no" when indeed the services have been provided on-site can be easily lumped together with those who responded "don't know," "No" and "don't know" in this case are the same as being unaware that the services exist on-site. More troubling are the control group respondents who answered "yes" when in fact the services are not on-site at their projects. This percentage is roughly one-quarter to one-third of respondents (for most of the services listed) and it suggests that a sizable number of respondents have either guessed or simply been mistaken in their responses. This phenomenon does not, however, call into question the findings described above that indicate a positive impact of the pilot study. If there is guessing or a pattern of mistaken responses, we would expect that pattern to remain stable over time. That is, there is no plausible explanation for why more (or fewer) people would guess or be mistaken at the post-test compared to the pre-test. Thus, though we should be careful interpreting the absolute values in the table 2 above, the pattern of change (i.e., the increased awareness of services among pilot site respondents) remains valid.

#### **Use of services.**

Survey respondents were asked, "How often do you use the following services?" The same list of 17 services used in the "awareness" question was provided for the respondents. Though there was a generalized increase in the awareness of services at the two pilot sites, as revealed by table 2, we would expect that changes in the use of services would be less dramatic. This is due, of course, to the fact that only a subset of all residents need or want to take advantage of social services. Additionally, an increase in the use of services is a behavioral change and this type of change is always more difficult to achieve than merely a change in awareness.

Respondents were asked to indicate on a scale of one to five how frequently they used the services. A response of "1" meant that the respondent used the service daily, while a "5" indicated the respondent never used the service. Table 3 below reports the mean responses for the pilot and control groups. The lower the mean the more frequent the use of the service in question. If the pilot program actually increased the use of services at the pilot sites, the table would show significantly lower means on the post-test for the pilot group, while there would be no change for the control group. In fact, this pattern does show up for five of the 17 services listed. The test statistic used is the t-test, and the asterisk in the fourth column under pilot and control indicate whether the difference in the means is statistically significant. Thus, for example, although the mean response within the pilot group for the use of visiting nurses does decline from pre- to post-test (from 4.68 to 4.60) this difference, as measured by the T-statistic is not significant. But the change in mean response among pilot respondents for mental health assistance (4.87 in the pre-test to 4.75 in the post-test) is significant at the .05 level.

Table 3: Frequency of use of services.

|                                       | Pilot |      |     |      | Control |      |     |      |
|---------------------------------------|-------|------|-----|------|---------|------|-----|------|
|                                       | Pre   | Post | n   | Sig. | Pre     | Post | n   | Sig. |
| Visiting nurses                       | 4.68  | 4.60 | 261 | -    | 4.54    | 4.42 | 142 | -    |
| Crisis services                       | 4.72  | 4.72 | 247 | -    | 4.69    | 4.62 | 137 | -    |
| Transportation assistance             | 4.67  | 4.56 | 255 | -    | 4.51    | 4.40 | 140 | -    |
| Mental health assistance              | 4.87  | 4.75 | 249 | *    | 4.70    | 4.67 | 139 | -    |
| Employment assistance                 | 4.81  | 4.77 | 251 | -    | 4.62    | 4.72 | 141 | -    |
| Help applying for services            | 4.75  | 4.68 | 251 | -    | 4.65    | 4.63 | 141 | -    |
| Help applying for economic assistance | 4.77  | 4.66 | 249 | *    | 4.66    | 4.67 | 138 | -    |
| Chemical health services              | 4.85  | 4.80 | 247 | -    | 4.77    | 4.77 | 139 | -    |
| Grocery services                      | 4.69  | 4.55 | 251 | *    | 4.32    | 4.41 | 139 | -    |
| Services for disabled persons         | 4.69  | 4.63 | 252 | -    | 4.50    | 4.55 | 141 | -    |
| Fitness and exercise groups           | 4.88  | 4.82 | 250 | -    | 4.82    | 4.71 | 135 | -    |
| Social groups                         | 4.75  | 4.56 | 253 | **   | 4.45    | 4.53 | 137 | -    |
| Adult education                       | 4.84  | 4.73 | 244 | **   | 4.84    | 4.83 | 134 | -    |
| Congregate dining                     | 4.13  | 4.07 | 256 | -    | 4.27    | 4.19 | 135 | -    |
| Services for seniors                  | 4.70  | 4.63 | 254 | -    | 4.48    | 4.48 | 141 | -    |
| VISTA worker                          | 4.72  | 4.62 | 245 | -    | 4.69    | 4.58 | 134 | -    |
| Services for younger adults           | 4.83  | 4.81 | 249 | -    | 4.82    | 4.73 | 141 | -    |

Question: "How frequently do you use the following services?"

The lower the number the greater the use.

\*  $p < .05$

\*\*  $p < .01$

\*\*\*  $p < .001$

Residents of the pilot site report greater use of mental health services, help with applying for economic assistance, grocery services, social groups, and adult education services. As expected, the change in behavior is less dramatic than the change in the awareness of service availability.



### Ease of service use.

Respondents were also asked to evaluate how easy it is to use the 17 services that were listed. On this question they were asked to rank ease of use on a scale of one to three, one being "very easy to use," two being "somewhat easy to use," and three being "not easy to use." Respondents were also allowed to indicate that they did not want to use the services or were not eligible. Thus, the respondents to this question are only those who determined that they might want to use the services. This reduces the number of respondents significantly. Table 4 shows the mean responses for the pilot and control groups for both the pre- and post-tests. As with table 3 the change in means from pre- to post-test is tested for statistical significance. A lower mean on the post-test means that the respondents found the use of the service easier in 1997 than in 1996.

Table 4: The ease of use of services.

|                                       | Pilot |      |    |      | Control |      |    |      |
|---------------------------------------|-------|------|----|------|---------|------|----|------|
|                                       | Pre   | Post | n  | Sig. | Pre     | Post | n  | Sig. |
| Visiting nurses                       | 1.98  | 2.11 | 61 | -    | 1.88    | 1.85 | 41 | -    |
| Crisis services                       | 2.12  | 2.09 | 77 | -    | 2.06    | 1.94 | 47 | -    |
| Transportation assistance             | 2.11  | 2.04 | 73 | -    | 2.02    | 1.98 | 41 | -    |
| Mental health assistance              | 2.34  | 2.28 | 50 | -    | 2.04    | 2.07 | 28 | -    |
| Employment assistance                 | 2.40  | 2.37 | 52 | -    | 2.03    | 2.10 | 31 | -    |
| Help applying for services            | 2.00  | 2.05 | 80 | -    | 2.00    | 1.90 | 29 | -    |
| Help applying for economic assistance | 1.97  | 1.85 | 71 | -    | 1.86    | 2.07 | 28 | -    |
| Chemical health services              | 2.15  | 2.24 | 34 | -    | 2.04    | 1.83 | 24 | -    |
| Grocery services                      | 2.18  | 1.95 | 76 | *    | 1.78    | 1.73 | 51 | -    |
| Services for disabled persons         | 1.90  | 2.00 | 48 | -    | 1.83    | 1.76 | 29 | -    |
| Fitness and exercise groups           | 2.80  | 2.72 | 50 | -    | 2.32    | 2.12 | 25 | -    |
| Social groups                         | 2.41  | 2.07 | 73 | *    | 1.98    | 2.02 | 42 | -    |
| Adult education                       | 2.49  | 2.49 | 47 | -    | 2.24    | 2.14 | 21 | -    |
| Congregate dining                     | 1.48  | 1.47 | 92 | -    | 1.71    | 1.73 | 52 | -    |
| Services for seniors                  | 1.73  | 1.79 | 48 | -    | 1.63    | 1.54 | 24 | -    |
| VISTA worker                          | 1.85  | 1.74 | 62 | -    | 1.85    | 1.74 | 26 | -    |
| Services for younger adults           | 2.57  | 2.29 | 35 | -    | 2.33    | 2.28 | 18 | -    |

Question: "How easy is it for you to use these services if you want to use them?"

The lower the number the greater the ease of use.

T significance, \*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

The data show that the pilot site respondents only assessed two services to be easier to use at the post-test than at the pre-test, grocery services and social groups. There was, as expected, no change in the control group. The number of respondents for each of the services listed ranges from 34 (chemical health services) to 92 (congregate dining) in the pilot group. Generally speaking, mean differences (the changes from pre- to post-test) have to be larger in such small groups to achieve statistical significance. Nevertheless, the data reveal that there is not a widespread feeling among potential service users that the on-site services are any more convenient or easy to use.

### Satisfaction with services.

Residents were asked how satisfied they were with a) the number of services available to them, and b) the quality of the services available to them. They were asked to rate their satisfaction on a scale of 1 to 5, ranging from "very satisfied" to "very dissatisfied." In both cases, the pilot site residents reported a significantly higher level of satisfaction in the post-test compared to the pre-test, while the control group showed no change. The results are listed in table 5.

Table 5: Satisfaction with services.

|                     | Pilot    |           |     |      | Control  |           |     |      |
|---------------------|----------|-----------|-----|------|----------|-----------|-----|------|
|                     | Pre-test | Post-test | n   | Sig. | Pre-test | Post-test | n   | Sig. |
| Number of services  | 2.54     | 2.34      | 253 | **   | 2.66     | 2.68      | 135 | -    |
| Quality of services | 2.57     | 2.42      | 255 | *    | 2.41     | 2.60      | 133 | -    |

Question: "How satisfied are you with:"

T statistic significance, \*  $p < .05$ , \*\*  $p < .01$ .

These data show that the residents' overall assessment of services at the pilot sites has increased significantly over the period of the pilot program.

### Summary.

The survey results show a predictable pattern of response. Residents of the pilot sites did show a significantly greater awareness at the post-test of the on-site services available to them. This suggests that the pilot project has succeeded in increasing the visibility of the service providers. This is especially noteworthy given the difficulties faced by the core teams (described in part one) in establishing the program at the two sites.

Though there seems to be greater awareness of on-site services, respondents reported higher levels of use for only a handful of services. There are three potential explanations for this pattern of response. First, and perhaps least likely, it is possible that the services provided by the pilot program had already reached the number of residents interested or in need. That is, the lack of widespread change from pre- to post-test reflects the actual level of demand for the services provided. This is unlikely given the profile of residents within public housing highrises. The second possible explanation is that residents, though more aware of the services, have not taken the next step to requesting those services. This is where the providers' efforts at outreach become important. As described in part one, there was a mixed record among providers when it came to getting out into the highrise community and meeting residents. The data presented in this section suggests that these efforts need to be stepped up. The final possible explanation for the relatively small degree of change in the use of services has to do with response bias. It is quite possible that residents are reluctant to indicate on a survey form that they use social services because they think it might reflect badly on them or that it might be used against them in some way. This sort of very common response bias cannot be dismissed as a potential reason for the lack of change in most of the services listed. If it exists, actual

service use could be higher than what is reported in the questionnaire. One way in which to check for the accuracy of the survey responses is to examine the actual caseload records of the service providers. This is done in the next section.

## PROGRAMMATIC DATA

### Hennepin County caseloads.

Service caseload data from Hennepin County suggest that there has been an increase in caseloads at the two pilot sites. The data are shown in table 6 below. Among residents of Cedars, there were 90 open cases in adult and children's services in August 1995. At Horn the number was 88. From that figure, open cases increased to 115 at Cedars and 100 at Horn in December 1997. This constitutes a 28 percent increase in County caseloads among Cedars residents and a 14 percent increase among Horn residents during this time period, or an overall increase of 21 percent at the two pilot sites. Service caseloads at the control sites were 31 at Hiawatha and 47 at 5<sup>th</sup> Avenue in August 1995. They rose to 42 and 59, respectively, by the end of 1997. In percentage terms, (28 percent overall at the control sites) these increases were larger than those that occurred at the pilot sites.

Table 6: Hennepin County social service caseloads at pilot and control sites.

|  | Cedars | Horn | Hiawatha | 5 <sup>th</sup> Avenue |
|--|--------|------|----------|------------------------|
| August 1995                                  | 90     | 88   | 31       | 47                     |
| August 1997                                  | 106    | 104  | 44       | 46                     |
| December 1997                                | 115    | 100  | 42       | 59                     |
| Pct. increase August<br>1995 - December 1997 | 28     | 14   | 35       | 25                     |

Data from Hennepin County. Based on addresses available in December 1997.

### Contractor caseloads.

Hennepin County contracts with two private agencies, *Senior Resources* and *Spectrum*, to provide services at the pilot sites. *Senior Resources* had been providing services at Cedars and Horn prior to the beginning of the pilot program. At the time of the official beginning of the program, April 1996, there were 47 open cases at Cedars and 39 at Horn. In October 1997, those figures were 48 for Cedars and 44 for Horn. This shows a modest increase of six cases over eighteen months of the pilot program. Individual contacts with clients moved from 781 at Cedars and 493 at Horn in April 1996 to 703 at Cedars and 639 at Horn in October 1997, a total increase of 68 over that time period.

*Spectrum* began their services at the pilot sites in August 1996. Thus, their entire caseload represents an increment over what had been provided at the pilot sites prior to the program. According to the agency, at the end of 1997 there were 106 open cases at the two pilot sites. In addition, workers at the two sites logged 2,200 total client contacts during the calendar year, an average of 183 per month.

## **PART FOUR:**

### **IMPACTS OF THE PILOT PROJECT - COMMUNITY BUILDING & LIVING ENVIRONMENT**

In this last section of the analysis we evaluate the degree to which the pilot project achieved its secondary impacts of helping to build community within the highrises and improving the living environment for residents. In this section we rely on two data sources; resident questionnaires and the MPHA operational data.

The resident questionnaire included a number of items related to community-building, residents' sense of empowerment and self-sufficiency, neighboring behaviors, and resident satisfaction. We would expect an increase in these items if the pilot program were producing the secondary impacts that the program plan anticipated.

The MPHA operational data provides information on eviction rates, residential turnover, police calls, and security incident reports. We would hypothesize a reduction in each of those indicators if the pilot project were having a positive impact on the living environment of residents. That is, a more cohesive and successful living environment for residents would tend to reduce the number of evictions by either improving the relationship between management and the residents or by reducing the rate of problematic resident behavior. To the extent that a high eviction rate indicates a troubled and perhaps dysfunctional environment, we expect the eviction rate to decline in the pilot sites relative to the control sites. Similarly, we would expect the resident turnover rate, the volume of police calls to the project sites, and the number of security incidents to decline relative to the control sites.

#### **RESPONDENTS' VIEWS OF COMMUNITY-BUILDING**

The survey questionnaire included items that relate to a) the internal dimension of community-building, i.e., the degree of neighboring and trust between residents, b) the external dimension of community-building, i.e., the relationship between highrise residents and the surrounding neighborhood, c) the degree of personal empowerment and self-sufficiency felt by residents, and d) the residents' sense of satisfaction with their living environment.

##### **Internal community-building.**

The residents of the pilot and control sites were asked a series of questions regarding their neighboring behaviors, and the extent of their participation in the highrise community. If the pilot program had an impact on the highrise community we would expect to see a

significant change in attitudes and behavior among the pilot site residents compared to the control group.

Table 7: Internal community-building: Attitudinal responses.

|   |                                      | Pilot |      |     |      | Control |      |     |      |
|---|--------------------------------------|-------|------|-----|------|---------|------|-----|------|
|   |                                      | Pre   | Post | n   | Sig. | Pre     | Post | n   | Sig. |
| 1 | "My building is friendly"            | 2.47  | 2.34 | 248 | -    | 2.50    | 2.56 | 135 | -    |
| 2 | "My building is pleasant"            | 2.63  | 2.34 | 250 | ***  | 2.52    | 2.61 | 139 | -    |
| 3 | "There are not enough social events" | 2.54  | 2.71 | 189 | -    | 2.61    | 2.67 | 101 | -    |

Question: "Do you agree or disagree with the following statements?" Answers range from "1 - strongly agree" to "5 - strongly disagree."

T statistic significance, \*\*\*  $p < .001$ .

The data in table 7 show that the pilot residents rated their building significantly more pleasant at the post-test. There are no program effects for the other two questions, however. It is unclear, furthermore, whether the respondents' perception of the second item ("my building is pleasant") is related to the physical or the social environment. Because Horn underwent such an extensive renovation in 1996 (during the pre-test period the project was in the midst of construction), it is possible that respondents interpreted the word "pleasant" primarily with respect to the physical environment and not the social environment at the building. To examine this possibility we broke down the pilot group into Horn and Cedars residents and reanalyzed the items in table 7. By breaking down the pilot respondents into Cedars and Horn respondents we found that the Cedars residents showed no change on any of the variables listed in table 7, while Horn residents rated their building as friendlier and more pleasant at the post-test than they did at the pre-test. The fact that they rated their building friendlier suggests that these responses go beyond a reaction to the physical improvements that resulted from the renovation of Horn.

An important dimension of internal community-building is the degree to which residents interact with each other and the degree to which they participate in the highrise community. The questionnaire investigated the neighboring behaviors of the respondents; the results are presented in table 8.

There is change on two indicators in the control group, and significant change on only one at the pilot sites (though the magnitude of the change is greater at the pilot site). The control site residents reported attending social events and socializing with others in the building more frequently at the post-test than at the pre-test. While we cannot account for the increase in the socializing at the two control sites, this pattern was not matched at the pilot sites. The data in table 8 cannot be taken as evidence of a significantly greater amount of community-building behavior at the pilot sites.

Table 8: Internal community-building: neighboring behaviors.

|   |                                     | Pilot |      |     |      | Control |      |     |      |
|---|-------------------------------------|-------|------|-----|------|---------|------|-----|------|
|   |                                     | Pre   | Post | n   | Sig. | Pre     | Post | n   | Sig. |
| 1 | Talk with neighbors in bldg         | 2.46  | 2.36 | 273 | -    | 2.96    | 2.75 | 142 | -    |
| 2 | Attended social activities          | 5.02  | 4.76 | 264 | **   | 4.96    | 4.75 | 141 | *    |
| 3 | Socialized with someone in bldg     | 4.62  | 4.48 | 271 | -    | 4.81    | 4.48 | 137 | *    |
| 4 | Attended residents council meetings | 5.26  | 5.18 | 277 | -    | 5.26    | 5.22 | 139 | -    |
| 5 | Volunteered for bldg events         | 5.39  | 5.31 | 271 | -    | 5.31    | 5.11 | 141 | -    |

Question: "In the past six months, how often have you:"

The lower the response number, the more frequent the behavior.

\* p < .05

\*\* p < .01

Several additional questions were asked of the respondents regarding their participation in the highrise community. If the residents of the pilot site highrises are indeed increasing their participation in highrise community activities, it is likely that they will know more people in their own building. Respondents were asked at the pre- and post-test, "About how many individuals do you know who live in your building?" The data indicate no impact of the pilot program on this item. Neither the pilot site nor the control site respondents showed a significant change in the number of people they knew in their own buildings (16.51 pre-test to 15.01 post-test for the pilot group, 15.35 pre-test to 20.35 post-test for the control group, t-statistics non significant for both groups).

Additionally, residents were asked, "How much do you trust your next-door neighbors in the building?" Respondents were given a scale of 1 to 4 for their answer, "1" meant "very much," and "4" equaled "not at all." A test of the mean responses at the pre- and post-test for the pilot and control groups revealed no change for either group (from 2.32 to 2.33 for the pilot group and 2.52 to 2.53 for the control group, t-statistics non-significant).

Finally, respondents were given a series of four yes/no questions relating to their relationships with their neighbors. The results are listed below in table 9.

Table 9:

|   | Pre-test   |            |      | Post-test  |            |      |
|---|------------|------------|------|------------|------------|------|
|   | Pilot      | Control    | Sig. | Pilot      | Control    | Sig. |
| Do you get together with your neighbors for activities?         | 190 (39)   | 91 (38)    | -    | 220 (45)   | 90 (42.1)  | -    |
| Would you like to get together with your neighbors more often?  | 234 (50.2) | 100 (42.6) | -    | 238 (49.7) | 98 (46.9)  | -    |
| Do you know your next door neighbors?                           | 345 (70.7) | 166 (68.9) | -    | 358 (73.1) | 137 (63.1) | **   |
| Do you know your neighbors well enough to rely on in emergency? | 213 (44.3) | 95 (40.1)  | -    | 221 (46.6) | 88 (41.5)  | -    |

Figures are the number and percentage (in parentheses) of respondents answering "yes."

$\chi^2$  significance, \*\* p < .01

At the pre-test, as expected, there are no significant differences between the pilot and control respondents on any of the questions listed. At the post-test, however, the data show that a significantly greater percentage of pilot site respondents report knowing their next door neighbors compared to the control respondents. On the other hand, pilot site residents report no greater tendency to get together - or want to get together - with neighbors at the post-test than they did at the pre-test.

### External community-building.

The second dimension of community-building is the extent to which the residents of the highrises feel connected to the surrounding community, their neighborhood. Table 10 presents the results of a series of questions on the survey pertaining to the behaviors of highrise residents within the larger community. Residents were asked to indicate how frequently they engaged in a number of activities outside their building but within their neighborhoods.

Table 10: External community-building.

|                                     | Pilot |      |     |      | Control |      |     |      |
|-------------------------------------|-------|------|-----|------|---------|------|-----|------|
|                                     | Pre   | Post | n   | Sig. | Pre     | Post | n   | Sig. |
| Volunteered for neighborhood events | 5.38  | 5.34 | 260 | -    | 5.62    | 5.55 | 139 | -    |
| Gone to the library                 | 4.93  | 4.86 | 256 | -    | 5.21    | 4.97 | 141 | *    |
| Attended church in the community    | 4.80  | 4.78 | 258 | -    | 4.89    | 4.74 | 139 | -    |
| Gone to restaurant in community     | 4.44  | 4.56 | 258 | -    | 4.69    | 4.67 | 144 | -    |
| Gone to neighborhood center         | 5.41  | 5.48 | 256 | -    | 5.49    | 5.40 | 143 | -    |
| Used neighborhood park              | 5.10  | 5.19 | 262 | -    | 4.94    | 4.96 | 139 | -    |

Question: "In the past six months, how often have you?"

The lower the response mean, the more frequent the activity.

T-test significance, \*  $p < .05$ .

The results in table 10 indicate that the pilot project had no impact on the residents' level of activity in the external community. On none of the items did the pilot residents show an increase in activity from pre- to post-test.

Respondents were also asked whether they are a member of the local neighborhood association or a member of a religious organization in the community. The results for these two items are in table 11.

Table 11: Membership in community organizations.

|  | Pre-test   |           |      | Post-test  |           |      |
|--|------------|-----------|------|------------|-----------|------|
|  | Pilot      | Control   | Sig. | Pilot      | Control   | Sig. |
| Are you a member of a local neighborhood association?          | 25 (6.0)   | 12 (5.6)  | -    | 42 (9.9)   | 16 (8.4)  | -    |
| Are you a member of a religious organization in the community? | 173 (32.3) | 83 (35.8) | -    | 180 (38.5) | 72 (34.1) | -    |

Figures are the number and percentage (in parentheses) of respondents answering "yes."

$\chi^2$  significance, \*  $p < .05$ .



As shown in the table, there are no significant differences between the pilot and the control groups at the pre-test (as would be expected) or at the post-test. The pilot program seems not to have had an impact on the proclivity of highrise residents to join local community organizations or places of worship.

### Sense of self-sufficiency and personal empowerment.

The pilot program documents identify increasing "the social and economic self-sufficiency of highrise residents" as one of the program goals. We analyzed the degree to which this occurred by asking a series of questions in the survey questionnaire directed at residents' sense of self-sufficiency and personal empowerment.

Table 12: Program effects on sense of self-sufficiency and personal empowerment

|    |                                    | Pilot |      |     |      | Control |      |     |      |
|----|------------------------------------|-------|------|-----|------|---------|------|-----|------|
|    |                                    | Pre   | Post | n   | Sig. | Pre     | Post | n   | Sig. |
| 1  | I have a say in bldg management    | 3.18  | 3.01 | 192 | -    | 3.16    | 3.18 | 103 | -    |
| 2  | Management listens to residents    | 2.69  | 2.51 | 217 | *    | 2.53    | 2.48 | 114 | -    |
| 3  | Residents council is strong        | 2.76  | 2.68 | 168 | -    | 2.55    | 2.62 | 93  | -    |
| 4  | Residents do not have power        | 2.94  | 3.05 | 184 | -    | 2.85    | 2.82 | 95  | -    |
| 5  | Management follows up well         | 2.73  | 2.50 | 210 | **   | 2.51    | 2.65 | 110 | -    |
| 6  | Ability to feel good about oneself | 1.83  | 1.87 | 267 | -    | 1.78    | 1.90 | 143 | -    |
| 7  | Amount of control over life        | 1.93  | 2.04 | 268 | -    | 1.85    | 2.02 | 144 | -    |
| 8  | Ability to find assistance         | 2.00  | 2.01 | 268 | -    | 2.08    | 2.19 | 141 | -    |
| 9  | Ability to solve problems          | 1.88  | 1.96 | 269 | -    | 1.94    | 2.12 | 141 | -    |
| 10 | Economic and financial situation   | 2.70  | 2.67 | 267 | -    | 2.62    | 2.76 | 141 | -    |
| 11 | Ability to interact with others    | 1.97  | 2.04 | 263 | -    | 2.01    | 2.14 | 140 | -    |
| 12 | Family life                        | 2.16  | 2.13 | 258 | -    | 2.24    | 2.16 | 138 | -    |
| 13 | Amount of time to do things        | 1.96  | 1.97 | 265 | -    | 2.12    | 2.06 | 143 | -    |
| 14 | Overall physical health            | 2.47  | 2.47 | 264 | -    | 2.46    | 2.50 | 140 | -    |
| 15 | Overall psychological health       | 2.18  | 2.24 | 269 | -    | 2.26    | 2.28 | 137 | -    |
| 16 | Overall quality of life            | 2.32  | 2.29 | 266 | -    | 2.33    | 2.41 | 138 | -    |

Items 1-5 "Do you agree or disagree with:" The lower the number, the greater the agreement.

Items 6-16 "How satisfied are you with:" The lower the number, the greater the satisfaction.

T significance, \*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

The data show an extremely limited impact of the pilot program on issues of self-empowerment. The only two items that show any significant change at all are related to the responsiveness of property managers. Though this is included as an item of self-empowerment (in the sense that residents are demanding responsiveness of the managers) these could just as easily be seen as issues of residential satisfaction. That is, the degree to which the respondents feel responsible for generating the increased responsiveness of the property managers is unclear. Regardless, the data in table 12 indicate that the pilot

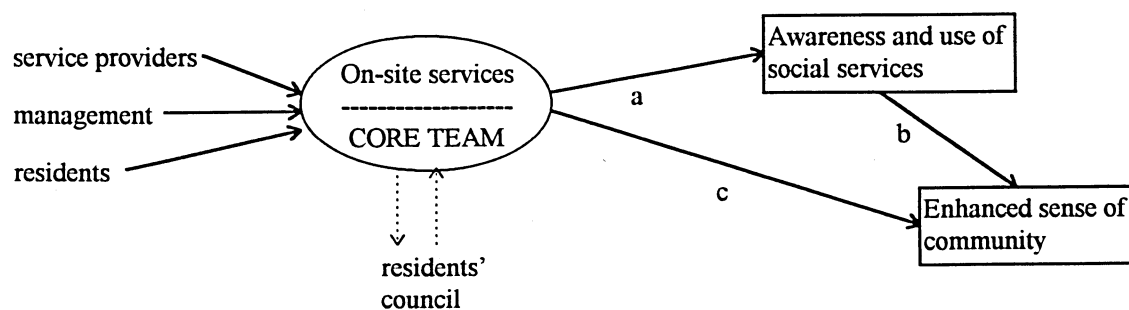
program effects did not extend as far as enhancing the sense of empowerment and self-sufficiency felt by pilot site residents.

**The impact of enhanced service delivery on community and empowerment.**

The data reported in this section show very little support for the notion that the pilot program generated greater levels of community-building behavior and attitudes, or greater levels of self-sufficiency and empowerment among residents. The lack of impact on community building and self-sufficiency is due to one of two factors. First, it is possible that not enough residents became aware of the services or increased their use of services enough to generate the secondary impacts (in other words, the primary impacts of the program were not great enough to generate the secondary impacts). Or, it is possible that the program hypothesis is simply incorrect and that even among those who became aware of services and used them more frequently there was still no increase in the level of community involvement or self-sufficiency. In this section we test the program hypothesis in a more focused manner.

Below we present figure 1 again. The findings that we have presented thus far on community building and empowerment suggest that the impact of arrow "c" in figure 1 is very weak. That is, the generalized effects of the pilot program on community building and empowerment are virtually nil. What we will test in this section is the strength of arrow "b." That is, we examine whether changes in community-building or empowerment were occurred in a more specific manner, i.e., were they greater among those who were more aware of the pilot program and among those who increased their use of services.

*Figure 1: Model of integrated service delivery pilot project.*



To complete this analysis, we developed an index of "service impact" for each respondent. The level of service impact was dependent upon how much more aware a respondent was of the on-site services provided to the pilot sites, and how much more a respondent used those services. For each resident, we created two indices of service impact. The first is

simply the number of services the respondent was aware of at the time of the post-test minus the number s/he was aware of at the pre-test. This is a measure of the increased awareness of the on-site services. The second indicator is a measure of the increased use of on-site services and is simply a count of the number of services that a resident reported using more at the post-test than at the pre-test.

We tested the degree to which these variables (increase in awareness of services, and increase in use of services) were correlated with changes in community-building attitudes and behaviors, and feelings of self-sufficiency and empowerment.

The data in table 13 show that increased awareness of the availability of on-site services is more related to community building attitudes and behaviors than is increased use of services. Of the 13 items in the questionnaire that relate to internal community involvement, five of them are significantly correlated with an increased awareness of services, while not a single one of the 13 is related to greater use of services. That is, those who reported a greater awareness of services on the post-test, also reported higher levels of internal community-building on five of the 13 measures.

For example, those who reported a greater increase in awareness of services were more likely to agree with the statement, "my building is friendly" than those who reported little or no increase in the awareness of on-site services. This pattern is repeated for four other indicators in table 13.

Table 13: Relationship between service impact and internal community-building.

|   | Change in awareness | Sig. | change in rate of use | Sig. | n   |
|---|---------------------|------|-----------------------|------|-----|
| "My building is friendly"                                       | -.188               | *    | -.078                 | -    | 160 |
| "My building is pleasant"                                       | -.139               | -    | -.002                 | -    | 163 |
| "There are not enough social events"                            | .194                | *    | .013                  | -    | 120 |
| Talk with neighbors in bldg                                     | -.131               | -    | -.069                 | -    | 169 |
| Attended social activities                                      | -.154               | *    | -.074                 | -    | 170 |
| Socialized with someone in bldg                                 | -.002               | -    | .009                  | -    | 168 |
| Attended residents council meetings                             | -.084               | -    | .035                  | -    | 172 |
| Volunteered for bldg events                                     | -.016               | -    | .065                  | -    | 170 |
| Get together with neighbors for activities?                     | -.200               | *    | -.071                 | -    | 165 |
| Would you like to get together with neighbors more often?       | .055                | -    | .053                  | -    | 142 |
| Do you know your next door neighbor?                            | -.156               | *    | -.103                 | -    | 164 |
| Do you know your neighbors well enough to rely on in emergency? | -.102               | -    | -.073                 | -    | 166 |
| Do you trust your neighbors?                                    | -.089               | -    | -.071                 | -    | 166 |

Figures are Pearson Product Moment Correlations.

\*  $p < .05$ .

The same pattern emerges for external community-building and sense of self-sufficiency. Table 14 below shows that respondents who reported a greater awareness of services at the post-test reported higher levels of external community involvement on two of our

eight measures. At the same time, however, greater use of services was not related to higher levels of external community involvement for any of the eight measures.

Table 14: Relationship between service impact and external community-building.

|  | Change in awareness | Sig. | change in rate of use | Sig. | n   |
|--|---------------------|------|-----------------------|------|-----|
| Volunteered for neighborhood events                  | -.115               | -    | .016                  | -    | 166 |
| Gone to the library                                  | -.027               | -    | -.012                 | -    | 165 |
| Attended church in the community                     | -.005               | -    | -.069                 | -    | 166 |
| Gone to restaurant in the community                  | -.031               | -    | .018                  | -    | 168 |
| Gone to neighborhood center                          | -.159               | *    | .000                  | -    | 167 |
| Used neighborhood park                               | -.169               | *    | -.034                 | -    | 166 |
| Member of a local neighborhood association?          | -.012               | -    | .043                  | -    | 134 |
| Member of a religious organization in the community? | -.050               | -    | -.105                 | -    | 158 |

Figures are Pearson Product Moment Correlations.

\*  $p < .05$ .

The questionnaire included 16 separate items related to residents' sense of self-sufficiency and personal empowerment. Greater awareness of services was correlated with greater levels of reported self-sufficiency on five of those items, while service use was correlated with only one item (see table 15). The findings in tables 13, 14, and 15 suggest that the benefits of the pilot program (in terms of greater levels of community participation and self-sufficiency) are not directed to those who use the services more frequently, but to those who simply become aware of the program activity. Thus, the benefits are conveyed not through the services themselves but through the awareness that service professionals are on-site.

Table 15: Relationship between service impact and self-sufficiency and personal empowerment

|    |                                    | Change in awareness | Sig. | Change in rate of use | Sig. | n   |
|----|------------------------------------|---------------------|------|-----------------------|------|-----|
| 1  | I have a say in bldg management    | .016                | -    | .063                  | -    | 124 |
| 2  | Management listens to residents    | .008                | -    | -.007                 | -    | 141 |
| 3  | Residents council is strong        | -.103               | -    | .018                  | -    | 118 |
| 4  | Residents do not have power        | .261                | **   | .049                  | -    | 122 |
| 5  | Management follows up well         | -.206               | *    | -.099                 | -    | 132 |
| 6  | Ability to feel good about oneself | -.121               | -    | .039                  | -    | 167 |
| 7  | Amount of control over life        | -.067               | -    | .126                  | -    | 167 |
| 8  | Ability to find assistance         | -.172               | *    | -.126                 | -    | 169 |
| 9  | Ability to solve problems          | -.115               | -    | .048                  | -    | 168 |
| 10 | Economic and financial situation   | -.037               | -    | -.154                 | *    | 167 |
| 11 | Ability to interact with others    | -.056               | -    | -.001                 | -    | 167 |
| 12 | Family life                        | -.189               | *    | .008                  | -    | 166 |
| 13 | Amount of time to do things        | -.008               | -    | -.013                 | -    | 166 |
| 14 | Overall physical health            | -.141               | *    | -.002                 | -    | 163 |
| 15 | Overall psychological health       | -.130               | -    | -.025                 | -    | 168 |
| 16 | Overall quality of life            | -.067               | -    | -.039                 | -    | 166 |

Items 1-5 "Do you agree or disagree with:" Items 6-16 "How satisfied are you with:"

\*  $p < .05$

## Resident satisfaction and sense of safety.

The final indicator of the program's impact on the living environment of highrise residents is the evaluation of respondents' satisfaction and sense of safety in their residence.

### *Safety.*

Residents were asked about their sense of safety at several points in the questionnaire. Two questions asked the residents to rate the level of crime in their building and in their neighborhood. The response categories ranged from "1 - very big problem" to "5 - not a problem." Table 16 presents the results of these questions.

Table 16: Crime in highrise building and neighborhood.

|                                | Pilot    |           |     |      | Control  |           |     |      |
|--------------------------------|----------|-----------|-----|------|----------|-----------|-----|------|
|                                | Pre-test | Post-test | n   | Sig. | Pre-test | Post-test | n   | Sig. |
| Level of crime in building     | 3.14     | 3.51      | 183 | ***  | 3.42     | 3.07      | 99  | *    |
| Level of crime in neighborhood | 2.41     | 2.67      | 191 | **   | 2.24     | 2.20      | 106 | --   |

Question: "How would you rate the level of crime in your (building/neighborhood)?" Response categories range from "1 - very big problem" to "5 - not a problem." The lower the mean the greater the problem. T significance, \*\*  $p < .01$ , \*\*\*  $p < .001$ .

Table 16 shows a large impact among pilot site respondents. Respondents reported a significant decrease in their perception of crime problems at the post-test. Though the control group also reported a change in their perception of crime in their buildings, they reported an increase in the problem.

Respondents were also asked whether their buildings and neighborhoods were safer or more dangerous than a year before. The lower the mean response, the safer the respondents' judged their buildings and neighborhoods. The data in table 17 again show a strong impact at the pilot sites. Pilot site respondents report both their buildings and their neighborhoods to be safer at the post-test, while there was no change in the control group.

Table 17: Building and neighborhood safer compared to year before?

|                         | Pilot    |           |     |      | Control  |           |     |      |
|-------------------------|----------|-----------|-----|------|----------|-----------|-----|------|
|                         | Pre-test | Post-test | n   | Sig. | Pre-test | Post-test | n   | Sig. |
| Building safer now?     | 2.92     | 2.32      | 218 | ***  | 2.70     | 2.81      | 109 | -    |
| Neighborhood safer now? | 3.32     | 3.05      | 211 | ***  | 3.34     | 3.43      | 107 | -    |

Question: "Compared to one year ago, is you (building/neighborhood) safer or more dangerous now?" The lower the number reported, the safer the building/neighborhood. T significance, \*\*  $p < .01$ , \*\*\*  $p < .001$ .

Finally, respondents were asked how safe they felt in various locations in their highrise projects. The data, reported in table 18, once again indicate that the pilot site respondents reported feeling significantly safer in all areas at the post-test, while there was no change in the control group.

Table 18: Feelings of safety within the highrise building.

|                     | Pilot    |           |     |      | Control  |           |     |      |
|---------------------|----------|-----------|-----|------|----------|-----------|-----|------|
|                     | Pre-test | Post-test | n   | Sig. | Pre-test | Post-test | n   | Sig. |
| In apartment        | 1.97     | 1.73      | 272 | ***  | 1.94     | 2.06      | 141 | -    |
| In hallways         | 2.51     | 2.20      | 268 | ***  | 2.62     | 2.45      | 135 | -    |
| In elevators        | 2.71     | 2.31      | 265 | ***  | 2.69     | 2.50      | 131 | -    |
| In laundry room     | 2.50     | 2.18      | 250 | ***  | 2.38     | 2.36      | 132 | -    |
| In community spaces | 2.39     | 2.03      | 224 | ***  | 2.24     | 2.16      | 122 | -    |
| In the parking lot  | 3.05     | 2.62      | 190 | ***  | 2.91     | 3.11      | 121 | -    |

Question: "How safe do you personally feel in these locations at (name of project)?" The lower the number the greater the feeling of safety.

T significance, \*\*\* p < .001.

All three of the preceding tables suggest that the pilot program had a significant impact on the residents' feeling of safety. These findings are strong and consistent across all of the questions asked. Because feelings of safety can be related to the physical environment we checked for the possibility that these strong improvements in the pilot site residents' sense of safety were related to the renovation that took place at Horn. We reanalyzed each of the items in the previous three tables and found that indeed, the Horn residents showed a significantly greater improvement than did the residents of Cedars. This suggests that most of the effects seen in tables 16, 17, and 18 were related to the improved sense of safety for Horn residents as a result of the completion of construction. However, the Cedars respondents did show statistically significant improvement in their sense of safety on half of the measures. The data are presented in table 19. These results indicate that the pilot program did have some impact on feelings of safety.

Table 19: Respondents' feeling of safety, by pilot site.

|    |                          | Cedars |      |     |      | Horn |      |     |      |
|----|--------------------------|--------|------|-----|------|------|------|-----|------|
|    |                          | Pre    | Post | n   | Sig. | Pre  | Post | n   | Sig. |
| 1  | Building is safe         | 2.46   | 2.19 | 134 | **   | 2.88 | 2.41 | 104 | ***  |
| 2  | Crime in building        | 3.55   | 3.68 | 102 | -    | 2.64 | 3.30 | 81  | ***  |
| 3  | Crime in neighborhood    | 2.71   | 2.74 | 108 | -    | 2.02 | 2.59 | 83  | ***  |
| 4  | Building safer           | 2.84   | 2.69 | 114 | -    | 3.01 | 1.92 | 104 | ***  |
| 5  | Neighborhood safer       | 3.31   | 3.27 | 117 | -    | 3.34 | 2.78 | 94  | ***  |
| 6  | Safe in apartment        | 1.93   | 1.77 | 148 | -    | 2.03 | 1.68 | 124 | ***  |
| 7  | Safe in hallways         | 2.49   | 2.26 | 148 | **   | 2.54 | 2.13 | 120 | ***  |
| 8  | Safe in elevators        | 2.63   | 2.37 | 143 | **   | 2.81 | 2.24 | 122 | ***  |
| 9  | Safe in laundry area     | 2.47   | 2.29 | 140 | *    | 2.53 | 2.05 | 110 | ***  |
| 10 | Safe in community spaces | 2.22   | 2.16 | 129 | -    | 2.61 | 1.87 | 95  | ***  |
| 11 | Safe in parking lot      | 2.87   | 2.64 | 124 | *    | 3.39 | 2.61 | 66  | ***  |

Item 1: "Do you agree or disagree with the following...?" Items 2 and 3: "How would you rate the level of crime in ...?" Items 4 and 5: "Compared to one year ago, is your (building/neighborhood) safer or more dangerous?" Items 6-11: "How safe do you personally feel in these locations?"

T-significance, \* p < .05, \*\* p < .01, \*\*\* p < .001

*Residential satisfaction.*

The pilot program was also designed to improve residents' sense of satisfaction with their living environment. In fact, questions about residential satisfaction are good summary measures of many of the concepts we have examined already. To examine the issue of residential satisfaction, we asked a series of questions that related to a range of factors, from the outside appearance and condition of the buildings, to noise level, maintenance, property management, and services. Table 20. presents the findings.

Table 20: Residential satisfaction

|                                   | Treatment |      |     |      | Control |      |     |      |
|-----------------------------------|-----------|------|-----|------|---------|------|-----|------|
|                                   | Pre       | Post | n   | Sig. | Pre     | Post | n   | Sig. |
| Outside appearance of bldg        | 2.55      | 1.80 | 266 | ***  | 2.06    | 2.27 | 139 | -    |
| Noise level inside bldg           | 2.81      | 2.38 | 264 | ***  | 2.83    | 3.09 | 136 | *    |
| Noise level in neighborhood       | 3.06      | 2.82 | 263 | **   | 3.06    | 3.29 | 140 | -    |
| Condition of sidewalk/streets     | 2.70      | 2.33 | 270 | ***  | 2.57    | 2.80 | 138 | -    |
| Outside living areas              | 2.84      | 2.28 | 255 | ***  | 2.67    | 2.80 | 134 | -    |
| Safety of building                | 2.78      | 2.26 | 266 | ***  | 2.43    | 2.64 | 142 | -    |
| Nearness to shopping              | 2.07      | 1.88 | 264 | **   | 2.99    | 3.07 | 140 | -    |
| Nearness to transportation        | 1.49      | 1.46 | 268 | -    | 1.90    | 1.97 | 140 | -    |
| Nearness to parks                 | 2.48      | 2.31 | 254 | *    | 2.30    | 2.43 | 134 | -    |
| Nearness to friends/relatives     | 2.45      | 2.34 | 262 | -    | 2.67    | 2.63 | 138 | -    |
| Maintenance inside bldg           | 2.82      | 2.22 | 267 | ***  | 2.43    | 2.57 | 141 | -    |
| Number of services avail          | 2.54      | 2.34 | 253 | **   | 2.66    | 2.68 | 135 | -    |
| Availability of property managers | 2.41      | 2.21 | 258 | **   | 2.15    | 2.47 | 135 | **   |
| Quality of services               | 2.57      | 2.41 | 255 | *    | 2.41    | 2.60 | 133 | -    |
| Responsiveness of managers        | 2.47      | 2.36 | 257 | -    | 2.26    | 2.44 | 131 | -    |
| Residents' council                | 2.56      | 2.48 | 244 | -    | 2.51    | 2.40 | 129 | -    |
| Size of apartment                 | 2.17      | 2.25 | 264 | -    | 2.22    | 2.28 | 138 | -    |
| Appearance of bldg inside         | 2.74      | 2.06 | 264 | ***  | 2.32    | 2.35 | 136 | -    |
| Appearance of community spaces    | 2.49      | 1.85 | 257 | ***  | 2.12    | 2.24 | 134 | -    |
| Neighborhood overall              | 3.09      | 2.67 | 258 | ***  | 3.15    | 3.15 | 136 | -    |
| Apartment unit overall            | 2.18      | 2.05 | 267 | -    | 2.09    | 2.29 | 136 | *    |

"How satisfied are you with:" The lower the number the greater the satisfaction.

\*  $p < .05$

\*\*  $p < .01$

\*\*\*  $p < .001$

The data in table 20 show a clear pattern of increased satisfaction among pilot site residents from the time of the pre-test to the post-test. Most of the items that relate to the appearance of the building, maintenance and noise levels show increases in satisfaction. Given the fact that one of the pilot sites, Horn, was in the midst of extensive renovation during the pre-test period, it is possible that these large changes in satisfaction levels are merely the result of the completion of the rehabilitation of Horn. To test that proposition, we broke down the answers of the pilot site residents by project. If the patterns seen in

table 15 are due only to the improved physical environment of the renovation (and the cessation of the many inconveniences of the actual renovation), then we would expect attitudinal change only among the Horn residents. If, however, the pilot program played some role in the improved levels of resident satisfaction among the pilot group then we would expect to find change among the Cedars residents as well. Table 21 presents the results.

What the data show is that both the renovation and the pilot program seemed to have an impact on respondents' degree of residential satisfaction. As expected, the Horn residents reported large increases in their satisfaction with the physical environment. They were much more satisfied at the post-test with the appearance of the building, the outside areas, the noise level, and the maintenance of the building. But the data also show increased satisfaction among Cedars residents on a number of items as well, including the safety of the building, maintenance, number of services available and the availability of property managers.

Table 21: Residential satisfaction - pilot sites.

|                                | Horn |      |     |      | Cedars |      |     |      |
|--------------------------------|------|------|-----|------|--------|------|-----|------|
|                                | Pre  | Post | n   | Sig. | Pre    | Post | n   | Sig. |
| Outside appearance of bldg     | 3.29 | 1.70 | 122 | ***  | 1.99   | 1.83 | 144 | -    |
| Noise level inside bldg        | 3.31 | 3.21 | 121 | ***  | 2.38   | 2.45 | 143 | -    |
| Noise level in neighborhood    | 3.33 | 2.79 | 123 | ***  | 2.81   | 2.84 | 140 | -    |
| Condition of sidewalk/streets  | 3.02 | 2.36 | 124 | ***  | 2.42   | 2.30 | 146 | -    |
| Outside living areas           | 3.31 | 2.32 | 116 | ***  | 2.44   | 2.25 | 139 | -    |
| Safety of building             | 3.09 | 2.28 | 120 | ***  | 2.53   | 2.25 | 146 | **   |
| Nearness to shopping           | 1.55 | 1.42 | 123 | -    | 2.52   | 2.28 | 141 | *    |
| Nearness to transportation     | 1.46 | 1.27 | 125 | *    | 1.52   | 1.62 | 143 | -    |
| Nearness to parks              | 2.46 | 2.23 | 115 | -    | 2.50   | 2.37 | 139 | -    |
| Nearness to friends/relatives  | 2.30 | 2.23 | 120 | -    | 2.58   | 2.43 | 142 | -    |
| Maintenance inside bldg        | 3.21 | 2.23 | 123 | ***  | 2.49   | 2.22 | 144 | **   |
| Number of services avail       | 2.42 | 2.23 | 115 | -    | 2.64   | 2.43 | 138 | *    |
| Availability of prop managers  | 2.26 | 2.07 | 117 | -    | 2.54   | 2.32 | 141 | *    |
| Quality of services            | 2.40 | 2.30 | 117 | -    | 2.71   | 2.51 | 138 | -    |
| Responsiveness of managers     | 2.29 | 2.15 | 119 | -    | 2.62   | 2.54 | 138 | -    |
| Residents' council             | 2.39 | 2.31 | 114 | -    | 2.70   | 2.62 | 130 | -    |
| Size of apartment              | 1.97 | 2.01 | 122 | -    | 2.35   | 2.45 | 142 | -    |
| Appearance of bldg inside      | 3.23 | 1.91 | 121 | ***  | 2.32   | 2.18 | 143 | -    |
| Appearance of community spaces | 3.11 | 1.68 | 114 | ***  | 1.99   | 1.98 | 143 | -    |
| Neighborhood overall           | 3.22 | 2.60 | 121 | ***  | 2.98   | 2.74 | 137 | *    |
| Apartment unit overall         | 2.13 | 1.89 | 126 | *    | 2.23   | 2.20 | 141 | -    |

"How satisfied are you with?" The lower the number the greater the satisfaction

T significance, \* p < .05, \*\* p < .01, \*\*\* p < .001

It is interesting to note that on those items for which Horn residents showed a significant increase in satisfaction and which are clearly related to the completed renovation of the project, the initial satisfaction levels of Horn residents were much lower than those



reported by Cedars residents. The great change on those items (the improvement of the satisfaction ratings in the post-test) brought the Horn residents back in line with the satisfaction levels of Cedars residents. This reinforces our interpretation of these findings; that in the fall of 1996 Horn residents reported significantly less satisfaction with their physical environment because of the renovation in progress. By the time of the post-test, the fall of 1997, their levels of satisfaction with those items were back to a level that roughly matched the other pilot site.

### **The impact of enhanced service delivery on safety and residential satisfaction.**

In this section we repeat the analysis of "service impact" (that is, we test the strength of arrow "b" in figure 1 for sense of safety and satisfaction). The variables measuring change in awareness of services and change in the use of services were correlated with 11 measures of safety and 21 different indicators of residential satisfaction.

As in the previous analysis, the change in awareness of services was more highly correlated with feelings of enhanced safety and satisfaction than was the variable measuring change in service use. Greater awareness was significantly correlated with change in feelings of safety for two of the 11 measures, while change in service use was not correlated with any of the safety measures. Awareness was also significantly correlated with six of the 21 measures of residential satisfaction, while service use was correlated with one of the 21 measures.

As in the analysis of community involvement and empowerment, there is a modest level of support for the proposition that greater attitudinal and behavioral changes occur among those residents who are most aware of the increased on-site services. However, for safety and satisfaction, there were sizable direct impacts of the program as well (see tables 16 through 20) suggesting that these impacts are more generalized than those for community building and self-sufficiency, which primarily came indirectly to residents through service impact.

### **Summary.**

The questionnaire data on the secondary impacts of the pilot program revealed two distinct patterns. First, for community-building (both internal and external) and for self-sufficiency, the pilot program did not seem to have much of an impact. However, when we controlled for the level of service impact, we found that those residents who were more aware of the enhanced on-site services were somewhat more likely to show greater levels of community-building behaviors and attitudes of empowerment and self-sufficiency. Thus, the impact of the pilot program on community-building and self-sufficiency tended to be the result of the enhanced awareness of services by residents. The second pattern that emerges is a building-specific pattern of change in the safety and satisfaction indicators. Because many of our measures of residential satisfaction were related to the physical environment at the highrises, and because safety concerns are also related to the physical environment, we captured a strong dissatisfaction among Horn

residents on these issues at the pre-test. After the completion of the Horn renovation, however, resident satisfaction and sense of safety returned to normal levels. In our data that showed up as a strong improvement among Horn residents. Cedars residents showed an increase in satisfaction in a few measures and an increase in several of the safety measures, indicating that the pilot program did have an impact on some of the dimensions of safety and satisfaction. These were, however, overshadowed by the construction effect seen at Horn.

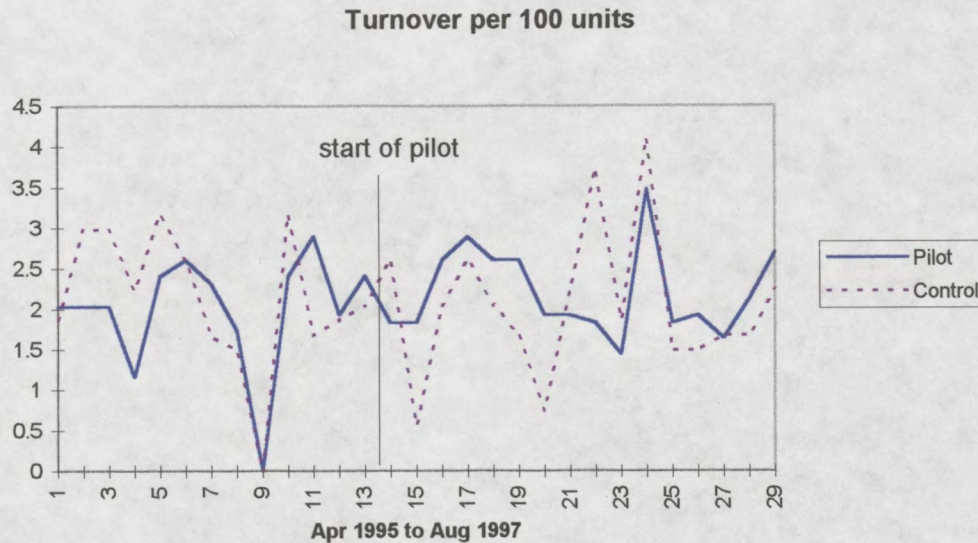
Overall, the data show a moderate level of secondary program impacts. The record of the pilot program is spotty in terms of generating community-building behaviors and attitudes, feelings of self-sufficiency on the part of residents, and increased residential satisfaction. For many of the measures, the secondary impacts occurred only for those who became more aware of the increased on-site services.

## **PUBLIC HOUSING OPERATIONAL DATA**

In this section we examine several objective indicators of conditions at the pilot and control sites. Specifically, we examine conditions at the highrises as they are reflected in the turnover of residents and in security or police incidents.

The degree of resident stability in the highrises may be taken as one indicator of the living environment. Resident turnover measures the degree to which residents move out of the highrise buildings, for whatever reason. If the pilot program is improving the living environment at the pilot sites we would expect to see a decline in turnover as fewer residents seek to leave. Figure 2 shows the monthly turnover rate for the pilot and control sites. Because of the different number of units at the pilot and control sites, the turnover rate is standardized (turnover per 100 units). Our data begin in April 1995 - one year before the official beginning of the pilot program - and plots the monthly turnover rate through August 1997. If the pilot program had an impact on turnover rates we would expect a decline in the pilot-site rate relative to the control group occurring at some point after the onset of the program in April 1996. Given the slowness with which the program was implemented we would expect a gradual downturn in the pilot site trend. The graph, however, shows no real trend up or down for either the control or the pilot sites, suggesting that the program had no measurable impact on turnover rates.

Figure 2: Monthly residential turnover rates at pilot and control sites.



Gross turnover rates can include a number of “positive” move-outs, and thus be misleading as a measure of the living environment at the highrises. That is, a family moving out of the highrise may do so not because they no longer like it there, but because they have increased their income to the point that they can acquire market rate housing. To try to isolate those move-outs that represent a negative situation in the living environment of the highrises, we tracked eviction rates at the pilot and control sites. (Note that our view of evictions here is neutral from the standpoint of management and residents. We impute no blame on the part of either party, we simply note that an eviction represents a failure in the management/resident relationship and therefore is a measure of the quality of the living environment.) As with turnover, we would expect to see a decline in the eviction rate at the pilot sites relative to the control sites if the pilot program were having an effect. Figure 3 shows the results. As in the first graph, the data are standardized per 100 units and cover the period from April 1995 through August 1997. The data show little difference between pilot and control groups. Both lines show an almost imperceptible decline in evictions since April 1995.

MPHA security guards keep an incident log that tracks the number of disturbances occurring at the highrises. We have charted these data in figure 4. These data go back only as far as January 1996, four months prior to the start of the program. Thus, we are unable to establish with very much confidence, the trend in these disturbances prior to the pilot program. As in the previous two graphs, the control and pilot sites are virtually identical, suggesting the pilot program has not had an impact on the rate of incident reports at the pilot sites.



Figure 3: Monthly eviction rates at pilot and control sites.

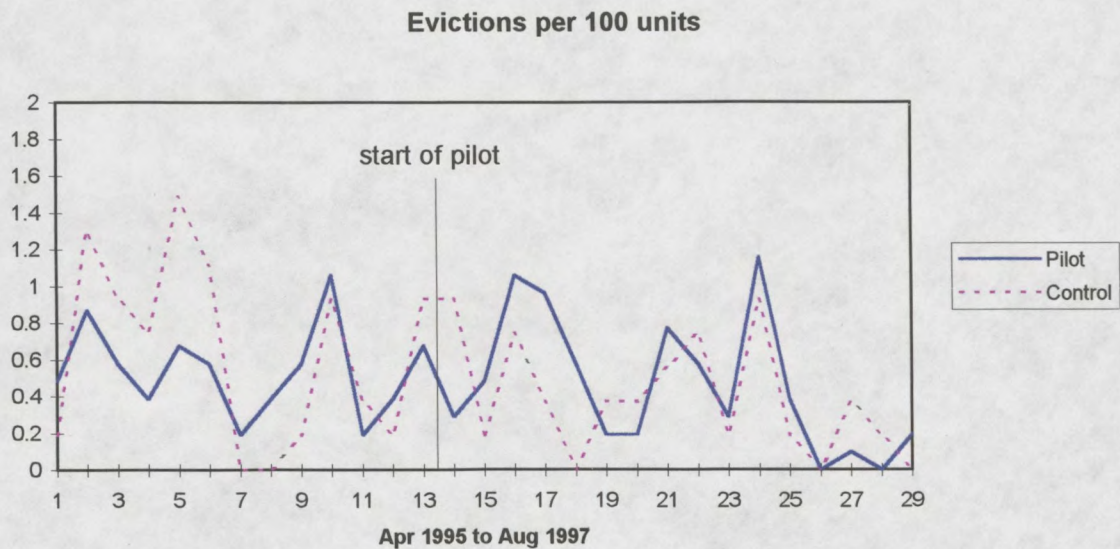
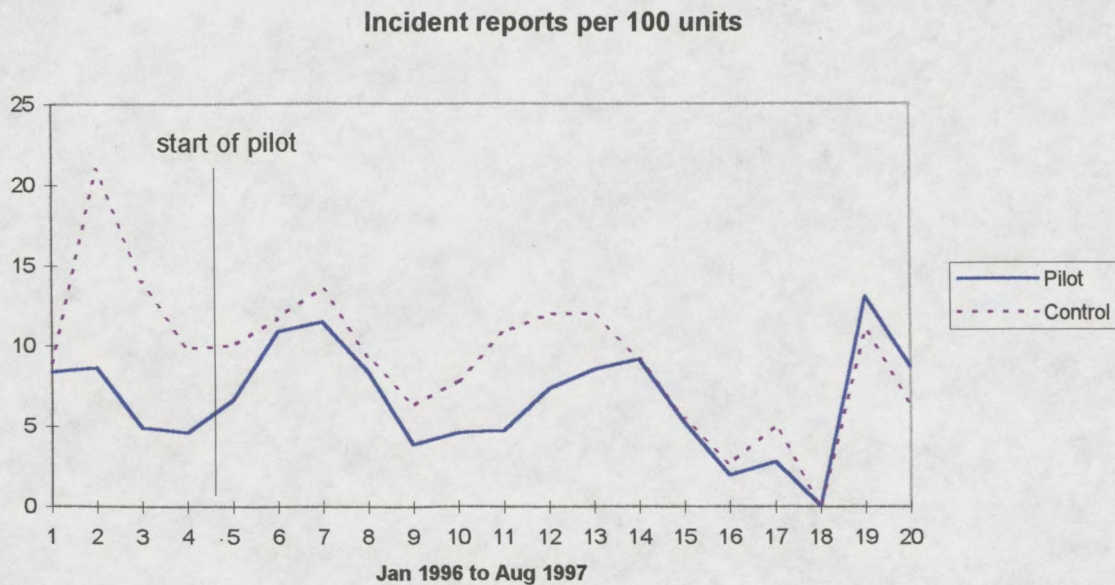


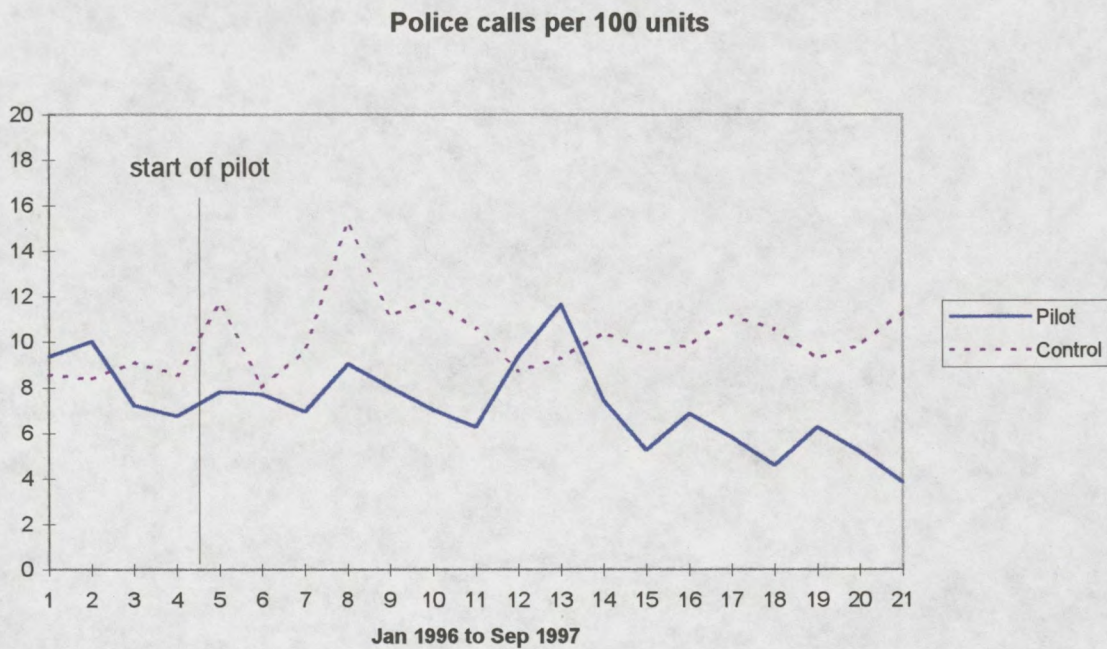
Figure 4: Monthly incident report rates at pilot and control sites.





Finally, we charted police calls to each of the buildings in the pilot and control sites. This analysis measures the rate at which more serious incidents took place at each of the sites. Figure 5 shows the pattern we have expected. That is, the trend for the pilot sites is slightly downward while the control group trend is steady. Again, we caution that our data only show four months of police calls prior to the start of the program and we are thus unable to say what the trend was at these buildings prior to the program. (It could be, for example, that the pilot sites police call trend had been in decline for many months and the period of the pilot program merely continued that long-term trend.) Still, the graph allows for a more positive interpretation of events and suggests that the pilot program did have an impact in reducing the rate of police calls at Horn and Cedars.

Figure 5: Monthly police call rates at pilot and control sites.



Time series analyses were conducted on the data presented in figures 2 through 5. The time series analysis was done to determine whether there was a statistically significant difference between the trends in turnover, evictions, incident reports, and police calls between the pilot and control sites. An equation was produced for each of the four measures. A test for the difference in slopes for the control and pilot sites was carried out. The results of the time series regressions indicate a difference between pilot and control sites for only one measure - police calls. The regression coefficients for resident turnover,

evictions, and incident reports indicate that there is no significant difference between the pilot and control sites. The coefficient for the trend in police calls at the pilot sites is, however, significantly different than that of the control sites. That is, the pattern of police calls at the pilot site shows a significantly greater decline than the trend at the control sites.

**Summary.**

The operational data on residential turnover, eviction rates, incident reports, and police calls offer limited evidence of a program effect. Only the police calls showed a decline at the pilot sites relative to the control sites.

## PART FIVE:

### SUMMARY OF FINDINGS & RECOMMENDATIONS

#### Findings.

The public housing highrise social service pilot program was implemented gradually. The two primary interventions in the program, on-site social services and the operation of the core team, both required an extended period of time to reach full operation. Thus, although the program officially began in April of 1996, all of the program elements were not in place and operating until February of 1997. The delay in full implementation was due to a number of causes. First, MPHA and County officials decided upon a low-profile leadership style. This was done to encourage ownership of the program by other participants. However, the main impact of this decision was to give the impression that the program leader-less and a low priority for both agencies. Second, there was a lack of understanding among core team members about their roles and about the objectives of the program and the purpose of the core teams. Some core team members were simply unclear about the program while others had conflicting ideas of program objectives and the core team process. Third, the physical renovation of Horn delayed the implementation of the program at that site. Finally, slow decision-making at the oversight level also contributed to delays. The program has been operating as envisioned since the spring of 1997, almost one full year after the official beginning of the program.

The impacts of the program can be broken down into primary and secondary effects. The primary effects of the core team and of on-site services would be in the awareness and use of social services by residents. The secondary impacts refer to the impact of the program on community building, resident empowerment and self-sufficiency, and residents' sense of safety and residential satisfaction.

The primary impacts of the program were measurable. The survey data indicate there was a significant increase in the awareness of available services at the pilot sites. The impact of the program on the use of services, however, was less widespread. Among those respondents who reported using services, the reported increase in the ease of use was negligible. Caseload data suggests that there was a slight increase in service usage at the pilot sites.

The secondary impacts of the program were somewhat more complicated. Survey data reveal that the pilot program had virtually no impact on the degree of "internal" community-building (neighboring behaviors and participation within the highrise community) at the pilot sites. When, however, we controlled for the degree of change in the awareness of social services, we found a moderate effect. That is, those who

experienced an increase in their awareness of the on-site social services reported moderately greater levels of internal community building.

The pattern of program impact found for internal community building was exactly repeated for external community-building activities (defined as the degree of interaction with the neighborhood surrounding the highrise) and residents' sense of self-sufficiency and empowerment. Slightly higher levels of external community participation, self-sufficiency, and empowerment were found among those whose awareness of services had increased between pre- and post-test.

Residents showed a significantly greater change in sense of security in the pilot sites compared to the control sites. Some of this effect was due to the renovation taking place at Horn. However, improvements in residents' sense of security also showed up at Cedars, suggesting the program had some impact in this area. Overall residential satisfaction was also significantly higher at the pilot sites compared to the control sites. As with security issues, the rise in satisfaction was in part due to the completion of building renovations at Horn. However, increases in satisfaction were also experienced at Cedars.

The program had slight impacts on housing management and operations. The trend in monthly police calls dropped at the two pilot sites over the period of the pilot program while remaining roughly constant at the two control sites. The rates of resident turnover, resident evictions, and security staff incident reports were not significantly different from pilot to control sites.

Given the extensive problems in fully implementing the pilot program at the two sites, these impacts are significant and provide the basis for optimism that a continuation or expansion of the program will result in important benefits for highrise residents.

### **Recommendations.**

1. Core team participants need to be fully informed of program goals and the logic model of the program. They should be made aware of the role of the core team and what is expected of them as core team members. This can be achieved in a number of ways from an initial orientation for new members to the development of materials that briefly and clearly describe program goals and expected roles.
2. Core team and oversight committee activities should be routinely tied to program goals in order to keep these bodies on task. Some members of the oversight committee have attempted to implement such a process using the measures of impact developed for the evaluation. While this process is worth keeping and institutionalizing, now that the evaluation is complete it would be more fruitful for the oversight committee to reassess those measures and possibly develop its own set of objectives or benchmarks against which program activities can be judged. Such a process would clarify the relative weight



given to the issues of coordinated case management and service provision, improved management and building operations, and community building and resident organizing.

3. The lead MPHA and County officials need to maintain a higher profile of leadership in the program. As mentioned in the report, the lead officials have consciously attempted to allow other players to take ownership of the program and to use the program as an opportunity to empower. They have, in effect, chosen a facilitative style of leadership over a directive style. While this choice should not be abandoned, it should be noted that a visible leadership presence is not incompatible with a facilitative style.

For example, clarifying the roles expected of each actor and establishing a method of measuring core team and oversight committee activities relative to those expectations will contribute significantly to leadership presence.

4. Core teams and the oversight committee need to examine ways of building resident participation in core team activities. Greater connection of core team and resident councils needs to occur. Resident council representation on core teams should be encouraged as well as the regular reporting of core team activities at resident council meetings.

5. More generally, the oversight committee needs to investigate ways in which the pilot program could be connected with other forms of resident organizing taking place at the highrises.

6. On-site management personnel should be encouraged by program officials in MPHA to share resident information with service providers to the fullest extent possible. More generally, there should be opportunities provided for service providers and managers to meet and exchange their perspectives on the program and information on residents.

7. Core team time should continue to be reserved for case consultation by the service providers. The providers regard this as a valuable opportunity to exchange information and improve the quality of services provided to residents.

8. The core teams should continue the practice of provider open houses as a means of publicizing the on-site services. These have been effective ways of introducing providers to residents.

9. The oversight committee should investigate ways to increase the degree of outreach by service providers at the pilot sites. This could improve case loads and increase the reach of the services provided on-site. However, provider outreach may also be valuable in helping build community at the pilot sites. Thus, program leaders, should initiate discussions with the on-site providers regarding the role of service providers in community building. Providers need to be aware of the expectations for their activity in this area. Many of the providers we spoke with were unsure of their role in community building, while others saw no role in that regard.

## REFERENCES

- Carol S. Cohen and Michael H. Phillips, "Building Community: Principles for Social Work Practice in Housing Settings," *Social Work*, Volume 42, number 5 (September) 1997, 471-81.
- Christine C. Cook, "Components of Neighborhood Satisfaction: Response from Urban and Suburban Single-Parent Women," *Environment and Behavior*, Volume 20, (March) 1988, 115-49.
- Donna M. Garnett and Marsha S. Gould, "Evaluation of State-Level Integrated Services Initiatives: Colorado's Experience," *New Directions for Program Evaluation*, number 69 (Spring) 1996, 69-84.
- Mark A. Glaser, "Redefinition of the Service Delivery Function of Community-Based Organizations," *Journal of the Community Development Society*, Volume 17, number 1, 1986, 89-109.
- M. Powell Lawton, Miriam Moss, and Miriam Grimes, "The Changing Service Needs of Older Tenants in Planned Housing," *The Gerontologist*, Volume 25, number 3 (June) 1985, 258-64.
- William A. Morrill, "Implications for the Future of Service Delivery System Reform," *New Directions for Program Evaluation*, number 69 (Spring) 1996, 85-95.
- Sandra Newman and Susan Ridgely, "Independent Housing for Persons with Chronic Mental Illness," *Administration and Policy in Mental Health*, Volume 21, number 3 (January) 1994, 199-215.
- Abbott J. Schulman, "Service Coordination: Program Development and Initial Findings," *Journal of Long-Term Home Health Care*, Volume 15, number 2 (Spring) 1996, 5-12.
- Nancy W. Sheehan, "Management Issues in Service Coordination: The Experience of the Resident Services Coordinator Program," *Journal of Gerontological Social Work*, Volume 26, number 1/2, 1996, 71-86.
- Nancy W. Sheehan, "'Aging in Place' in Public Senior Housing," *Home Health Care Services Quarterly*, Volume 8, number 2 (Summer) 1987, 55-77.
- United States House Select Committee on Aging, Subcommittee on Human Services, "Expansion of Community-Based Services to Special Populations," Hearing, July 19, 1989. 101st Congress, 1st session, number 101-725.

## APPENDIX 1

### DATA COLLECTION METHODS

#### Field Observations

The CURA research team (Edward Goetz, principal investigator; David Chollar, research assistant; and Kim Rowe, research assistant) began their field observations in July of 1996. The evaluators observed oversight committee meetings held at MPHA and core team meetings at both the Horn Tower Terraces and the Cedars. Evaluators were present at all but four meetings of these bodies from July 1996 through September 1997. Mr. Chollar and Ms. Rowe were the primary field observers during this period. The field notes of the observers were typed up and preserved along with meeting minutes, agendas, and any other hand-outs as a record of the meetings.

The evaluators kept written record of attendance at the meetings, the topics discussed and a general record of remarks made by participants. The evaluators did not play an active role in the deliberations of the core teams or the oversight committee. The evaluation was a regular agenda item at oversight committee meetings, and during this time the evaluators gave updates on the progress of the study. Otherwise, the evaluators were strictly observers of the meetings.

#### Participant Interviews

The CURA research team interviewed select participants from the oversight and core teams. Initial interviews were scheduled early in the pilot project (September, October, and November 1996). Follow-up interviews were conducted in July and August 1997 with mostly the same interviewees from the previous year. Interviews were usually held at the oversight or core team member's office or place of residence. Interview guides with open-ended questions were created for both the first and second interviews. The interview guides provided some structure to the interview yet also allowed the interviewee to expound on a topic if needed. Most all team members accepted our invitation for a one-on-one interview.

## APPENDIX 2

### 1996 MINNEAPOLIS PUBLIC HOUSING HIGHRISE RESIDENT SURVEY

#### OVERVIEW

The 1996 Minneapolis Public Housing Highrise Resident Survey was conducted as a mail survey by the Minnesota Center for Survey Research at the University of Minnesota. The project was funded by the University's Center for Urban and Regional Affairs, the Minneapolis Public Housing Authority, and Hennepin County. Questionnaires were hand-delivered to every apartment at four Minneapolis Public Housing sites: The Hiawathas, Horn Towers, the Fifth Avenue Highrises, and The Cedars.

Respondents answered questions about: the availability of social services at their Public Housing site, whether or not they used these services, how easy it was to use these services, the living conditions and level of safety in their building and in their neighborhood, their neighborhood involvement, and their interactions with other residents in their building.

Survey delivery and data collection were conducted from September 9, 1996 to January 7, 1997. Questionnaires were completed and returned by 755 of the highrise residents: 133 from The Hiawathas, 235 from Horn Towers, 114 from the Fifth Avenue Highrises, and 273 from The Cedars. The overall response rate was 49%.

#### GOALS

The goal of the 1996 Minneapolis Public Housing Highrise Resident Survey was to determine residents' levels of knowledge, use, and satisfaction with the social services that are available on-site at four Minneapolis Public Housing Highrise sites. This study was designed as a pre-test / post-test comparison with controls. This phase of the study was the pre-test, and was intended to be administered prior to the availability of social services at two of the survey sites. The questionnaire is intended to be re-administered at all four sites approximately one year after the first administration. The results of this baseline survey and the follow-up survey will then be compared.

#### STUDY DESIGN AND MANAGEMENT

The 1996 Minneapolis Public Housing Highrise Resident Survey was conducted as a mail survey by the Minnesota Center for Survey Research at the University of Minnesota. The project was funded by the University's Center for Urban and Regional Affairs, the Minneapolis Public Housing Authority, and Hennepin County. The highest standards of quality survey research were employed in conducting this project.

The administrative coordination of the project was provided by MCSR Director, Rossana Armson. She also was responsible for design and revision of the four versions of the survey. The MCSR Project Manager, Brigid Riley, was responsible for data collection, coding and editing, and writing the methodology report. Finally, the MCSR Data Analyst, Melody Jacobs-Cassuto, was responsible for ensuring data accuracy and conversion of the raw ASCII data into an SPSS system file format for analysis.

### QUESTIONNAIRE DESIGN

The initial draft of the questionnaire was prepared by Edward Goetz, Ph.D., the principal investigator. Pretest versions of the four survey instruments were subsequently prepared by Rossana Armson. Two graduate students who were working with Professor Goetz on the project, David Chollar and Kim Rowe, arranged for and conducted a pretest of the survey with twelve residents from a different Minneapolis Public Housing Highrise. Final revisions were then made to the four questionnaire versions.

The only difference between the four versions of the questionnaire was the identification of the highrise site on five specific questions: Q1, Q9, Q22, Q25, and Q26. The site-specific language was necessary because some sites included several buildings, and this seemed to be the best way to ensure that respondents were thinking about the entire complex, rather than just their own building.

Respondents answered questions about: the availability of social services at their Public Housing site, whether or not they used these services, how easy it was to use these services, the living conditions and level of safety in their building and in their neighborhood, their neighborhood involvement, and their interactions with other residents in their building.

### SAMPLING DESIGN

Questionnaires were hand-delivered to every apartment at four Minneapolis Public Housing sites: The Hiawathas, Horn Towers, the Fifth Avenue Highrises, and The Cedars. Of the four sites, Horn Towers and The Cedars were the treatment group, and The Hiawathas and the 5th Avenue Highrises were the control sites. The plan was to make social services available on-site at the two treatment group sites sometime after this baseline survey was conducted.

Table 1 identifies the color of paper used for each site, as well as the number of units and the sequence of ID numbers used to identify each site.

TABLE 1

## SAMPLING INFORMATION BY HIGHRISE SITE

| HIGHRISE NAME          | COLOR   | NUMBER OF UNITS | ID NUMBERS |
|------------------------|---------|-----------------|------------|
| The Hiawathas          | Yellow  | 285             | 1001-1999  |
| Horn Towers            | Blue    | 501             | 2001-2999  |
| Fifth Avenue Highrises | Green   | 252             | 3001-3999  |
| The Cedars             | Pumpkin | 536             | 4000-4999  |

## DATA COLLECTION PROCEDURES

The procedures used by MCSR for this mail survey were based on Mail and Telephone Surveys, by Don A. Dillman. Survey delivery and data collection were conducted from September 9, 1996 to January 7, 1997.

David Chollar and Kim Rowe met twice with the Core Team from each site during data collection. The Core Team was comprised of the President and Vice-President of a site's Residents' Council, service providers for that site, a representative of the Minneapolis Public Housing Authority, a Representative from Hennepin County, and building and site managers. They informed the Core Teams of the current response rate at each meeting, and told them that it was considered low. There was no formal follow-up after that.

Delivery Procedures

David Chollar and Kim Rowe hand-delivered questionnaires to all but one of the buildings. A member of The Cedars' Core Team hand-delivered questionnaires at one building there. The first mailing was hand-delivered to the four sites between September 9 and September 11, 1996. The exact dates were:

TABLE 2

## INITIAL DELIVERY DATE BY HIGHRISE SITE

| HIGHRISE NAME          | DATE DELIVERED |
|------------------------|----------------|
| The Hiawathas          | September 10   |
| Horn Towers            | September 11   |
| Fifth Avenue Highrises | September 10   |
| The Cedars             | September 9    |

Each of these mailings included the following: (1) a cover letter from Rossana Armson, Director of MCSR, inviting participation in the survey; (2) a survey instrument; (3) an information sheet printed on goldenrod paper, with instructions to call for help if needed, which was written in English, Spanish, Hmong, Somali, Korean, Russian, and Lao; and (4) a self-addressed, stamped return envelope.

The second mailing consisted of a reminder postcard, and was mailed from MCSR one week after the initial hand-delivery. The postcard thanked individuals if they had already filled out the questionnaire, and asked them to take time to complete the survey if they had not already done so.

The third mailing was hand-delivered between October 1 and October 3 to all individuals who had not yet returned their survey. This mailing was identical to the first mailing and included a copy of the questionnaire, a reminder cover letter, an information sheet, and a self-addressed, stamped return envelope.

#### Supervision and Quality Control of the Mailings

The three mailings were completed under the supervision of the Project Manager. Quality checks were made prior to sealing the envelopes to ensure that the survey packets were complete and that the address labels and survey identification numbers matched.

#### Assistance to Respondents

David Chollar and Kim Rowe were available to help any English-speaking resident in filling out the survey. They set up individual appointments with residents who wanted to have the survey read to them, or who wanted someone else to mark responses for them. Ten residents completed the survey with their assistance.

In addition, at The Hiawathas, the resident social worker was available to help residents fill out the survey.

Finally, interpreters were to be made available to any non-English speaking resident who wanted help in filling out the survey. The goldenrod information sheet that was included with every survey included the telephone number of each site's VISTA worker. The VISTA worker was to arrange interpreting services if needed. One site utilized this and employed a Korean interpreter to help a group of Korean residents fill out the survey.

#### Survey Returns

Returned surveys were counted to track sample status and response rate. Peak survey returns occurred within a few days after each mailing and illustrate the importance of multiple mailings to ensure a high response rate (see Figure 1 on the following page).



FIGURE 1

SURVEY RETURN SCHEDULE

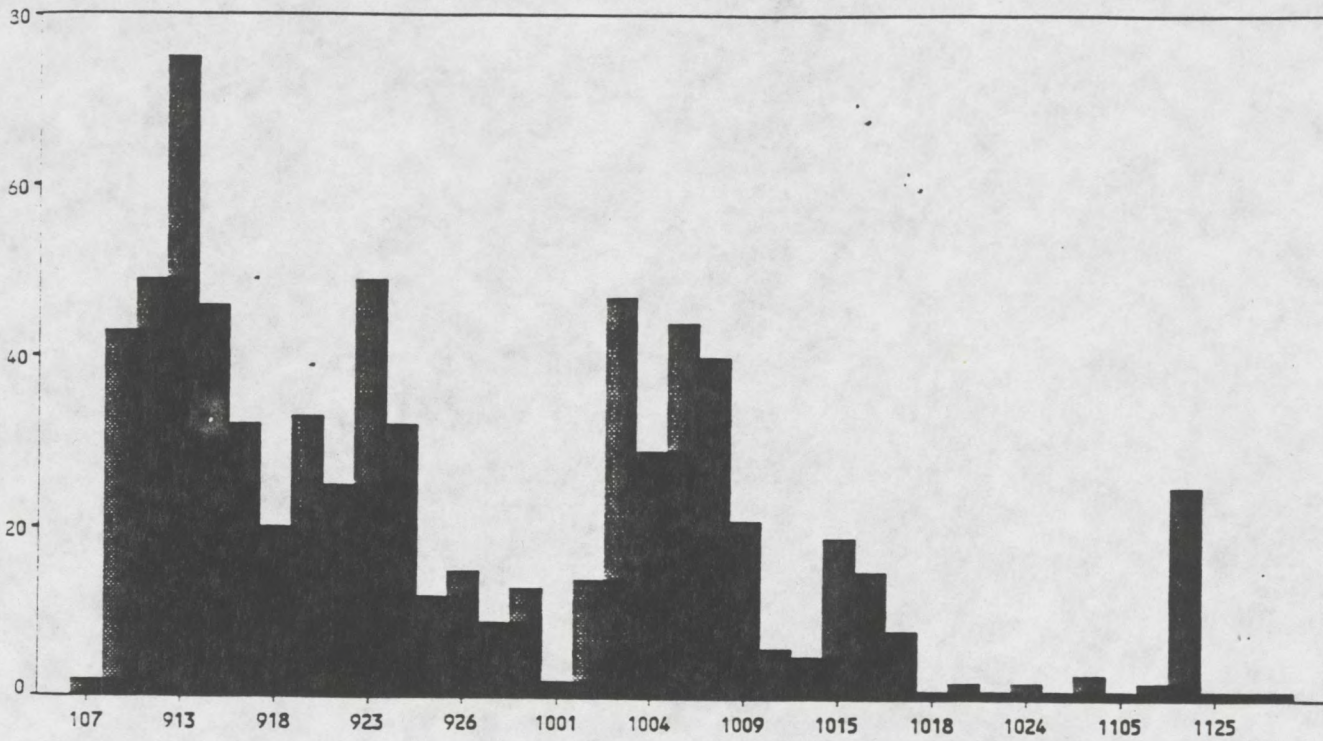


TABLE 3

FINAL SAMPLE STATUS OF THE 1996 HIGHRISE RESIDENT SURVEY

| <u>Status</u>        | <u>Number</u> | <u>Percent</u> |
|----------------------|---------------|----------------|
| Surveys returned     | 755           | 48%            |
| Refusals             | 5             | --             |
| Surveys not returned | 792           | 50%            |
| Eliminated: moved    | 22            | 1%             |
|                      | 1574          | 99%            |
| <b>TOTAL SENT:</b>   |               |                |

$$\text{RESPONSE RATE} = \frac{\text{Completed questionnaires}}{\text{Total sent - eliminated}} = 49\%$$



FIGURE 1  
SURVEY RETURN SCHEDULE

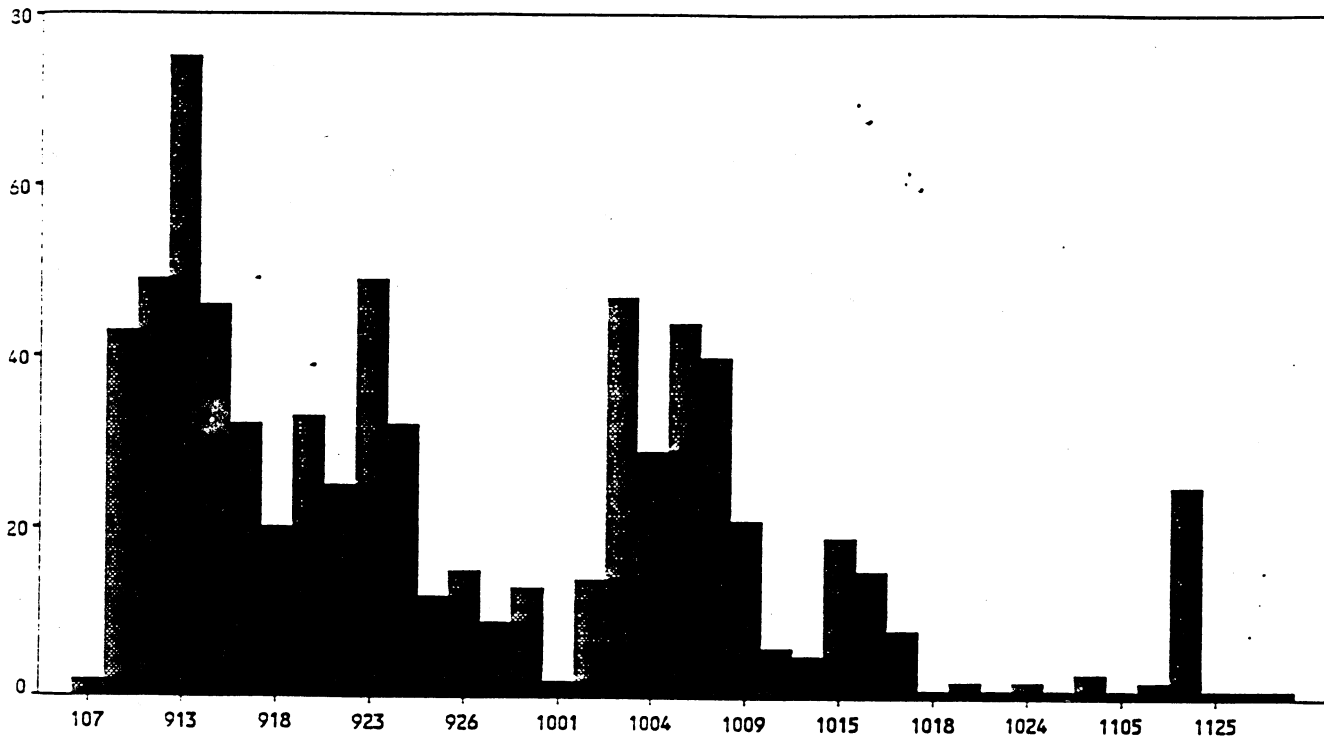


TABLE 3

FINAL SAMPLE STATUS OF THE 1996 HIGHRISE RESIDENT SURVEY

| <u>Status</u>        | <u>Number</u> | <u>Percent</u> |
|----------------------|---------------|----------------|
| Surveys returned     | 755           | 48%            |
| Refusals             | 5             | --             |
| Surveys not returned | 792           | 50%            |
| Eliminated: moved    | 22            | 1%             |
|                      | 1574          | 99%            |
| TOTAL SENT:          |               |                |

$$\text{RESPONSE RATE} = \frac{\text{Completed questionnaires}}{\text{Total sent - eliminated}} = 49\%$$

TABLE 4

## FINAL SAMPLE STATUS OF THE 1996 HIGHRISE RESIDENT SURVEY

## TREATMENT GROUP

| <u>Status</u>        | HORN TOWERS   |                | THE CEDARS    |                |
|----------------------|---------------|----------------|---------------|----------------|
|                      | <u>Number</u> | <u>Percent</u> | <u>Number</u> | <u>Percent</u> |
| Surveys returned     | 235           | 47%            | 273           | 51%            |
| Refusals             | 2             | --             | 2             | --             |
| Surveys not returned | 252           | 50%            | 256           | 48%            |
| Eliminated: moved    | 12            | 2%             | 5             | --             |
|                      | ----          | ----           | ----          | ----           |
| TOTAL SENT           | 501           | 99%            | 536           | 99%            |
| RESPONSE RATE        |               | 48%            |               | 51%            |

TABLE 5

## FINAL SAMPLE STATUS OF THE 1996 HIGHRISE RESIDENT SURVEY

## CONTROL GROUP

| <u>Status</u>        | THE HIAWATHAS |                | FIFTH AVENUE<br>HIGHRISES |                |
|----------------------|---------------|----------------|---------------------------|----------------|
|                      | <u>Number</u> | <u>Percent</u> | <u>Number</u>             | <u>Percent</u> |
| Surveys returned     | 133           | 47%            | 114                       | 45%            |
| Refusals             | 0             | --             | 1                         | --             |
| Surveys not returned | 150           | 53%            | 134                       | 53%            |
| Eliminated: moved    | 2             | 1%             | 3                         | 1%             |
|                      | ----          | ----           | ----                      | ----           |
| TOTAL SENT           | 285           | 101%           | 252                       | 99%            |
| RESPONSE RATE        |               | 47%            |                           | 46%            |

## **1997 MINNEAPOLIS PUBLIC HOUSING HIGHRISE RESIDENT SURVEY**

### **OVERVIEW**

The 1997 Minneapolis Public Housing Highrise Resident Survey was conducted as a mail survey by the Minnesota Center for Survey Research at the University of Minnesota. The project was funded by the University's Center for Urban and Regional Affairs, the Minneapolis Public Housing Authority, and Hennepin County. Questionnaires were hand-delivered to every apartment at four Minneapolis Public Housing sites: The Hiawathas, Horn Towers, the Fifth Avenue Highrises, and The Cedars.

Respondents answered questions about: the availability of social services at their Public Housing site, whether or not they used these services, how easy it was to use these services, the living conditions and level of safety in their building and in their neighborhood, their neighborhood involvement, and their interactions with other residents in their building.

Survey delivery and data collection were conducted from September 17 to November 17, 1997. Questionnaires were completed and returned by 730 of the highrise residents: 129 from The Hiawathas, 246 from Horn Towers, 97 from the Fifth Avenue Highrises, and 258 from The Cedars. The overall response rate was 49%.

### **GOALS**

The goal of the 1997 Minneapolis Public Housing Highrise Resident Survey was to determine residents' levels of knowledge, use, and satisfaction with the social services that are available on-site at two Minneapolis Public Housing Highrise sites. This study was designed as a pre-test / post-test comparison with controls. This phase of the study was the post-test, and was re-administered approximately one year after the first administration. The results of this follow-up survey and the baseline survey will later be compared.

### **STUDY DESIGN AND MANAGEMENT**

The 1997 Minneapolis Public Housing Highrise Resident Survey was conducted as a mail survey by the Minnesota Center for Survey Research at the University of Minnesota. The project was funded by the University's Center for Urban and Regional Affairs, the Minneapolis Public Housing Authority, and Hennepin County. The highest standards of quality survey research were employed in conducting this project.

The administrative coordination of the project was provided by MCSR Director, Rossana Armson. The MCSR Project Manager, Cheri Thompson, was responsible for data collection, coding and editing, and writing the methodology report. Finally, the MCSR Data Manager, Deb Rodi, was responsible for ensuring data accuracy and conversion of the raw ASCII data into an SPSS system file format for analysis.

### QUESTIONNAIRE DESIGN

The initial draft of the questionnaire was prepared prior to the 1996 data collection by Edward Goetz, Ph.D., the principal investigator. Pretest versions of the four survey instruments were subsequently prepared by Rossana Armson. Two graduate students who were working with Professor Goetz on the project, David Chollar and Kim Rowe, arranged for and conducted a pretest of the survey with twelve residents from a different Minneapolis Public Housing Highrise. Final revisions were then made to the four questionnaire versions prior to the 1996 administration of this survey. The surveys for this 1997 post-test were not changed from the 1996 administration, except for the addition of "1997" as part of the title.

The only difference between the four versions of the questionnaire was the identification of the highrise site on five specific questions: Q1, Q9, Q22, Q25, and Q26. The site-specific language was necessary because some sites included several buildings, and this seemed to be the best way to ensure that respondents were thinking about the entire complex, rather than just their own building.

Respondents answered questions about: the availability of social services at their Public Housing site, whether or not they used these services, how easy it was to use these services, the living conditions and level of safety in their building and in their neighborhood, their neighborhood involvement, and their interactions with other residents in their building.

### SAMPLING DESIGN

Questionnaires were hand-delivered to every apartment at four Minneapolis Public Housing sites: The Hiawathas, Horn Towers, the Fifth Avenue Highrises, and The Cedars. Of the four sites, Horn Towers and The Cedars were the treatment group, and The Hiawathas and the 5th Avenue Highrises were the control sites. Social services were made available on-site at the two treatment group sites after the 1996 baseline survey was conducted and prior to this follow-up survey.

In those cases where a unit was occupied by the same tenants in 1996 and 1997, the unit was given the same identification number, in order to allow unit specific matching of responses ("continuing" residents). In those cases where a unit was occupied by different tenants in 1996 and 1997, a new identification number was assigned ("new" residents). Table 1 identifies the color of paper used for each site, as well as the number of units occupied and the sequence of ID numbers used to identify both new and continuing residents at each site.

TABLE 1

## SAMPLING INFORMATION BY HIGHRISE SITE

| HIGHRISE NAME          | SURVEY COLOR | RESIDENT TYPE | NUMBER OF UNITS | SURVEY ID NUMBERS |
|------------------------|--------------|---------------|-----------------|-------------------|
| The Hiawathas          | Yellow       | Continuing    | 210             | 1001-1700         |
| The Hiawathas          | Yellow       | New           | 61              | 1701-1999         |
| Horn Towers            | Blue         | Continuing    | 321             | 2001-2700         |
| Horn Towers            | Blue         | New           | 147             | 2701-2999         |
| Fifth Avenue Highrises | Green        | Continuing    | 181             | 3001-3700         |
| Fifth Avenue Highrises | Green        | New           | 67              | 3701-3999         |
| The Cedars             | Pumpkin      | Continuing    | 405             | 4001-4999         |
| The Cedars             | Pumpkin      | New           | 114             | 5001-5999         |

## DATA COLLECTION PROCEDURES

The procedures used by MCSR for this mail survey were based on Mail and Telephone Surveys, by Don A. Dillman. Survey delivery and data collection were conducted from September 17 to November 17, 1997.

Delivery Procedures

David Chollar and Kim Rowe hand-delivered questionnaires to all of the buildings, with the exception of the Fifth Avenue Highrise. Ed Goetz hand-delivered questionnaires to this site for the third mailing only. The first mailing was hand-delivered to the four sites between September 17 and September 19, 1997. The exact dates are shown in Table 2.

TABLE 2

## INITIAL DELIVERY DATE BY HIGHRISE SITE

| HIGHRISE NAME          | DATE DELIVERED |
|------------------------|----------------|
| The Hiawathas          | September 17   |
| Horn Towers            | September 17   |
| Fifth Avenue Highrises | September 19   |
| The Cedars             | September 19   |

Each of these mailings included the following: (1) a cover letter from Rossana Armson, Director of MCSR, inviting participation in the survey; (2) a survey instrument; (3) an information sheet printed on goldenrod paper, with instructions to call for help if needed, which was written in English, Spanish, Hmong, Somali, Korean, Russian, and Lao; and (4) a self-addressed, stamped return envelope.

The second mailing consisted of a reminder postcard, and was mailed from MCSR on September 26, 1997, one week after the latest initial hand delivery. The postcard thanked individuals if they had already filled out the questionnaire, and asked them to take time to complete the survey if they had not already done so.

The third mailing was hand-delivered between October 8 and October 11 to all individuals who had not yet returned their survey. This mailing was identical to the first mailing and included a copy of the questionnaire, a reminder cover letter, an information sheet, and a self-addressed, stamped return envelope.

#### Supervision and Quality Control of the Mailings

The three mailings were completed by David Chollar and Kim Rowe under the supervision of the Project Manager. Quality checks were made prior to sealing the envelopes to ensure that the survey packets were complete and that the address labels and survey identification numbers matched.

#### Assistance to Respondents

David Chollar and Kim Rowe were available to help any English-speaking resident in filling out the survey.

At The Hiawathas, the resident social worker was available to help residents fill out the survey. In addition, Horn Towers residents who were involved with the resident council and the CORE team were available informally to assist fellow residents in filling out the

survey. Information about assistance to residents at the Fifth Avenue Highrises and The Cedars was not available at the time this report was prepared. It is not known how many residents completed the survey with assistance from these sources.

Finally, interpreters were to be made available to any non-English speaking resident who wanted help in filling out the survey. The goldenrod information sheet that was included with every survey included the telephone number of each site's VISTA worker. The VISTA worker was to arrange interpreting services if needed. The Cedars utilized this and employed a Korean interpreter on a one time basis to help a group of more than thirty Korean residents fill out the survey.

### Conflicting Surveys

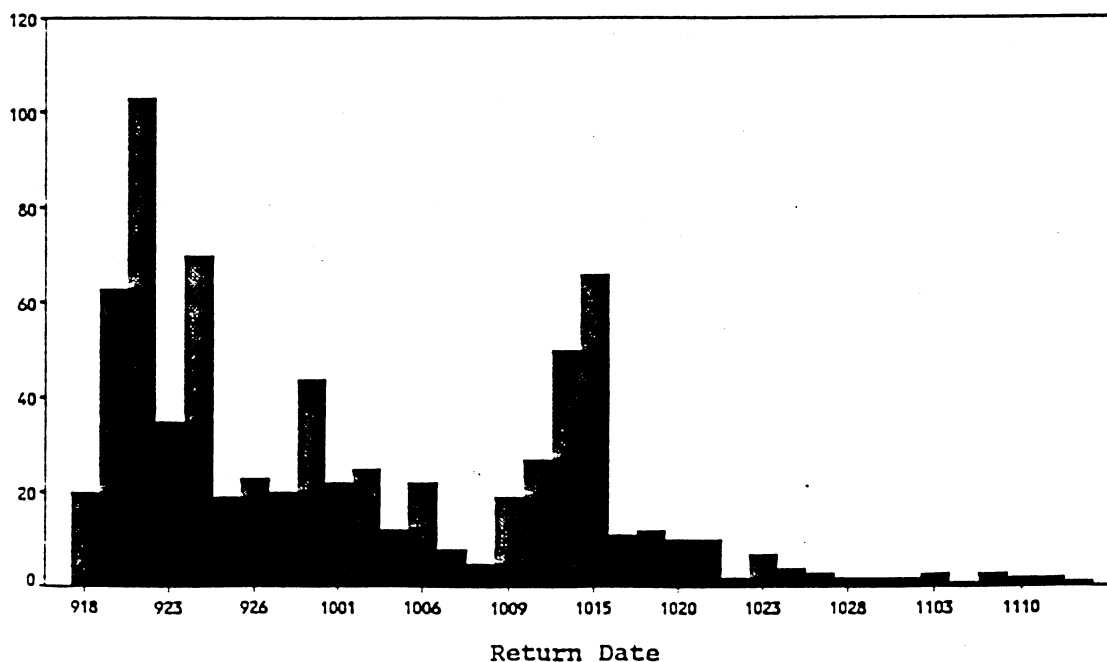
Another survey, conducted by another organization, was being conducted during the study period without the prior knowledge of either MCSR or Professor Goetz. This survey was conducted at both buildings of the 5th Avenue Highrises and at one of three buildings at The Hiawathas. This survey is presumed to have had a negative effect on the response rate to the 1997 Highrise Resident Survey, particularly among 5th Avenue Highrise residents.

### Survey Returns

Returned surveys were counted to track sample status and response rate. Peak survey returns occurred within a few days after each mailing and illustrate the importance of multiple mailings to ensure a high response rate (see Figure 1).

FIGURE 1

### SURVEY RETURN SCHEDULE





survey. Information about assistance to residents at the Fifth Avenue Highrises and The Cedars was not available at the time this report was prepared. It is not known how many residents completed the survey with assistance from these sources.

Finally, interpreters were to be made available to any non-English speaking resident who wanted help in filling out the survey. The goldenrod information sheet that was included with every survey included the telephone number of each site's VISTA worker. The VISTA worker was to arrange interpreting services if needed. The Cedars utilized this and employed a Korean interpreter on a one time basis to help a group of more than thirty Korean residents fill out the survey.

### Conflicting Surveys

Another survey, conducted by another organization, was being conducted during the study period without the prior knowledge of either MCSR or Professor Goetz. This survey was conducted at both buildings of the 5th Avenue Highrises and at one of three buildings at The Hiawathas. This survey is presumed to have had a negative effect on the response rate to the 1997 Highrise Resident Survey, particularly among 5th Avenue Highrise residents.

### Survey Returns

Returned surveys were counted to track sample status and response rate. Peak survey returns occurred within a few days after each mailing and illustrate the importance of multiple mailings to ensure a high response rate (see Figure 1).

FIGURE 1

### SURVEY RETURN SCHEDULE





TABLE 3

## FINAL SAMPLE STATUS OF THE 1997 HIGHRISE RESIDENT SURVEY

| <u>Status</u>            | <u>Number</u> | <u>Percent</u> |
|--------------------------|---------------|----------------|
| Surveys returned         | 730           | 48%            |
| Refusals                 | 10            | 1%             |
| Surveys not returned     | 735           | 49%            |
| Eliminated:              |               |                |
| No interpreter available | 12            | 1%             |
| Moved                    | 19            | 1%             |
| <b>TOTAL SENT:</b>       | <u>1,506</u>  | <u>100%</u>    |

$$\text{RESPONSE RATE} = \frac{\text{Completed questionnaires}}{\text{Total sent - eliminated}} = 49\%$$

TABLE 4

## FINAL SAMPLE STATUS OF THE 1997 HIGHRISE RESIDENT SURVEY

## TREATMENT GROUP

| <u>Status</u>            | <u>HORN TOWERS</u> |                | <u>THE CEDARS</u> |                |
|--------------------------|--------------------|----------------|-------------------|----------------|
|                          | <u>Number</u>      | <u>Percent</u> | <u>Number</u>     | <u>Percent</u> |
| Surveys returned         | 246                | 53%            | 258               | 50%            |
| Refusals                 | 3                  | 1%             | 2                 | 0%             |
| Surveys not returned     | 211                | 45%            | 241               | 46%            |
| Eliminated:              |                    |                |                   |                |
| No interpreter available | 0                  | -%             | 12                | 2%             |
| Moved                    | 8                  | 0%             | 6                 | 1%             |
| <b>TOTAL SENT:</b>       | <u>468</u>         | <u>101%</u>    | <u>519</u>        | <u>99%</u>     |
| <b>RESPONSE RATE:</b>    |                    | 53%            |                   | 51%            |

TABLE 5

## FINAL SAMPLE STATUS OF THE 1997 HIGHRISE RESIDENT SURVEY

## CONTROL GROUP

| <u>Status</u>        | <u>THE HIAWATHAS</u> |                | <u>FIFTH AVENUE<br/>HIGHRISES</u> |                |
|----------------------|----------------------|----------------|-----------------------------------|----------------|
|                      | <u>Number</u>        | <u>Percent</u> | <u>Number</u>                     | <u>Percent</u> |
| Surveys returned     | 129                  | 48%            | 97                                | 39%            |
| Refusals             | 2                    | 1%             | 3                                 | 1%             |
| Surveys not returned | 135                  | 50%            | 148                               | 60%            |
| Eliminated: Moved    | 5                    | 2%             | 0                                 | -%             |
|                      | —                    | —              | —                                 | —              |
| TOTAL SENT:          | 271                  | 101%           | 248                               | 100%           |
| RESPONSE RATE:       |                      | 48%            |                                   | 39%            |

Center for Urban and Regional Affairs

University of Minnesota  
330 Hubert H. Humphrey Center  
301 19th Avenue South  
Minneapolis, Minnesota 55455  
(612) 625-1551