



The aftermath of public housing relocation: Relationship to substance misuse



Hannah L. Cooper^{a,*}, Loida E. Bonney^b, Zev Ross^c, Conny Karnes^a, Josalin Hunter-Jones^a, Mary E. Kelley^a, Richard Rothenberg^d

^a Rollins School of Public Health at Emory University, United States

^b Emory University School of Medicine, United States

^c Zev Ross Spatial Analysis, United States

^d Institute of Public Health at Georgia State University, United States

ARTICLE INFO

Article history:

Received 4 February 2013

Received in revised form 30 May 2013

Accepted 7 June 2013

Available online 10 July 2013

Keywords:

Public housing

Public housing relocations

Substance misuse

Multilevel models

Neighborhood characteristics

African-Americans

ABSTRACT

Introduction: Several cross-sectional studies have examined relationships between neighborhood characteristics and substance misuse. Using data from a sample of African-American adults relocating from US public housing complexes, we examined relationships between changes in exposure to local socioeconomic conditions and substance misuse over time. We tested the hypothesis that adults who experienced greater post-relocation improvements in local economic conditions and social disorder would have a lower probability of recent substance misuse.

Methods: Data were drawn from administrative sources to describe the census tracts where participants lived before and after relocating. Data on individual-level characteristics, including binge drinking, illicit drug use, and substance dependence, were gathered via survey before and after the relocations. Multilevel models were used to test hypotheses.

Results: Participants ($N = 172$) experienced improvements in tract-level economic conditions and, to a lesser degree, in social disorder after moving. A one standard-deviation improvement in tract-level economic conditions was associated with a decrease in recent binge drinking from 34% to 20% ($p = 0.04$) and with a decline in using illicit drugs weekly or more from 37% to 16% ($p = 0.02$). A reduction in tract-level alcohol outlet density of >3.0 outlets per square mile predicted a reduction in binge drinking from 32% to 18% at $p = 0.05$ significance level.

Discussion: We observed relationships between improvements in tract-level conditions and declines in substance misuse, providing further support for the importance of the local environment in shaping substance misuse. These findings have important implications for public housing policies and future research.

© 2013 Elsevier Ireland Ltd. All rights reserved.

1. Introduction

Although research on the relationships of neighborhood characteristics and health has advanced in its scope, design, and statistical sophistication over the past two decades, most studies have treated people's exposure to places as constant. People, however, are mobile and may move to geographic areas that differ from the one surrounding their original home. In this study, we examine whether migrations prompted by a public housing relocation initiative are related to changes in migrants' patterns of substance misuse over time.

1.1. Neighborhood characteristics and substance misuse

To date, research on neighborhood characteristics and substance misuse has primarily focused on two exposures: economic disadvantage and social disorder. Cross-sectional studies have found positive associations between local economic disadvantage and current substance misuse (Boardman et al., 2001; Jones-Webb et al., 1997; Williams and Latkin, 2007). Williams and colleagues, for example, have found that the odds of recent heroin, crack, or cocaine use were 52% higher among residents of high-poverty census tracts than among residents of lower poverty tracts (Williams and Latkin, 2007). Cross-sectional studies also suggest that residents of more socially disordered neighborhoods are more likely to report current substance misuse (Hill and Angel, 2005; Latkin et al., 2005, 2007; Schroeder et al., 2001).

People, however, may move to new neighborhoods and so an individual's exposure to economic disadvantage, social disorder,

* Corresponding author at: Rollins School of Public Health at Emory University, BSHE, 1518 Clifton Road NE, Room 526, Atlanta, GA 30322, United States.
Tel.: +1 404 727 0261.

E-mail address: hcoope3@emory.edu (H.L. Cooper).

and other place characteristics can change over time. A growing line of inquiry has explored whether geographic mobility has consequences for substance misuse. In a cohort study of opioid users studied between 1966 and 1981, Maddux and Desmond found that 17% of relocations were followed by a period of abstinence lasting >1 year (Maddux and Desmond, 1982). More recently, Rachlis et al.'s analysis of drug injectors in Vancouver (2010) concluded that participants who moved outside of the Greater Vancouver area experienced greater declines in the frequency with which they injected heroin and cocaine than did other injectors. Migrations may take people to neighborhoods where drugs are less available, as are drug-using friends, and may also remove people from cues to use; alternatively, people may decide to move in order to support their efforts to cease or reduce their drug use (Maddux and Desmond, 1982; Rachlis et al., 2010).

A recent paper highlights the importance of considering not just relocations, but the *qualities* of the geographic areas of origin and of the areas to which people move. Genberg et al. (2011) found that relocations were associated with a 55% increase in the likelihood of long-term injection cessation, and that this relationship was stronger for people who moved from highly economically deprived neighborhoods to less deprived neighborhoods.

1.2. Public housing relocations and substance misuse

The US is experiencing a paradigm shift in public housing policy that is precipitating mass migrations of poor urban residents in many cities (Goetz, 2003); at issue in this analysis is whether one such public housing migration affects migrants' substance misuse. Where once public housing policies sought to concentrate poor households into spatially-dense public housing complexes (e.g., high-rises, campuses; Keating and Flores, 2000), they now seek to disperse these households across neighborhoods (Goetz, 2003). Several factors prompted this policy shift, including concerns about the impact of concentrated poverty on public housing residents and on the communities that surrounded the complexes, and gentrification efforts in central cities (Popkin et al., 2004). Enacting this policy shift has required moving tens of thousands of residents out of public housing complexes, often to voucher-subsidized rental units in the private market.

Atlanta, Georgia has been at the forefront of this policy shift, and between the mid-1990s and 2010 the city eliminated all of its "severely distressed" or "obsolete" public housing complexes using the federal "Housing Opportunities for People Everywhere" (HOPE VI) initiative and Section 18 of the amended federal Housing Act (Boston, 2005; Popkin et al., 2012; Ruel et al., 2013). One of HOPE VI's goals is to relocate all residents of severely distressed public housing complexes to voucher-subsidized rental units in the private market; complexes are then demolished and replaced by mixed income housing; the surrounding area is revitalized (Popkin et al., 2004). Complexes are classified as "severely distressed" if they have high rates of crime or poverty; contribute to local socioeconomic decline; or are in extreme disrepair (Popkin et al., 2004). In Atlanta, as elsewhere, HOPE VI relocations tended to move people from distressed complexes to rental units that were located in safer, less impoverished neighborhoods with less drug activity (Boston, 2005; Popkin et al., 2004). Between the mid-1990s and 2004 the Atlanta Housing Authority (AHA) used HOPE VI to relocate all residents of 13 complexes (Popkin et al., 2012; Ruel et al., 2013). AHA used Section 18 to undertake the final wave of relocations in 2007–2010, affecting thousands of public housing residents (Oakley et al., 2011; Popkin et al., 2012). Section 18 permits the demolition of complexes that are "obsolete as to physical condition, location, or other factors" and beyond reasonable repair (Department of Housing and Urban Development). AHA classified these complexes as socially dysfunctional

sites of "government-sponsored concentrated poverty, crime, and low educational attainment" (Atlanta Housing Authority, 2008). As with HOPE VI relocations, Atlanta's Section 18 relocations moved all residents from the targeted complexes and residents used housing vouchers to move into rental units in the private market; residents were able to choose their new homes, provided they met specific AHA standards (e.g., no overcrowding, <40% of units in multifamily communities be supported by Sections 8 or 9; Atlanta Housing Authority, 2013). The vacated complexes were demolished. In Atlanta, as elsewhere, the vast majority (>90%) of relocaters are African-American (Boston, 2005; Popkin et al., 2004), though most people receiving housing assistance in the USA are White.

Several studies have found that public housing relocations are related to changes (usually improvements) in several dimensions of relocaters' physical and mental health (del Conte and Kling, 2001; Fauth et al., 2008; Kling et al., 2004; Kramer et al., 2012; Leventhal and Brooks-Gunn, 2003). Only one study, however, has explored the impact of public housing relocations on substance misuse among adults: Fauth et al.'s (2004a) cross-sectional analysis found that people who were relocated from public housing complexes in Yonkers, NY had lower rates of alcohol dependence than people who remained in these complexes; rates of illicit drug use were the same across groups. The Yonkers study, however, did not explore which *dimensions* of neighborhood change (e.g., changing exposure to poverty versus changing exposure to violent crime) were related to changes in substance misuse. There are several reasons to expand research on public housing relocations and health to include substance misuse. The prevalence of substance misuse appears to be substantially higher among public housing residents than it is in the general population (Digenis-Bury et al., 2008; Fauth et al., 2004b; Sikkema et al., 1995; Williams and Adams-Campbell, 2000). In addition, as noted above, relocations appear to alter migrants' exposure to local socioeconomic disadvantage and social disorder, two neighborhood characteristics that cross-sectional studies suggest predict substance misuse. Here, we test the hypothesis that improvements in census-tract level socioeconomic disadvantage and social disorder are inversely associated with substance misuse among African-American adults who lived in one of the public housing complexes targeted by Atlanta's final wave of relocations, undertaken in 2007–2010.

2. Methods

2.1. Recruitment and sampling

We sampled both public housing complexes and residents of these complexes. Complexes were included in the study if they were one of seven severely distressed public housing complexes targeted by Section 18 in Atlanta Georgia in 2007–2010. Individuals were eligible to take part in the study if they had lived in one of these complexes for at least one year before the screening; self-identified as non-Hispanic African-American/Black; were ≥ 18 years old; had been sexually active in the past year; and did not live with an individual who was already enrolled in the study. We chose to restrict the sample to non-Hispanic African-American/Black residents because past research suggests that the relationship between place characteristics and substance misuse may vary across racial/ethnic groups (Jones-Webb et al., 1997) and we knew a priori that there were too few members of other racial/ethnic groups living in the complexes to generate a sufficiently diverse sample in which to study race/ethnicity as an effect modifier.

We could not use probability-based sampling methods to create the sample because relocations had started before we began recruiting, and there was no accurate sampling frame of residents who remained in each complex on any given day; moreover, no sampling frame would have described resident substance misuse patterns. We, therefore, used non-probability-based quota sampling methods to develop the sample. To allow us to study changes in substance misuse over time (including the initiation of misuse) and to support future analyses of whether baseline substance misuse status moderates relationships between changing tract conditions and sexual behaviors, we created a sample in which 25% of participants met screening criteria for drug or alcohol dependence; 50% misused substances but were not dependent (i.e., self-reported recent use of illicit drugs or alcohol misuse); and 25% did not misuse substances (i.e., no illicit drug use in the past five years and no recent binge drinking).

Download English Version:

<https://daneshyari.com/en/article/10509491>

Download Persian Version:

<https://daneshyari.com/article/10509491>

[Daneshyari.com](https://daneshyari.com)