
Interim evaluation report

A Better Life

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Executive Summary

The A Better Life (ABL) program was designed by the Worcester Housing Authority (WHA) in order to help residents of public housing achieve self-sufficiency and build their capacity to transition from subsidized housing to private sector housing. As an integral part of the program, participants are required to work or further their education while being provided with case management and a broad array of support services. The Health Foundation of Central Massachusetts began funding the implementation in January 2012. This is an interim progress report that summarizes the results of the evaluation of the first three years of program implementation, from January 2012 to March 2015.

This evaluation used a quasi-experimental, two-group, pre-/ and post-test design. The design permitted assessment of changes in ABL participants' attitudes and behaviors as compared to a group of individuals who were demographically similar but *not* participating in ABL (n=35 and 22, respectively). Beginning in January 2012, baseline survey data was collected from participants in ABL when they officially entered the program—either as volunteers, or because they agreed that their participation in ABL could be a stipulation of their lease agreement in exchange for being given an admissions preference and moving to the top of the waiting list. Those who agreed to participate in ABL to gain the admissions preference have been called “mandated” participants in ABL. Beginning in 2012, baseline survey data were also collected from matched comparison participants who did not participate in ABL but were residents of WHA. Follow-up survey data was collected from individuals in both the ABL and comparison groups on a rolling, annual basis, starting approximately one year after baseline. Readers of this report should be aware that additional data are currently being collected from a new cohort of ABL participants, so new information about ABL will be forthcoming in 2016 based on those data.

Key findings of this evaluation report include:

- **Employment:** Approximately 80% of ABL participants are either employed *or* enrolled in school at least part-time after two years in the program—a 160% increase in employment from baseline (49%). As compared to families in the comparison group, ABL families were 1.8 times more likely to be employed after two years.
- **Income:** At entry into ABL, participants were earning a mean average annual income of \$8,385. At approximately the one year mark, ABL participants were making, on average, \$12,262 per year. At the two year mark, ABL participants were making \$18,393 per year on average. In seven cases, ABL participants have earned enough to successfully “graduate” from the program and move out of WHA and into privately-owned housing.
- **Debt:** On average, ABL participants began the program with a debt of \$7,330. After one year, the mean average amount of debt among participants increased to \$9,356. After 2-3 years in the program, however, the average debt was reduced to a level lower than baseline (\$6,720).
- **Education:** Only 18% of ABL participants were enrolled in educational classes or vocational training at baseline. After a year, 51% of participants were enrolled in classes or training.
- **Health and safety:** ABL participants were more than twice as likely to participate in a weight loss program after having participated in ABL for two years than they were at baseline. They were also 1.6 times more likely to be participating in a weight loss program after two years than those in the comparison group. ABL participants also experienced a reduction in past-year physical or sexual partner violence victimization (from 33% to 19%) after one year in the program, whereas those in the comparison group experienced virtually no change (25% to 23%).

Introduction

Public housing was originally intended to provide temporary housing to help unemployed workers through a transition period. However, over the years tenancy durations have become increasingly more permanent and have continued from one generation to the next. Research suggests that children who are raised in families that have had multigenerational exposure to concentrated, neighborhood poverty fare worse on measures of cognitive ability than first-generation children in poverty (Sharkey & Elwert, 2011). Neighborhood disadvantage is associated with lower social cohesion between residents, which in turn is associated with elevated levels of depression and family dysfunction (Kohen et al., 2008), and worse health for residents (Moulton et al., 2014). For these reasons, the U.S. Department of Health and Human Services has prioritized reducing the proportion of U.S. individuals living in poverty, and that experience a housing cost burden, by 2020 (see HealthyPeople 2020, Objectives SDOH-1 through SDOH-4), and the U.S. Department of Housing and Urban Development includes in its 2014-2018 Strategic Plan the objective “promote advancements in economic prosperity for residents of HUD-assisted housing.”

The A Better Life (ABL) program was designed by the Worcester Housing Authority (WHA) in order to help residents of public housing break the cycle of intergenerational poverty and reliance on public housing. In 2011, The Health Foundation of Central Massachusetts funded an application submitted by the Worcester Housing Authority to plan and pilot test the ABL program. Total funding for the planning, piloting and three years of implementation has been \$1,803,491. In 2015, The Health Foundation of Central Massachusetts awarded WHA an additional \$604,657 to continue the program and add more participants. This interim evaluation report presents findings from data collected between January 2012 and March 2015. A subsequent evaluation report will include data from new ABL participants who are being enrolled presently.

Characteristics of the A Better Life (ABL) Program

The WHA is the second largest housing authority in the Commonwealth of Massachusetts, with oversight of 6,675 housing units (2,991 public and 3,684 leased) serving more than 15,000 residents. The ABL program is being implemented in one section of WHA called Great Brook Valley. There are two public housing complexes in this area: Curtis Apartments and Great Brook Valley Gardens. Approximately 3,000 individuals live in this area, including nearly 1,400 children. Over 55% of families live below the federal poverty line of \$23,850 per year for a family of four. The proportion of children living in poverty is 64%. In contrast, only 10-15% of children in the surrounding neighborhoods live in poverty. The vast majority of families in Great Brook Valley (71%) are composed primarily of single parent-headed households, and 96% of these single parents are female. Forty-seven percent of residents between 18 and 24 years old lack a high school diploma. The overall unemployment rate in Great Brook Valley is approximately 77%.

At the beginning of 2011, a team comprising members of the WHA administration (with input from steering and advisory board committees), The Health Foundation of Central Massachusetts, and evaluation researchers from the Boston University School of Public Health, collaboratively created a logic model for the program (see Appendix). The program’s vision was to help motivated resident families of the WHA to become economically self-sufficient, and reduce their need for housing subsidies. When it began in 2012, ABL specifically targeted adult residents living in WHA housing who were the heads of household of families with no more than three children under age 18. The program was available to volunteer families who expressed motivation to participate in the program for at least three years (see Figure 1). An integral part of the program was for families to progress toward self-

Figure 1: Original (2012) ABL program eligibility criteria

- Must be able to work (does not have a disability)
- Must be age 18 years old or older
- High level of motivation
- High level of self-determination
- 6th grade or higher reading level
- English language proficiency
- No plans for pregnancy in next 3 years
- Fewer than 3 children at time of application

sufficiency through employment and/or education/training. To remain in ABL, all participating adults in the program were required to work, attend an education program, or do community service for a combined total of 30 hours per week. Children of parents in the ABL program are required to attend school regularly. Families in the program work with a “Family Life Coach” (*i.e.*, case manager) to develop and carry out a personal action plan. The purpose of this plan is to outline a path that will allow the families to end their reliance on public assistance and become self-sufficient. ABL participants are encouraged to attend on-site classes on financial literacy, life skills, family life and health. One of the most important features of ABL is that participants are enrolled in an escrow program which places any increased rent that might result from improved employment status aside for the family’s future use, or to reduce debt.

In 2012, ABL was offered as a voluntary program for WHA residents who met all of the eligibility criteria (see Figure 1). In this report, ABL participants who volunteered to participate in the program are called the “voluntary group.” Using the criteria in Figure 1, the program experienced challenges in recruiting participants for the ABL program. To be specific, WHA mailed invitations to participate in ABL to 559 WHA residents, made phone calls to 139, and enrolled 26 people—which represents a 4.6% success rate on the mailed invitations. In addition, there was an extensive series of outreach efforts by the WHA to recruit voluntary clients, including home visits. Despite these efforts, the WHA had tremendous difficulty in recruiting and retaining voluntary participants. As a result of these challenges, the program eligibility criteria for English language proficiency, reading proficiency, plans for pregnancy, and number of children were removed. Participants were still required to be at least 18 years of age, able to work, and motivated and determined to

<p>Figure 2: Updated (2013) ABL program eligibility criteria</p> <ul style="list-style-type: none">Must be able to work (does not have a disability)Must be age 18 years old or olderHigh level of motivationHigh level of self-determination

participate in the ABL program. By loosening the eligibility requirements, WHA was able to enroll an additional 5 families. In the first year (2012-2013), the program provided 31 families with intensive case management, workshops and assistance with services such as education, financial literacy, child care, transportation, health care and

employment assistance from a variety of partner agencies. Families in the program were also able to participate in other programs offered by the WHA such as the Family Self-Sufficiency program.

Due to challenging recruitment for A Better Life, starting in 2013, ABL was also offered to individuals on the waiting list for subsidized housing in Worcester. At that time, there were approximately 15,000 people on the wait-list for residency with WHA. WHA mailed 1118 letters to potentially eligible individuals and received 103 applications (9.2%). Individuals on the waiting list were given a choice and placed at the top of the WHA waiting list if they agreed to participate in the ABL program are called the “mandated group.” For those individuals from the WHA wait-list who agreed to participate in ABL, participating in the program became a requirement of the lease agreement.

Methods

This report reflects information that was collected through surveys completed by program participants and from administrative records kept by WHA. The evaluation was approved by the Institutional Review Board (IRB) at the Boston University School of Public Health.

Survey data collection

Surveys were completed by ABL program participants that considered themselves the heads of households. Surveys were administered on a rolling basis as soon as the participants entered the program (also known as “baseline”), and again every 12 months. Collecting data at multiple points allowed the evaluators to examine changes in participants’ education, living, financial, and health status during participation in the program over time. In order to find out if any observed changes could be attributable to the ABL program, the

evaluators also collected survey data from a comparison group of individuals who did not receive the program. The comparison group individuals were matched to the ABL participants using demographic data (*i.e.*, age, gender, race, English language ability, number of children) from the pool of residents who were not participating in ABL. When a list of potential participants in the comparison group was generated, the evaluation team then approached the individuals to invite them to be in the evaluation research study, even though they would not be receiving any services from ABL. Very few (<5%) of those invited to be part of the evaluation study in the comparison group declined.

Administrative data collection

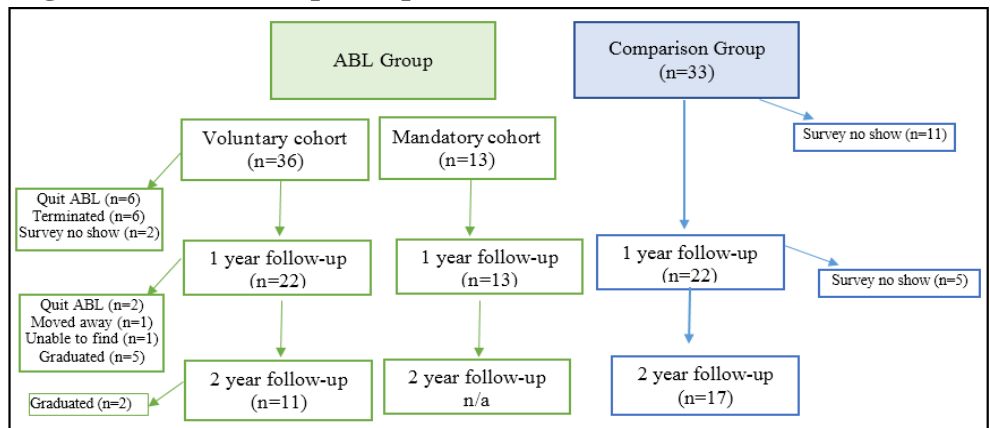
The administrative data were obtained by the evaluators from the ABL program director who used the client information system software called ETO to track participants’ engagement with ABL and select outcomes over time. For example, one component of ABL is that Family Life Coaches meet regularly with participants in order to help participants assess and achieve their goals. This information is entered by the Family Life Coaches (*i.e.*, case managers) into the ETO database each time a meeting occurs. In addition, to facilitate the evaluation of ABL, the WHA tracked participants’ employment status, participation in school or training, household income, household debt, household savings, and housing status in Excel spreadsheets designed for this purpose. Summary data from those spreadsheets were shared with the Boston University evaluation team for this interim report. Comparison group participants’ income, employment status, debt, and household savings were not tracked by WHA, so some analyses were restricted to the ABL group only.

Evaluation participant retention rates

The evaluation study began in January 2012. The research team collected baseline data from 36 ABL participants (all voluntary) and 33 participants in the matched comparison group. After one year, 64% of the voluntary ABL participants participated in follow-up data collection; six people were asked to leave the ABL program (*i.e.*, terminated) for non-participation, six people decided to quit, and two were lost to follow-up. In the subsequent year, two more individuals opted out of ABL, and one person moved into private housing with an intimate partner. Five people graduated from the program, and one was lost to follow-up (see Figure 3; for commentary about the attrition rate in the voluntary program, please see page 5).

A new cohort of mandated ABL participants began to enroll in the program in 2013, and baseline data was collected from them as well. Each participant became eligible for a one-year follow-up at different times (because they enrolled at different times), and as of the time of this report one-year follow-up data had been collected from all 13 who had enrolled a year earlier. None had been in the program for two years when the data were collected. Note that two additional individuals graduated from ABL after they had been in the program for two years.

Figure 3. Evaluation participant retention



Of the 31 comparison group participants enrolled in January 2012, we were able to collect follow-up surveys at the one year mark from 71%. At the two year mark, we collected data from 17 individuals (*i.e.*, 54% retention rate).

Sample description

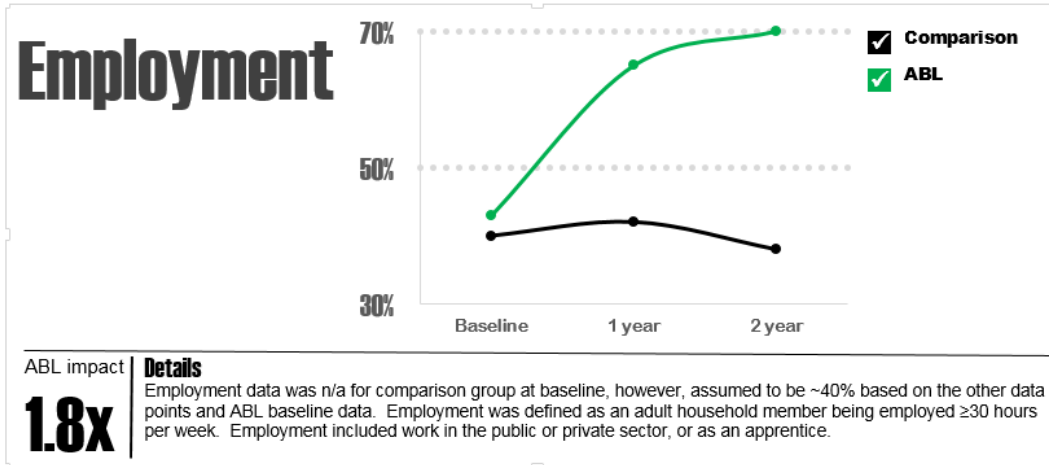
At baseline, ABL participants were 89% female with a mean average of 29 years old. Consistent with the demographics of Great Brook Valley, approximately 63% of study participants identified as Hispanic, 14% as White, 12% as Multiracial, and 11% as Black/African-American. At baseline, 43% of ABL study participants reported having some post-secondary education or training and 23% lacked a high school diploma. The mean and median number of children per ABL household was 2 (range 0-6). The majority of participants (63%) reported that they had never been married and 9% reported being married at the time of the baseline survey. Approximately half (54%) of ABL participants reported that English was their native language and 73% of ABL participants indicated that they were bilingual or multilingual. There were no baseline differences in gender, age, race/ethnicity, marital status, English as a native language, or comfort using English between the voluntary and mandated ABL groups.

Comparison group participants were selected based on matching demographic characteristics and therefore by design they were demographically similar to those in the intervention group. According to WHA records, none of the individuals who enrolled in ABL and three of the matched comparison group families had a member with a documented disability that would prevent them from working or going to school at enrollment.

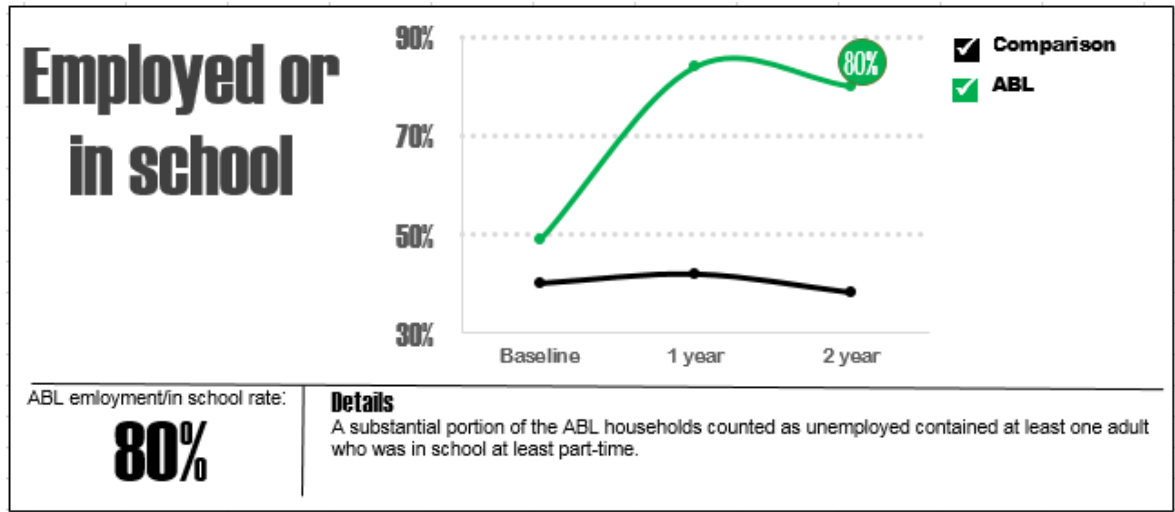
Results

Employment

WHA assesses employment at the household level rather than the level of the individual. In other words, for families enrolled in ABL, WHA captured whether one or more individuals in that household were employed either part-time or full-time. An individual is considered working full-time if he or she works ≥ 30 hours per week. The proportion of ABL households that were employed increased over time. At baseline, 43% ABL households were employed, and this figure increased to 65% after a year, and 70% at two years. Baseline data were not available for the comparison group, although the 1 year and year follow-up figures were 42% and 38%, respectively.



Considering the subset of ABL households with “employed” status, the proportion of ABL participants who were working full-time instead of part-time also increased from 65% at baseline, to 71% at one year, to 100% at two years.



A substantial portion of ABL households reported as unemployed contained at least one individual in school at least part-time. Therefore, the answer to the question: “What proportion of ABL participant

households were either employed or attending school at least part-time at each assessment point?” is: 49% at baseline, 84% at one year, and 80% at two years.

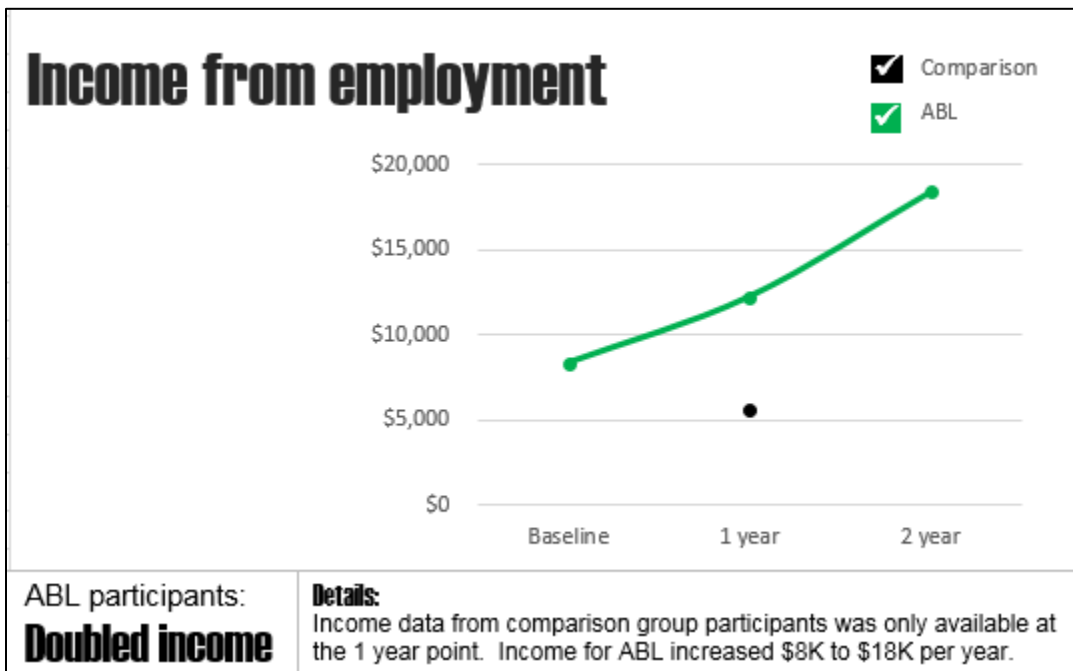
Fast fact: More than one-third of ABL participants who work full-time are also attending school, either part-time or full-time.

Income

ABL participants experienced an increase in mean income over time. The income-related data were obtained from WHA, which tracked income at six month intervals. At the first checkpoint, which was some time between participants start and sixth month of being in ABL, their mean average income was \$8,385 per year. At approximately the one year mark, ABL participants were making, on average, \$12,262 per year. At the two year mark, ABL participants were making \$18,393 per year on average. While comparable income data from comparison group participants is not available for baseline, at the one year point those in the comparison group were earning approximately \$5,000 per year.

Success Story:

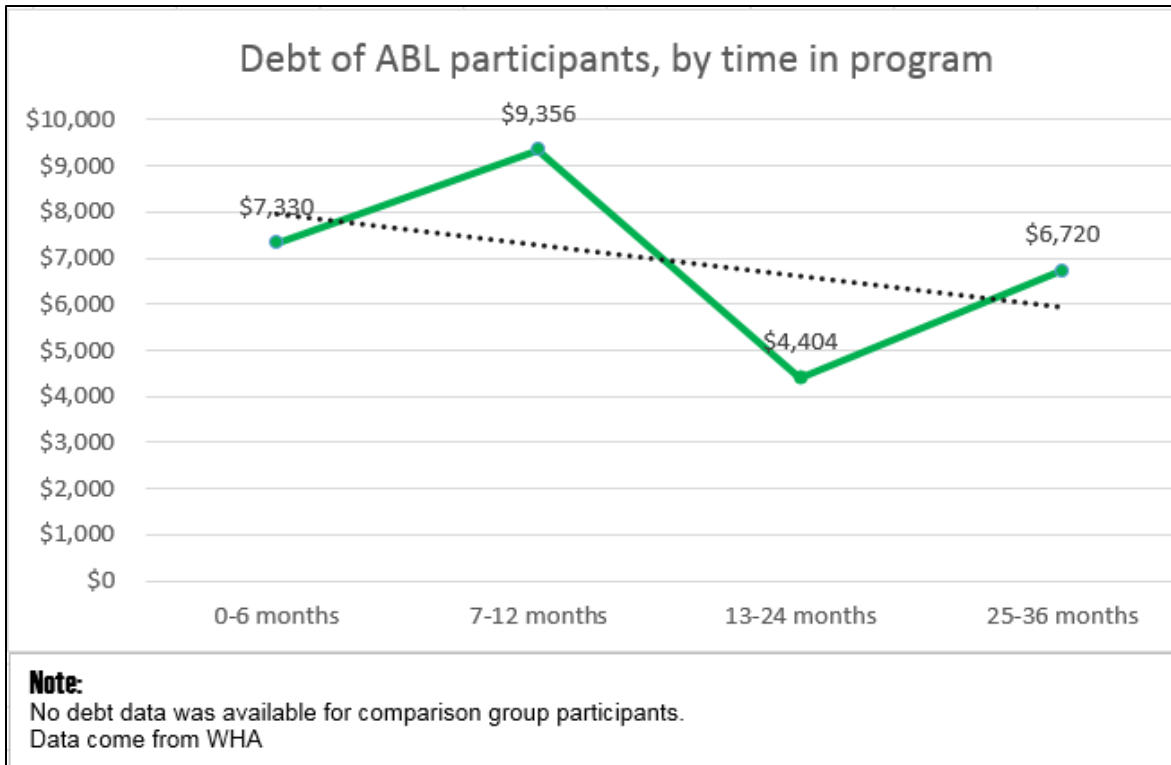
A single mother with a 4 year-old son joined the ABL program in 2012. After 2 years in ABL, she graduated from Correctional Officer's Basic Training Academy and secured a full-time job in the field, increasing her annual salary by \$20,000. During her time in ABL, she also accrued \$6,500 in personal savings and \$19,000 in escrow. She graduated from ABL in 2014 and moved into private housing.



Debt

Participants in the ABL program incurred some debt during the first year because many took out loans for education or to purchase cars to get to work. Over time, their debt decreased (see trendline in Figure below). On average, ABL participants began the program with a debt of \$7,330. After one year, the mean average amount of debt among participants increased to \$9,356. After 2-3 years in the program, however, the average debt was reduced to a level lower than baseline (\$6,720).

Figure 6. Median Debt of ABL Households, by Amount of Time They Have Been Enrolled in ABL



Education

Almost all ABL participants begin the program with educational goals (91%), while only 65% of comparison group participants reported having educational goals at baseline ($p < 0.01$). This disparity did not change after one year. At the two year follow-up, the disparity attenuated but in the unexpected direction: 70% of ABL participants and 59% of those in the comparison group reported having educational goals.

There were changes in the expected direction related to whether individuals could identify places that offer educational programs or classes of interest over time. At baseline, 59% of ABL participants reported they could identify such places, and that proportion increased to 78% at one year and 82% at two year follow-up. On the other hand, comparison group participants' agreement moved in a U-shape from 78% to 55% to 71% over those three assessment points.

Study participants were asked about needing help registering for a class or educational program. The percentage of ABL participants who agreed that they would need help decreased from 46% at baseline to 34% at one year follow-up. Similarly, 64% of comparison participants agreed that they would need help registering for classes or educational programs at baseline and 55% agreed at one year follow-up. This decrease from baseline to one year follow-up among ABL participants was not statistically significantly different from the decrease from baseline to one year follow-up in the comparison group. However, at the two year follow-up, 18% of ABL participants agreed they would need help compared to 35% of comparison individuals.

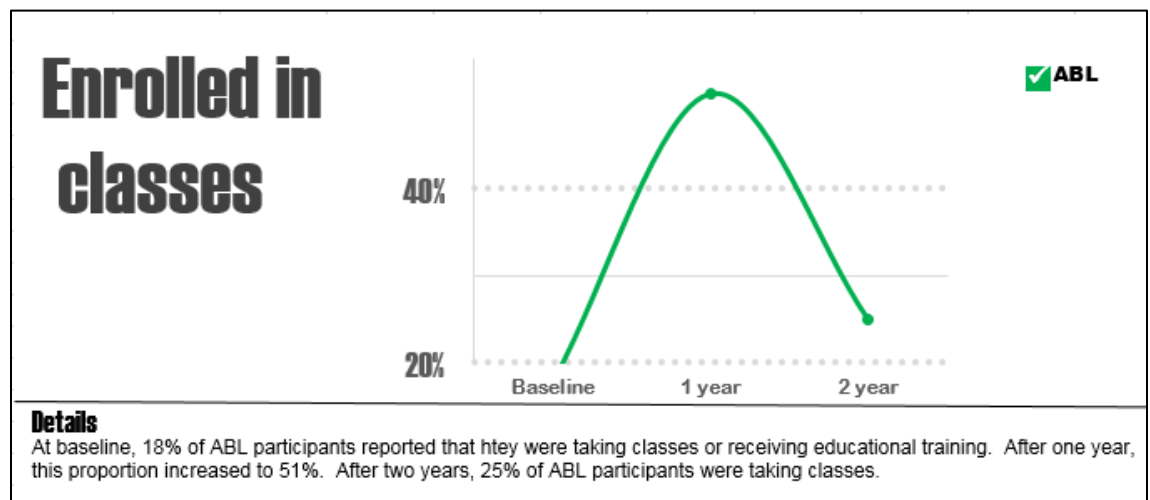
The percentage of ABL participants that agreed that they would need some help to fill out an application for financial aid for education decreased from baseline to one year follow-up. At baseline, 54% of ABL

participants agreed that they would need help signing up for financial aid, and at one year only 31% agreed that they would need help. In contrast, the percentage of comparison group participants that agreed they would need help increased very slightly from baseline to one year

follow-up (from 40% to 45%). The decrease from baseline to one year follow-up in ABL participants was borderline significant compared to increase from baseline to one year follow-up in the comparison group ($p = 0.11$). At the two year follow-up, only 36% of ABL participants agreed they would need help while 59% of those in the comparison group agreed. (*NB*: Only voluntary ABL participants are included in any of the two year follow-up analyses).

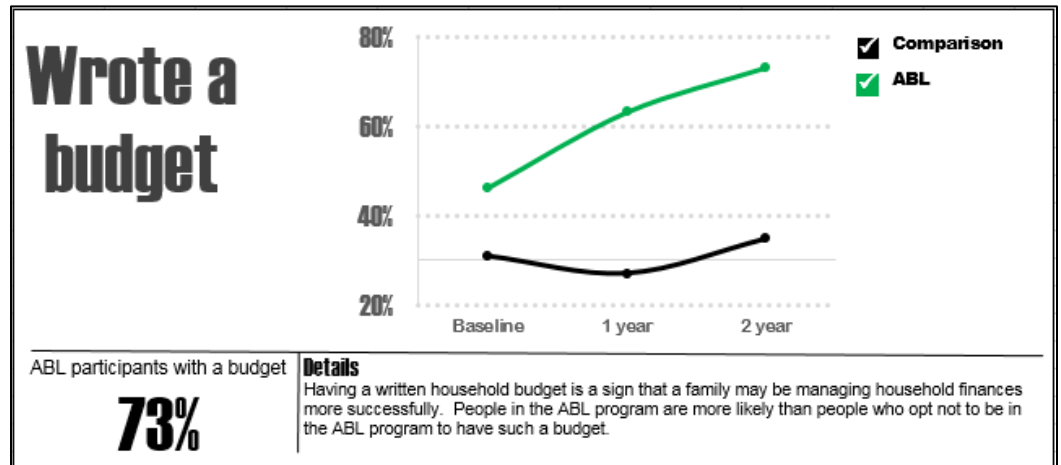
ABL participants were more likely to be taking educational classes or programs after enrolling in ABL than before they were in the program. Figure 3 shows the percentage of ABL participants that were enrolled in educational classes at baseline, and current percentages of participants enrolled in classes grouped by the amount of time they have been enrolled in ABL. At baseline, 18% of ABL participants were enrolled (part-time or full time) in classes, and this percentage increased to 51% at one year follow-up. (*NB*: Enrollment in educational classes data for comparison individuals were not available.)

In the last 12 months, WHA has offered 75 "Life Skills" classes, totaling more than 700 student hours dedicated to learning computer skills, financial literacy, job readiness, and more.



Household Finances

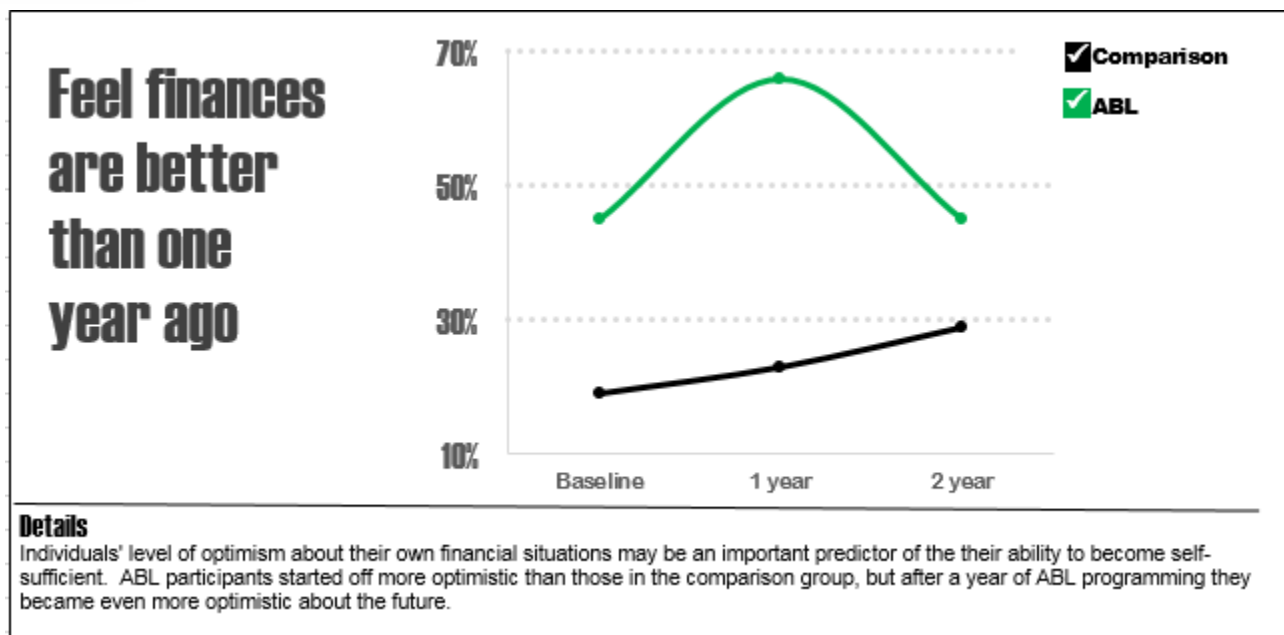
All participants in the evaluation were asked if they had created a written spending budget in the past 12 months. From baseline to one-year follow-up, there was a substantial increase in the proportion of ABL participants who reported that they had created a household budget (from 46% to 63%), compared to the comparison group

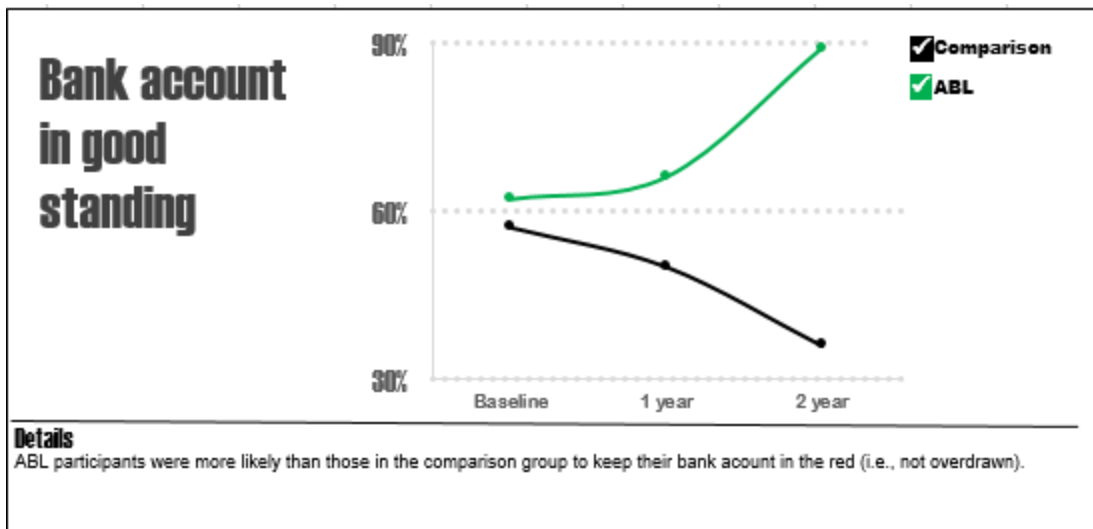


Success Story: One young man enrolled in ABL and did not have a driver's license, GED, job, or any money in the bank. With assistance from ABL, two years later he obtained his driver's license, earned his GED, obtained a full-time job with benefits, and has saved almost \$20,000.

participants (31% to 27% decrease). At the two year follow-up, 73% of ABL participants had created a written budget within the past year compared to 35% of matched comparisons.

Participants were asked if their overall financial situations were "worse," "about the same," or "better" as compared to one year prior. At one year follow-up, a higher percentage of ABL participants reported that their financial situations were better than individuals in the comparison group. ABL participants who reported that their financial situation was better than the prior year increased 21 percentage points (from 45%-66%), while the increase among comparison participants was only 4 percentage points (from 19%-23%)($p < 0.10$).





Participants were also asked if they had a bank account and how many times within the past year it had been overdrawn. At baseline, 62% of ABL participants and 57% of comparison participants reported their bank accounts had not been overdrawn within the previous 12 months. At one year follow-up, this percentage increased slightly for ABL

participants (66%) and decreased for comparison individuals (50%). At the two year follow-up time, 89% of voluntary ABL participants indicated reported that their bank accounts not been overdrawn within the past year, compared to only 36% of comparison individuals. (*NB*: Only voluntary ABL participants are included in any of the two year follow-up analyses). However, the increase from one year follow-up to two year follow-up among ABL participants was not statistically significantly different from the decrease from one year to two year follow-up in the comparison group.

Sense of Control

Sense of Control refers to the amount of control that an individual feels she/he has over his/her own life (also called Locus of Control). This concept was measured using a slightly modified version of a valid, reliable instrument with eight statements (Levenson, 1973). Example statements include, “When I get what I want, it’s usually because I’m lucky” and “I have power over what happens to me.” Participants report the degree to which they agree or disagree with each statement. The scale is scored by summing the items (ranging from 8 to 40) with higher scores indicating a greater sense of control over life outcomes.

Success Story:

A young woman and her son joined ABL when it first began in 2012. She has since earned a Bachelor of Arts degree and is now enrolled in a Master of Arts in Counseling Psychology program. She currently makes \$32,000 more per year than she did when she first joined ABL.

Overall, there was no substantial change in ABL participants’ general sense of control from the baseline to the one year follow-up, or the two year follow-up. The general sense of control of the comparison group also did not change. However, certain *aspects* of sense of control did change substantially among ABL participants. For example, ABL participants’ agreement with the statement that “Realistically, I could arrange to move to a better neighborhood within a few years,” increased 11 percentage points from baseline to one year follow-up (66% to 77%, while comparison group participants’ agreement with the statement barely increased (From 46% to 50%), though the change between the two groups was not statistically significant.

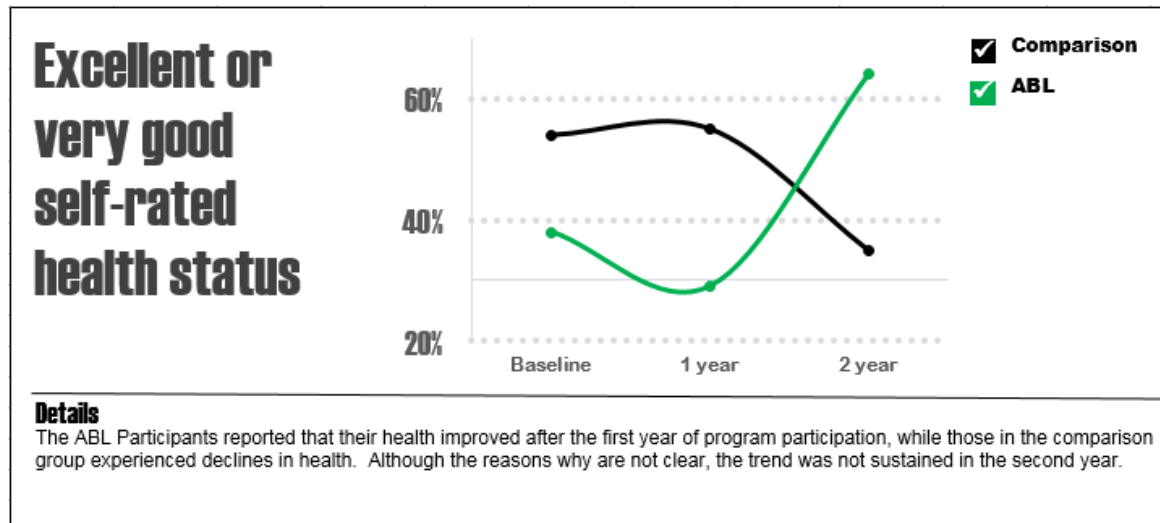
Similarly, when asked to evaluate the statement, “Realistically, I could buy a house within the next five years,” ABL participants’ agreement increased from 39% at baseline to 51% at one year follow-up, while comparison group participants’ agreement decreased from 15% to 9%. However, the difference between the changes in the two groups was not statistically significant. Moreover, at the two year follow-up ABL participants’ agreement decreased to 30%, and comparison group participants’ agreement to 29%, suggesting the difference attenuated over time. (*NB*: Only voluntary ABL participants are included in any of the two year follow-up analyses).

Participants were also asked how they felt about the statement, “Realistically, I could have a better life.” The proportion of ABL participants who strongly agreed with the statement decreased from 64% at baseline to 51% at one year follow-up, but went back up to 82% at two year follow-up. (*NB*: Only voluntary ABL participants are included in any of the two year follow-up analyses). Within the comparison group the change was from 38% to 27% to 29% for baseline, one year, and two year follow-ups respectively. The increase from one year to two year follow-up among ABL participants was borderline significantly different from the increase from one year to two year increase among comparison individuals ($p=0.15$).

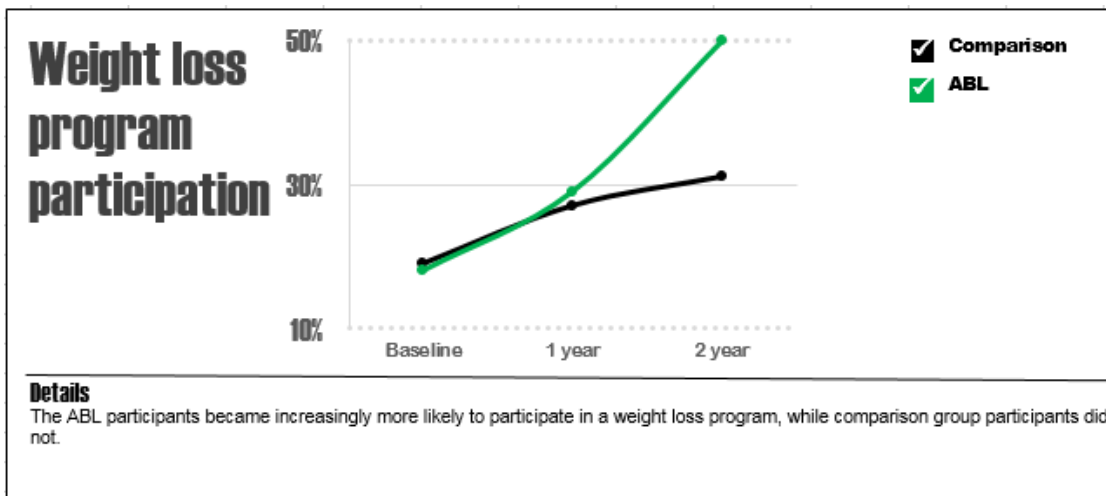
Physical and Mental Health

Self-rated health.

Participants were asked about their overall health status. At the baseline, 38% of ABL participants reported their health to be “excellent” or “very good” in contrast to 54% of comparison participants. At one year follow-up, the percentage of ABL participants who reported their health to be “excellent” or “very good” decreased to 29%; the percentage of those in the comparison group who reported this increased slightly to 55%. At the two year follow-up, 64% of voluntary ABL participants reported their health to be “excellent” or “very good” compared to 35% of those in the comparison group.



Weight-loss program participation. ABL and comparison participants reported similar participation in weight loss programs at baseline (18% and 19%, respectively) and the one-year follow-up (29% and 27%, respectively). At the two year follow-up, 50% of ABL participants and 31% of those in the comparison group reported participating in a weight loss program.



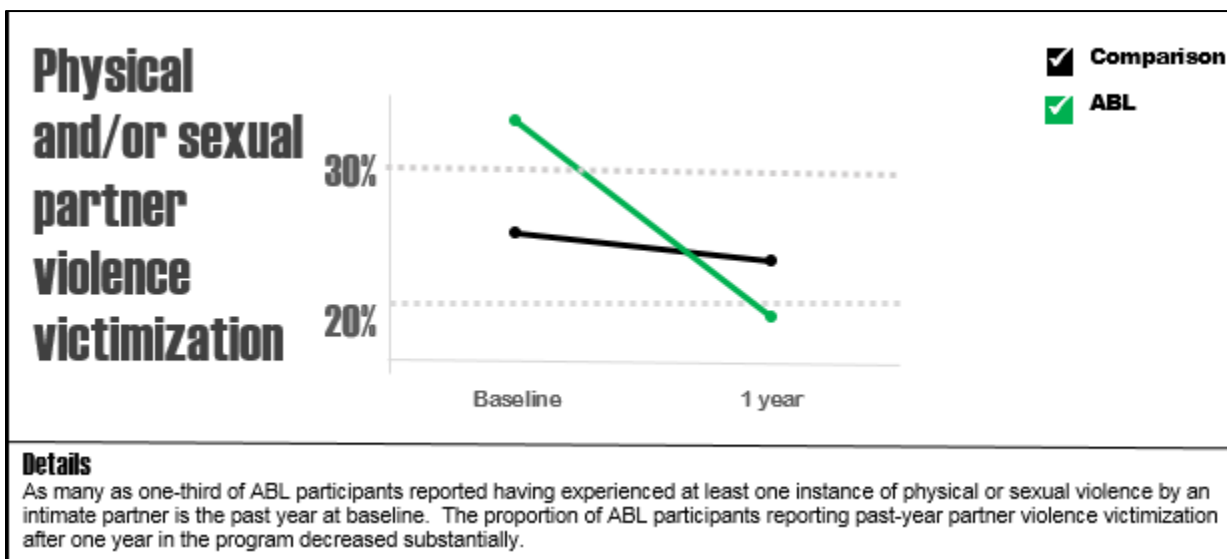
Depression severity. Depression was exhibited in both groups and did not appear to diminish over the evaluation period. Surveys measured depression severity using an instrument called the PHQ-9, which is a set of nine questions that is used to calculate a depression diagnostic and severity score. Example questions include, “Over the past 30 days, how often have you felt bothered by feeling tired or having little energy?” and “Over the past 30 days, how often have you felt bothered by feeling bad about yourself or that you are a failure or have let your family down?” The scale ranges from 0-27, with higher scores indicating more severe depressive

symptoms. Symptoms of depression were found to be prevalent and vary widely among both ABL and comparison group participants. At baseline, the ABL participants' median PHQ-9 score was 7 (depressive severity: mild), with a range from 0 to 19 (moderately severe). At one year follow-up, ABL participants' median score was 5 (mild), with a range from 0 to 24 (severe). Among voluntary ABL participants at year two follow-up, the median PHQ-9 score was a 6 (mild), with a range from 0 to 15 (moderately severe).

At baseline, the median PHQ-9 score among comparison individuals was 7 (mild) with a range from 0 to 22 (severe). At one year follow-up, the median score for comparisons was 5 (mild) with a range from 0 to 16 (moderately severe). The median score at the two year follow-up was 3 (none) with a range from 0 to 25 (severe).

PHQ-9 score	Depressive Severity
1 to 4	None
5 to 9	Mild
10 to 14	Moderate
15 to 19	Moderately Severe
20 to 27	Severe

Intimate partner violence victimization. Participants who reported having a spouse or intimate partner in the past year on the survey were asked about the incidence of 11 types of physical and sexual violence over the past year. A score for intimate partner violence was constructed from the 11 types of violence. The score ranged from 0-33, with 0 indicating no physical or sexual violence in the past year. At baseline, 33% of ABL participants reported at least one instance of partner violence victimization in the past year, and one year later only 19% reported past-year partner violence victimization (a decrease of 14 percentage points). The decrease in domestic violence victimization among those in the comparison group was only 2 percentage points, from 25% at baseline to 23% one year later.



Advocacy

A component of WHA's work on the ABL project in the past three years was to advocate for policy change at the federal and state levels, once data supporting the efficacy of the program became available. Therefore, in early 2012, WHA Director and ABL project director Raymond Mariano began disseminating information about ABL and available evaluation data to state legislators, local key stakeholders, journalists, and others.

Information on ABL was submitted in January 2013 by the WHA in its Annual Plan to the New England Regional HUD office and the WHA received HUD's approval in April 2013 to implement a waitlist preference to admit participants into ABL with a requirement to work or participate in educational programs. The WHA began accepting clients in June 2013. HUD subsequently approved the waiting list preference two additional times in the next 18 months.

In January 2014, the WHA submitted its annual plan and proposed new language to implement time limits for all WHA residents. Once again, HUD approved the annual plan, including the time limit proposal, on April 1, 2014. The WHA publicly announced HUD's approval in September 2014 and public discourse in the media about ABL ensued. The New England HUD office realized they had approved the time limit annual plan in error stating that HUD regulations would not allow time limits unless the public housing authority (PHA) had been approved as a Moving To Work (MTW) agency. They immediately rescinded their approval.

Upon further discussion and meetings with the WHA, HUD realized that their approval of the 2013 annual plan, which included the ABL work and school requirement, was also approved in error because HUD regulations did not permit the WHA to administer these changes. As a result, HUD rescinded their approval of this requirement as well.

To date, Congress has approved just 39 large PHAs across the country to implement MTW. ABL has been exploring and advocating for the expansion of MTW.

During this same time period, Mr. Mariano also sought approval from the Massachusetts state government to implement ABL in the WHA's state-subsidized properties, which represent about 20 percent (493) of the units managed by the WHA. With the support of Senator Harriette Chandler and then Senate President Therese Murray, the welfare reform legislation, "An Act to Foster Economic Independence," which included a provision that required the Massachusetts Department of Housing and Community Development (DHCD) to allow the WHA to operate ABL in its state housing, was approved by the legislature and signed into law in July 2014 by then Governor Deval Patrick. Upon taking office in January 2015, Governor Charlie Baker and Lt. Governor Karyn Polito fostered the implementation by DHCD of ABL in the WHA. In April 2015, the DHCD approved the administrative details to implement the work/school requirement for residents living in state-subsidized housing at WHA.

Discussion

The A Better Life (ABL) program appears to have had several positive impacts. Most notably, on average, the income of ABL program participants increased over time—and those who experienced the largest gains in income were able to move out of public housing and "graduate" to private housing from the ABL program as a result. ABL households were also more likely to have at least one household member employed either part-time or full-time after a year of program participation than households not involved with ABL. In addition, ABL program participants expressed more satisfaction with their financial situations and reported

having overdrawn bank accounts in the past year less commonly than those in the demographically-matched comparison group. ABL participation also appears to have had a positive impact on participants' likelihood of enrolling in school or other training to further their education and job preparedness, and the participants felt substantially more confident that they would be able to move out of public housing in the near future as compared to those who were not enrolled in the ABL program at the one year follow-up point. ABL participants also experienced decreased rates of partner violence victimization as compared to the individuals in the comparison group, and were more likely to participate in weight loss programs.

These gains notwithstanding, the ABL program did not appear to impact participants' debt substantially, and did not appear to lessen participants' depression symptoms. ABL participants were not more likely than those in the comparison group to experience substantial changes in their sense of control over their lives. Some gains also attenuated after the first year—such as the percent of ABL participants who reported having excellent or very good self-rated health.

Taken as a whole, these results strongly suggest that the program may be having the desired impacts—regardless of whether participants enroll as volunteers or because of a mandate. Additional analyses that control for baseline differences between those in the ABL group and the comparison group are important to pursue. In the interim, we conclude that there is sufficient evidence to support the contention that the ABL program (a) does not harm participants; (b) may increase participants' employment rates, educational attainment, income, and feelings of hope about the future in positive ways.

Limitations

There are several limitations to this evaluation study. First, the study did not employ randomization to allocate individuals to the ABL program and comparison groups. Participants self-selected into the ABL program groups. Even though the individuals in the comparison group were specifically matched on demographic characteristics, there were baseline differences in the prevalence of self-perceived physical or mental health problems that would prevent participants from working full-time. Second, the sample size for this study is relatively small. It is possible that true differences between the ABL and comparison group were not identified as statistically significant because of the small sample size, and that with a larger sample those differences would have better empirical support. Third, the analyses presented in this report are not adjusted for baseline differences between the intervention and comparison groups. Adjusted analyses are forthcoming. Finally, some of the information collected for this evaluation study was collected by self-report via survey, and participants may have given what they thought were desirable answers on the survey rather than what they truly thought, felt or experienced.

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Appendix

Original A Better Life Logic Model (Pilot Year 2012)

Program vision: To help motivated WHA resident families to become self-sufficient

Target Population: 30 Adult WHA residents who are heads of households with two or fewer children under age 18, who are motivated to voluntarily participate in a 3-5 year program to achieve economic self-sufficiency by working or attending an educational/training program full-time so that they can relocate to private market housing (i.e., eliminate the need for housing benefits)

Project eligibility criteria:
 Must be able to work (not severely disabled)
 Must be age 18 years old or older
 High level of motivation
 High level of self-determination/sense of control
 6th grade or higher reading level
 English language proficiency
 Reproductive intentions: No plans for pregnancy in next 3 years
 Fewer than 3 children at time of application

Inputs	Outputs	Outcomes -- Impact		
	Activities	Short-term	Medium-term	Long-term
<p><u>Staff</u> 1:10 case manager/promotora 1 support group facilitator 2 job development/ placement coordinators</p> <p><u>Physical resources</u> 1 meeting room 4 vans 19 housing units 3 offices</p> <p><u>Partnerships</u> 1 bank/mortgage co. 4 landlords Employers</p> <p><u>Other</u> Interim incentives Health care</p>	<p><u>Case management</u> Intensive case management (meeting with case manager/promotora every 2 days) Housing placement/landlord interfacing FSS escrow account/Individual Asset Development</p> <p><u>Skills</u> Employability skills program Job placement/monitoring Financial management education</p> <p><u>Logistic assistance</u> Transportation: bus tickets or van transportation to work Child care referrals and prioritization slots</p> <p><u>Health</u> Physical and mental health assessment</p> <p><u>Other support</u> Organized faith-based support Social support networking groups and activities Homework support Domestic violence prevention</p>	<p>↑ Knowledge about how to further education</p> <p>↑ Knowledge about steps to better employment</p> <p>↑ Knowledge about how to manage finances</p> <p>↑ Readiness to change employment status</p>	<p>↑ Sense of control over life</p> <p>↑ Ability to articulate education goals</p> <p>↑ number of hours of work per week</p> <p>↑ children's attendance at school</p> <p>↓ Degree of "learned helplessness" or hopelessness</p> <p>↓ Experiences of partner violence</p> <p>↓ children dropping out of school</p> <p>↓ level of depression</p>	<p>↑ Homeownership or private renter status</p> <p>↑ Income, "family wage"</p> <p>↑ Amount in escrow account</p> <p>↑ Amount in bank account</p> <p>↑ Educational attainment</p> <p>↑ change in employment status or enrollment in full-time education program</p> <p>↓ Housing subsidy status</p> <p>↓ Housing subsidy amount</p> <p>↓ % of obesity in participants and children</p>