



September 2010

NORC
at the UNIVERSITY OF CHICAGO

Resident Relocation Survey

Funded by a grant from The John D. and Catherine T. MacArthur Foundation

Brief

Key Findings

On average, leaseholders have about 3 health problems

Healthier leaseholders tend to be younger with a high school degree, employed with higher incomes, responsible for children, and never married

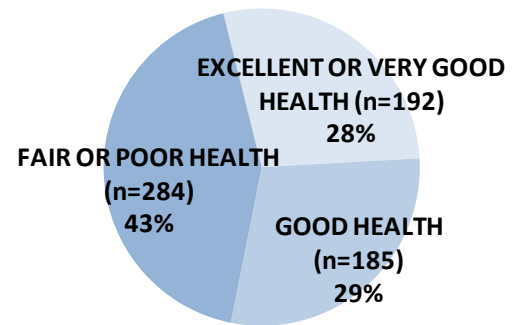
Leaseholders living outside of public housing are in better health than those in CHA housing

Compared to the U.S. population, RRS leaseholders are less healthy and are more often anxious or sad

THE HEALTH OF RELOCATED RESIDENTS

In 2000, the Chicago Housing Authority (CHA) began the Plan for Transformation, an ambitious plan to rebuild or replace substandard high-rise public housing developments in Chicago. During the Transformation, CHA leaseholders were relocated to other housing either in the private market with the assistance of a Housing Choice Voucher (HCV) or in other public housing units, including traditional CHA developments as well as new mixed income developments. With support from the John D. and Catherine T. MacArthur Foundation, NORC at the University of Chicago conducts the Resident Relocation Survey (RRS). The RRS collects data from current and former CHA leaseholders on their experiences with relocation. This report on health presents findings from our fourth survey with these leaseholders.¹

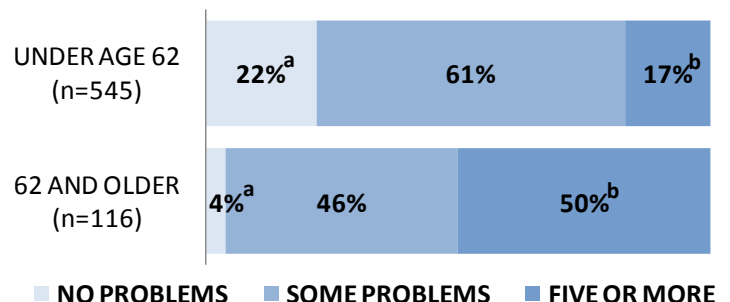
FIGURE 1. SELF-REPORTED HEALTH



OVERALL HEALTH AND NUMBER OF HEALTH PROBLEMS

Leaseholders were asked to report their current health status. Many

FIGURE 2. NUMBER OF HEALTH PROBLEMS BY AGE



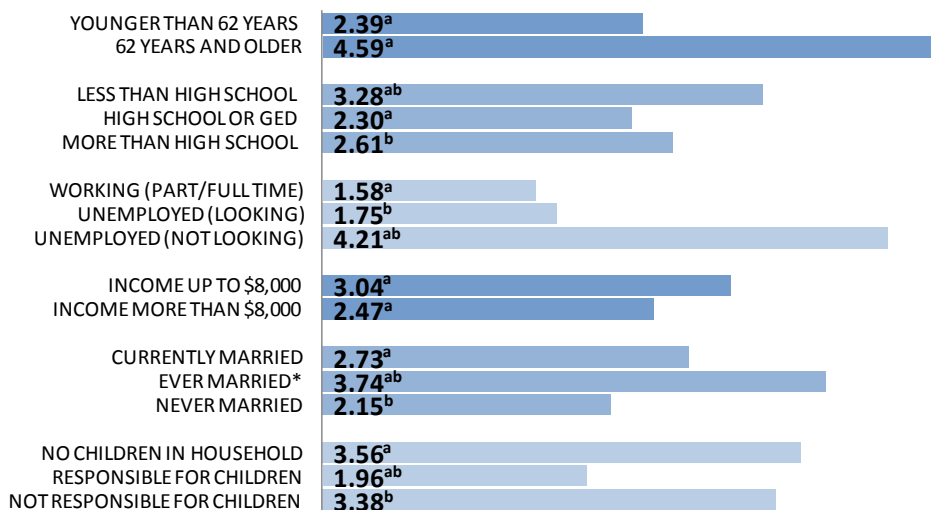
NOTE: Bars sharing a superscript letter (a, b, c) are significantly different at the $p < .05$ level, chi-square tests.

leaseholders were in excellent or very good health (28%) and 29% reported good health. However, **a larger proportion of leaseholders were in fair or poor health (43%)**. The survey also asked if a doctor had ever told them that they have a health problem.ⁱⁱ While leaseholders suffered from a range of health problems, the most prevalent issues were arthritis/rheumatism (35%), hypertension/blood pressure (50%), asthma (22%), and vision problems (42%).

On average, leaseholders suffered from 2.78 health problems. Nearly one fifth of all leaseholders (19%) reported that they did not have any health problems, whereas 23% suffered from five or more ailments. **Age was positively related to number of health problems and increases in age greatly increased the number of health problems among leaseholders.** Younger leaseholders, under age 62, had an average of 2.39 health problems. The mean number of health problems among the older group is 4.59. Among the younger group, 22%

43% of RRS leaseholders are in fair or poor health, compared to only 13% of the U.S. population

FIGURE 3. MEAN NUMBER OF HEALTH PROBLEMS BY DEMOGRAPHIC CHARACTERISTICS



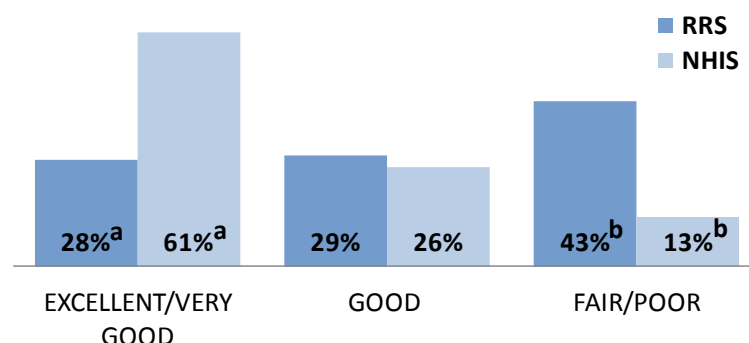
NOTE: Within a category (age, education, etc), bars that share a superscript letter (a, b, c) are significantly different at the p<.05 level, t-tests.

*Includes divorced, separated, and widowed leaseholders.

reported that they had no health troubles and 17% had five or more problems (Figure 2). The rates for the elderly group are different, with only 3% reporting no health problems and half experiencing five or more health concerns. Figure 3 includes the mean number of health problems by other demographic characteristics of leaseholders.

COMPARISONS TO NATIONAL HEALTH DATA IN OVERALL HEALTH AND HEALTH PROBLEMS The National Health Interview Survey (NHIS 2009) collected health information from a sample of the population over age 18.ⁱⁱⁱ Estimates indicated that 13% of the general population was in fair or poor health and 61% reported excellent or very good health (Figure 4). These rates differ greatly from those of the RRS leaseholders. That is, **RRS leaseholders are in much poorer health than the U.S. population.**

FIGURE 4. OVERALL HEALTH: RRS AND NHIS



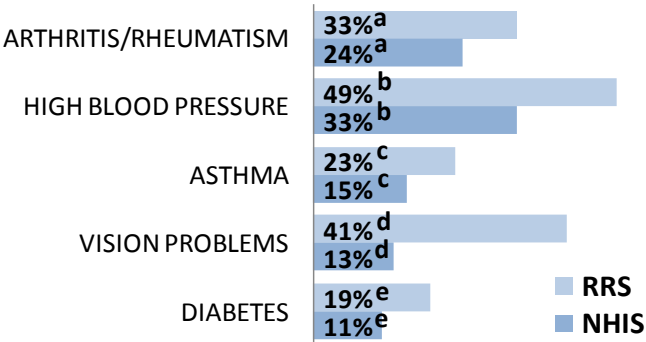
NOTE: Within a health status, bars sharing a superscript letter (a, b, c) are significantly different at the p<.05 level, binomial tests.

HEALTH OF FEMALE AFRICAN AMERICAN LEASEHOLDERS

Since most RRS leaseholders are African American women (85%), this group was selected for comparison to national level data from the NHIS. Findings indicate that 41% of female African American leaseholders were in fair or poor health. At the national level, only 19%

of African American women reported fair or poor health. Moreover, a higher percentage of African American women at the national level report being in very good or excellent health (49%) in comparison to 29% of the RRS subsample. The most prevalent health problems among female African American leaseholders are presented in Figure 5, along with national comparisons.

FIGURE 5. HEALTH PROBLEMS AMONG AFRICAN AMERICAN WOMEN: RRS AND NHIS



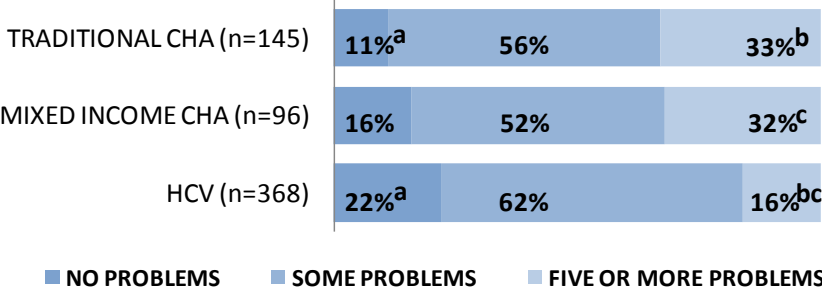
NOTE: Within a health problem, bars sharing a superscript letter (a, b, c) are significantly different at the p<.05 level, binomial tests.

housing differed in their current health status. Among traditional CHA leaseholders, 18% were in very good or excellent health, whereas 54% reported their health as fair or poor. Nearly one quarter (24%) of mixed income leaseholders were in very good or excellent health, compared to 44% who reported that their health was only fair or poor. Finally, 34% of leaseholders with a HCV reported the best health status, but more than one third (39%) were in fair or poor health. **There were a greater number of traditional and mixed income CHA leaseholders in fair or poor health than those living outside of public housing.** Among traditional CHA leaseholders, 11% had no health problems, compared to 16% of mixed income and 22% of those with a HCV (Figure 6). While only 16% of leaseholders with a HCV reported five or more problems with their health, 32% of mixed income and 33% of traditional CHA experienced these higher numbers of problems. When comparing the difference in mean number of problems, tests showed that leaseholders with a HCV have a much lower average (2.43) number of problems than both traditional CHA (3.47) and mixed income (3.18).

HEALTH OF LEASEHOLDERS IN DIFFERENT TYPES OF SUBSIDIZED HOUSING

We examined the leaseholders’ health with regard to differences among those in traditional CHA housing, mixed income developments, and housing choice voucher (HCV) housing. Leaseholders in different types of

FIGURE 6. NUMBER OF HEALTH PROBLEMS BY HOUSING TYPE



■ NO PROBLEMS ■ SOME PROBLEMS ■ FIVE OR MORE PROBLEMS

NOTE: Bars sharing a superscript letter (a, b, c) are significantly different at the p<.05 level, chi-square tests.

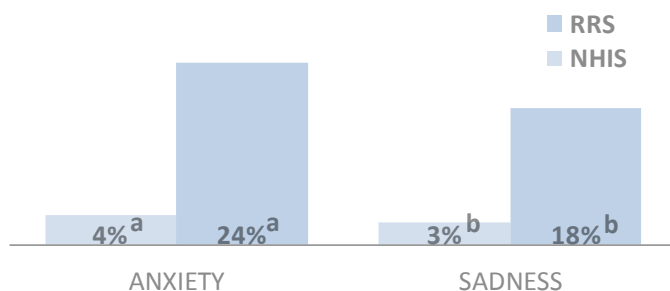
EMOTIONAL HEALTH

All leaseholders were asked to report how often they felt nervous, tense, or on edge (anxiety). They also rated the frequency of feeling sad or blue (sadness). Twenty-four percent of the sample reported feeling anxious fairly or very often while 38% hardly ever experienced anxiety. Eighteen percent of all leaseholders reported experiencing sadness fairly or very often while 47% hardly ever felt sad or blue. Fifty-six percent of leaseholders who were often anxious were in fair or poor health. Similarly, 61% of leaseholders who were frequently sad or blue reported experiencing the poorest health status.

COMPARISONS TO NATIONAL HEALTH DATA ON EMOTIONAL HEALTH

The NHIS asked the general population about their levels of anxiety and sadness.^{iv} Among the general population, 3% felt sadness all or most of the time and 4% were anxious all or most of the time (Figure 7). When we compared RRS leaseholders who felt anxiety or sadness *fairly or very often* to those at the national level who experienced anxiety or sadness *all or most of the time*, the differences were great. That is, **a greater proportion of RRS leaseholders felt anxious or sad than the national population.**

FIGURE 7. ANXIETY AND SADNESS: RRS AND NHIS



NOTE: Bars sharing a superscript letter (a, b, c) are significantly different at the $p < .05$ level, binomial tests.

EMOTIONAL HEALTH OF LEASEHOLDERS IN DIFFERENT TYPES OF SUBSIDIZED HOUSING About 23% of traditional CHA leaseholders, 21% of mixed income, and 24% of HCV respondents were anxious fairly or very often. Among those with a HCV, 21% experienced sadness fairly or very often, compared to 14% of traditional and 17% of mixed income leaseholders.

ⁱ Only leaseholders who reported that their preferred choice was subsidized housing were included in the analysis (n=661). Number of cases reported is unweighted and percentages are weighted.

ⁱⁱ Respondents were asked if a doctor had told them they have (any of the following): arthritis/rheumatism, ulcers, cancer, hypertension, diabetes, kidney/liver problems, asthma, other respiratory diseases, stroke, blood circulation problem, heart trouble/attack, sickle cell anemia, hearing/vision problems, emotional/nervous problems, sexually transmitted illness, HIV positive/AIDS, and any other illness.

ⁱⁱⁱ Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2008. National Center for Health Statistics, *Vital Health and Statistics* 10 (242), 2009.

^{iv} Unfortunately, the measures used by the NHIS are not directly comparable to those of the RRS. The NHIS reported how many men and women over age 18 felt sadness “all or most of the time” or “some of the time.” This was different to the RRS survey that asked leaseholders to report if they felt sad or blue “fairly often” or “very often.” Similarly, the measures for anxiety were slightly different. The NHIS asked the population if they experienced nervousness “all or most of the time” or “some of the time,” and the RRS measuring how many leaseholders felt nervous, tense, or on edge “very often” or “fairly often.”

For more information, call Greg Lanier at 312-357-3780, or visit our web site,
<http://www.norc.org/projects/Resident+Relocation+Surveys.htm>