

Project Access, Inc. Longitudinal Research Study Preliminary Results

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Abstract

California's Tax Credit Allocation Committee awards tax benefits to developers of affordable housing communities based on an accrual of points during a competitive bidding process. Developers and investors who include the service-enriched model of affordable housing amass more points, therefore, are more likely to be awarded the project and tax benefits. This study examines the effectiveness of the service-enriched affordable housing model in Southern California. Onsite health and educational programs in three affordable housing apartment communities were evaluated. The research design comprised of quantitative and qualitative methods applied to three sample population groups - experimental, comparison and control. Participating subjects' quality of life, health, and educational variables were analyzed. The results suggest that residents receiving full-time health and educational services (experimental group) had higher quality of life, more positive perceptions of their community and greater community engagement than groups receiving part-time services (comparison group) and no services (control group). These subsequent implications have possible contributions to affordable housing policy, legislative and practice sectors reforms, service-enriched program improvements and scaled-up national model design for implementation in other low income communities.

Keywords: Affordable housing policy, service-enriched model, Latino, low-income, community development, health and educational programs, Tax Credit Allocation Committee

Introduction

The United States National Housing Act of 1937 considered families' "cost-burdened" when they spent 30% or more of their household income on housing expenses (Schwartz & Wilson, 2008).

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Today, it is estimated that over one in three US households spend more than 30% of their income on housing (Harvard Joint Center for Housing Studies, 2014). The proportion of households burdened by the cost of housing rose from 29.6% in 2001 to 35.3% in 2012. California, along with Hawaii, has the highest median property values in the U.S. Furthermore, Californian mortgage holders and Californian and Floridian renters have the highest housing cost burden in the country (Schwartz & Wilson, 2008).

The U.S. Department of Housing and Urban Affairs (HUD) also recounted a continuous rise in worst case needs for affordable housing from 2001 to 2011. "Worst case needs" refers to a household who contributes 50% or more of their income to housing, has an income of 50% below the Area Median Income (AMI) without any governmental assistance, lives in "severely inadequate conditions," or a combination of these challenges. HUD's report describes the severe rise in worst case housing needs from 2009 to 2011 as a result of increased demand of rental units and the continued weakening of adequate incomes to afford housing (Steffen, et al., 2013).

In 2011, approximately 23% or 16,380,000 children in the U.S. lived in poverty (The Annie E. Casey Foundation, 2013). The true cost of living measure showed that almost 45% of American children lived in families who were struggling to pay for basic expenses (Engelhardt & Skinner, 2013). This is particularly true for California families where the cost of living is greater than many states. The Annie E. Casey Foundation report (2013) also found that 40% of American children in 2011 were living in households with a high cost burden.

Many negative consequences have been significantly correlated with households that are housing-cost burdened. Families that spend approximately 30% of their income on housing also spend only \$75 on enrichment items for their children (Newman & Holupka, 2014). The access to basic necessities and resources and overall well-being depends upon a family's ability to pay for their shelter (Stone, 2010). If a family must dedicate about half of their household income to housing, only the other half is left to pay for other life necessities, including food, clothing, medical, dental, transportation, child care, and other needed resources.

Research has also found families of Latino, African American and American Indian decent bear the brunt of the poverty burden (National Center for Children in Poverty, 2014).

In California, 63% of Latino children are living in low-income families, the highest percentage of any measured ethnicity (National Center for Children in Poverty, 2012). Hispanic households also share more of the housing cost burden than the national average (Schwartz & Wilson, 2008). Hispanic and Latino families are significantly more likely to experience health, education and housing cost burdens than the national averages. Health tends to significantly worsen as a household's cost of housing burden increases (Corporation for Supportive Housing, 2014; Henwood, Cabassa, Craig, & Padgett, 2013). Over half, 52 percent, of all Hispanic children in the U.S. live in households burdened with high housing costs (The Annie E. Casey Foundation, 2013). The health disparity is also a factor in this population. Latino children in the US are significantly more likely to experience asthma and other health related challenges than their non-Latino peers (Canino, et al., 2006). Educational disparities also abound for Hispanic children in the U.S. Hispanic children are 9 percent less likely to attend preschool, 14 percent less likely to be proficient in reading and math in elementary school than the national average, and seven percent more Hispanic adolescents are not graduating from high school on time compared to the national average (The Annie E. Casey Foundation, 2013).

As more households experience weakening incomes, inadequate employment positions and opportunities and rising student debt, the cost of housing will continue to burden a growing number of American families, especially those in ethnic minority populations. As the U.S. continues to grow its need for affordable housing, policy makers in the affordable housing sector need evidence of programs that truly help families and individuals break the cycle of poverty.

Policy Background

In California, affordable housing investors and developers are awarded affordable housing projects within an application process. The Tax Credit Allocation Committee (TCAC) of the State Treasurers' Office is the state agency responsible for allocating the Low-Income Housing Tax Credit (LIHTC) Policy. This is done annually in a competitive process whereby developers seek financing for affordable housing projects. Affordable housing proposals that provide continuous onsite programs and other social service amenities to low income residents are more competitive (receive more points) and, thus, more likely to be awarded the development project.

Social services as well as other public benefits such as green technology earn bidders points in their application. The level of investment in resident services is dictated by a formula created by TCAC to a level of detail as the required number of hours worked on site (dosage) for the Service Coordinator and the number of after school program days that must be maintained to earn those points (California Tax Credit Allocation Committee, 2014).

TCAC regulations presume that social services benefit communities. Nonetheless, can these service interventions driven by TCAC's scoring regulations have a long-term beneficial impact on the health, educational and economic indicators of residents of low-income housing? Furthermore, what is the difference in impact (if any) between various dosage levels of service (number of days and hours) as determined by current regulations?

This study examines the effectiveness of onsite health and educational programs offered to residents living in affordable housing communities in Southern California. The research applies quantitative and qualitative methods to investigate variance among apartment residents' perceptions on their quality of life, health and educational levels. The researchers assessed and compared three low income communities that received health and education programs either full-time, part-time or no services. The authors hope that the result implications have the potential to contribute to affordable housing policy reforms and improve the delivery of programs in affordable housing communities throughout the United States.

Agency and Service Delivery Background

Project Access Inc. is a 501(c)(3) not-for-profit organization that provides onsite programs to the working poor living in over 60 rental housing communities in California, Colorado and Arizona. The mission of Project Access Inc. is to be the leading provider of vital on-site health, education and employment services to low-income families, children and seniors. A wide range of onsite services and programs are offered by the agency based on each community's need and four key areas: health and nutrition, capacity building for adults, technology, education for youth and independent living for seniors citizens (Project Access Inc, 2014). Project Access Inc. has become the "services" component in the service-enriched housing or "the housing plus services model" of the affordable housing sector.

Services are delivered through three primary platforms: directly by staff, by way of information and referral and through partnering agencies.

Project Access' arrangement with the owners of affordable housing communities is an important collaboration enabling the agency to provide direct, onsite services to the residents. This business model is also essential to the sustainability of the agency's programs. The agency also negotiates with property owners a fee-for-service contract to provide free programs to residents through onsite Family and Senior Resource Centers, eliminating transportation – a traditional barrier to service. The fees paid by property owners help to underwrite some of the costs of staffing each Resource Center and partially cover other program expenses.

Community Population Demographics

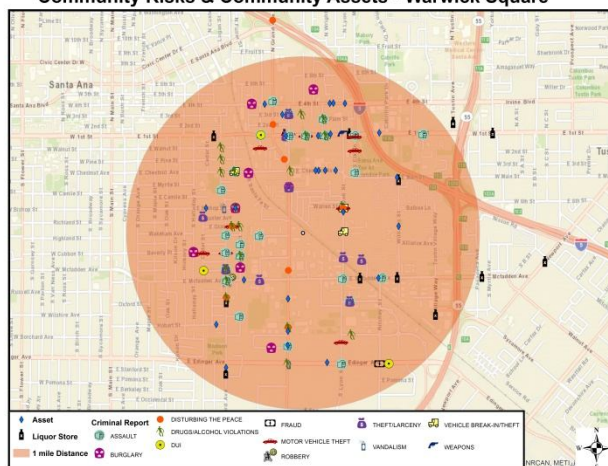
The three affordable housing communities in Southern California were selected to participate in the study: Warwick Square in Santa Ana (experimental group), Cypress Villa in La Habra (comparison group) and Sea Wind South in Anaheim (control group). For each community, the research team collected demographic information and identified Community Assets and Risks (See Maps 1, 2 and 3). The Property Management Company provided the demographic information of the population living in each apartment complex. According to the tenant information as of December 2014 in Warwick Square (experimental group), the population was a total of 1,882 individuals, 48% females and 52% males, the median resident age was 25 years of age and 100% of the population was Hispanic with a median household income of \$33,652. The tenant information in Cypress Villa (comparison group) was a total of 228 individuals, 50% females and 50% males, the median resident age was 26 years of age and 100% of the population was Hispanic with a median household income of \$28,219. The last apartment complex, Sea Winds South (control group), the data showed a total population of 291 individuals, 55% females and 45% males, the median resident age was 35 years old and 100% of the population was Hispanic with a median household income of \$31,236.

Using the ESRI Geographic Information System ArcGIS software, the research team identified key assets and risks within each of these communities. The Community Assets include schools, parks, community resource centers, and employment centers.

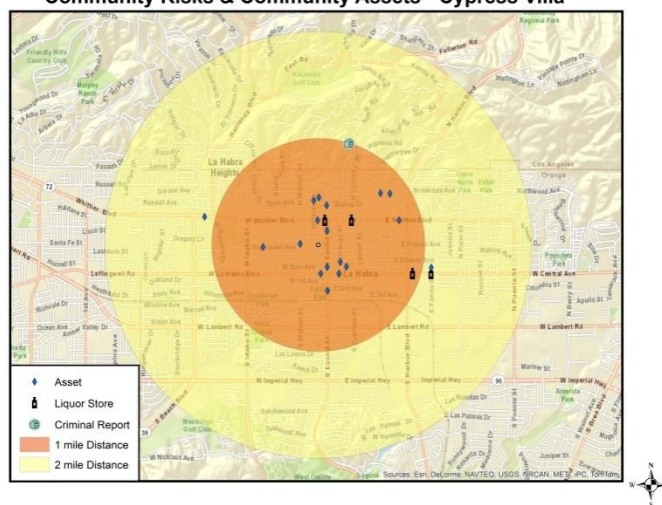
The Community Risks are represented by the number of liquor stores, crime reports and other criminal records. The crime rate is operationalized as local police department reports during the time span of June 1st to June 30th, 2104 in a one-mile radius of each apartment's location. Google Map was used to locate each apartment's assets and risk names and addresses (i.e., liquor stores and bars) within a mile perimeter of each apartment complex.

Community Assets and Risks Maps

Community Risks & Community Assets - Warwick Square



Community Risks & Community Assets - Cypress Villa





The research team found a total of 34 assets and 14 liquor stores in Warwick Square, whereas Cypress Villa had only 23 assets and 4 risk factors. Compared to Sea Winds South, there were 30 assets and ten risk factors identified. The access to alcohol (number of liquor stores and bars) is considered a risk factor due to its association with violent and crime behavior. The National Council on Alcoholism and Drug Dependence, Inc. (n.d.), states that the Department of Justice' statistical analysis of the correlation of crime and alcohol shows that the "majority of criminal offenders were under the influence of alcohol alone when they committed their crimes." NCADD also reports a factor of 40 percent of all crimes included the influence of alcohol.

The analysis of the crime rates show similarities between the experimental group and control group. The crime rate of the comparison group was significantly lower than the other two apartment complexes in the study. According to mappingcrime.com, the crime rate of the localization of the experiment group shows that 126 criminal activities were reported to the corresponding authorities. The crime types were as follows; 29% assault, 28% drug/alcohol violations, 9% motor vehicle thefts, 7% disturbing the peace, 7% theft/larceny, 6.3% theft, 3.9% weapon related, 3.2% vehicle break-ins/theft, 2.4% driving under the influence, 1.6% vandalism, 1.6% fraud, and 1% robbery. The crime rate of the comparison group shows that one criminal activity, non-aggravated assault, occurred in the time frame analyzed.

The control group had 146 criminal reports; 29.5% theft, 12% assault, 10% vehicle break-ins/theft, 10% drug/alcohol violations, 9.4% motor vehicle theft, 8.7% burglarized, 6.7% fraud, 4.7% disturbing the peace, 4 % vandalism, 2.7% driving under the influence, 1.4% weapons, 1% robbery, and 1% sex crime ("MappingCrime," 2014). These communities confront higher crime rates comparing to middle in upper socio-economic areas in Southern California.

Literature Review

In 1657, linking housing with needed services for the elderly, disabled and other 'deserving' populations was created with the inception of almshouses (Granruth & Smith, 2001). As almshouses and workhouses closed, the amalgamation of housing and service provisions remained in favor. The settlement house model during the late 1900s provided residents with voluntarily utilized services (Cohen, et al., 2000). Federal recognition of housing policy was not until the New Deal's U.S. Housing Act of 1937, providing low-income Americans with rental housing subsidies. The War on Poverty brought the first federal effort to link services and housing with the creation of the predecessors to Health and Human Services and Housing and Urban Development Departments, Community Action Agencies (CAA) and the Model Cities program. The 1980s brought the federal realization that a more holistic approach to housing and services as well as a myriad of programs (Bratt & Keyes, 1997).

As the 1990s emerged, this model of affordable housing including services to assist residents has been labeled with a variety of names, eliciting a numerous amount of definitions and connotations to different stakeholder groups (The Institute for Innovative Strategies to Combat Family Homelessness & Poverty: Partnering for Change, 2014). Although housing for low-income individuals and families offers a natural environment to wraparound needed services for low income families. In the affordable housing sector, the challenge of codifying these place-based services still exists. Often a site-based service coordinator works within the community to assist residents. The role of the onsite resident coordinator in the affordable housing communities can be ambiguous. Also, these individuals can have varied abilities, education levels, training experience, rapport building ability with residents, culturally competence levels, among other skills, knowledge and abilities.

Technical assistance for program managers to implement and refine the most effective models within affordable housing communities is not readily available. Challenges exist for researchers within this same paradigm. The same type of programs exists, but the labels and language that describe them are different.

After a careful review of the existing literature regarding programs, like those offered by Project Access Inc., yielded few studies of specific, onsite programs associated with the housing plus services or service-enriched affordable housing. Service-enriched affordable housing communities provide their residents with access to onsite social services through a case manager and/or specific programs, a model known as “housing plus services” or “service enriched housing” (Cohen, et al., 2004; Hannigan & Wagner, 2003).

The housing plus services model of affordable housing outcomes for elderly, family and mentally ill residents seem promising. Exploratory research using qualitative case study evidence suggests onsite programs provide individuals and families with children more economic security, access to beneficial opportunities and quality of life improvement in addition to enhanced engagement and participation within the community (Brennan & Lubell, 2012; Housing Assistance Council, 2006; Lubell, 2013). Researchers cited the need for more rigorous studies on the housing plus services model and the specific variables affecting different populations.

General research of community-based programs have also shown positive outcomes for participants (Vandell, Reisner, & Pierce, 2007; Brennan & Lubell, 2012; Housing Assistance Council, 2006; Lubell, 2013). Quantitative studies have investigated community-based programs, not necessarily onsite programs, for low and very low income children, families, and individuals. A longitudinal study conducted by Vandell, Reisner, and Pierce (2007) found high-quality afterschool programs for low-income elementary and middle school children had significantly improved academic performance, increased pro-social behaviors and reduced problematic behaviors. Findley, et al. (2009), also investigating a community-based program for low income children, found a health outreach program integrated into social service and educational programs for families increased the participating children’s immunization rates. The study employed empowerment and engagement strategies, increasing community activism and positive change.

Although the many studies cite favorable results of community-based programs and the overall positive impact of the affordable housing plus services and/or service-enriched model on low for community residents, a lack of research still exists to determine efficacy of specific onsite programs for affordable housing residents (Granruth, & Smith, 2001; Cohen, et al., 2004; Nolan, Broeke, Magee, & Burt, 2004; Shinn, Rog & Culhane, 2005). This study seeks to start filling that void by investigating the relationship between onsite programs dosages on residents' educational, health, and social outcomes.

Methodology

A longitudinal research study was applied, characterized by a quasi-experimental design, two years in duration, and time series data collection techniques. A mixed methods approach was used, including qualitative focus groups and quantitative survey questionnaires and report cards. The research team worked closely with executives from Project Access, Inc. to properly choose three apartment properties that had similar socio-economic data and met the criteria of the proposed study. The study required three apartment complexes with similar baseline demographics and locations within Orange County, CA. The three sites chosen were: Warwick Square in Santa Ana (experimental group that received full-time educational and health services), Cypress Villa in La Habra (comparison group that received part-time education and health services and Sea Winds South (control group that did not receive any services). The researchers utilized door-to-door canvassing and word-of-mouth strategies to recruit subjects for the study. The chi-square (p -value $< .05$) was used to determine statistical significance among the three sample groups in their quality of life perceptions, health screening baseline, nutritional survey, and grades.

Specifically, the preliminary results are based on the first year of the study, using the following data collection techniques: (1) focus groups for each group, (2) the Quality of Life Survey: Sense of Community Index Questionnaire, (3) Family Nutrition and Physical Activity (FNPA) Screening Tool, (4) health screening data based on BMI and blood pressure), and (5) students' GPA from the 2013-2014 report cards. These data were uploaded onto Microsoft Excel, Qualtrics and SPSS and analyzed using a combination of narrative, descriptive and inferential statistics.

Year One Preliminary Results

Qualitatively, the initial focus groups revealed clear differences among the three groups. People participating in education and health full-time services (20 hours per week each) outperformed the other two groups (part-time – receiving 10 hours per week; and no services – 0 hours per week) in several indicators, including establishing and maintaining positive relationships, displaying stronger leadership, and greater program involvement. Additionally, their participation and satisfaction rates in both health and educational programs were higher in the experimental group than the other two groups. The comparison group participants asked for more service choices, more hours and types of services, and schedule flexibility. On the other hand, the control group participants expressed the high desire to receive educational and health services in their apartment complex. They were frustrated and complained about not being able to participate in local programs due to transportation issues, program costs, and waiting lists in schools and community centers.

The data obtained from the focus groups had a high level of convergence with the Quality of Life Survey: Sense of Community Index results. This index contains a 30-item 4-point Likert scale (Not at All, Somewhat, Mostly, Completely), representing the distribution of responses on each of the 30 items. Statistically significant results using a Chi-Square ($p < .05$) were found from 26 of the 30 items. As a whole, this index gave participants the opportunity to self-report whether they felt their community has been successful in getting the members' needs met. Results reported in Table 1 strongly suggest that participants who received full-time services (experimental group) are significantly more satisfied, have a higher value of their community, have greater participation, and perceive their quality of life being higher than participants who received part-time (comparison group) or no services (control group).

Table 1: Quality of Life Survey: Sense of Community Index Results (n=98)

Item #	Survey Statement	Chi- Square	P-value
1	I get important needs of mine met because I am part of this community***	35.12	0.00
2	Community members and I value the same things***	19.12	0.00
3	This community has been successful in getting the needs of its members met***	37.70	0.00
4	Being a member of this community makes me feel good***	23.71	0.00
5	When I have a problem, I can talk about it with members of this community***	40.32	0.00
6	People in this community have similar needs, priorities, and goals***	29.95	0.00
7	I can trust people in this community***	43.85	0.00
8	I can recognize most of the members of this community***	28.58	0.00
9	Most community members know me***	36.83	0.00
10	This community has symbols and expressions of membership such as clothes, signs, art, architecture, logos, landmarks, and flags that people can recognize**	16.31	0.01
11	I put a lot of time and effort into being part of this community***	43.09	0.00
12	Being a member of this community is a part of my identity***	23.21	0.00
13	Fitting into this community is important to me	10.04	0.12
14	This community can influence other communities	10.61	0.10
15	I care about what other community members think of me	6.20	0.40
16	I have influence over what this community is like**	18.08	0.01
17	If there is a problem in this community, members can get it solved***	20.35	0.00
18	This community has good leaders***	27.24	0.00
19	It is very important to me to be part of this community	5.92	0.43
20	I am with other community members and a lot and enjoy being with them***	32.70	0.00
21	I expect to be a part of this community for a long time***	28.21	0.00
22	Members of this community have shared important events together, such as holidays, celebrations, or disasters***	61.39	0.00
23	I feel hopeful about the future of this community***	29.28	0.00
24	Members of this community care about each other***	38.14	0.00
25	I am satisfied with the services that exist in my community***	35.61	0.00

26	I am satisfied with the education my children receive after school***	65.19	0.00
27	I have good knowledge about health and nutrition that benefit my health**	16.89	0.01
28	I go to the doctor and get physicals done on an annual basis**	17.21	0.01
29	I feel safe in my community and I know my children are safe	11.20	0.08
30	I have neighbors who I can turn to when I need help**	18.09	0.01

* $p < .05$; ** $p < .01$; *** $p < .001$

Warwick Squared (n=50)

Cypress Villa (n=24)

Sea Winds South (n=24)

Table 2: Family Nutrition and Physical Activity (FNPA) Screening Tool Results (n=58)

Nutritional Survey Categories (n=58)	Chi-Square	P-value
Breakfast patterns	8.11	0.23
Family eating habits***	20.63	0.00
Food choices**	17.59	0.01
Beverage choices***	28.29	0.00
Restriction and reward	7.41	0.28
Screen time*	13.96	0.03
Television usage	4.68	0.59
Family activity*	14.24	0.03
Child activity*	13.39	0.04
Family routine	10.09	0.12

* $p < .05$; ** $p < .01$; *** $p < .001$

Warwick Squared (n=35)

Cypress Villa (n=12)

Sea Winds South (n=11)

Table 3: Grade Point Average 2013-2014 Academic Year

Apartment Complex	Subject*	Quarter 1	Quarter 2	Quarter 3
Warwick Squared (n=35)	History/Social Science	3.43	3.43	3.88
	Mathematics	3.50	3.75	3.88
	Language Arts	3.25	3.50	3.63
Cypress Villa (n=12)	History/Social Science	3.29	3.71	3.25
	Mathematics	3.13	3.83	3.88
	Language Arts	3.67	3.29	3.40
Sea Winds South (n=11)	History/Social Science	3.67	3.60	3.60
	Mathematics	3.50	3.33	3.67
	Language Arts	3.29	3.57	3.60

*GPA is based on a 5-point scale

Health outcomes were measured after participants received nutritional workshops in different dosages. The experimental group received 9 workshop sessions for one hour and a half each (9 weeks), the comparison group received 6 sessions of one hour each (6 weeks), and the control group did not receive any workshops. After three months of completing the nutritional workshop sessions, two data collection methods were used: Participant adults from all three groups completed the Family Nutrition and Physical Activity (FNPA) Screening Tool and two health screening indicators (blood pressure and BMI) were also collected. The FNPA Screening tool assesses family health behavior in ten categories. Table 2 results show six of the ten categories having statistically significant variance among groups, strongly suggesting that when participants receive more nutritional sessions, and they are longer in duration, families have more positive health outcomes, including: more nutritional eating habits, smarter food and beverage choices, more activity and exercise for the entire family.

The health screening baseline data revealed no statistical difference among the three groups. Nonetheless, there were significant findings when the data were aggregated from all three groups. Of the total sample population, 50% had normal blood pressure readings and the other half had risky or current hypertension issues. The baseline aggregated sample population weight measurements showed 50% of the subjects were obese and 34% overweight (see Figure 1 and Figure 2). More troubling, of the total children in the sample, 36% have televisions in their rooms, signaling the lack of exercise and/or physical activity with populations who reside in low income housing.

Figure 1: Blood Pressure Baseline Results – Aggregated Data (n=98)

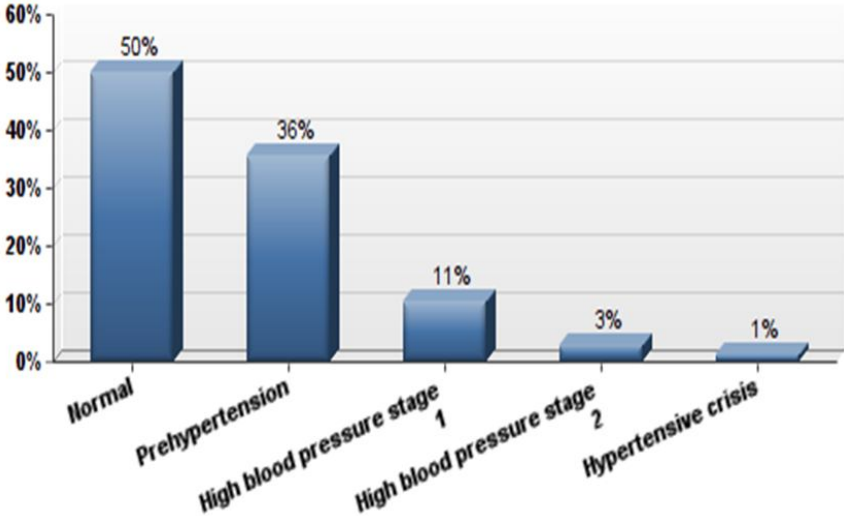
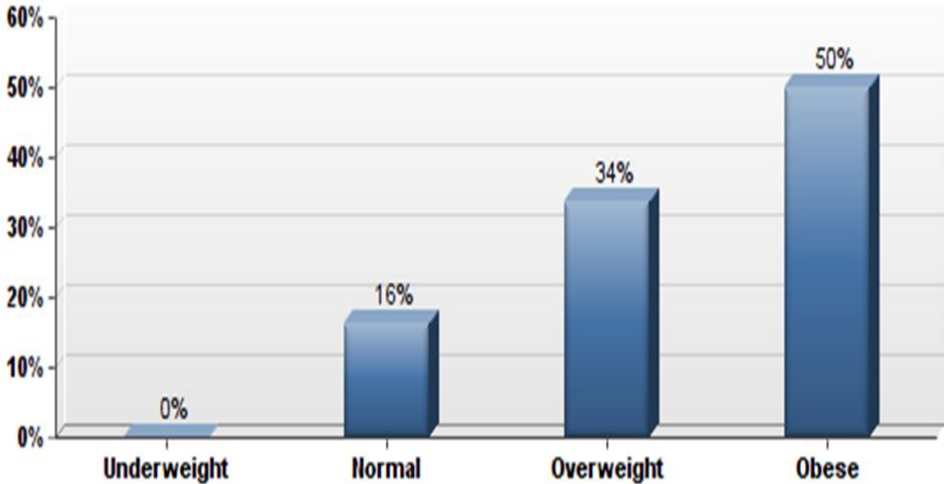


Figure 2: Body Mass Index (BMI) Baseline Results – Aggregated Data (n=98)



Finally, academic achievement and other educational outcomes are considered an important indicator of educational success. Project Access Inc. offers after school programs and enrichment activities (homework completion, reading time, tutoring, etc.) for children and youth at different dosages. Children in the experimental group received over 20 hours of educational services, those in the comparison group attained about 10 hours, and no services for the control group were provided. Report cards were collected from all three groups. Table 3 shows no significant variance on the baseline data (overall GPA) in three subjects: History/Social Science, Mathematics and Language Arts. Next academic year, the report cards will be collected to assess significant variances among groups.

Study Limitations

The study used a non-probability, availability sample technique to recruit participants from all three apartment complex sites. A few internal validity threats can be considered moderate to high, including: History, maturity, selection bias, and regression to the mean. Nonetheless, Babbie (1999) states that the use of multiple groups and time series research designs help reduce most internal validity threats. Additionally, the research team worked in collaboration with Project Access Inc., canvassing each property inviting people to join the research study. The total number of participants (n=98) were rather low, especially the number of children recruited (n=58).

Discussion and Implications

As more American families, children and adults face poverty conditions and qualify for affordable housing, the impact of this study becomes more relevant to social welfare policy and practice. The need for effective programs that can move struggling families from the intergenerational condition of poverty to self-sufficiency is crucial to the human service sector. Promising programs within the affordable housing sector like the ones that were evaluated in this study should be replicated and evaluated further to expand the assistance provided to struggling families, children and adults.

The analyses of programs investigated in this study showed the experimental group had a significantly higher quality of life, higher positive nutritional outcomes, better perceived connections to the community and more participation in community programs. The comparison and control groups showed almost the same statistically significant levels of low quality of life and nutritional outcomes. If the comparison group's perceived quality of life and nutritional outcomes are similar to the control group, the resources dedicated to the apartment complex that receives part-time services would be better spent. The comparison group, as the control group participants, expressed the need for better facilities, more programs and more services available to the residents.

According to the analyses completed thus far in this one year investigation, full-time services make a greater impact to families and their children, especially when it comes to community participating and belonging, having their needs met, and improving their nutritional values. The experimental group significantly showed increased levels of individual and community capacity. The comparison and control groups significantly indicated almost identical reduced levels of life quality and community engagement. If the comparison and control groups received full-time services, the resident's quality of life, connection to their community and civic participation would be significantly increased.

These results can also help to propel the vision and mission of Project Access, Inc., as well as other similar agencies that provide onsite, residential services in affordable housing communities. The first year evaluation results can legitimize and publicize the important, effective services agencies provide to low-income families where they reside. For housing policy advocates, the necessity for full-time programs receives much needed evidence to further policy and practice change.

Furthermore, if affordable housing developers are receiving a high number of points for offering part-time services, allocated by the Tax Credit Allocation Committee (TCAC), the implications provided by this study show the need for reform. As evidenced by this research, developers should receive little to no points for only offering part-time services. The TCAC should mandate full-time, onsite resident services and programs in affordable housing developers' proposals.

In order to make a difference in low-income families' lives, full-time services and programs need to be the standard. The data analyzed from these three low-income communities, strongly suggests that providing only part-time services seems to do little, if anything at all.

As this study is one of few that investigate specific, onsite programs offered to affordable housing residents, further research is necessary and warranted. Specific qualities of effective programs and efficient program administrators need investigating. If a full-time, onsite service model works, the intricacies of what works and for whom need to be assessed fully. This study can serve as an important stepping stone in the ongoing human service sector challenge to more effectively help low-income families increase a higher quality of life.

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