

Effectiveness of Service-Enriched Programs in Affordable Housing to Low Income Latino Families: It is about Quantity AND Quality.

Araque, J.C. & Vergara, A.S.

Abstract

The California Tax Credit Allocation Committee awards select financing to affordable housing developers based on an accrual of points during an annual bidding process. Project proposals which include a service-enriched model of affordable housing amass more points, and are thereby more likely to be awarded the tax benefits. This study examines the effectiveness of the service-enriched affordable housing model in Southern California. Onsite health, nutrition, and educational programs in three low-income complexes were evaluated on the bases of effectiveness and service dosage. This longitudinal research design included both qualitative and quantitative methods and followed three sample groups corresponding to each site. Variables included participating subjects' health, nutrition, education, and quality of life perceptions. Although crime and occupancy rates in the three complexes yielded no significant differences over a 3-year period, the data results indicate that residents receiving full-time programs (experimental group) increased health and nutritional knowledge and developed a greater sense of community than the group receiving part-time services (comparison group) and the group receiving no services (control group). Comparisons between preliminary (year 1) and final results (year 2) also suggest that cultural competency and quality of services is a determinant factor and may contribute to more favorable program outcomes.

Keywords: Affordable housing policy; service-enriched model; Latino, low-income; community development; health and education programs; longitudinal study; cultural competency.

The U.S. Department of Housing and Urban Development (HUD) considers families to be “cost-burdened” when they spend at least 30 percent of their income on housing expenses (Schwartz & Wilson, 2008). The years following the foreclosure crisis have led to rising rents as well as decreased residential development nationwide, leaving millions of Americans struggling to secure housing. Homeownership rates have slumped to a 20 year low, and more than one in four homeowners is currently cost-burdened (Harvard Joint Center for Housing Studies [JCHS], 2015). Moreover, it is estimated that a quarter of all U.S. households spend at least 50 percent of their income on housing (National Low Income Housing Coalition [NLIHC], 2015).

The state of California, especially, is in an affordable housing crisis. California has the second lowest home ownership rates and the second highest median property values in the entire nation (U.S. Census Bureau, 2010). At \$437,000, the average Californian home costs over twice as much as the national average of \$179,000 (Legislative Analyst's Office, 2015). Although the fiscal challenges of homeownership help drive over 44 percent of the state's denizens to rent, California's average monthly rent is priced 50 percent higher than that of the rest of the country (U.S. Census Bureau, 2010; Legislative Analyst's Office, 2015).

Last year, the NLIHC (2014) reported that five out of the ten most expensive rental markets in the U.S. are located in California. A 2014 Zillow study also found that Los Angeles and Orange Counties are the most expensive housing markets in the U.S., with households earning less than \$60,000 a year spending roughly half their income on housing alone. If a family must dedicate a disproportionate amount of income on housing, little is left for other living essentials such as food, transportation, childcare, as well as dental and medical expenses.

A recent JCHS report (2015) found that among low-income families that spend at least 50 percent of their income on housing, 40 percent reported to spending less on food and 70 percent spent less on healthcare. "Worst case housing needs" refers to low-income renters (earning below half their AMI) who do not receive any government housing assistance and who spend more than 50 percent of their income on rent, who live in extremely inadequate conditions, or both (HUD, 2015). HUD's 2015 report to Congress revealed that the number of worst case needs had decreased from a record high of 8.5 million in 2011 to 7.7 million in 2013, a 9 percent decline. Although this signals burgeoning economic relief post-recession, the number of worst case needs still remains nearly 50 percent higher than it was in 2003.

A vast majority (97 percent) of worst case housing needs are attributed to severe rent burden, which is the result of an increased demand for rental units combined with an insufficiency of household incomes. Slow or negative wage growth, especially for low-income persons, has only intensified the problem (NLIHC, 2015). In its report, HUD cautioned that worst case needs still span all ethnic demographics and regions of the country, including rural, suburban, and urban areas. In 2013, 2.8 million families with children were classified as worst case needs (HUD, 2015).

Research shows that low-income families are significantly more likely to be cost-burdened, and thus vulnerable to a multitude of risk factors endangering their overall well-being (Working Poor Families Project, 2013). Many settle in dilapidated housing units located in neighborhoods with high-crime rates and environmental blight; alternatively, even if they do acquire adequate housing, they often face severe economic constraints that affect their quality of life (National Center for Children in Poverty, 2011; JCHS, 2014). For example, families that spend an average of 30 percent of their income on housing only spend \$75 on enrichment items for their children (Newman & Holupka, 2014). Additionally, children who reside in substandard housing may have fewer safe spaces to play, and are often psychologically impacted by socio-environmental stressors (Evans, Saltzman, & Cooperman, 2001).

Disparities in housing are correlated to health outcomes, as well, because household members' health tends to depreciate as housing cost burdens rise (Corporation for Supportive Housing, 2014; Henwood, Cabassa, Craig, & Padgett, 2013). Even more troubling, families with young children living in less affordable housing areas are more likely to delay receiving requisite healthcare than families living in affordable housing areas (Harkness & Newman, 2014). While research has shown a positive correlation between higher education and a more affordable cost-burden (Devaney, Chiremba & Vincent, 2004), households with higher cost-burdens are often subject to residential instability and crowded housing, which are linked to poorer educational outcomes amongst children (Center for Housing Policy, 2011). This suggests that the problem is both intergenerational and systemic.

The latest census figures revealed that over half (51 percent) of children in California live in cost-burdened households (Annie E. Casey Foundation, 2014). A recent national analysis utilizing the true cost of living measure also found that nearly 45 percent of American children reside with families that have difficulty affording basic amenities (Engelhardt & Skinner, 2013). While Latinos, African-Americans, and American Indian families are all more likely to be low-income, Hispanics have a higher share of the housing cost burden than their non-Hispanic counterparts (National Center for Children in Poverty, 2014; Schwartz & Wilson, 2008).

California has the highest percentages of cost-burdened homeowners and renters as compared to any other state (JCHS, 2015). Unsurprisingly, California also has the nation's largest Hispanic population of 14.4 million, more than a quarter of all U.S. Latinos (Brown & Lopez, 2013). In California, 65 percent of Latino children reside with low-income families, accounting for the largest proportion (11 million) of low-income children in the nation (National Center for Children in Poverty, 2013). Because children who experience material hardship can be adversely affected in their socio-cognitive development (Gershoff, Aber, Raver & Lennon, 2007), Hispanic children in California are at a demonstrably higher risk.

According to the latest annual report released by the Annie E. Casey Foundation (2014), Hispanic children are 12 percent more likely to reside in households with a high cost-burden, 10 percent more likely to reside in a high poverty area, and 7 percent more likely to live with parents who lack a high school diploma than the national average. The report also found that U.S. Latino children are 9 percent less likely to attend preschool, 15 percent more likely to lack reading proficiency in grade school, and 5 percent less likely to graduate from high school on time. The health disparity is also prevalent in this demographic, as U.S. Latino children are significantly more likely to experience asthma and other adverse health conditions than non-Latino children (Canino et al., 2006)

A child's success is inextricably linked to a stable home. As the cost of housing continues to outpace wages in various settings and regions of the country, a growing number of children will be afflicted. The national need for affordable housing means that U.S. policymakers must solicit evidence of programming and services that help families break the cycle of poverty.

Policy Background

A 2014 report commissioned by California housing authorities revealed many socioeconomic benefits to building affordable multifamily housing. Affordable housing generates economic income by creating jobs, as well as boosting tax revenues and purchasing power in local communities. It reduces residential instability and improves educational outcomes for children who would otherwise change schools when their families moved. It also improves families' health by relieving their household budgets so that they can pay for food and healthcare, and decreasing their likelihood of being exposed to crime and pollution. Contrary to the widespread belief that affordable housing complexes depreciate surrounding property values, the report found no evidence for such a correlation (Blue Mountain Sky Group, 2014).

Since its inception in 1986, the Low Income Housing Tax Credit (LIHTC) program has become the federal government's foremost means for encouraging private development of affordable housing in the U.S. The LIHTC is a federal subsidiary that enables investors of low-income rental properties to receive credits on their federal income tax returns. The credit is calculated as a percentage of the costs of acquiring, constructing, or rehabilitating said properties, and can be claimed annually for ten years. Over the past three decades, the LIHTC has facilitated over 2 million affordable housing units in the U.S. Although the LIHTC is federally funded, state governments have much discretion on how to allocate the policy to achieve regional objectives (Office of the Comptroller Currency, 2014).

The Tax Credit Allocation Committee (TCAC) of the State Treasurer's Office is the agency which administers the LIHTC in California (California State Treasurer, 2013). It does so through an annual bidding process wherein affordable housing developers compete to obtain select financing. Proposals for complexes that provide social services to residents receive a greater amount of points on the TCAC application and are more likely to be awarded the project. Eligibility of services is determined by TCAC-generated guidelines which mandate the number of hours (dosage) that must be worked by a residential service coordinator, the number of hours for enrichment services, and the number of hours and days for afterschool programming which must be continually maintained. The TCAC formula is also scaled so that full-time services receive a greater amount of points than part-time (California State Treasurer, 2013).

As it stands, residential services account for only 10 of the total 148 points that developers might accrue in order to be awarded affordable housing projects in California (California State Treasurer, 2015). Various other factors including cost efficiency, green technology, property management experience, and community assets such as neighboring schools or local parks make up the remainder of the points. TCAC scoring presumes that residential services benefit low-income housing communities but to what degree? Furthermore, can the service interventions driven by TCAC's scoring regulation be of long-term benefit to the health, educational, and social indicators of affordable housing residents? Lastly, what is the difference in impact (if any) between the various dosage levels of service (numbers of days and hours) as determined by current regulations?

This longitudinal study examines the effectiveness of onsite health, nutritional and educational programs offered to Latino 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, as well as their health, nutritional, and educational levels. The researchers examined three low-income communities that received health, nutritional and educational programs at varying dosages: full-time, part-time or no services. The authors hope that the resulting implications have the potential to contribute to policy reforms and to improve the delivery of programs in affordable housing communities in California and throughout the United States.

Agency and Service Delivery Model

Project Access, Inc. is a 501(c)(3) nonprofit organization that provides onsite programming to the working poor living in 65 rental housing communities in California, Colorado and Arizona.

The mission of Project Access 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, and education for youth and independent living for senior citizens (Project Access, Inc., 2014). Project Access 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 also help to underwrite some of the costs of staffing each Resource Center and partially cover other program expenses. Staffing at the on-ground resource centers ranges from full- to part-time, uses volunteers and interns when available, and is based on the services contracted.

Literature Review

The pairing of housing and social services for "deserving" populations such as the elderly and indigent was established with the inception of almshouses in 1657 (Granruth & Smith, 2001). As almshouses and workhouses eventually fell out of favor, needs-based residential services were reintroduced in other forms. For instance, the settlement house models of the late 1900s provided services that could be voluntarily utilized by residents (Cohen, Mulroy, Tull, White & Crowley, 2004). The federal government did not implement housing policy until the New Deal's U.S Housing Act of 1937, which spawned rental housing subsidies for low-income Americans. The War on Poverty marked the first federal effort to link housing and services by creating the bureaucratic predecessors to the Model Cities Program, the Community Action Agencies, and the Health and Human Services and Housing and Urban Development Departments. In the 1980s, the federal government also began to realize a more holistic approach towards housing and services as well as related programming (Bratt & Keyes, 1997).

During the 1990s the affordable housing model which included residential services was referred to by numerous names and definitions for assorted stakeholders (The Institute for Innovative Strategies to Combat Family Homelessness & Poverty: Partnering for Change, 2014). Housing for low-income individuals makes for a natural environment for wraparound services, but the task of categorizing place-based services is challenging in light of its many variations. In the affordable housing sector, a site-based service coordinator typically works within a particular community to assist residents, but the role of the coordinator may be ill-defined. Such individuals might also have varied skills, knowledge, professional training, education levels, cultural competence, and ability to establish rapport with residents. Moreover, there is no technical assistance for program managers to develop and implement the most effective service models within particular affordable housing communities. Researchers on this paradigm often encounter similar problems; while the same sorts of programs exist, the labels and entities which describe them vary widely.

After conducting an exhaustive review of existing literature on residential-based services, the research team found few social science studies examining the impact of specific onsite programs in affordable housing complexes. However, two terms of phrase came to the forefront of the investigation. The model of affordable housing that provides social services to residents through specific programs and/or case managers is often referred to as "service-enriched housing" or "housing plus services" (Cohen et al., 2004; Hannigan & Wagner, 2003). This housing plus service model appears to be promising for low-income families, the elderly and mentally ill individuals.

Exploratory research utilizing qualitative case studies likewise suggests that residential services provide individuals and families with greater access to economic opportunity and security. They also improve quality of life by encouraging program participation and engagement within the service-enriched communities (Brennan & Lubell, 2012; Housing Assistance Council, 2006; Lubell, 2013). Various researchers also cited a need for further research to be conducted on the housing plus services model, and to introduce specific variables amongst different settings and populations.

In general, research on community based services has indicated positive outcomes for participants (Vandell, Reisner, & Pierce, 2007; Brennan & Lubell, 2012; Housing Assistance Council, 2006; Lubell, 2013). This has certainly been the case for quantitative studies investigating community-based programs, not necessarily onsite, for low and very low income individuals, families, and children. One longitudinal study found that high quality afterschool programs for low income elementary and middle school children significantly improved the programming participants' grades while simultaneously increasing pro-social behaviors and decreasing problematic behaviors (Vandell et al., 2007). Findley et al. (2009) found that a health outreach program that was integrated into social service and educational programs for low-income families increased immunization rates amongst the children who participated. The study also found that the engagement and empowerment strategies which were utilized in the programming served to increase community activism.

While numerous studies indicate that affordable housing plus services have a positive impact on community members, there is still a lack of research examining the efficacy of onsite programming on affordable housing residents (Granruth, & Smith, 2001; Cohen et al., 2004; Nolan, Broeke, Magee, & Burt, 2004; Shinn, Rog & Culhane, 2005). This study seeks to fill that void by investigating the relationship between programming dosages on residents' social, educational, and health outcomes.

Year One Study Methods and Preliminary Results

Preliminary results attained in year one were published in the *Journal of Sociology and Social Work* (Araque, J.C.; McCarthy, E. A.; Arnold, K. & Wall, S., 2014). For year one, the research design included mixed methods, incorporating qualitative focus groups, quantitative survey questionnaires, health screening data based on BMI and blood pressure, and GPAs taken from students' report cards. The research team worked closely with Project Access, Inc. managers to select three sites in Orange County, California with similar socioeconomic data and demographic profiles: Warwick Square in Santa Ana (experimental group), Cypress Villa in La Habra (comparison group), and Sea Winds South in Anaheim (control group). The experimental group received full-time services, the comparison group part-time services, and the control group received no onsite services whatsoever. The researchers utilized door-to-door canvassing as well as word-of-mouth strategies for recruitment purposes. Chi-square ($p < .05$) was used to determine if there were statistically significant differences among the three sample groups in their quality of life perceptions, health screening baseline, and nutritional surveys.

Qualitatively, the focus groups revealed clear differences across the three groups. Participants enrolled in full-time health and educational services (20 hours per week) outperformed the other two groups via several communal indicators, including displaying stronger leadership and establishing and maintaining positive relationships. Moreover, the participation and satisfaction rates for both the health and educational programs were higher in the experimental group receiving full-time services than they were for the comparison or the control group. Quantitatively, full-time nutritional services were correlated to more positive health outcomes amongst the study subjects' families, including better nutritional habits and higher levels of physical activity. Data collected from student report cards for the 2013-2014 school year revealed no significant baseline variance among the three groups (Araque et al., 2014). The research team planned to compare data from the following academic to assess if there were any statistically significant differences as a result of receiving varying dosages of educational services.

Year Two Study Methods and Final Results

The study design during the second year was consistent with that of the first year. The research team utilized quantitative and qualitative methods to assess residents' quality of life and the effectiveness of the health, nutrition, and education programs. Additionally, the research team collected occupancy and tenant move-out rates for the same three year-period to determine if there were any changes or trends among residents living in the three apartment complexes. Post interviews were conducted with a few parents in the comparison group to better understand positive variances from pre to post assessments.

Quality of Life: Sense of Community Results

The Quality of Life Survey: Sense of Community Index was administered twice in two years to all three groups.

This index contains a 30-item, 4-point Likert scale (Not at All=1, Somewhat=2, Mostly=3, and Completely=4), representing the distribution of responses on each of the 30 items (alpha score = .87). 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. For the first year, the data strongly suggested variances among groups, yielding statistically significant results from 26 of the 30 items ($p < .05$). These results were consistent with the focus groups, which showed a much greater sense of community in the experimental group as compared to the other two groups.

Nonetheless, the second year showed participants who received both full-time and part-time services (experimental and comparison groups) reporting high levels of community engagement, high satisfaction of services, high levels of community participation, and higher quality of life than participants who received no services. The experimental group was as high as the first year, but the comparison group had significant changes. Researchers went back to the comparison group participants and conducted semi-structured interviews to assess the potential reasons for the positive variance in the second year. Results of these interviews are explained in the next section. As expected, the control group showed no statistical differences in two years, suggesting that participants did not feel as connected with their community as those residing in the other two sites (see Table 1).

Table 1: Quality of Life Survey: Sense of Community Index 2014-15 (Average Change Reported)

Item	Survey Statement	Warwick Square (n=31)	Cypress Villa (n=13)	Sea Winds South (n=17)
1	I get important needs of mine met because I am part of this community***	3.50	3.54	2.29
2	Community members and I value the same things***	3.29	3.38	2.35
3	This community has been successful in getting the needs of its members met***	3.57	3.46	2.47
4	Being a member of this community makes me feel good***	3.64	3.31	2.94
5	When I have a problem, I can talk about it with members of this community***	3.39	3.00	1.94
6	People in this community have similar needs, priorities, and goals***	3.04	3.23	2.29
7	I can trust people in this community***	3.14	3.00	2.12
8	I can recognize most of the members of this community***	3.04	2.77	2.47
9	Most community members know me***	2.93	2.69	2.29
10	This community has symbols and expressions of membership such as clothes, signs, art, architecture, logos, landmarks, and flags that people can recognize**	3.07	2.69	2.29
11	I put a lot of time and effort into being part of this community***	3.04	2.62	2.12
12	Being a member of this community is a part of my identity***	3.14	2.85	2.18
13	Fitting into this community is important to me	3.50	3.31	2.71
14	This community can influence other communities	2.54	2.85	2.75
15	I care about what other community members think of me	2.36	2.54	2.44
16	I have influence over what this community is like**	3.11	2.31	1.76
17	If there is a problem in this community, members can get it solved***	2.68	2.46	2.13
18	This community has good leaders***	3.14	2.85	2.24
19	It is very important to me to be part of this community	3.18	3.23	2.71
20	I am with other community members and a lot and enjoy being with them***	3.25	3.00	2.00
21	I expect to be a part of this community for a long time***	3.37	3.31	2.71
22	Members of this community have shared important events together, such as holidays, celebrations, or disasters***	3.68	3.62	1.94
23	I feel hopeful about the future of this community***	3.57	3.23	2.53
24	Members of this community care about each other***	3.04	2.92	1.88
25	I am satisfied with the services that exist in my community***	3.57	3.38	2.06
26	I am satisfied with the education my children receive after school***	3.75	3.77	2.13
27	I have good knowledge about health and nutrition that benefit my health**	3.79	3.46	2.53
28	I go to the doctor and get physicals done on an annual basis**	3.43	3.08	2.35
29	I feel safe in my community and I know my children are safe	3.54	3.31	2.59
30	I have neighbors who I can turn to when I need help**	3.21	3.23	2.12
Statistically significant levels during year 1 = * $p < .05$; ** $p < .01$; *** $p < .001$				

Health and Nutritional Outcomes

As in year one, health, and nutritional outcomes were measured after participants received nutritional workshops in different dosages during year two. The experimental group received nine workshop sessions for one hour and a half each (9 weeks), the comparison group received six sessions of one hour each (6 weeks), and the control group did not receive any health/nutritional workshops. After completing the nutritional workshop sessions, participant adults from all three groups completed the Family Nutrition and Physical Activity (FNPA) Screening Tool (Alpha score = .75) and two health screening indicators (blood pressure and BMI) were monitored. The FNPA is a ten-category questionnaire, 4-point Likert Scale (Seldom=1, Sometimes=2, Often=3, and Always=4). Results suggest an increase in understanding and knowledge of nutritional outcomes in both the experimental and comparison groups whereas the control group showed no statistical change (see Table 2).

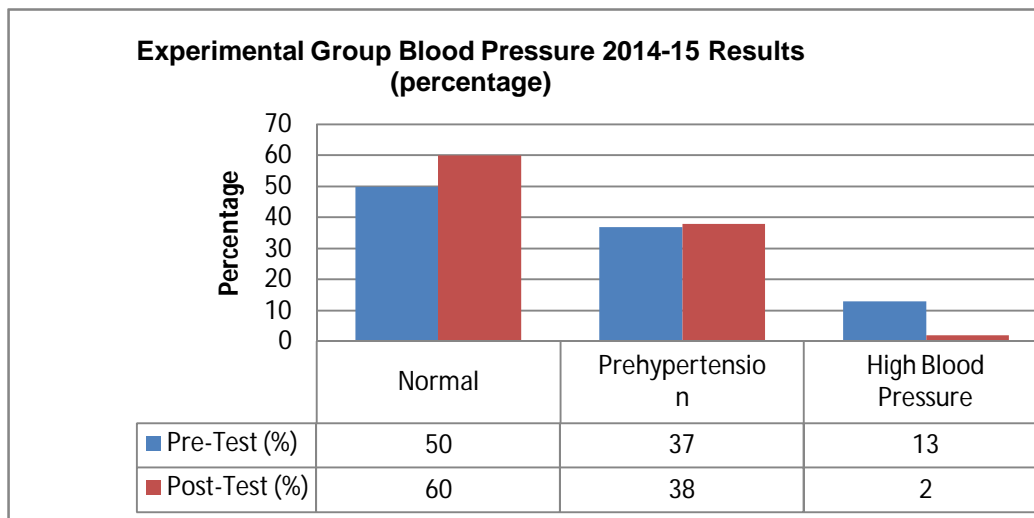
Table 2: Family Nutrition and Physical Activity (FNPA) Screening Tool 2014-15 (Average Change Reported)

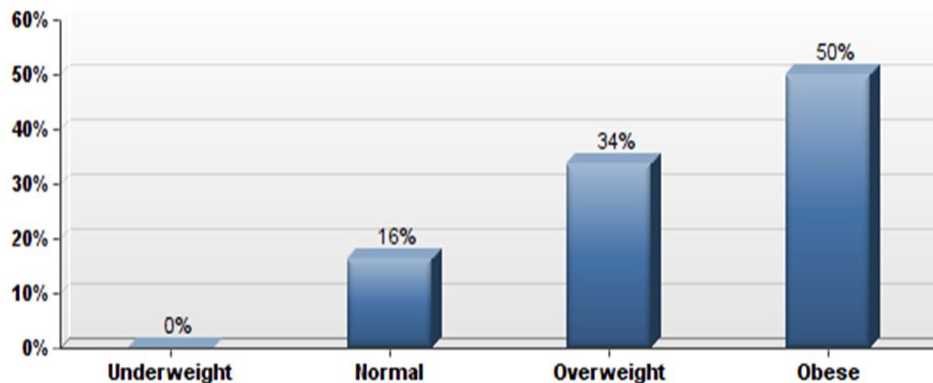
Item	Nutritional Survey Categories	Warwick Square (n=28)	Cypress Villa (n=13)	Sea Winds South (n=17)
A1	Breakfast patterns	3.45	3.33	2.65
A2	Family eating habits***	3.22	3.21	2.12
A3	Food choices**	3.17	3.01	2.59
A4	Beverage choices***	3.52	3.12	2.18
A5	Restriction and reward	3.44	3.32	2.29
B1	Screen time*	3.04	2.87	2.29
B2	Television usage	3.12	2.93	2.24
C1	Family activity*	3.63	3.02	2.18
C2	Child activity*	3.49	3.44	1.53
C3	Family routine	3.42	3.22	2.76

Statistically significant levels during year 1 = *p < .05; **p < .01; ***p < .001

Additionally, it was important to collect biological data and cross-reference it with the knowledge acquired from the nutrition workshops. The research team collected for a second time the participants' blood pressure and Body Mass Index (measured by height and weight). The results were mixed. On the positive side, the blood pressure measurements improved for the experimental group ("Normal" ranges moved up from 50% to 60%), but the BMI remained unchanged with 50% of participants in the "Obese" range. The comparison and control groups showed no statistical differences in any of the health outcomes for two years.

Table 3: Body Mass Index and Blood Pressure 2014-2015 Results





Education Outcomes

Report cards were collected for two academic years: 2013-14 and 2014-15, calculating grade point averages (GPAs) for three subjects: History/Social science, Mathematics, and Language Arts. Results cannot determine significant differences among the three sites. Researchers experienced the high internal validity threat of History. During these two academic years, the state of California changed its education and grade system to the new Common Core Curricula. Grades moved from a 5-point to 4-point scale. Grades were normalized on the 4-point scale for comparison. However, it will be difficult to make final assertions as the new curriculum took place during the second year of this study (see Table 4).

Table 4: Two-Year Comparison Grade Point Averages 2013-2015(4-point GPA scale)

Apartment Complex	Subject	Q1 Pre	Q1 Post	Q2 Pre	Q2 Post	Q3 Pre	Q3 Post
Warwick Squared (n=29)	History/Social Science	3.43	3.52	3.43	3.55	3.88	3.56
	Mathematics	3.50	3.24	3.75	3.08	3.88	3.69
	Language Arts	3.25	3.04	3.50	3.35	3.63	3.36
	AVERAGE ALL SUBJECTS	3.39	3.27	3.56	3.33	3.80	3.54
Cypress Villa (n=10)	History/Social Science	3.29	3.52	3.71	3.26	3.25	3.31
	Mathematics	3.13	3.23	3.83	3.08	3.88	3.09
	Language Arts	3.67	3.04	3.29	3.35	3.40	3.36
	AVERAGE ALL SUBJECTS	3.36	3.26	3.61	3.23	3.51	3.25
Sea Winds South (n=10)	History/Social Science	3.67	3.18	3.60	3.30	3.60	3.68
	Mathematics	3.50	2.80	3.33	3.15	3.67	3.18
	Language Arts	3.29	2.63	3.57	3.05	3.60	3.24
	AVERAGE ALL SUBJECTS	3.49	2.87	3.50	3.17	3.62	3.37

Residential Data

Additionally, researchers collected three years of occupancy rates and numbers of tenants moving out from all three sites to assess differences among the three sites. However, the data showed no statistical significance, suggesting on-site services do not influence occupancy rates and residents moving out of these apartment complexes.

Table 5: 2013-2-15 Occupancy Rates and Numbers of Tenants Moving-Out

Occupancy Rates (By Site)				Number of Move-Outs (By Site)			
Year	Sea Winds South	Cypress Villa	Warwick Square	Year	Sea Winds South	Cypress Villa	Warwick Square
2013	99%	98%	98%	2013	29	12	73
2014	99%	98%	99%	2014	25	4	65
2015	100%	100%	99%	2015	6	2	23

Interview Results Summary

As aforementioned, participant responses to the Quality of Life Survey as well as the FNPA Screening Tool in the comparison group were more favorable in year two than they were for year one, indicating an increased sense of community, greater program involvement, and healthier lifestyles. To explore why the comparison group's quantitative results had improved since the previous year despite no difference in service dosage or design, the research team conducted qualitative interviews with four adult participants. The interview questions were developed in reaction to onsite social exchanges that the research team witnessed while collecting data for year two, wherein they observed a discernible difference in the quality of interactions between the program participants and the onsite service coordinator.

While the longitudinal research design had remained constant since the onset of the study, Cypress Villa's previous service coordinator, who was monolingual and not of Hispanic descent, left her position shortly after the end of year one. For year two, Process Access Inc. hired a new service coordinator who was both bilingual and Latina, which facilitated communications between the predominantly Spanish-speaking participants and the research team. This, in turn, aided the data collection process. Noting these improvements, the researchers hypothesized that perhaps the program participants had reacted more positively to the services due to the individual who was coordinating them.

For recruitment purposes, the research team asked Cypress Villa's service coordinator to identify four adult participants who would be willing to engage in a telephone interview evaluating the quality of the services. The interview methodology was semi-structured, comprising of a series of ten pre-drafted questions to ensure for reliable and comparable data. The questions were open-ended, and the interviewer guided the study subjects to elaborate in their responses and to explain their reasoning. Participants were asked about their perceptions of their community, whether they felt as though their lives had changed as a result of the programming, and about their relationship with Project Access staff.

Qualitatively, the results of the interview indicated that the part-time study subjects greatly appreciated having a culturally competent service coordinator. All four interviewees reported that they felt better about their community than they did a year ago and that they felt engaged in the programming. When asked to account for why, participants cited an overall improvement in the communications between the families who reside at the complex, and highlighted the fact that the onsite service coordinator was kind and attentive to their needs. All four said that having a service coordinator who spoke their language was of tremendous benefit to them, especially since their English speaking skills are limited. Although three of the four participants said that they would still like to receive additional services and greater scheduling flexibility, all four reported to be satisfied with the quality of the programming they had received. One participant requested that the onsite service coordinator, who is part-time, come in an extra day a week to teach the residents English. However, these responses do not definitively prove a positive correlation between culturally competent service administration and improved service outcomes, the content of the interviews is highly suggestive.

Cultural competency in human services is defined as being conscious of the client's unique identity, which is comprised of a variety of factors. These include but are not limited to: age, gender, ideology, sexual orientation, religion/spirituality, family structures and practices, socioeconomic class, physical and mental capacities, race, ethnicity, and overall cultural norms (Sue, Jackson, Rasheed & Rasheed, 2016). More than any other helping profession, social services deals with historically disenfranchised populations that have fallen victim to the power of privileged institutions and groups. As such, members of underserved populations tend to be wary of service providers who are of a vastly different cultural background. Research also suggests that prevalent models of social service provision tend to reflect Eurocentric, white, and middle class values and often fail to meet the needs of racially diverse groups (Calzada & Suarez-Balcazar, 2014). Disparities might also arise when there exists an incompatibility between the services themselves and the cultural context of the communities being served (Hernandez, Nesman, Mowery, Acevedo-Polakovich & Callejas, 2015).

Direct service support, moreover, is especially influenced by accessibility and communication, including the provision that the services and supporting materials are made available in languages spoken by the community (Hernandez et al., 2015). Although there have been very few randomized controlled trials examining the subject, having a service provider who is culturally competent and capable of speaking the client's language is hypothesized to be instrumental in service success (Calzada & Suarez-Balcazar, 2014). In a systematic review of program data from 40 substance abuse programs in Latino communities, Guerrero et al. (2014) found that Spanish language proficiency among staff was positively correlated with greater treatment retention and negatively associated with client wait time, signaling an expediency of services. In another recent study examining family preservation programs, client perception of providers' cultural competence was associated with higher goal achievement and service satisfaction (Damashek, Bard, & Hecht, 2012).

Study Limitations

This longitudinal 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, including: Selection bias, history and regression to the mean. However, to reduce these threats, the research design compared multiple groups and collected data in a time series approach. Furthermore, the small amount of study subjects can be considered a limitation. The total number of participants (n=98) were rather low, including the number of children recruited from the three sites (n=58).

Implications

Quantity and Quality are Paramount

Throughout the two years, the researchers observed the value of building strong relationships between agency staffers and low-income residents. The two key factors to increase program outcomes included the amount of time invested in the program and how well staff related to clients. The quantitative and qualitative results revealed clients' positive reactions and level of involvement being associated with the rapport and trust built with the Service Coordinators. In Cypress Villa, residents shared their greater satisfaction and commitment to the program based on how the staff person "knows their issues," "understands their culture and language" and "shows great commitment toward helping [their] children." The importance of these two elements was substantiated in the data collected from the Quality of Life Index and Focus Groups results. The results strongly suggest that agency providers should consider implementing programming more than 10 hours per week, and staff members that have direct contact with low income residents must not only understand but also embrace relationships. The primary goal should be to develop trust and knowledge of the residents' traditions and culture.

Quality of Life and Relative Need

Quality of life pertains not merely to environmental factors such as housing, pollution, and crime, but also psychosocial factors including family life, friendship, networking, social capital and community (Andrews & Withey, 2012). According to the analysis completed in year two of the study, the service enriched housing model does have a positive impact on low-income families and their children, especially when it comes to community participation and a sense of belonging. Results obtained from the Quality of Life survey show that participants in both the experimental and comparison groups had increased levels of individual capacity and community engagement as compared to participants in the control group.

Focus group results from year one, moreover, shed light on how the control group's frustration with a lack of onsite services contributed to the participants' overall dissatisfaction and negative perceptions of their community. Participants in the control group expressed a strong desire for onsite services, and cited an inability to obtain them elsewhere due to transportation issues, high program costs, and long waiting lists. They did so, moreover, knowing that the study was examining the impact of service dosage and their site was not receiving any nutritional or educational programming. If the control group were to receive services, the researchers predict that the residents' quality of life, connections to their community, and civic participation would all significantly increase.

Relative need differs from absolute need in that it is subjective, and contingent on not only the individual but the community in which that person resides. Although the average low-income American's standard of living vastly surpasses that of a poor individual in a third world country, the third world standard of living is not the American's point of reference. So long as the individual feels poor because "they lack what is customary and necessary in American society", their perceived quality of life will depreciate in tandem (Stone, 2016, p. 87). This helps explain why absolute economic indicators (e.g. unemployment, gross domestic product, per capita income) are not entirely predictive of well-being (Conceicao & Bandura, 2008; Deeming, 2013; Dolan, Peasgood & White, 2008), whereas relative markers and self-assessments are far more indicative (Blanchflower & Oswald, 2012; Diener, & Oishi, 2000; McBride, 2001).

These concepts have far-ranging psychosocial implications. In a study examining people's perceptions of need fulfillment and their own subjective well-being in 123 countries, researchers found that while the fulfillment of basic needs (e.g. food, shelter) were the strongest predictor of life evaluations, fulfillment of psychological and social needs was the strongest predictor of positive feelings (Tay & Diener, 2011). In another analysis examining data from three different survey sources (the first of which spanned 49 countries), researchers found that forms of social connectedness to family, neighborhoods and community were strongly correlated to life satisfaction and happiness, and made direct and indirect contributions to physical and psychological health (Helliwell & Putnam, 2004).

Although longitudinal, this study is limited in that it captured only two years' worth of the impact of onsite programming for low-income affordable housing residents. Therefore, though the biological data yielded no statistical differences in the health outcomes for the comparison group from year one to year two, the researchers cannot be sure that the impact of *having received* the programming, as well as the associated impact in residents' appraisals of their communities, will not yield significant improvements in health outcomes over a greater length of time. Indeed, a growing body of literature is dedicated to examining the complex interplay between perceived quality of life and the socio environmental determinants of physical health (Diener, 2006; Marcinko, 2015; Shaffer-Hudkins, Suldo, Loker, & March, 2010; Tsaousis, Nikolaou, Serdaris, & Judge, 2007). Furthermore, the fact that the FNPA Screening Tool indicated increased knowledge and understanding of nutritional outcomes in the experimental and the comparison groups remains highly suggestive. Finally, because it was difficult to gauge the child participants' academic progress due to the change in the California grading system, the researchers also cannot also be certain that students' grades might have improved or would have continued to improve over time. As children that are more American, adults, and families qualify for affordable housing, the need for studies that evaluate the effectiveness of policies and programs intended to assist low-income populations is becoming increasingly relevant to the human service sector. Programs intended to move struggling families from intergenerational poverty to self-sufficiency, such as the ones in this study, should be replicated and evaluated further in a variety of settings.

Cultural Competence

Cultural competence and organizational context are two factors that impact the quality of human services and their delivery process (Jackson, 2015). At the organizational level, cultural competence refers to an agency that recognizes diversity in all its contextual variations, continually evaluates its policies in relation to diversity, institutionalizes this knowledge, and adapts its practices accordingly. For service practitioners, cultural competence refers to an individual who views all behavior within their assorted cultural frameworks, self-assesses for bias, possesses cultural knowledge, and effectively utilizes said knowledge through the exhibition of cross-cultural skills (Jackson, 2015).

Project Access is an agency that values the importance of diversity, as its service provision model centers on the adaptation of programs that address the site-specific needs of the communities it serves. The agency also aims to recruit educated professionals who are able to service their communities with cultural competence, including service coordinators who are of bilingual proficiency. However, it is difficult to recruit such professionals to these positions without the benefit of full-time employment. Moreover, setting aside the shared characteristic of being low-income, the demographics of the residents Project Access serves varies by site with regard to age, ethnicity, and family makeup, meaning that every service coordinator's level of cultural competence has to vary accordingly. This is another barrier to recruiting the right individual to each position.

As previously detailed, the TCAC awards tax incentives to developers who offer social services to low-income residents, a fact that is largely responsible for Project Access' unique business model. Current TCAC regulations stipulate that complexes with a higher unit and bedroom count warrant full-time service coordinators, whereas those with lesser counts receive incentives for part-time staffing and programs (California State Treasurer, 2015). In 2014, the average new affordable housing development in California had only 58 units per site (TCAC, 2015). As such, Project Access' service provision contracts are duly affected, and the agency is often restricted to providing smaller resource centers with limited budgets and staffing. This is one such complication that might have delayed the agency's being able to obtain a bilingual onsite service coordinator for the first year of the longitudinal study. Analyses of the programs investigated in this study show that the comparison group receiving part-time services had a higher quality of life, better perceived connections to its community, and more participation in community programs in year two as compared to year one.

The experimental and the control groups showed no statistically significant change in community well-being from year one to year two. Given the fact that the service dosage for the comparison group did not change and the only programming-related variable that did was the onsite service coordinator, a semi-structured interview with four part-time participants was conducted. Considering the participants' responses, the overall quantitative and qualitative analyses suggest that culturally competent service provision did make a difference in the study participants' appreciation of the services as well as their overall perceptions of their community.

If affordable housing developers are receiving TCAC-allocated points for an onsite service coordinator, the implications provided in this study suggest that a demographic analysis of the community to be served and that bilingual capacity (when warranted) of the onsite service coordinator be incorporated in the allocation process. Thus, the TCAC should incentivize cultural competence in affordable housing developers' proposals by providing a greater number of points to development projects that will provide bilingual service coordinators to ethnically diverse communities. Moreover, because attracting culturally-competent staff can be difficult without the benefits of full-time employment, the TCAC should mandate that all service coordinators, regardless of the actual dosage of programming, be afforded full-time status.

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