Aging in Place or Aging and Displaced?

A Multi-Site Comparative Case Study of Power, Subjectivity, and Community Resiliency in Public Housing Governance

by

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A Dissertation Presented in Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy

Approved November 2014 by the
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ARIZONA STATE UNIVERSITY

December 2014

ABSTRACT

In an environment in which public values are often surrendered for market ones, the administration of public housing has increasingly devolved construction, management, and even ownership responsibilities to the private sector to cut costs. There is little known about private management practices at public housing sites and how they shape the lives of its residents – half of whom are growing numbers of seniors and people with disabilities who are aging in place. This multi-site comparative case study involves three public housing sites that serve seniors and people with disabilities: one is privately-managed, one is publicly-managed, and one is privately-managed with public case management through the HOPE VI program. The intent of this comparison is to determine if there is a difference in management response by sector and whether differences pose a challenge to social equity.

Results indicate that there were social equity failures across all three sites with the private sites experiencing the most barriers for residents. The power-knowledge structure and perceptions of the residents shaped the institutions or staffing, services, policies, and amenities that either empowered the residents by helping them build a cohesive community; or it subjugated them by not offering space for community-building. In response, many residents' actions and beliefs were shaped by these institutions; however, in the face of resistance to management practices, they often exercised power through self-governing to achieve the satisfaction they desired. Recognizing that residents can exercise their own power, community resiliency to support aging in place may be achieved by supporting resident needs and drawing upon their expertise, assistance, and

influential power to build stronger housing communities – an option with low costs but great gains. But in order to do so, the power-knowledge structure must be influenced to support this goal. This research describes the governance of public housing and the responses and relationships of both management and residents in these newly created public spaces. It then presents a model that can foster change in resident engagement and network building to support aging in place, and advance social and community resiliency, regardless of sector.

To my dear Garrick, my sweet little Pepper, and my darling mother for putting up with me as I complete this arduous dissertation journey. I could not have done this without your love and support, and I truly appreciate you. And to Beatrice and Bob for going above and beyond to give me extra time to achieve my goal. God bless you both.

ACKNOWLEDGMENTS

Now that I have reached the end of this very long journey, there are several people I would like to thank for inspiring me, saving my sanity, and encouraging me. First, I want to thank my committee. Joanna Lucio, aka Superwoman, is my chair, mentor, confidante, and cheerleader. You provided me with invaluable academic advice as well as how to juggle this dissertation, having a small child, and the many calamities that came along. I would have had a much more difficult time without your support. I also want to thank Jay Klein who has served on my committee since day one. You inspired me to look into the housing crisis facing people with disabilities. And to you, I am eternally grateful. Tom Catlaw and Daniel Schugurensky, you supported me throughout my PhD career and showed me that a student can target social justice issues in public administration and make a difference in the field. In fact, your teachings fed into the foundations of this dissertation. And although he is no longer serving on my committee, I want to thank Arnie Danzig for encouraging me to interview residents and helping me find the funding to do so. That recommendation ensured that I had a much richer understanding of resident lives that was pivotal to this project. Thank you to all of the residents and staff members who contributed to this project and made it all possible.

While the end of this process is always isolating, my friends and family have provided me with the support and time I needed to hammer out the final product. As for my friends, I want to thank Kandyce Fernandez, one of my best friends. She graduated before me and was a beacon of hope that the end was near and to keep going and get ‘er done. I also want to thank Sang Eun Lee for the countless hours of listening to me rant

about the data (there is no amount of lunches that can re-pay you for that torture), and for translating for a participant. And to my cohort buddies, Chase Treisman, Joe West, Tanya Watt, Youngjae Kim, Dan Wang, Matt Heil, and Tom Holland, thank you for listening and giving me advice over the last several years. I wish each of you the best in life.

And to my work family at the Morrison Institute for Public Policy with a special mention of those who been there since the very beginning - Josh Connolly, Joseph Garcia, Bill Hart, Andrea Whitsett, and especially David Daugherty – you all have been patient, supportive, and accommodating over the last 5 years when I have been at the end of my rope. There is not a greater group of people I could have picked to work with as I undertook this difficult journey. And Thom Reilly, while he is new to the team, gave me the encouragement and moral support I needed to finally get it done.

A special thank you goes out to my husband Garrick McFadden. I owe you a great deal. You have given up countless weekends so I could write. I want you to know how much I appreciate your patience throughout this journey, and I love you very much. I wanted to thank my mom for bearing with me as I spent countless hours away from home. You have always inspired me to keep reaching, and I always thought I could do anything I set my mind to because of how you raised me. This dissertation is for you. And to my in-laws, Bea and Bob McFadden and Ernestine Johnson, I am finally done. Thank you for being available for child care when we needed you the most. I love you very much. And to my 11/2 year old Pepper, you will not remember this, but know that you are ultimately who motivated me to finish. I want to spend more time with you as you map out your trail of destruction to our house.

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INTRODUCTION

Background

Over the past several decades, neoliberal, market-based approaches of deregulation, privatization, and devolution of government to the private sector have transformed the delivery of affordable housing policy. As local governments struggle to meet the affordable housing needs of diverse populations, they increasingly resort to the private market to compensate for shrinking budgets. The use of housing vouchers, a low-income tax credit, and mixed-income public housing developments are a few of the popular market-based options that result in mechanisms aimed at deconcentrating poverty. Moreover, the assumption that mixed income housing could alleviate the negative social and economic consequences of concentrated poverty and enhance social capital for poor residents helps provide support for the more market-driven approach (Zhang & Weismann, 2006). However there have been significant consequences that have disparately impacted older adults and people with disabilities (McFadden & Lucio, 2014).

There are several critical issues that warrant examination as new spaces are created between the public and private sectors in housing governance. Market-based housing options, such as voucher programs and low income housing tax credits, have taken financial precedence and political priority over traditional public housing and have shifted many vulnerable populations into the private market. However, these affordable options are in short supply, are not easy to use by people with physical disabilities, and

are plagued with extensive wait lists (Salsich, 2012). Additionally, most units in the private market are not wheelchair accessible and do not provide access to supportive services (Smith & Ferryman, 2006); those that are accessible or offer supports are often located in unsafe areas that are isolated from city centers with access to services (Locke, Nolden, Michlin, Winkel, & Elwood, 2000). As a result, residents with disabilities and older adults who have health issues and are in need of supportive services often have difficulty finding housing that meets their needs.

Many frail populations continue to turn to conventional public housing in the absence of other options; however, there is not enough funding or units available for the large population in need. Thousands of public housing units are demolished and not replaced each year, due to the preference for market-based options (Cunningham, Popkin, and Burt, 2005) in which money has been diverted away from conventional public housing into new mixed-income construction projects. From 1986 to 2012 there was a 10% decrease in all types of subsidized housing units available in the U.S. with the largest decrease in public housing that predominantly serves older adults and people with disabilities. In 1986, there were 3.6 million public housing units available. In 2012, only 1.2 million of these units remain (U.S. HUD Resident Characteristics Report, 2012).

Further, the multiple decades-long under-funding of the public housing program has left many of the housing structures in chronic disrepair. The 2010 HUD study, *Capital Needs in the Public Housing Program* (Finkel et al., 2010), reported that the nation's public housing units are in need of $26 billion (or $23,365 per unit) for major, large-scale repairs – and with each additional year, that number grows by $3.4 billion.

These include accessibility modifications needed for residents with disabilities and older adults, roofing, and plumbing repairs.

Coupled with this decline in housing stock is an increase in the demand for affordable housing overall, which has further deepened the deficit in supply. According to the Council of Large Public Housing Authorities (1986), the number of households suffering from severe rent burden (e.g. pay more than 50 percent of their monthly incomes on rent and receive no subsidies) has more than doubled from 1986 to 2011, outpacing the 31 percent growth rate of the total U.S. population. There is also a disproportionate effect of rent burden on older adults and people with disabilities. Of the 11 million households living in poverty with rent burden, 1.8 million are people 65 years and older (U.S. Census Bureau, 2012).

The 2009 American Housing Survey reports that one in three very low-income renter households were non-elderly with a disability, and in renter households with a person with a disability, two out of three were considered very low income, having incomes that were more than 50% below the area median income (AMI). The survey also found that these very low income renter households with a person with a disability were more likely to spend over half of their incomes on rent and two times more likely to receive housing assistance (U.S. Census Bureau, 2011a). Thus, although there is a greater need for affordable housing among older adults and people with disabilities, the continued shrinking supply of affordable, accessible housing and its strict management practices have caused some scholars to question the privatization of affordable housing policy and whether or not service delivery is truly equitable. Specifically, the provision of

services and community-building activities of these neoliberal collaborative governance structures can promote or inhibit successful aging in place of its frail residents.

Aging in Place in Public Housing: The Importance of Formal Supports

A significant number of current subsidized housing residents are aging in place. Aging in place is defined by the Centers for Disease Control and Prevention as "the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level" (2013, para.5). Over half of the nation's shrinking supply of public housing units are comprised of the frail elderly and people with mental or physical disabilities (Cunningham, Popkin, & Burt, 2005) who are faced with barriers that might restrict their ability to transition into more private forms of housing successfully (Barrett, 2013). Further, most from these populations are unable to work, which prohibits them from participating in the many housing programs that are available under federal workfare policies. Specifically, studies report that older, subsidized housing residents have a higher number of difficulties carrying out basic activities of daily living (ADLs) and instrumental activities of daily living (IADLs) than unsubsidized renters (Gibler, 2003) or home owners (Redfoot & Kochera, 2004). Kochera (2006) found that many residents living in Low Income Housing Tax Credit (LIHTC) properties (38 percent) had difficulty walking or performing everyday tasks. Thus, a good number of this group have chronic health issues, disabilities, and complex health or psychiatric needs, which may require accessible units, supportive services, or access to transportation and health care facilities.

For older adults who have the means to pay, there are a variety of housing options available for those who need a little assistance to live independently, but many low-income seniors and people with disabilities who live in affordable housing do not have access to such resources. Both low-income seniors and people with disabilities are only availed of supported options that are covered under Medicaid (Gibler, 2003). And if Medicaid and/or housing options do not include supportive services to allow them to remain living independently, some may transition prematurely to more costly nursing homes. For these groups then, subsidized housing becomes a necessity to prevent premature nursing home placement (Gibler, 2003).

Many publicly-managed public housing sites have recognized the needs of frail older adult residents and residents with disabilities and have instituted publicly-funded programs to maintain resident independence, and/or hired service coordinators or case managers to ensure residents are linked to health resources to maintain independence (Bowie, 2004; Locke, Lam, Henry, & Brown, 2011; Theodos, Popkin, Guernsey, & Getsinger, 2010). These programs are often introduced at public housing sites, because there are greater economies of scale with the large number of residents in one location.

Although the federal government is attempting to incentivize these models of supportive housing, or housing plus programs, among the private sector through various initiatives, the complexity of coordinating all the agencies and programs needed to make supportive housing successful becomes overwhelming to both the private and public sectors (Joint Center of Housing Studies at Harvard University, 2014). As a result, these supports are still not typically found in the private housing market (Cunningham, Popkin,

& Burt, 2005; Joint Center of Housing Studies at Harvard University, 2014; Salkin, 2009; Sard & Fischer, 2008) (Joint Center of Housing Studies at Harvard University, 2014).

Previous research also finds that management practices in privatized arrangements often do not recognize the needs of residents who are aging in place. Private managers often have a limited understanding or lack the training to meet residents' needs, as they perceive their responsibilities to be more administrative - collecting rent and maintaining and leasing the units – not coordinating services for the resident (Becker, Dluhy, & Topinka, 2001). As a result, frail residents in need of help often go without services and compromise their health and quality of life; they navigate the complex system of services themselves; or they move out of these buildings into higher levels of care (Harahan, Sanders, & Stone, 2006).

In spite of these barriers, there is little opportunity to express dissent in these new privatized arrangements. A recent study found that these market-style arrangements give little attention to citizen voice or equity concerns of vulnerable residents (Hefetz, Warner, & Vigoda-Gadot; 2012) – a trend corroborated by this dissertation's findings. Thus, the current state of affordable housing could pose a public health crisis, as many buildings, programs, and the institutions in place that support them are not designed to address the needs or listen to the voices of its users (U.S. Department of Health and Human Services, 2014).

The Importance of Individual and Community Resiliency to Aging in Place

The current public housing climate is not favorable to populations who are aging in place. With the lack of supports in today's subsidized housing options, seniors are

learning how to adapt. The benefits of an individual's ability to cope and thrive from adversity have a ripple effect, positively benefitting their informal networks and overall community. In addition, the ability to bridge people and resources outside of the community and gain social capital increases the resources and available supports that promulgate community growth, thereby promoting resiliency. These traits are necessary in helping vulnerable public housing residents successfully overcome barriers that can impede quality of life and pose a threat for their continued ability to live independently.

Greenfield, Scharlach, Lehning, and Davitt (2012) propose a conceptual framework for housing communities to use that facilitate aging in place. They posit that a housing community's internal resources, such as staffing and use of volunteers, and external partnerships will provide space for civic engagement and empowerment, social relationship building, and services to enhance access to formal resources. In turn, these activities increase resident and collective efficacy, sense of community, and resident support that is needed for resident resiliency, i.e. psycho-social well-being and physical health. This individual resiliency leads to successful aging in place (Greenfield et al, 2012).

Further, community resiliency provides a sustainable alternative to existing public housing management strategies focused on costs. The resiliency of a community is defined by its recovery and sustainability from shock (Black & Hughes, 2001; Fiksel, 2006; Zautra, Hall & Murray, 2009). Responses to these "shocks" shape a community's identity, and in turn the bio-psycho-social well-being of the residents. People living in close-knit communities tend to provide a positive environment for dealing with

disruptions, such as those that occur due to aging or other life changes. These communities of informal networks provide members with the ability to pool resources, collect information, and share in caregiving responsibilities among members. Communities hold a symbiotic relationship with its residents and are important to the overall well-being of both. Hence, a community identity of loneliness shapes neighborhoods and is associated with negative health outcomes (Cacioppo, Fowler, & Christakis, 2009), and individuals surrounded by happy people tend to grow happier over time (Christakis & Fowler, 2009). Thus, the identity and vitality of communities and its residents are interdependent.

While stigma is associated with conventional public housing communities, there is a significant body of ethnographic research that demonstrates that there is a strong sense of community found in public housing sites. Leveraging the informal supports cultivated in these communities provides social capital and assistance for public housing residents who are aging in place (Briggs, 1998; Greenbaum, Hathaway, Rodriguez, Spalding, & Ward, 2008; Keene & Ruel, 2013; Venkatesh, 2000). In a recent study that asked elders to describe what aging in place meant to them, they described it as a feeling of belongingness and familiarity with people and places – a sense of security, warmth, and friendships (Wiles, Leibing, Guberman, Reeve, & Allen, 2012).

The importance of community is reiterated in a study by Keene and Ruel (2013) who examined what public housing meant to senior residents who were relocating to other housing. They described life in public housing as living in one big family where there was a reciprocal exchange of favors; everyone looked in on each other, took care of

each other's children, and shared rides. They held valued roles in the community that were missing for many after relocation. Alternatively, former public housing residents who move into private housing situations are not always able to leverage the formal or informal supports they need to age in place, describing their new privatized environments as lacking communal space and as more isolating, quiet, and having a culture where people keep to themselves (Keene & Ruel, 2013).

Statement of the Problem

There is significant research about not only the lack of affordable housing, but also the needed support services for these groups to remain living independently, including informal supports and community-building. However, there is still no clear understanding of how housing and these supports, or lack thereof, impact the he older adult population and people with disabilities who are aging in place and growing in numbers in these collaborative housing models. Adults 65 years and older are projected to represent almost 20 percent of the U.S. population by 2030 (Vincent & Velkoff, 2010) – up from approximately 13 percent in 2010 (Federal Interagency, Forum on Aging-Related Statistics, 2012). According to the American Community Survey, people with disabilities represented at least 12.1 percent of the population in 2011 (U.S. Census Bureau, 2011b); but other projections, which include older adults with disabilities, indicate that the prevalence of disabilities in the U.S. population is expected to grow by almost 200 percent by the year 2050 (Smith, Rayer, & Smith, 2008).

. The current state of affordable housing policy indicates there will be significant challenges associated with these demographic changes if policies do not adapt to meet

their needs (Joint Center of Housing Studies, 2014). It could pose a public health crisis, as many buildings, programs, and the institutions in place that support them are not designed to address the needs or listen to the voices of its users (U.S. Department of Health and Human Services, 2014). Further, the divergent views of public and private housing that disparately form the identity of the subject carry grave implications for today's increasingly frail public housing resident if the trend towards private housing is not critically evaluated

Management Use of Power

Some researchers have argued that it is the social construction of public housing populations as the "marginalized underclass" or as "deviant" by government and private agents that has shaped the way housing policy is currently implemented (Atkinson & Jacobs, 2010; Schneider & Ingram, 1993), resulting in the downsizing of available units and sparking more interventionist approaches by housing managers (Pardee & Gotham, 2005). These interventionist approaches have included intensive case management, training and education to reform "the underclass," and more punitive measures to ensure residents comply with rules and regulations, including quick eviction notices, lofty fines, and frequent inspections (Pardee & Gotham, 2005). Power is exercised over tenants through the use of lease agreements, relocation guidelines, resident selection criteria, and the allocation decisions of federal funding in local communities. In an environment of limited housing stock, those who are constructed as the "underclass" either comply with these rules and guidelines or risk being evicted with very few relocation options (Graves, 2010; Hackworth, 2005). In effect, based on the identity formation of the resident,

housing managers shape the rules and guidelines for how residents should conduct themselves, how they should be incentivized, and how they should be penalized.

Research has found that individual management practices and the social construction of the resident also have more of an influence on tenant mix than occupancy policy (Locke, Nolden, Michlin, Winkel, & Elwood, 2000). This has disenfranchised and excluded persons with mental or physical disabilities, due to their perceived limitations. Locke and colleagues (2000) found that managers of properties located in better neighborhoods and in better conditions are typically age-restricted to older adult residents, whereas less desirable properties are more accessible to non-elderly people with disabilities. They further found that those with mental disabilities were viewed by managers as less likely to take care of their apartments, take medications, or manage their own finances.

And although managers are not legally allowed to inquire about an applicant's disability or obtain medical information, they may still call the applicant's doctor to gauge his or her ability to live independently (Locke et al., 2000). The manager then becomes the decider of who is able to live independently and who is not and to which housing sites the individual should have access. This further threatens the already meager housing supply for those stigmatized by their disability. Those who are deemed as unable to live independently are given few options outside of nursing home placement. Thus, housing managers can often serve as gatekeepers, deciding who is more deserving of benefits than others.

The Role of Social Equity in Neoliberal Governance

This inequity of treatment in housing administration and each site's access or barriers to services and community-building based on perceived disability of the resident by housing managers should give cause for concern. The 2003 National League of Cities' report *Divided We Fall: Inequality and the Future of America's Cities and Towns* (2003), stated that:

> "Governments at all levels are in part responsible for many of the glaring inequalities we see today and should therefore lead the way to solutions. Public policies adopted over time at the federal, state, and local levels have created and exacerbated many of the inequalities that our communities are struggling with today" (p. 2).

In response, public administrators have a responsibility to ensure social equity and justice in its practice, research, and theory by guarding against or questioning inequitable processes, practices and policies (Frederickson, 2005; Guy & McCandless, 2012; Svara & Brunet, 2005; Wooldridge & Gooden, 2009). But the field of public administration has inadvertently ignored this call to action over the last several decades in the wake of neoliberalism and the increased contracting out of government functions, in which the "hollowing out" of government (Bartels, 2008; Chi, Arnold, & Perkins, 2003; Kettl, 2005; Milward & Provan, 2000; Peters & Pierre, 1998; Rhodes, 1996; Warner, 2006) has placed government in the role of contract manager as opposed to a champion for citizen equity.

There are conflicts within the literature over whether the principal-agent relationship that government has with private management is defined by conflicting goals and values, which can negatively impact citizens' rights. Most researchers agree that the foundations of the public and private sectors have different priorities, although the boundaries differentiating them have become blurred. Allison (1982) points out that efficiency and revenue-generation in private management are essential to its survival, whereas these are not the primary goals in public management. Savas (2005) agrees:

> Private service providers often maximize profits, not by producing services more efficiently but by seeking out the least costly clients [for social services] or by employing lower-wage workers, often on a part-time basis. Privatization is…a signal about the competence and desirability of public provision. It reinforces the view that government cannot be expected to perform well. (p. 14)

In network governance in which government has devolved and contracted out its policy implementation functions to local governments and the private sector, the private sector emphasis on managerial values of efficiency, innovation, and market competition have been argued to increasingly replace public services values of fairness, social equity, representation, or participation (Box, 1999; Vertiss, 2000). These private sector values have seeped into public sector employee ethics, service delivery, and commitment to democratic ideals (Maesschalck, 2004). On the other hand, Murray (1975) takes a different view and states that this bifurcation of management values and processes between the public and private sectors is not clear, as there is a blurring of the lines in management processes between the two. In sum, it is not well-understood how these

public-private partnerships impact citizen well-being and if there are inequities in how public and private managers respond to residents.

Further, many municipalities do not have a means of holding contractors accountable for the significant number of performance issues related to private contracts of city services. In 2009, a survey was conducted by American University with 332 public managers (including housing managers) from the National League of Cities and Towns to determine the effectiveness of contract performance (Girth & Johnston, 2011). Over half of survey respondents reported not having enough time or staff to manage contracts effectively, and 47 percent of city managers reported that the greatest drawback to contracting is holding contractors accountable for performance, with the biggest complaints being lack of responsiveness, poor service quality, and inconsistency (Girth & Johnston, 2011). Thus, city officials are aware that simply contracting out services does not ensure effectiveness or equity, and as a result, contract performance by the public sector over the private sector has taken priority, but has it been enough? In order to strengthen performance measurements and address social equity concerns, more needs to be understood on how public housing is managed in both the public and private sectors, and how perceptions, services, procedures, and policies of network governance impact vulnerable residents.

Purpose of the Study

The marriage of the public and private sectors has produced a space in governance that has informed subjectivity in a way that has never been clearly articulated in housing administration. Further, there currently exists tremendous conflict between

residents, housing managers, public administrators, and overall society over the value and delivery of public housing programs in an environment steeped in neoliberal values. As managers are shaped by their own values, their actions and beliefs give insight into how they perceive their roles in public housing delivery and how they construct the role of the residents, highlighting value differences that may or may not exist between the public and private sectors. The perceptions of housing management staff in each public housing model provide a more robust understanding of the tension that may exist between resident, manager, and principal, and how resident voices are being heard and needs are being met using both formal and informal mechanisms. In addition, gaining resident perceptions of life in these housing models provides further understanding of how they perceive conditions in these sites, what their lives are like, and how management practices help or interfere in their ability to lead their lives in a way that they desire.

Thus, this study not only describes each site, its surrounding environment, and existing policies, but it compares each site's residents' perceptions of their day-to-day lives and relationships with management as well as management perceptions of their roles with residents. This illuminates the power dynamics that exist between residents and managers, how power is exercised in these relationships, and how aging in place is promoted or inhibited at each site.

When this study began, the focus was on describing how the administration of public housing in the public and private sectors may differ and how residents are impacted, with an emphasis on social equity concerns; however, many of the themes that emerged from the data reflected the concept "governmentality" introduced by Michel

Foucault. Foucault described governmentality as the "conduct of conduct" (Dean, 2010, p.19). It examines not only how government exercises authority over others, but also how we govern ourselves. It tries to understand the subjective multiple truths that collectively shape society by analyzing the mentality of governing and being governed, including self-governing. Many of the themes that emerged from the data reflect issues of governmentality.

Therefore, in the Discussion section of this dissertation, consistent cross-themes are analyzed through a lens of governmentality to provide a deeper understanding of subjectivity, responses to aging in place, and social equity outcomes that came out of this study's findings. This section describes how individual self-governing and managerial practices form, how the autonomy and capabilities of both individuals and groups are shaped, and how points of resistance are contested so that affordable housing practice may be reformed. It also explores governance and how it impacts vulnerable residents by describing how policies are implemented, how power is exercised, and the lived experiences of residents in both publicly-managed and privately-managed sites.

In essence, this exploratory study fills a gap in research and assists city officials by providing empirical data that better describes how policies are implemented after contracts are executed and how the lives of these residents are shaped by these policies. At the end of the study, social equity measures are utilized in a cross-case analysis to determine systematic differences and how the institutional framework at each site inhibits or supports social equity, community resiliency, and successful aging in place. The outcomes of the research are organized into the BEST Model of Community Resiliency,

which provides a governmentality-inspired typology for how congregate housing sites may be organized to successfully support aging in place. Recommendations may be drawn from this model to make municipal contract specifications and performance measures more precise and targeted to improving the day-to-day lives of vulnerable public housing residents who are aging in place while promoting community and resident resiliency and social equity between sites.

Research Questions

This multi-site case study of three management models of public housing for seniors and residents with disabilities – a publicly-managed site, a privately-managed site, and a privately-managed site with city case management - seeks to understand how the worldviews of both the governing and the governed affect the quality of housing services and daily lives of the residents. This dissertation utilizes document review, site observations, and staff and resident interviews to answer three research questions:

1. How do the day-to-day lives of older adults and people with disabilities living in various models of public housing- publicly-managed, privately-managed, and HOPE VI compare?
2. How do various public housing management models respond to their older adult residents and those with disabilities, and what drives these responses?
3. What are the implications for social equity?

Significance of the Study

Although government functions continue to be contracted out through network governance, there are still many unknowns about the outcomes of these contracts. There

has been significant research dedicated to evaluating the costs of neoliberalism and privatization, but very few that have included social equity, subjectivity, community resiliency, and governmentality in their analysis. It is not evident how public-private partnerships impact citizen well-being and community-building and if there exist systemic inequities in how public and private managers respond to residents. There have been a handful of recent studies that have attempted to tell the story of public housing highlighting the dialectical tension between management and resident in these different housing models. Yet, it is still not understood how policies are implemented and power is exercised in these privatized models and how this devolution may have spilled over into public sector provision of services.

There is also little discussion of how affordable housing programs delivered through public-private partnerships impact the older adult population and people with disabilities who are aging in place. For example, there is no clear understanding of how housing and these supports, or lack thereof, impact the daily lives of residents and managers in current privatized public housing models. Further, the use of power through resistance by aging in place residents and managers across different management models of public housing have not been adequately described. A better understanding of the lived experienced of these individuals and the tensions that arise will shape policy that fosters both individual and community resilience and overall health and well-being.

While much governmentality-inspired research focuses on service users, further research is needed to understand the perspectives of human service managers, for they are on the receiving end of governmental regulations while simultaneously regulating the

conduct of service users (McKee, 2009). Thus, this study represents the voice, actions, and emotions of both managerial staff and residents and emphasizes the human values and experiences of vulnerable populations that are currently missing in current public housing discourse. This highlights the complexity of the different realities that exist so that policy, practice, and program evaluation may be improved. Additionally, the use of social equity as a measure in this study offers a new way to consider the experiences of residents who live in public housing. This informs future research in these areas and advances more equitable housing and procurement policy for the betterment of our most vulnerable residents.

Summary

People with disabilities and older adults with complex needs are overrepresented in the shrinking supply of politically unpopular public housing, and much of public housing has been devolved to the private sector. However, the complex needs of these groups who are predominantly unable to work have been largely ignored in this devolution by both the public and private sectors. Thus, the impact of neoliberalism on the social equity of older adults and people with disabilities living in public housing and a study of governmentality in this type of network governance of public housing provision is warranted. Ultimately, this dissertation is exploratory and seeks to understand the lived experiences of both management and residents. The three central research questions that shaped the study are: what are the day-to-day lives of older adults and people with disabilities living in various models of public housing; how do these models respond to

its older adult residents and those with disabilities; and what are the implications for social equity

There are several limitations to this study, but the use of multiple methods throughout the study help to mitigate them; however, due to the small number of cases, the site results are not generalizable. The goal of this study is not to determine causality, as it is still uncertain if the events observed are correlated or spurious in their relationship; however, the results released from this study of the three housing sites build upon existing research to support previous claims, while making new ones and providing future research directions. This study represents the voice, actions, and emotions of all participants studied; it also emphasizes the human values and experiences of vulnerable populations that are currently missing in current public housing discourse. This allows a more robust understanding of the complexity of the different realities that exist so that policy, practice, and program evaluation may be improved.

Chapter two provides an overview of the relevant literature pertaining to themes of neoliberal public housing administration and its domination over people with disabilities and older adults through its exercise of power. Specifically, it chronicles the exercise of power in its discussion of management theory and the implications to aging in place, social equity, and individual and community resiliency that provides the context from which the research questions were drawn. Chapter three discusses the methods used for this study. It includes the multi-site case study research design, methodology and methods used, the operationalization of social equity, the sample, data analysis, and how the findings are reported. Chapters four through six share the findings specific to each

case. Chapter seven reports social equity outcomes with a brief discussion of the implications of these findings, and chapter eight introduces and applies concepts related to governmentality to consistent, overriding themes that were drawn from all sites. Chapter nine is the final chapter, and wraps up the dissertation with a summary of study conclusions, recommendations and best practices, and implications for practice and future research.

CHAPTER 2

LITERATURE REVIEW

There has been extensive research in the contentious area of public housing that weigh the benefits and costs of its administration as well as its stigmatizing impact on recipients. There has been limited research, however, on how the identity and expectations of residents in need of more permanent housing are perceived and constructed through the new governance of public-private partnerships, how this construction impacts management responses and the policies that are advanced and implemented, and ultimately how construction impacts residents' lives and communities.

This chapter describes the theoretical framework the research design of this study uses to address this research gap. To better understand the politico-historical context of the neoliberal shift in housing assistance for older adults and people with disabilities who are aging in place and how social constructions of housing residents are impacted, several topics are explored in this chapter. An introduction of neoliberal theory and the corresponding social construction of citizen roles, how neoliberalism has played through the history of public housing administration in light of these constructions, and the consequences of this transformation in providing housing to aging in place populations provide a better understanding of the ramifications experienced by the field of public administration. Specifically, challenges in upholding public values and assuring social equity are discussed. An analysis of Foucault's governmentality and exercise of power helps illustrate and explain the barriers and opportunities that currently exist to reverse this trend. This chapter closes with an examination of a resiliency framework, which

offers a citizen-driven, asset-based empowerment approach that is necessary given the failure of public and private models in protecting public values in a context focused on economics and efficiency. This perspective drives the results of this study as an ideal typology towards which all housing programs should move.

Neoliberal Governance

The Contestation of Neoliberal and Public Service Values

In *A Brief History of Neoliberalism*, Harvey (2005) explains neoliberal theory, which asserts that the exercise of free market is the only means to ensure political freedom and access to opportunity and wealth for individuals. Neoliberalism favors institutional frameworks that support strong property rights, free markets and free trade, and believes the State to be an inefficient bureaucracy that should only interfere to preserve the marketplace. In places where markets do not exist, the State should create them. The belief that the State should not interfere in the economy or social policy has promulgated the increased withdrawal of the State from healthcare, education, and the welfare sector over the last few decades - resulting in a disappearing social safety net in neoliberal systems (Harvey, 2005).

It is important to note that neoliberalism does not attempt to explain or predict human behavior. It is a normative, constructivist view of human nature that assumes that market behavior can be learned, and it idealizes market rationality as fair and unbiased (Soss, Fording, & Schram, 2009). The State constructs governing and governed subjects as those who think and behave like market actors (Soss et al., 2009). In this construction, individualism and personal responsibility are valued. Those who are self-reliant and

contributing members of the market are viewed as good citizens, while bad citizens are seen as dependent and non-contributing (Kittay, 1998; Fineman, 2005; Good-Gingrich, 2008; Smith-Carrier & Bhuyan, 2010; Soss et al, 2009).

The philosophy of neoliberalism has been spread around the world through the managerial practice of New Public Management (NPM) that began in the 1970's. The goal of NPM is to reverse what is viewed as inefficient government growth in spending and staffing (Dunsire & Hood, 1989) by privatizing or contracting out government services to the private sector (Hood, 1991; Lane, 2000; Stoker, 1998), which is believed to do a better, more cost-effective job than government. Supporters of NPM argue that instituting managerial techniques of business will enable government to provide services and products more efficiently and effectively correct for the failures of "old" public management (Keating, 1989). On the other hand, critics argue that these techniques force governments to adopt business values (Denhardt, 2008) at the cost of democratic values and trample the work done by the field of public administration to build a public service ethic and culture (Martin, 1988; Nethercote, 1989). In effect, NPM administrative design cannot be universally applied without adversely impacting equity values (Hood, 1991).

The techniques of NPM include cost-cutting, competition, and entrepreneurship of government services with the over-riding value as efficiency. John Kamensky (1996) ties NPM to public choice theory, which sees the citizen as a customer that is in pursuit of his or her own self-interest, but macro-societal values, such as public service, community engagement, and citizen representation are ignored. This creates the central debate among scholars. What is the balance between efficiency of government versus equity of its

citizens? With NPM, a paradox is thereby created: how do you combine self-interest with public interest (Stone, 2002)? Box (1999) states, "Fairness, justice, representation, or participation is simply not on NPM's radar screen" (p.33). Yet, we expect government to act in a way that promotes the fundamental democratic values of equity, constitutional stewardship, public spiritedness, and citizenship (Bellone & Goerl, 1992; Box, 1999; deLeon &Denhardt, 2000; Green & Hubbell, 1996; Miller & Simmons, 1998; Terry, 1998) even as government services are contracted out to the private sector with its conflicting expectations.

The tension becomes one of prioritizing efficiency over due process. NPM has over time redefined the role and purpose of government by using market values to prioritize political and social issues, thwarting any attempts of suggestions for social change and disempowering the citizenry if it does not fit within these managerial or market values (Vertiss, 2000). In the public sector, managerial values of efficiency, innovation, and market competition have been argued to increasingly replace citizen values of fairness, social equity, representation, or participation (Box, 1999; Vertiss, 2000; Warner, 2006) and have caused an adverse impact on public sector employee ethics, service delivery, and commitment to democratic ideals (Maesschalck, 2004).

The spread of NPM and neoliberal values have occurred through network governance. Rhodes (2007) defines a rational network of network governance as a structural arrangement that is inherently logical in nature, provides a mechanism for the private and public sector to interact; and is informally organized, permanent, and based on trust and open communication that is targeted towards a specific policy problem. The

private sector then sub-contracts with other agencies to meet its contractual obligations. Thus, network governance can be seen as a network of contractual relationships (Rhodes, 2007). Sorenson & Torfing (2005) describe it as occurring in various forms, but they note that this network of actors that work towards the production of public services are interdependent, operationally autonomous, and they interact through negotiations that involve bargaining, deliberation and conflict within an institutionalized framework of contingently articulated rules and norms, and within limits set by external agencies.

It is unclear whether or not network governance inhibits or facilitates citizen engagement – an important part of promoting social equity. Numerous studies and arguments have posited that responsiveness and accountability to the citizens often become compromised (Bartels, 2008; Chi, Arnold & Perkins, 2003; Kettl, 2005; Milward & Provan, 2000; Peters & Pierre, 1998; Rhodes, 1996; Warner, 2006) when contracting out government functions takes place. This results in a "hollow State" (Milward & Provan, 2000) that hampers efforts to advance and protect the civil rights of vulnerable citizens, as the line of accountability and communication between government and its citizens are blurred (Peters & Pierre, 1998; Rhodes, 1996). On the other hand, some have argued that the devolution of government to the private sector can bring citizens closer to government. Public-private partnerships increase the public space, allowing for more citizen control and making government more responsive to the needs of its citizens (Sorenson, 2002). There is also more innovation in problem-solving, and citizens gain increased political efficacy as they tackle issues together (LeRoux, 2009). Thus, there is no definitive answer to the question of whether or not these partnerships are truly

equitable and advance public service values. The answers to these questions may lie in how citizens are socially constructed by the governing.

The Identity Formation of Target Groups

Schneider & Ingram (1997) offer various social constructions of policy targets and how these constructions impact the policy agenda, policy tools, and rationale that legitimate a policy; and how policies are designed shape the way that policy targets are constructed (Schneider & Ingram, 1993). The authors posit that the messages that are sent or stereotypes constructed are internalized by these constructed groups, which impact their own self-perceptions and level of participation. As a result, groups are constructed by the amount of political power they possess and by their construction as negative or positive.

Advantaged groups tend to be positively constructed, politically powerful, and benefit from policies that seek to reward them. In some cases, these benefits are over-subscribed. For example, corporations, which are an advantaged group, may benefit from direct subsidies to create jobs, although such funds would have created more jobs if they were given to a community employment agency with lower overhead. In effect, those groups that are politically advantaged will enjoy an increase in beneficial policies with a corresponding decrease in resources allocated to public purposes. When burdens are directed to advantaged groups, they typically are in the form of positive inducements over sanctions and force. Deviant groups are politically weak and hold a negative construction, i.e. they are criminals, gangs. Policies are often designed to punish. However, sometimes these deviant constructions are contested. For example, while some public officials may

view those that are living in poverty as lazy, others may view them as victims of circumstance. Thus, they may fall into a dependent social construction, which is where many public service recipients fall.

The dependent group is viewed as politically weak but holds positive social constructions, i.e. they are seen as unable to participate in the economy and in need of charity. Public officials tend to align themselves with this group, but because dependents hold little political power, officials find it difficult to direct resources towards them. Policies are either symbolic, passed off to the private sector for implementation, and often the recipients are not expected or given support to devise their own solutions, but they rely on professionals for assistance. As a result, those programs that are offered are often poorly-funded, or are issued in a paternalistic manner with important decisions about the person only made by those in authority (Schneider & Ingram, 1997). Clients that experience poverty, disability, or any other stigmatizing condition often experience a negative sense of self from continued interactions of societal exclusion (Atkinson, 1998; Schneider & Ingram, 1993). They often buy into the notion that their problems are not public problems and often are passive in their participation as a result (Schneider & Ingram, 1993).

Several researchers discuss the paternalism found in the service delivery of government programs due to this social construction. Hahn (1982) argued that "paternalism enables the dominant elements of a society to express profound and sincere sympathy for the members of a minority group while, at the same time, keeping them in a position of social and economic subordination" (p. 389). People with disabilities and

older adults are often treated by paternalistic administrators as children - unable to make their own decisions. Thus, in this type of system, administrator and agency workers are considered the experts over their clients in service delivery and provision.

Through network governance, this paternalism has crossed over from the public sector into the private sector (Mead, 1997). Mead (1986) introduced the idea of a "new paternalism," which describes governance over the poor - through policies, supervision and administration - to enforce an operational definition of citizenship. Under this definition, for rights to be extended to individuals living below the federal poverty line, they are expected to work and fulfill social obligations, which are viewed as unlikely without the State's direction. Similar to the "new paternalism," in Andrew Polsky's (1991) "therapeutic state," state administrators are perceived as paternalists who use state authority to "cure" dependence through its programs and policies.

Handler (1990) warned that dependent people are often at a serious disadvantage in their interactions with paternalistic agency workers, because these clients lack the knowledge and skills to persuade or advocate for themselves. As a result, agency workers have an unfair advantage over those they serve. For example, to expedite processes and create less work for themselves, often these workers invent procedures that will process rather than engage clients (Prottas, 1979). They also have the discretion over whether or not to execute laws, procedures and rules and the type and quality of service rendered, based on a normative judgment of the person as "deserving" of assistance (Handler, 1986).

These actions or inactions of the bureaucrat shape the behaviors and identity of the clients (Bill, 2007; Hahn, 1982; Maynard-Moody & Musheno, 2009). To access what they need, clients conform to the rules, regulations, and expectations of administrators; however, when they exercise their democratic rights by advocating for themselves if their desires are contradictory to those of the administrators', they risk being punished by having their services terminated or benefits cut, or being evicted. The dominant message then becomes, "there's nothing wrong with the program; there's something wrong with you" (Bill, 2007, p. 32), and they are seen as less deserving.

In the book "Cops, Teachers, and Counselors," Maynard-Moody and Musheno (2009) illustrate this treatment towards different citizens. They collect stories of government workers in the United States to determine how policy is implemented and interpreted through administrative decision-making in a context of tight budgets and overloaded caseloads. The book chronicles the rampant paternalism in service provision that has often been experienced by the disability population (Maynard-Moody & Musheno, 2009). Workers described knowing "what's best" for their clients and often made decisions without eliciting their client's input, acting as gatekeepers to benefits they receive. They ultimately subjugated their clients through their exercise of power. Thus, neither the public nor private sectors consistently promote the public service value of social equity in all areas of practice.

A Politico-Historical Review of Neoliberalism in Public Housing Policy

A glimpse of the politico-historical perspective of public housing programs provides a deeper understanding of how subjugation and paternalism persists today and

how neoliberalism and the social construction of policy beneficiaries have impacted the types of policies administered. The federal government's role in the administration of public housing and its social construction of target populations have evolved over time in response to neoliberalism's problematization of housing. What has not changed over this history has been the federal government's preference in housing working populations in need of temporary housing. Frail senior citizens and residents with disabilities have never been considered an important priority. With the involvement of the private sector through network governance, the low political priority ascribed to these populations has contributed to the growing aging in place issues that these populations are experiencing. Figure 1 chronicles the key policy responses in senior and disability housing provision, which have involved the private sector through housing vouchers and tax credit options.

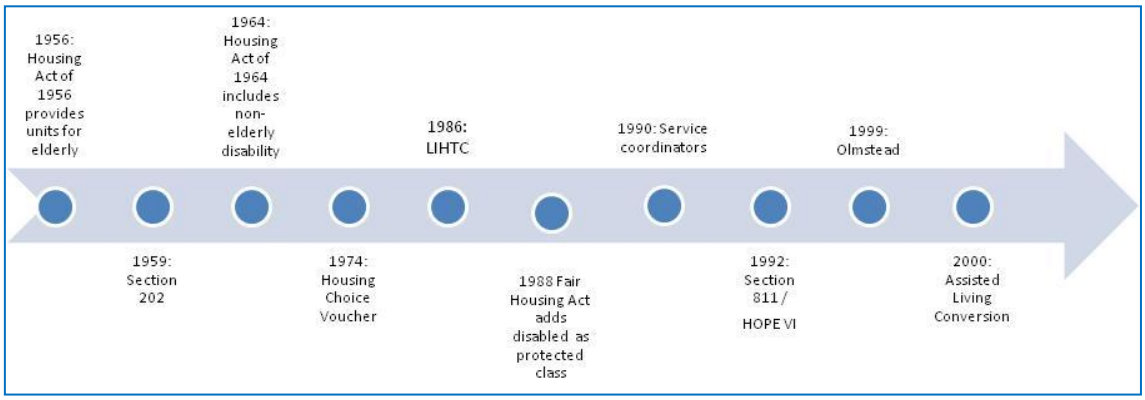


Figure 1: Key policy responses of senior/disability public housing provision.

In the Beginning: Addressing a Market Failure

Public housing has always been viewed as a cost that needed to be contained, rather than as a civil right or a building block for economic inclusion (Atkinson & Jacobs, 2010). It was, for the most part, a transitional commodity only used in emergencies and allocated by market criteria. Its allocation was not based on principles of equity or

economic justice (Marcuse, 2001). In the wake of the Great Depression, the U.S. Housing Act of 1937 was passed to address the needs of the thousands of people who had lost their homes due to the high unemployment experienced by 15 million people. At that time, policy filled a gap in housing that the private market was not able to fill. A household's income that was no more than five or six times the rent of an apartment could be assisted. Thus, government was correcting a market failure for those who were contributing to the economy. The neediest populations were not assisted (Vale & Freemark, 2012).

From the beginning, the program was designed not to compete with the private housing market, but to temporarily intervene for those majority white residents, seen as a potential middle class of people who could not currently compete for private housing (Salsich, 2012). Families were the target of these programs, not single residents, including widows and senior citizens. Those perceived as on the dole or in permanent need were not assisted (Salsich, 2012). Seniors during this time were assisted in other ways, and primarily through the private sector with no government support. Those who had no children to support them typically used their pensions for rented rooms and boarding homes, where they were the only boarder or one of a group of boarders. These were not only for residents who were physically and mentally dependent, but for anyone on a tight budget who needed a place to live. These boarding homes provided a social network in which fellow residents and proprietors would offer help to those with more complex needs who needed it (Matthews & Dunkle, 2013).

Single residents were not eligible to participate in public housing until the Housing Act of 1956 recognized the housing needs of seniors and people with disabilities (Vale & Freemark, 2012). By the 1950s, the public housing population had evolved from serving a middle class who were viewed as temporarily down on their luck to serving residents with incomes in the lowest echelon of society. Seniors were allowed in public housing starting in 1956. Moreover, housing authorities were incentivized to serve seniors with an annual premium connected to each elderly unit provided. However, the concept of "aging in place" was not part of these early public housing discussions, since public housing was largely seen as a temporary measure for the working poor. If any accommodations were provided to benefit what were viewed as physically active seniors in housing sites, they were typically limited to emergency-call buttons and common spaces for recreation and meals (Pynoos, 1992). In part, this was due to a "no frills" attitude driven by anti-socialist sentiments associated with public housing (Pynoos, 1992).

The Beginning of the (Private) Public Housing Market: Serving Advantaged Groups

The Section 202 program, called Supportive Housing for the Elderly, housed older adults with moderate incomes and people with disabilities, and was the beginning of the private sector's involvement in providing more permanent housing options. This funding was made available to developers to create exclusively senior housing, which was built to be fully accessible to wheelchair users; however, funding has never been attached to supportive services. People with disabilities were allowed into 202 housing for seniors starting in 1964 under the Housing Act, but it was not until 1988 that they

started moving into senior housing in great numbers. The deinstitutionalization of adults with mental disabilities and the added protected class of "handicapped" to the Fair Housing Act amendments caused an influx of people with mental disabilities and some with addiction issues to move into senior public housing residences (Perl, 2010). Not surprisingly, soon after this influx of residents with disabilities, in 1990 HUD began to provide funding for service coordinators to help residents' with complex issues coordinate services needed to age in place.

Why were these two groups targeted as the first to benefit from the private market's intervention? The Schneider & Ingram (1997) typology potentially explains how the 202 program came to be and why the private market was involved. In 1959, seniors, developer, and management and construction companies, "the advantaged groups," began to have more choices and presence in subsidized housing with low-income elderly units first being authorized. Government had constructed the identities of the senior public housing population as active and healthy and politically powerful, and that identity has not changed in the past fifty years, in spite of evidence to indicate otherwise. In addition, the resources of the for-profit sector were viewed as the cure-all to public housing's problems, and it was also a politically favorable move to hand over a government welfare program to the private sector.

Further, within the disability population there have been negative social constructions attached over time to sub-sets of the population that have impacted the provision of housing services to the overall group. For example, younger groups with disabilities (often with mental health disabilities) have made some older adults feel

unsafe - an issue that still remains in mixed-age housing (Perl, 2010). As a result, many of these residents were reconstructed as "dependents," and although people with disabilities and older adults have often shared space in public housing, this space has been limited to people with disabilities with this "dependent" construction. In 1992, people with disabilities were no longer permitted to reside in senior housing; in part, due to the fear by older adult residents of people with mental health disabilities. Instead, section 811 vouchers were created to provide separate housing for people with disabilities; however, the private market has not responded, and only minimal housing has been created under this program since its inception (Locke et al., 2000). This resulted in an unprecedented decrease in affordable housing available to people with disabilities that still remains today due to this negative social construction (Javits, 2005).

The Stigmatization of Public Housing Provision

While government provision of senior housing sites enjoyed some public support, the surrounding context of what was happening in the 1960s and 1970s in public housing at the time forced a change in government's role of housing provision. By 1968, the majority of all public housing residents were chronically unemployed (Salsich, 2012). Public housing high rises were segregated and clustered together in high crime, low socioeconomic urban ghettos, which further perpetuated negative stereotypes and exclusion from social and economic opportunities and labeled these large developments as architectural failures (Atkinson and Jacobs, 2010). The deserving poor were re-cast as "deviant" and undeserving of public assistance (Schneider & Ingram, 1997) – a social construction that remains today. Poor management, poor architecture, and the "deviant"

residents were blamed for the failure of public housing, despite clear concerns of a lack of social intervention and structures to help residents to succeed (Venkatesh, 2000).

With neoliberalism predominating the ethos of government, the architectural failures of these projects were associated with the "public" dimension of service delivery, the emphasis on the poorly maintained high-rise construction that local governments could not sustain, and poor public management. However, the public housing complexes that elicited so much outrage and considered dilapidated and substandard constituted less than ten percent of the 1.4 million total public housing units in operation at the time (Hackworth, 2005). Regardless, the private market was viewed as the solution for what was viewed as a failure of government in a reigning hegemony of neoliberalism.

The Private Transformation of Public Housing

With an advantaged social construction, the private sector has always been involved in the affordable housing market, holding roles that were peripheral to that of the government's – from operating philanthropic housing programs (Matthews & Dunkle, 2013) to building federally-funded public housing sites. Since the stigmatization and negative social construction of public housing policy in the 1960s and 1970s, however, this peripheral role of the private market had changed to a central one. Federal funding had begun to be provided to local housing authorities through grants for the primary purposes of privatizing housing stock and demolishing perceived antiquated public housing. Thus, HUD transformed what "public" meant when it came to public housing, financing three-and-a-half times as many units of turnkey, acquisition, and leased housing as conventional housing (U.S. Department of Housing and Urban Development,

1973). Federal programs had opened the door to the private sector's participation in all phases of affordable housing - design, construction, and management and/or owning of property.

The public-private partnership model of delivering public housing became a way for cities to leverage resources during harsher economic times and introduce more innovative designs. Simultaneously, the U.S. housing program, and especially funding for senior housing, suffered the biggest cuts of all high-level domestic programs through the 1980s – 1990s (Hackworth, 2005) as private sector involvement increased. This transformation in affordable housing policy has been carried out primarily via three policy instruments—the formal transfer of housing policy control from the federal government to the state and local governments via block grants causing variation in service provision and populations served, which this dissertation explores; the increasing use of housing vouchers, which allows recipients to access the private housing market; and the provision of tax credits that promote the production of low-income rental housing (Orlebeke 2000).

Senior (im)mobility through vouchers. The Section 8 Housing Voucher program, introduced in 1974, has quickly become the most popular housing program with twice as many vouchers offered as public housing units (Vale & Freemark, 2012). This method of subsidizing people living in poverty that focuses on individual choice and initiative along with private sector involvement, rather than sole government support, to alleviate the housing issue. The voucher program pays private landlords in the private rental market the difference between the prevailing fair market rent and 30 percent of a

tenant's income, so that tenant's would never have to pay more than he or she would have to pay to live in public housing. Thus, with these vouchers, tenants no longer had to live in public housing complexes, but could choose where they wanted to live, as long as the landlord was participating in the program. Moreover, residents were able to move away from especially negative neighborhood conditions.

But because this program is a product of the private market, it is also susceptible to market forces, which have created tremendous barriers to older adults who wish to age in place. There are not enough vouchers administered. Some also oppose the presence of voucher holders in their neighborhoods causing the supply of participating landlords over the years to wane with many landlords deciding to opt out. In fact, when compared with public housing, twice as many units have been lost as a result of these opt outs causing the wait lists for vouchers in many areas to be several years long, if not closed altogether. This works to the considerable disadvantage of frail, elderly applicants who may not have years to wait (Salsich, 2012).

Further, the Section 8 voucher program, or Housing Choice as the program has come to be called, allows residents to move to private units; however, accessible units for renters with disabilities are more difficult to find. Most units are not wheelchair accessible, and those that are accessible are often located in unsafe areas that are isolated from city centers with access to services (Locke et al., 2000). Finally, these vouchers are not easily accessible to older adults. In a panel study of seniors relocating due to HOPE VI renovations, Smith and Ferryman (2006) found that seniors had a difficult time using the voucher program, due to their limited physical mobility to look at available units,

confusion regarding the voucher program, and lack of knowledge of services available to help them. Moreover, many elderly residents who used these vouchers had to move away from social networks to units that were isolated and unable to meet the needs of a population who was aging in place (Smith & Ferryman, 2006).

In 1974, in addition to the tenant-based vouchers, the Section 8 New Construction and Rehabilitation program was introduced, which had subsidized nearly 1 million apartments to tenants with extremely low income in privately developed and operated buildings. There was explosive growth in this program (until the 1980s when Housing Choice Vouchers became the preferred option) when the private sector recognized the profit-making possibilities of operating all phases of housing provision subsidized by the federal government (Orlebeke, 2000). Currently, the majority of the subsidized senior population lives in these complexes, which tend to fly under the radar with little oversight by housing authorities (Vale & Freemark, 2012). In fact, besides occupancy data, there is little research available about these units to conclude their impact on seniors.

Financing public housing construction for the near poor. With the low-income housing tax credit (LIHTC), the government has taken a more hands-off approach to housing administration with the construction and management of buildings operated by for-profit or non-profit entities. With federal subsidies, the LIHTC program of 1986 has constructed 1.6 million units, many of which are targeted to older adults. While of higher quality, these moderately priced units are typically not targeted to those with the lowest incomes (Vale & Freemark, 2012). Only 31.3 percent are considered extremely low income with incomes less than 30 percent of AMI (O'Regan and Horn, 2012). This

program provides tax credits to qualifying low-income housing builders as an incentive to build affordable housing. Builders can sell this credit to investors and use the proceeds as equity for the development of apartment complexes for persons below 60 percent of AMI, thus many developers have learned how to maximize their profits through the LIHTC. However, this can be at the expense of low-income frail seniors.

Beard and Carnahan (2011) found that the duration of housing tenures of LIHTC senior residents were shorter than comparable HUD housing units, suggesting that some residents in LIHTC are unable to age in place. This may be due to the fact that if managers of these units want to provide supportive services, they must do so through private means. Financing requirements are very rigid. Estimates are that at least five to eleven funding sources are needed to operate LIHTC properties (Wallace, 1995). One researcher points out, "it simply doesn't make sense to have a national housing policy in which the deeper the targeting and the lower the income group served, the more complicated and costly it is to arrange the financing (Stegman, 1991, p. 363). Although 42 percent of its stock funds senior properties, these units are just not well-suited for those aging in place and do not provide the funding and/or incentives for supports to those who desire to age in place (Beard & Carnahan, 2011). Because these projects are market driven, downturns in the economy can affect supply when units are needed the most. Operators of these tax credits may choose to revert to market rate when their contracts end to maximize their profits.

The introduction of mixed-income residents through HOPE VI. The successes of these public-private partnerships and the LIHTC and the Housing Choice

Voucher program continued to transform affordable housing policy. Driven by the inadequacies and problems associated with public housing and the assumption that deconcentrating poverty will ameliorate the negative effects of concentrated poverty, Hope VI, authorized in 1992, demolished the nation's most severely distressed public housing buildings and replaced them with mixed-income housing developments. Within a few years of being passed, HOPE VI policy had evolved to its current method of utilizing a public-private partnership to achieve mixed-income developments (Zhang & Weismann, 2006). This approach expanded target groups to include residents, the non-public housing residents, and the surrounding community. The assumption that mixed-income housing could alleviate the negative social and economic consequences of concentrated poverty and enhance social capital for poor residents helped provide support for the more market-driven approach (Zhang & Weismann, 2006).

HOPE VI was the first program that utilized a holistic approach to housing provision – offering service coordination and case management services to assist residents, including older adults, to be successful in obtaining employment or other resources to improve quality of life. However, there were often not enough case managers funded for all of the residents in need. As a result, case managers were often over-worked and once the grants ended, there were often service shortages (Lucio and Wolfersteig, 2012) to residents.

There have also been several concerns related to the private dimension of these partnerships. Management has been argued to "police" HOPE VI residents (Hackworth, 2005). Senior tenants may be evicted for behavioral or economic reasons that are viewed

as unacceptable. For example, if a family member who is visiting a senior living at HOPE VI participates in a criminal activity on-site, the senior is evicted through HOPE VI's "One Strike and You Are Out" program. In effect, private management companies have socially constructed the residents as "deviant" in its strict policies and communications with residents.

Also, private dollars demand more stringent screening of applicants, contributing to the low return rate of original residents from the demolished site; the return rates of original residents have been less than 30 percent on average across developments, often displacing those who are in significant need (Popkin, 2006). Displaced seniors who did not return to the new development did not have the benefit of service coordination. Thus, many frail seniors were forced to relocate to other locations with little assistance and found the house-hunting process to be confusing and arduous (Smith & Ferryman, 2006) for a housing stock that was already very tenuous and not guaranteed (Hackworth, 2005).

Problematization of Aging in Place

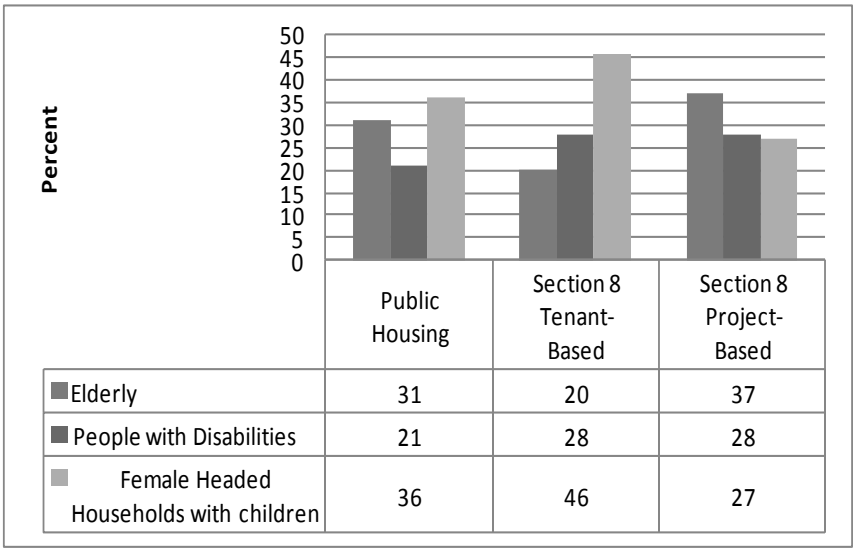
Aging in place refers to a living environment in which the older person feels competent and in control despite functional limitations (Aldwin & Igarashi, 2012). For some elders that do not have the option to remain in their homes, aging in place can include naturally occurring retirement communities (NORCs) in which residents help each other and plan their own communities, elder villages, and those sites with even more access to supportive services such as assisted living and continuing care retirement communities (Golant, 2011). Thus, the goal is to construct both physical and social

environments to support healthy aging across the spectrum from independent living to supportive care (Aldwin & Igarashi, 2012).

About two million low-income older adults ages 62 and over live in independent, largely multi-unit, federally subsidized housing—more than the number who live in nursing homes (Wilden & Redfoot, 2002). Table 1 illustrates the three largest groups that utilize subsidized housing in the sample state. In 2012, seniors ages 62 and over (31%) comprised the second largest percentage of public housing residents following female-headed households with children (36%). Section 8 project-based housing, which set aside construction financing for housing older adults (i.e. Section 202 funding), was also heavily populated by the senior group (37%). Yet, among the populations who use the popular Section 8 tenant-based voucher program, which allows residents to move to private sector rental housing, this program was least utilized by older adult residents. The group that is least utilizing public housing programs, but is in the most need, are people with disabilities. People with disabilities face even more dire housing circumstances with structural and attitudinal barriers that result in vastly limited options.

Table 1

State Resident Characteristics of Public Housing Programs



	Public Housing	Section 8 Tenant-Based	Section 8 Project-Based
Elderly	31	20	37
People with Disabilities	21	28	28
Female Headed Households with children	36	46	27

A significant number of seniors in subsidized housing are aging in place. They have chronic health issues and complex health or psychiatric needs, which may require accessible units, supportive services, or access to transportation and health care facilities that are not commonly found in the private market (Cunningham, Popkin, & Burt, 2005). Indeed, older adults in subsidized housing have been found to be frailer than older adults in unsubsidized housing.

But even though one in three public housing residents were seniors in 2012 and over half of the public housing residents are seniors or have disabilities, the low political priority and inadequate investment into public housing programs have continued to threaten their success. The Center on Budget and Policy Priorities found that "the use of vouchers could actually cost the federal government more than providing sustainable funding to maintain public housing developments" (Sard & Fischer, 2008, p.3). Housing

agencies are faced with higher expenses for fewer units. To mitigate rising expenses, some agencies have begun charging low-income tenants more for rent and utilities, cutting back in security, maintenance, and other resident services (Becker, Dluhy, & Topinka, 2001), or giving units to those who can afford to pay more. Units have also been removed. In 2008, applications for the removal of 16,672 units were submitted to HUD (Sard & Fischer, 2008).

The most critical policy failure since the intervention of the private market has been the significant shortage in affordable housing options. While the Social Security Act of 1935 and Medicare have significantly decreased the number of seniors living in poverty in the United States, housing assistance programs are still in great need for this population. The current state of affordable housing policy is an indicator that we are not ready to deal with the growth of the frail elderly and disabled population in need of subsidized, supportive housing. For older adults, the U.S. would need more than 700,000 additional rent assisted units by 2020 to bring unmet housing needs among seniors back down to their 1999 level (Salkin, 2009).

Further, subjecting public housing administration and development to market forces through neoliberalism has continued to spatially isolate residents. As public money is invested into new construction projects, PHAs can only afford buildings in areas where land holds lower value (Atkinson, 2008). Many of these new construction buildings are spatially isolated and are located in areas that have high concentrations of crime and poverty, are segregated from residents with higher incomes, and are not located close to city centers with access to resources (Atkinson & Jacobs, 2010). As a result, while the

buildings may be more architecturally appealing, they still suffer from the same socio-spatial isolation of previous public housing structures, reinforcing the stigma and segregation of a disenfranchised population (Atkinson & Jacobs, 2010; Salsich, 2012). For residents with complex health needs who cannot drive or have physical mobility issues, this isolation poses a risk for their ability to age in place, living independently and free from institutionalization.

These gaps also exist in senior housing programs. While the programs targeted to seniors show that government has been verbally supportive, their actions belie this importance with inadequate funding attached to these programs to make them effective. For example, although the section 202 program continues to be popular over fifty years later, there are significant barriers in its implementation. There continue to be delays in section 202 funded construction projects due to financing shortfalls and inadequate oversight by HUD officials. The wait list for the current stock of properties is 13 months, and the vacancy rate is 2.6 percent; significantly lower than the national vacancy rate average of 9.6 percent for all rental apartments (AARP, 2011). A 2006 AARP survey found that 10 applicants wait for every 202 unit that becomes available (Kochera, 2006).

The government had tried to intervene where the private market had failed, but only minimally. With the economic downturn in 2008, there had been little investment of the private sector in affordable housing projects. And like many of these market-based options, some of these projects are set to expire after forty years and could become market-based units, further reducing the affordable housing supply (Perl, 2010). Thus, in 2010, the government attempted to ease financing requirements of section 202 projects to

increase construction through the Frank Melville Supportive Housing Investment Act and the Section 202 Supportive Housing for the Elderly Act. However, Congress recently halted funding of the capital grant program preventing any new construction to offset the meager supply (Joint Center of Housing Studies, 2014).

As a result, public housing has not provided enough affordable, accessible housing with supportive services for the growing poor, frail older adult population in need. There has been a mismatch in the needs of frail, older adult affordable housing residents and their environments that are simply focused on affordability rather than supportive services (Gibler, 2003; Sheehan, 1986), which has not allowed residents to age in place. This has caused many to move to nursing homes (Salkin, 2009; Sard & Fischer, 2008).

Federal Strategies to Support Aging in Place

There have been some federal programs that have shown effectiveness in meeting the needs of an aging in place population. Although, at the time, cuts were taking place to subsidized housing programs, the increased needs of a frail aging in place population were formally recognized in 1990 with the introduction of service coordinators to HUD subsidized units (Perl, 2010). These coordinators were authorized to provide services to maintain the independence of residents and prevent institutionalization. Section 202 units that were constructed in 1990 and later were able to benefit from service coordinators as well. Some of the assistance offered through this program includes help with transportation, meal services, housekeeping, medication management, nurse visits, haircuts, and social activities.

Many studies have demonstrated that the use of service coordinators offer more satisfaction and a better sense of security for both resident and managers, which improves the resident-manager relationship (Lanspery, 1997; Sheehan, 1999; KRA, 1996; Levine & Johns, 2008). Service coordinators also free up time for managers to complete their day-to-day tasks. As a result, service coordinators are in great demand and are provided even without government-assisted funding. In 2002, the federal government only funded 1,100 service coordinators, but approximately 4,000 were in operation out of federal assisted rental buildings, funded by private agencies (Golant, 2003). On the other hand, HUD funding of the Service Coordinator Program has only resulted in 37% of Section 202 elderly housing projects employing service coordinators on staff (Heumann,Winter-Nelson & Anderson, 2001).

In addition to the 1990 program, a couple of additional HUD-funded service coordinator programs had been introduced and were proven successful, yet they were not continued. The Congregate Housing Services Program (CHSP) enacted in 1978 provided funding for service coordination and meals for seniors to allow them to age in place at public housing sites. Tenants paid for these services on a sliding scale. In 1990, the program was amended to allow retrofitting of existing units and common areas, as well as service coordinators. However, HUD only has only paid 40 percent of the costs. Fifty percent of funds had to come from the organization. Using this same funding structure, the 1993 HOPE for Elderly Independence Demonstration (HOPE IV) was a grant that offered case management and service coordination to seniors living in Section 8 scattered

site, tenant-based programs. The goal of the program was to prevent unnecessary nursing home placement with the funding of supportive services.

Evaluation of both of these programs were conducted and led to mixed results. An evaluation of the HOPE IV program compared HOPE IV participants with those who lived in section 8 subsidized scattered sites with no supportive services. The HOPE IV participants who received services increasingly accessed these services more so than those who were not in the program. They also scored higher on several mental health evaluations than those who received no services. Management also reported being satisfied with these services and acquiring an increased ability to connect with community service providers as a result of these programs. However, there were no differences in mortality rates or nursing home admission rates between the CHSP and HOPE IV populations and other subsidized housing seniors. Still, there were positives associated with these programs that cannot be ignored in the face of the complex health needs of today's subsidized housing senior resident.

More recently, HUD introduced the Assisted Living Conversion program to address aging in place residents. Started in 2000 through section 202, this program allowed HUD-subsidized facilities for older adult residents to modify resident apartments and common areas to make them more accessible and to provide additional assistance through supportive services in order to allow residents with complex needs to remain living in their units so that they can be licensed by their state as assisted living facilities (Perl, 2010). Funding is available to owners or sponsors of Section 202 developments and other rent-assisted facilities. Unfortunately, like many other programs, no grant funds

could be used to pay for or deliver services. Further, there has been an underutilization of this program, because the owner often has difficulty securing service delivery financing from third party sources, such as from a state's Medicaid Waiver program. Recognizing these funding barriers, HUD's State Housing Project Rental Assistance Demonstration program received $20 million for FY 2014 to test needed housing plus services models (Joint Center of Housing Studies, 2014).

The impetus behind recent policy initiatives has been the Olmstead Decision of 1999. This case was a landmark U.S. Supreme Court decision that affirmed that people with disabilities, including older adults, have the right to live in the community with a variety of community-based options and not be institutionalized or placed in a nursing home. This decision reaffirmed the 'integration mandate' of the Americans with Disabilities Act (ADA), which requires public agencies to provide services in the most integrated setting possible to individuals with disabilities. The Olmstead decision was the spark needed to incentivize community living arrangements over nursing homes.

Under the Supreme Court's ruling, states are required to provide community-based services for persons with disabilities taking into account resources available to the state. In effect, this decision has changed the way states have administered their long term care programs for the last ten years. However, there is clearly more work that needs to be done in subsidized housing. Although the federal government has stated goals of supporting aging in place, its focus on contractualism with little funding attached to case managers or service coordinators do not support these goals. As a result, housing programs that could support aging in place are not implemented by the private sector or

local government, due to barriers of costs, complicated financing schemes, and conflicting values over the role of public housing in supporting aging in place.

The Response of the Private Sector to Aging in Place

HUD's incentives for the private market to provide supportive housing are not enough to motivate a response by the private market, leaving many frail seniors to fall between the cracks. For example, the funding of service coordinators in subsidized senior housing is left mostly up to private entities to fund (Golant, 2003), but many choose not to do so for various reasons. Many housing facility owners, sponsors, and management firms argue that assisting their frail elderly tenants beyond providing housing is not in their job descriptions (Golant, 2003), and that more frail residents should, in fact, live in nursing homes. Others fear that providing service coordination will make them look more like nursing homes, instead of independent living apartments. Still others cannot afford to provide the matching funds needed to obtain a service coordinator or do not have or desire the training or experience to work effectively with older adults (Golant, 2003).

The managers of senior buildings managed by the private sector often have a limited understanding of how to meet residents' needs. Those frail residents who are in need of help must find it themselves, or they have to move (Harahan et al., 2006). Management responsibilities are simply to collect rents, and maintain, and lease the units. Connecting senior residents to the community is an important part of case management's plan, and research suggests that a lack of awareness of community services might put senior residents at a disadvantage (Tang & Pickard, 2008). Thus, in private housing, they

are less likely to receive help navigating the very complex network of community services that could help them remain living independently longer.

As a result, the goal of aging in place is not shared by the federal government and private contractors. While the federal government may desire it through its policies and programs, its funding and regulatory mechanisms and network governance threaten the success of these programs. Privatized options are often targeted to what are viewed as good investments, whereby profit is generated, and expenses are decreased. As a result, a service coordinator can be viewed as a needless expense, and is not provided in most privately funded housing sites. However, as more evidence emerges about the positive outcomes of service coordination for those who are aging in place, and seniors continue to prefer alternative independent living situations, there is optimism that the timing is right politically for increases in funding for supportive services (Pynoos, Liebig, Alley, & Nishita, 2004) to motivate network actors to share their desired goal.

Social Equity Challenges and Concerns

With the continued neglect in advancing policy solutions for marginalized populations and the growing gap in inequality in U.S. society, Frederickson (2005) argues that social equity must be included as a key component in the practice of public administration. The omission of the incorporation of social equity measures among public administrators is evident after looking at research as it relates to citizen engagement. After decades of network governance, several authors (Dahl & Lindblom, 1953; Wamsley & Zald, 1973; Antonsen & Jorgensen, 1997; Haque, 2001; Moulton, 2009)

point out that the outcomes of public-private partnerships, including accountability to citizens, are still not clear.

Scholars have stated the importance of social equity in the field of public administration, as it strives to uphold democratic ideals, such as responsiveness, public decision-making, citizen control, and administrative accountability (Wooldridge & Gooden, 2009) that is in danger of being lost in neoliberal governance. Social equity was named the fourth pillar of public administration, next to the other pillars of efficiency, effectiveness and economy. Frederickson states, "The most productive governments, the most efficient governments, and the most economizing governments can still be perpetuating poverty, inequality of opportunity and injustice" (2010, p. 48). Although there is a dire need for its inclusion, social equity struggles to find its place in the field of public administration. Researchers have pointed to the lack of a clear definition and adequate measures that have created stumbling blocks for public administrators (Norman-Major, 2011; Svara & Brunet, 2005).

Further, it is important to understand the rationale behind what drives the responses of the public and private sectors so that affronts to social equity may be identified and overcome. However, the field of public administration becomes murkier with the realization that there is no longer a dichotomy of public and private values, but a blend of both – or a "dimensional publicness" (Bozeman, 1987), making it difficult to differentiate these rationales from each other. Both public and private managers are confronted with conflicting regimes of political and economic power in network governance. In a search for institutional values, the question then becomes to what degree

and how are both the private and public sectors influenced by external political and economic authority (Bozeman, 1987).

Institutions, Power, and Self-Governance

Historically, Foucault's discussions of bio-power have provided some clarity over how regimes of government are constructed and institutional values are defined - those in power shape human behavior to meet predetermined ends. Accordingly, power is exercised by the governing through its activities that shape societal norms or form human conduct towards impairment. Governing bodies and institutions exert control over the population by its definition of "normalcy", thus forming the identity of the subject. Those that fall outside of this definition of "normalcy" are subjected to apparatuses used to normalize, called bio-politics. These mechanisms classify, order, and control those who are viewed as anomalies, or different from the norm. They also construct the group's identity as different from normal with the apparatuses employed, e.g. statistics, means and frequencies (Foucault, 2003). Foucault explains that the law:

> Operates more and more as a norm…and the juridical institution is increasingly incorporated into a continuum of apparatuses (medical, administrative, and so on) whose functions are for the most part regulatory. A normalizing society is the historical outcome of a technology of power centered on life. (1977, p. 144).

Foucault (2003) also warns that this technology of power is exercised through institutions and apparatuses constructed to "care for" people with disabilities and older adults, and are a form of bio-power, or political power used to control human life. Under neoliberalism, the State has begun to utilize the self in its technologies of power, as the

State has withdrawn from previous functions of control, utilizing the private sector and its apparatuses and mechanisms instead as a technology of power to espouse the norms and expected conduct of individuals. With more involvement of network actors in neoliberal governance comes an intensification of power relations through increasingly invasive and privatized mechanisms of control aimed at changing the way individuals see themselves and behave. “Bio-power is a form of power that makes individuals subjects. There are two meanings of the word "subject": subject to someone else by control and dependence, and tied to his own identity by a conscience or self-knowledge" (Foucault, 1994). Technologies of power and normalization continue to exclude, neglect, stigmatize, and treat with paternalism older adults and people with disabilities seen as weak.

Public housing administration can be seen as an instrument of this power. The choices, aspirations, actions, barriers, and lifestyles of public housing residents who are not considered normal, are shaped through a regime of practices that are meant to correct the public housing resident in areas deemed by the governing as needing to be corrected. Those that are constructed as frail or needy are provided with a service coordinator, trainings in independent living, and health care screenings. Foucault (2003) further argues that these groups who are allowed in not only become subjects and dependent on those who are more powerful, they become subjects by their own identities of powerlessness shaped by this difference. Thus, the public housing resident is never truly free, as his or her perceptions and actions are constrained by a system based on disciplinary power.

There is an opportunity for change, however. Foucault (2008) sees power as an everyday, multi-directional strategy used by individuals. It is diffuse, and everyone has access to it- no matter how constrained their conditions may seem. Thus, a study in power is a study that seeks to understand the day-to-day interactions between individuals and institutions. It is not possessed by any individual, but it is an action driven by individuals. Individuals are autonomous and decide whether or not they will accept the power of the governing when areas of contestation are confronted. The governed may resist authority, but this resistance does not have to be exercised through a large scale overthrow of government. Resistance is even simpler than that. Resistance can take place through smaller, productive actions as individuals challenge, adapt, or reinvent government practices in their everyday lives (Cooper, 1994; Foucault, 2000; McKee, 2009; Rose, 1999). This resistance can be exhibited by a challenge, innovation, or adaptation to current governing practices. Incidents of resistance are:

> Concerned with the here and now, not with some fantasized future, with small concerns, petty details, the everyday and not the transcendental. They frequently arise in 'cramped spaces' - within a set of relations that are intolerable, where movement is impossible, where change is blocked and voice is strangulated. And, in relation to these little territories of the everyday, they seek to engender a small reworking of their own spaces of action (Rose, 1999, pp. 279-280).

In effect, the governed are essentially 'subjects of doubt' (Clarke 2004). They can resist command and control programs to regulate their behavior, or they can craft their own strategies with or against authorities to deal with the conflict. Further, front line workers

such as housing staff on site, or street-level bureaucrats, can also resist these policies (Barnes & Prior, 2009). These practices of the self that are used to resist forms of power and domination to influence change are called counter-conducts (Foucault, 2007).

These counter-conducts are a type of self-governance. Self-governance has been described by Foucault (1997) as the quest for freedom in which persons seek to transform themselves through critical reflection to live in reciprocal relationships with other persons and nature. In self-governing, the individuals control the self. Thus, the governing of the self is a product of power. It is not simply autonomy, but takes into consideration the subject's position within the dominant discourse of power (Rasmussen, 2011). Thus, Foucault offers an approach that allows the user to analyze the power dynamics between the governing and the governed and among the governed, so that both oppressive and productive forms of power can be identified and hopefully overcome through self-governance.

Resilience and Aging in Place

With self-governance, residents have the opportunity to exercise power and potentially overcome oppressive power in the public spaces created in neoliberal governance. How residents exercise this power determines how resilient they are and ultimately their ability to successfully age in place. Resilience is the ability to recover from adversity, thrive with a sustained purpose, and grow in a world of turmoil, change, and chronic condition. It is the regenerative capacity and maintenance of health function in the face of disability or disease, and it is the access to psychosocial and technological

resources that may facilitate maintenance or improvement of physical and emotional health (Edwards, Hall, & Zautras, 2013).

In fact, resiliency in aging and aging in place are interdependent. Resiliency promotes successful aging in place and in turn creates a supportive environment that facilitates resiliency (Aldwin & Igarashi, 2012). Resiliency allows adaptation and growth in an environment of scarcity. Resilience thinking accepts the wear and tear of aging or disability, but also finds ways to solve problems that leave individuals feeling stronger than they would have been without encountering crises, such as acquiring a disability or loss of a spouse. In resilience thinking, failure leads to growth.

Resilience in aging includes the following traits (Hall, Zautras, Born, & Edwards, 2012):

- Optimism and effective coping styles: Responses to crises are often seen from the "silver lining" than from despair. These factors were more important to obtaining happiness in aging than perfect health.
- Personal connections: Happily engaged with family and friends, close-knit communities, or at paid or unpaid work.
- Sense of purpose: Involved in an activity or a function that gives life meaning. This factor affects optimism and how one looks to the future.
- Self-efficacy: Ability to handle one's own problems; flexibility; adaptability.
- Healthy diet/active lifestyle: The healthier and more active a person is, the more factors of resilience he or she possesses and vice versa. The relationship is circular.

Through community involvement, personal connections and informal networks, seniors learn about their potential and gifts from others, which increases their self-efficacy and perseverance in the face of adversity. The meaningful relationships they have with neighbors, friends and family provides them resources to adapt to adversity, and their engagement in meaningful activities gives them purpose and the motivation to persevere and continue to learn. In the face of loss, a resilience model would connect seniors to the equipment, resources, and people necessary to assure their ability to thrive and bounce back physically, mentally, and emotionally (Edwards, Hall, & Zautras, 2013), promoting successful aging in place and community resiliency.

Other scholars have also connected resiliency to social involvement over the life course (Atchley, 1989; Baltes & Baltes, 1990; Moen, Dempster-McClain, & Williams, 1992; Neugarten, Havighurst, & Tobin, 1968; Thoits, 1992). Activity theory states that older adults who adjust to later-life transitions by remaining socially active are happier and healthier (Cavan, Burgess, Havinghurst, Goldhammer, 1949; Lemon, Bengtson, & Peterson, 1972/1981). Similarly, others have found that religious participation, organized group involvement, and volunteering that have been positively associated with increasing aging (Cornwell, Laumann, & Schumm, 2008) also provide health benefits (Benjamins, 2004; Li & Ferraro, 2006; Musick & Wilson, 2003; Thoits & Hewitt 2001). These health benefits are not only derived from their activity and community involvement, but they are also associated with an individual's social connectedness and access to social capital.

Social Capital and Resiliency

Social capital is determined by the amount and quality of informal connections and networks that increase trust and strength of communities (Putnam, 2000). Durkeim (1933/1984) refers to this as organic solidarity, or what he views as a form of social inclusion, in which individuals with different values and interests depend on each other to perform specific tasks for the order and survival of society. In communities with social capital, there are no individuals viewed as "dependents," for the view is that dependency and interdependency govern all human beings (Arneil, 2009; Davidson, 2007). The philosophy is that everyone will need someone sometime.

Bonding between homogenous groups can mobilize solidarity and establish a sense of community within housing sites. However, bridging social capital between heterogeneous groups provides linkages to external assets and can generate broader identities and reciprocity that can assist in aging in place and lead to a more positive social construction of public housing residents. For example, residents who are involved in community organizations, employment, volunteer programs, and religious institutions may increase their informal networks (Feld, 1981; Kadushin, 2004; McPherson & Smith-Lovin, 1987; McPherson, Smith-Lovin, & Cook, 2001) and supply of resources and information (e.g. social capital).

On the other hand, relying only on informal networks and resources inside of the community can insulate and marginalize residents. Many older adult residents or residents with disabilities receive services and supports within a human services system that allows few opportunities for social participation in networks with others that extend

beyond the boundaries of their own marginalization. And because opportunities and resources are often network-mediated, a lack of social connections and networks outside of familial or human service connections can negatively impact individual outcomes (Granovetter, 1974; Portes, 1998; Stack, 1974; Sullivan, 1989). Those that are marginalized then continue to remain excluded from resources and opportunities, which constricts their self-perceptions and actions in how they can direct their own lives (Atkinson, 1998; Dufresne & Mayer, 2008).

For those with chronic health conditions, socializing with others outside of the housing community or community involvement activities that may help them bridge social capital may require higher levels of commitment than simply interacting with network members within the building. Thus, having strong ties to neighbors may attenuate the negative impacts of neighborhood isolation and associated health risks (Browning & Cagney, 2002; Campbell & Lee, 1992; Shaw, 2005). Unfortunately, previous research has demonstrated that health conditions may create barriers in retaining these social connections (Ainlay, Singleton, & Swigert, 1992; Li & Ferraro, 2006; Thoits & Hewitt, 2001).

Importance of social networks. Social networks are essential to individual resilience because they provide stability in the face of stressful events (Coleman 1988), access to information and other resources, and social support (Antonucci & Akiyama, 1995). The more members that are in a person's network, the more supports that are available to that person. An ideal network is one in which each member knows each other – it is fairly dense and interconnected. Thus, a person's network density is correlated to

lower rates of certain diseases, increased longevity, well-being, and other health benefits (Bruhn, 2005; Haines, Hurlbert, & Beggs, 1996; Hall, Zautras, Borns & Edwards, 2010; House, Landis, & Umberson, 1988; Hurlbert, Haines, & Beggs, 2000; Kelley-Moore, Schumacher, Kahana, & Kahana, 2006).

Previous research has also found that older adults tend to interact more and have more familial-centered networks than other age cohorts (Marsden, 1987; Shaw, Krause, Liang, & Bennett, 2007; McPherson, Smith-Lovin, & Brashears, 2006). Cornwell, Laumann, & Schumm (2008) profiled the social networks of older adults between the ages of 57 to 85 and found that the oldest-old (ages 75+) have smaller social networks, are less close to network members, and have fewer non-primary group or strong ties (e.g. close friends) than the young-old (ages 57-64), but that they socialized more with their neighbors, attended religious services, and volunteered. It was unclear why the oldest old had fewer strong ties, but they socialized and volunteered more, constituting more weak ties with acquaintances. The authors posited it may have been due to their relocation into a retirement community – an important suggestion for this research.

In social network theory, weak ties hold valued roles. Granovetter (1982) discusses weak ties as the connections that hold strong ties together into one community. Weak ties facilitate the flow of information from distant parts of the social system and help to integrate communities. Important ideas that impact the social life of communities spread through what Granovetter describes as "bridges." Without these bridges, groups would not be able to access this information. The new ideas, controversies, requests, and celebrations that are passed through these weak ties cultivate the climate of the

community and assist community members to build stronger and more resilient communities that can address aging in place issues.

Community Resilience

John Bruhn (2005) defined community in *The Sociology of Community Connections* as "close relationships that are fostered by shared goals, common values, and, perhaps a way of life that reinforces each other, creates positive feelings, and results in a degree of mutual commitment and responsibility" (p. 11). Community implies a "degree of constancy in fellowship and belongingness among members." The strongest societies are those that find opportunities for residents to connect with others through areas of common interest and build these dense informal networks (Bruhn, 2005).

Community resiliency is the ability of a community to deal with crisis events, i.e. community resiliency, create experiences and training that shapes the knowledge structure of the governing, leading to a cyclical effect of how a community's identity is constructed. Community resiliency literature states that positive responses to these stressors include the following community traits:

- Neighbors that trust one another. (Kawachi, Kennedy, & Glass, 1999; Sampson, Raudenbush, & Earls, 1997; Subramanian, Kim, & Kawachi, 2002)
- Neighbors that regularly interact. (Berkman & Syme, 1979; Bolland & McCallum, 2002; Unger & Wandersman, 1985)
- Residents who stay in the same place for a while, exhibiting place attachment. (Bures, 2003; Galster, 1998; Temkin & Rohe, 1998)

- Residents who work together for the good of the community and are involved in community affairs. (Duncan, Duncan, Okut, Strycker, & Hix-Small, 2003; Hyyppa & Maki, 2003; Perkins, Florin, Rich, VJandersman, & Chavis, 1990; Price & Behrens, 2003; Sampson et al., 1997)
- Have formal and informal civic places for gathering. (Oldenburg, 1991; Sharkova & Sanchez, 1999)
- Residents who have a sense of community and cohesion. (Brodsky, O'Campo, & Aronson, 1999; Chavis & Wandersman, 1990; Cutrona, Russell, Hessling, Brown, & Murry, 2000; Farrell, Aubry, & Coulombe, 2004; Sarason, 1974)
- The findings from this research suggest an additional attribute - "Knowledge of Formal Resources" – as the resiliency of a community was bound by the available information and resources.

Sense of community is a key ingredient needed for both individual and community resiliency, successful aging in place in public housing communities, and is a primary motivator behind senior voluntarism (Aldwin & Igarishi, 2012; Okun & Michel, 2006). Sense of community is a "feeling that members have of belonging, a feeling that members matter to one another and to the group, and a shared faith that members' needs will be met through their commitment to be together" (McMillan & Chavis, 1986, p. 9). The following Figure 2 shows the connection between the concepts of sense of community and community resiliency, and how community resiliency was used in this research.

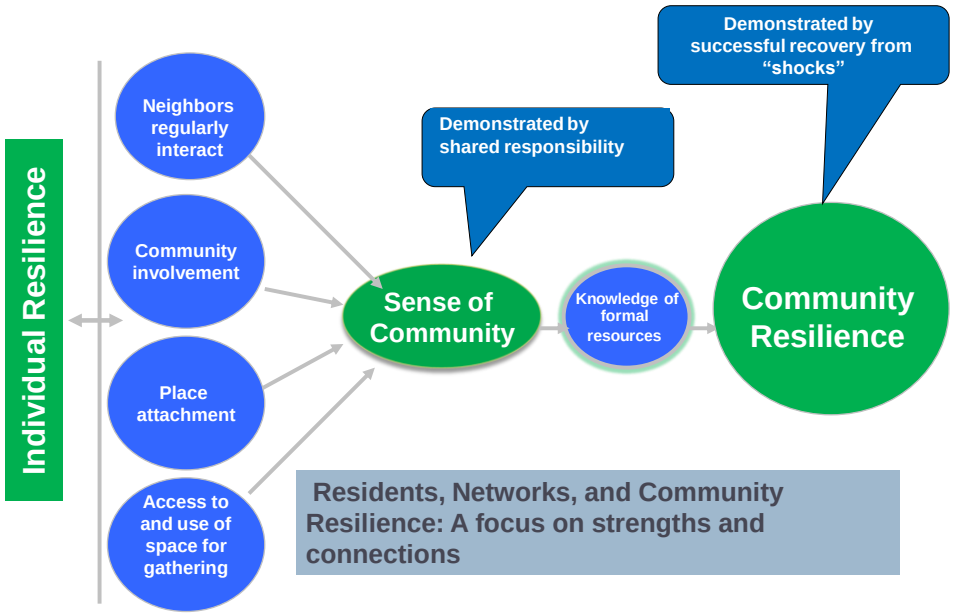


Figure 2. Conceptualizing community resiliency. This visualization draws from previous and current research to propose a revision of community resiliency to include knowledge of formal resources.

In closing, community resiliency is a key ingredient needed to build stronger communities and address aging in place issues that are left out of the dominant discourse of power in neoliberal environments. Promoting community resiliency not only promotes individual health and wellness, it promotes citizen engagement, social equity, and public values that are often occluded from current market-based options.

The Status of Research

There has been significant housing research dedicated to evaluating the costs of privatization, but very few that have analyzed power relations, subjectivity, policy implementation, community resiliency, or aging in place across different institutional frameworks. Some studies compared the institutional frameworks and policy

implementation of public and private housing models, but only one of these studies was focused on subjectivity and power.

A quantitative study used a quasi-experimental design with non-equivalent control groups to survey public housing residents' perceptions of crime and found that residents in public managed housing felt safer than those living in privately-managed housing (Bowie, 2004). Becker, Dluhy and Topinka (2001) evaluated when private managers were more successful than public managers by utilizing surveys of residents, document analyses, and environmental scans to validate their findings. Results indicated that private managers were more efficient, but it was at the expense of resident equity, with social services being cut to save money. They used measures of effectiveness, efficiency, equity, and social distress to evaluate each group of residents. Another study employed document analysis and resident surveys to compare social service availability, utilization, and resident satisfaction of public versus privately-managed public housing sites and found that residents were more satisfied in public managed sites. Public sites had more services available, but services were utilized more by privately-managed sites, due to better marketing efforts (Bowie, 2004).

Graves (2010) was the only researcher who studied subjectivity and the exercise of power using ethnography, semi-structured management/staff interviews, resident interviews and document analysis that evaluated the communications, procedures and service delivery of a privately-managed company of mixed-income public housing. She found that there was inequity of treatment by management staff among residents with different incomes, and social interaction and participation was discouraged among public

housing residents. However, the Graves study did not compare institutional frameworks of public housing or analyze the use of resistance by the residents.

Thus, this study fills a critical gap in research. Although government functions continue to be contracted out, there are still many unknowns. It is still not understood how policies are implemented and power is exercised in these privatized models and how this devolution may have spilled over into public sector's provision of housing. Also, the lived experiences and exercise of power through self-governance by aging in place residents and managers across different management models of public housing have not been adequately described; nor has there been a clear understanding of how resident engagement processes are impacted in network governance. This research provides new data through the theoretical lens of power that will serve as a cautionary tale to individuals, government, and society as a whole that changes need to be made in the current administration of public housing. A better understanding of the lived experiences of these individuals will shape housing policy that fosters individual resiliency, social capital, and overall health and well-being of communities.

Summary

A neoliberal ideology has resulted in massive reductions in public housing spending, an underdevelopment of public housing units (Pardee & Gotham, 2008), demolitions of affordable housing (Atkinson & Jacobs, 2010; Goetz, 2000); and a growth in mixed-finance housing, home buying, and other private market options believed to improve communities for both the rich and poor. These market-based trends have ultimately reduced housing options for those seniors and people with disabilities in the

most need, due to poorly performing markets, inadequacies of financing, and rigid government requirements (Pardee & Gotham, 2008; Turner, 1998; Turner & Williams, 1998; Vale, 1997). Although the majority of public housing is transitional and temporary, a limited supply of permanent, affordable housing is available to residents with disabilities and older adults. These sites are increasingly being relegated to the private sector for managing and financing. As a result, in current housing policy, government holds only a peripheral role, primarily as a contracting agency intervening in the case of market failure.

In this chapter I argue that with the impending growth of older adults in need of affordable, accessible housing, more needs to be understood about subjectivity in public-private spaces and how power is exercised to promote healthier and more resilient communities. Neoliberal governance does not prioritize older adults and people with disabilities, constructing them as dependent or deviant. As a result, there are few spaces offered for resident engagement or accountability by the public or private sectors. There has also been a mismatch in the needs of frail, older adult affordable housing residents and their environments that are simply focused on affordability rather than supportive services (Gibler, 2003; Sheehan, 1986), which has not allowed residents to age in place. However, research has shown that communities can promote resilient aging and successful aging in place by providing adequate support in the physical and social environment to facilitate relationship-building, sense of community, and overall community resiliency that help residents overcome and recover successfully from crises.

CHAPTER 3

METHODS

The overall purpose of this study is to better understand how the day-to-day lives of citizens and the responses of public administrators and managers are shaped in the new spaces created by neoliberal governance. Specifically, the objectives are to determine how private and public management operates public housing, how residents perceive their lives at each site, and what the implications are for social equity and aging in place. There is scanty and inconsistent research related to public/private housing management of public housing, older adult residents and residents with disabilities, aging in place, and social equity differences. Therefore, this study did not test any pre-supposed theories, but drew on existing theory for framing, and generated new models to test in future research. This study analyzes three public housing sites with different management models as the units of analysis and employed a multi-site case study approach using observation, document analysis, staff/resident interviews and focus groups of senior residents and residents with disabilities to answer the following research questions:

1. How do the day-to-day lives of older adults and people with disabilities living in various models of public housing- publicly-managed, privately-managed, and HOPE VI compare?
2. How do various public housing management models respond to its older adult residents and those with disabilities, and what drives these responses?
3. What are the implications for aging in place?

This research uncovers patterns that exist between housing models that promote and restrict resident resiliency and social equity so that contract management and public housing processes may be improved and the day-to-day lives of vulnerable residents can be positively impacted and supported.

Definition of Key Terms

Concept Formation of Social Equity

In operationalizing the term social equity, work was drawn from multiple researchers, for Adcock & Collier (2001) recognized that more complex background concepts, such as social equity, may yield different systematized concepts depending on the researchers' focus. Accordingly, there have been several definitions put forward for social equity, including fairness, justice, and equality (Frederickson, 2005), but upon examination of these definitions, most are broad and not operationalized, lacking differentiation. Gerring (1999) recommends that when conceptualizing a term, the concept should be familiar to the audience, parsimonious, coherent, bounded, and have depth. Thus, I focused the review of the term social equity in the field of public administration to develop a systematized concept that public administration researchers already utilize.

The field of public administration has made tremendous advances in the operationalization of social equity that follows Gerring's prescription with a recommendation put forward by the flagship organization, the National Association of Public Administration Social Equity Panel. This operationalization has been espoused by many researchers within the field (Guy & McCandless, 2012; Svara & Brunet, 2005;

Wooldridge & Gooden, 2009). Table 2 operationalizes the concept for the purpose of this study and describes the measures to be used across sites. Instruments and methods used throughout the study are based on this operationalization. In situations where data was unobtainable, I relied on interview data obtained from staff/residents. It was illustrated through these interviews that what was documented in policy was not always consistent in action, but efforts were made to triangulate findings through multiple interviews from both staff and residents. The results of this social equity analysis for each site are located in chapter seven.

Table 2

Operationalization of Social Equity and Corresponding Study Measures

Attribute	Operational Definition	Study Measures
Procedural Fairness	Due process, fair treatment, unfair treatment corrected, groups are not denied procedural fairness	Grievance policies and procedures, eviction procedures, resident selection policies, staff/resident communication patterns, lease, site demographics
Equal distribution/access to benefits	Distribution and access to services should be made to all equally, barriers to access should be removed	Wait list policies and procedures, HUD inspection reports, accessibility inspection, disability accommodation procedures, service fees, rent and other fees, staff/resident communication patterns and service offerings, availability of translated materials and interpreters
Quality consistency	Prevailing standards of acceptable practice should be afforded to all groups, regardless of ability to pay	Audit of activities/services offered, scan of interior and exterior of building, maintenance request responses, services that promote health and safety, neighborhood scan to ensure programs offered compensate for neighborhood deficits
Equal Outcomes	Seek to eliminate social and economic differences between groups. If inequity in outcomes exist, seek to understand why and identify approaches to reduce disparities	Unit turnover/retention, resident demographics, frequency of 911 calls, communication of services and benefits as reported by residents, resident demographics
Active citizen engagement processes	Take proactive and affirmative measures to elicit feedback from everyone and ensure barriers to engagement are removed	Resident input opportunities, observation of resident/staff interaction, presence and notification of resident councils

Additional Terms

Following is a list of terms and how they are defined for the purpose of this study. These terms were only included if they were not discussed in the literature review.

Accessible/accessibility: The ability to access a structure, good, or services to as many people as possible with or without the help of assistive technology.

Disability or Disabled: A person who has been determined to have an impairment which is expected to be of long continued and indefinite duration, which substantially impedes the ability to live independently in conventional housing and which is of such nature that such ability could be improved by more suitable housing conditions.

Housing model: Model refers to housing residential and management policies and procedures, financing mechanisms, and management structures that differentiate housing sites from one another. In this study, the housing models are all public housing but the management of these sites and resident service programs offered varied. Site #1 is managed by the city with a dedicated service coordinator for resident needs. Site #2 is managed by a for-profit organization with no service coordinators. Site #3 is a HOPE VI project. It is privately owned and managed by a for-profit organization but has public case management services available for residents.

Walkability: The extent to which the site is friendly to the presence of people being able to walk to shopping or other needed services.

Philosophical Foundations

Since this dissertation will in part serve as a guide for cities to improve public housing practices, the focus had to be pragmatic and targeted to research outcomes. My motivating question through the process was "What data need to be collected that will inform strategies to drive change that will help the city better serve its residents?" Thus, although I subscribe to multiple philosophies, in this case pragmatism drove the research, i.e. the research problem guided the research methods employed to understand the problem (Creswell, 2009). Pragmatists believe in obtaining the "truth at the time." They don't subscribe to the use of purely quantitative or qualitative approaches, but have a philosophical basis in knowledge acquisition that is grounded in pluralism. They adopt methods that will best serve to answer the research question. For example, if an interpretivist approach will yield data that will illuminate the study question, then they believe that is the approach that should be taken. They also think that most research should be practical and advance change.

The research questions were informed using an interpretivist approach with the understanding that the only way to understand subjective truth and individual perceptions of reality is by gaining the lived experience of those I am seeking to understand. The following questions shaped the study.

1. How do the day-to-day lives of older adults and people with disabilities living in various models of public housing- publicly-managed, privately-managed, and HOPE VI compare?

2. How do various public housing management models respond to its older adult residents and those with disabilities, and what drives these responses?
3. What are the implications for social equity?

I utilized this interpretivist approach when developing the questions in order to obtain truth as constructed by both those in power and those subjugated by this power – e.g. the managers and residents. This approach helped me to gain "the truth at the time" of living in each site by hearing about and reconciling the lived experiences of the residents and managers to obtain a worldview of public housing. Additionally, in the data analysis, where injustices were found, I took an advocacy/participatory approach that was targeted to empowerment and overcoming oppression of marginalized residents (Creswell, 2009). In fact, recommendations were built upon these resident empowerment strategies that not only helped the residents, they offered strategies to make managing the sites more effective and efficient as well. In these cases advocating for resident empowerment became part of the pragmatic approach. I also obtained the political, historical, economic, and social context to gain a better understanding of how public housing operated in a local context. Overall, this pluralistic approach grounded in pragmatism helps cities improve processes by highlighting injustices, best practices, and resident resilience and empowerment strategies that may not be readily apparent to city housing personnel.

Research Design

As a pragmatist, I looked through multiple lenses to inform this study and its overall design. I employed case study research to investigate these public housing sites in their real life contexts. This design uses multiple methods and sources of information to

provide in-depth information on each site. I chose a multi-site case study design (Stake, 2006; Yin, 2009), because I could explore the ordinary happenings, or the typical day, for each case using various methods of data collection to learn about details that are not easily seen. The use of the multi-site case study design allowed me to meet the following objectives:

- better understand contextually how services are delivered in different public housing models and how residents may be impacted in three different models;
- examine the contemporary issue of privatization using various methods of data collection, including documents, interviews, focus groups, and observations to inform conclusions;
- understand how and why decisions are implemented in these different models and how they affect residents.

While Stake (2006) does not consider case study design a methodology, but the object of the study; others see it as both the strategy of inquiry, as well as the object to be studied (Creswell, 2013; Denzin & Lincoln, 2011; Merriam, 2009; Yin, 2009). It has historical roots in the fields of sociology and anthropology and has been used as a strategy of inquiry since the turn of the 20th century (Creswell, 2013). To qualify as a case study, the cases chosen must be bounded by time and place and are the units of analyses (Stake, 2006), which in this study were the three selected public housing sites.

Using this design, the goal of this study was to uncover as much data as possible on each case so that each site and the lived experience of its management and its residents could be well described. The study was inductive and used descriptive inference by

drawing conclusions from observations and other data collected from multiple methods (King, Keohane, & Verba, 1994). These three cases provided an in-depth understanding of - and varying approaches utilized in - the management of public housing and its impact on residents (Creswell, 2013; Stake, 2006). This case selection strategy allowed comparisons across the public and private sectors from both the managers' and residents' perspectives.

Even though meanings drawn are limited to this specific context, they could "alert researchers to themes or events which might be common to similar phenomena under different conditions" (LeCompte, Preissle, & Tesch, 1993, p. 119). Becker states that case studies can be used "to arrive at a comprehensive understanding of the groups under study" and "to develop general theoretical statements about regularities in social structure and process" (1968, p. 233). Accordingly, rich description (Stake, 2010) of qualitative data, descriptive inference, and analytic generalization (Yin, 2009) will help generate new hypotheses and refine and expand upon current theories of privatization, public housing, aging in place, and social equity by adding to the scanty body of knowledge that exists.

This study used the following methods to describe and explore each case: document analysis of agency reports and statistics; a neighborhood scan; on-site observations; resident "A Day in My Life" survey forms; staff interviews; and resident focus groups and interviews. The other researcher, who served as the principal investigator for this study, oversaw many phases of this research. She conducted two of the three focus groups, completed a few observations at each site, sat in on a staff

interview, and also coded some of the transcripts to ensure codes developed were reliable and adequately covered the emergent themes. Figure 3 provides a graphic overview of how this study was conducted.

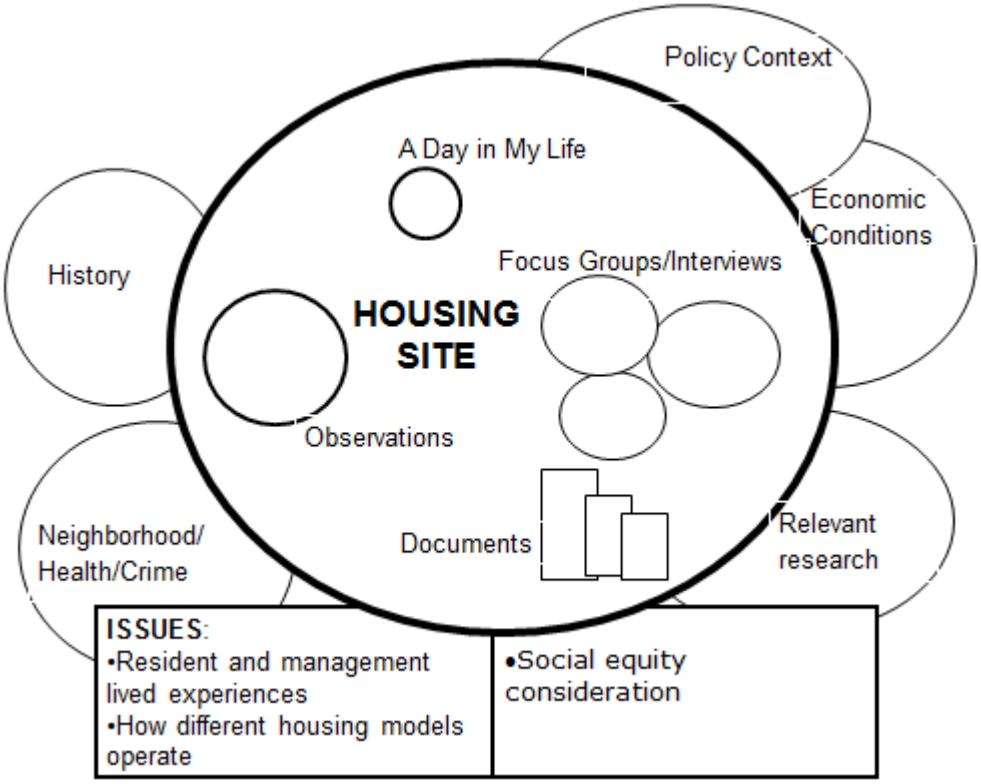


Figure 3. Case study design (Adapted from Stake, R. (2006). *Multiple case study analysis.* New York: The Guilford Press.)

I studied each case in depth utilizing various methods. In addition to describing the context in which each site operates, data was collected on the following: the city public housing program; overall city and site 911 calls from the Crime Analysis Research unit of the city police department; the current economic conditions of the area and the city, as well as past conditions that led to the development of each public housing site; neighborhood data in which each site is located; and a relevant literature review

concerning the intersecting themes of public housing and the privatization movement, aging in place, social equity, and people with disabilities and older adults.

Participants

Sampling

This study utilized mixed purposeful sampling in methods employed. This type of sampling is common to qualitative research in that it allows the researcher to select cases that will provide in-depth information to resolve the research questions under study (Merriam, 2009; Patton, 2002). It also offers flexibility, triangulation, and ability to meet the needs and interests of all of the methods used in the case study design. Patton (2002) identifies sixteen types of purposeful sampling. Combination/mixed purposeful sampling was used in this study, which allowed multiple purposeful sampling methods to be utilized to allow for the best possible sample. A more detailed description of sampling techniques that were used in this study are described in Table 3.

Case study city selection. The city selected for this research will remain unidentified in this dissertation; however, it provides a unique setting for public housing provision. It is a U.S. city located in the desert southwest that operates its own housing program instead of electing to run it through a housing authority. It also has not fully privatized its public housing program. As a result, it operates a range of public housing models from which public and private service delivery can be compared. The goal of this public housing department as stated on its website is to "strengthen city communities by creating, promoting and sustaining diversified and affordable housing opportunities, while encouraging resident stability and economic independence" (*City*, 2014, para. 3).

Table 3

Sampling Strategies Utilized Across Study Methods

Sampling Strategy	Study Sample
Maximum Variation: This type of sampling purposely incorporates participants that exhibit wide variability on the phenomenon of interest, which allows for investigation of variables across a variety of people and situations.	Resident interviews/Site selection
Convenience: Obtaining a sample that is easy to find.	City selection/Focus group/Resident interviews
Homogenous: This selects a small, homogenous group of participants and is useful for investigating a group or groups in depth.	Focus group
Random purposeful sampling: Adds credibility to sample when purposeful sample is larger than one can handle. Reduces judgment within a purposeful category.	Focus groups/Resident interviews
Stratified purposeful sample: Illustrates characteristics of particular subgroups of interest; facilitates comparisons	Resident and staff interviews
Snowball/ Chain: This method capitalizes on relationships. Gain information rich cases from people who know people to interview.	Resident Interviews
Theory Based/ Operational Construct: Choosing a sample based on theory. This is useful when the research focuses on theory, and researchers want to know how the theory manifests in this group.	Site selection/staff and resident interviews
Opportunistic: Takes advantage of events as they unfold.	Observations
Criterion: For this method, the researcher sets some criteria (i.e., students in 3rd grade). This is useful to investigate phenomena in a specific set of people.	Staff interviews
Combination/ Mixed Purposeful: This method combines one or more sampling techniques discussed above to allow for the best sample possible.	Overall study

Source: Adapted from Patton, M. (1990). Qualitative evaluation and research methods (pp. 182-183). Beverly Hills, CA: Sage Publications.

The department is very large with a $75 million budget, funded primarily with public housing federal grant funds. This study is focused on housing sites that are managed by two different divisions within the city housing department – the Senior Housing section under the Property Management division that manages public housing; and HOPE VI and Community Supportive Services under the Project Management division that operates the

HOPE VI site in this study. Operated through different divisions, resident services are subjected to rules and institutions that vary depending on the financing and ownership of each site. The way that these rules vary and how they are implemented determine if there are inequities that exist between sites.

Case study public housing site selection. Out of the approximately forty affordable housing sites in the city, there are seven sites that offer public housing reserved for seniors or people with disabilities. The three study sites were selected using maximum variation sampling. Patton describes the benefit of this sampling strategy:

> "capturing and describing the central themes or principal outcomes that cut across a great deal of participant or program variation…it is possible to more thoroughly describe the variation in the group and to understand variations in experiences while also investigating core elements and shared outcomes" (2002, p.172).

Similarly, this study seeks to understand cross-cutting themes and variations within and across different types of public housing sites by obtaining different perspectives on how seniors and residents with disabilities are served at these public housing sites. The cases, or housing sites, selected are all located in urban areas and owned by the city. The city assisted in matching our criteria of senior public housing that was privately-managed, publicly-managed, and a HOPE VI site that had components of both.

The names of the sites selected are disguised to protect the identity of the staff and residents who live and work at each site; however, the aliases best describe the

community climate at each site. The following brief site descriptions compose the sample of this study:

- The Good Shepherd: Built 35 years ago, it is the oldest site in this sample. It is a conventional public housing site managed by the city with resident assistants and a service coordinator on-site. It is called Good Shepherd, because the staffing structure and communication patterns are set up to protect and care for the residents. This site depicts a modified assisted living situation where communication and services revolve around a dominant caregiver.
- Fort Knox Apartments: The newest site studied was built in 2009. This site is managed by a private for-profit organization and is located across the street from Good Shepherd. True to its name, it is the most secure site studied with the fewest number of entrances into the community and enclosed public spaces that required a resident key card to enter. Residents also seemed to be militant – constantly preparing for war with management or each other. The site was overall quiet, and very few staff were on-site during the course of this study.
- Kindred Spirits Village: This HOPE VI-funded project is owned and managed by a for-profit company, yet the city owns the land, surveys the property and the buildings, and provides case management to the public housing residents who live there. It is named Kindred Spirits because there is a strong sense of solidarity here between residents who offer each other informal supports to promote quality of life. Although the city does not currently own this complex, HOPE VI was included, because it is a popular program implemented by most housing

authorities across the country, which represents a hybrid approach of private and public service delivery. It is also currently the preferred model for city governments to cut costs and increase revenue by demolishing or refurbishing antiquated housing.

Table 4

Description of Public Housing Sites

	Private	**Public**	**Public/Private**
Property Management	Private management company	City management with city service coordinator	Private management company with city case manager
Description	Nationally recognized development for its livable, green, transit-accessible focus. Near downtown and light rail, and across the street from public site in study.	Near downtown, light rail, and across the street from private site in study	HOPE VI project. Senior units are separate from the rest of the development. Near downtown.
Year built	2009	1978	2006
Units TOTAL = 310	34 public housing; 35 tax credit Total=69	112 public housing Total=112	99 public housing; 30 tax credit Total=129

Table 4 provides a brief description of the sites selected. There were some limitations in the site selection. This study is being completed in partnership with the city housing department. As a result, they assisted in the selection of the sites, using our criteria for determining which cases to include. The private site and HOPE VI sites were, at the time of the inception of this study, the only public housing sites that were privately-managed. There were five other public sites that housed seniors and people with disabilities from which to choose. The public site was specifically chosen due to the proximate location to the other sites and similar neighborhood settings, allowing for

better comparison. However, the city may have selected sites that were considered better performers than others.

In addition, the sites selected vary slightly from each other, which were taken into consideration in the analysis. The strictly public site houses people with disabilities and seniors 62 years and older, but the others only house seniors 62 years and older; however both groups require similar services, so this difference should not greatly impact a study about aging in place. Across all sites, residents with mental disabilities of all ages were present with the greatest representation at the publicly-managed site. This population often faces significantly more barriers than other groups and often remains excluded from community life despite inclusionary housing practices. Thus, the study notes the types of disabilities individuals may have in the interview process to determine if there is any systemic differences in their answers compared to other sub-populations, and to determine how much of a role management plays in their ability to access their community.

While both privately-managed sites were built in the last ten years, the public site was built over thirty years ago. Further, the city and privately-managed housing sites are located across the street from each other, so they share resources, such as activities and transportation – a benefit the HOPE VI site, and many other private and public providers, do not have. Further, both privately-managed sites (including HOPE VI) are mixed-income developments, housing a minority within each site who are paying higher rents subsidized through tax credits. This may create social equity tensions. Because there was a moratorium placed on the construction of traditional public housing, however, there are

no newer properties to serve as a comparison for public managed properties. The public site offers supportive services, transportation, and free utilities to make up for the age of the building. Nevertheless, special attention was paid to how aesthetics and economic differences within sites affected resident perceptions and satisfaction.

Focus group sampling. Convenience sampling was employed with most residents volunteering to participate in the focus groups; however the criteria for selection varied slightly between sites. The only criterion used to determine eligibility for focus group participation was that the individual had to be a resident of one of the study sites. The sample being sought was homogenous to represent the collective lived experience of the residents. All three sites had more people interested in participating in the focus groups than the twelve slots available. Thus, those that were selected for the focus groups were randomly selected from the list of people interested in participation.

Resident interview sampling. Because the resident interviews constituted a latter phase of data collection in this study, recruitment became more targeted. A list was maintained of those interested in study participation who were not selected for the focus groups, and they were invited to participate in the interviews. If they participated through the focus groups, they were not included in the interviews, unless they were invited. Some of the resident interviews were invited because they offered support or evidence against this study's theoretical constructs or offered critical case or deviant cases from which to draw (Patton, 2002). These residents were found from snowball sampling when an interviewee had introduced their names in the course of an interview or a focus group discussion. For example, the resident assistant, the activity coordinator, residents with

language barriers, a resident who was forced to relocate, and those with informal roles in the community (i.e. neighborhood watch, activities) were all invited to participate.

Stratified purposeful sampling was also used in communities that were more heterogeneous. For example, the public site houses both residents with disabilities under 62 and an older adult population, and the private site houses both LIHTC and public housing residents. These diverse sampling methods were used to ensure that the voices of subpopulations in heterogeneous communities were presented, so that no potential themes would be ignored.

Management interviews. Interviews were conducted with the site managers and the district managers to understand how they perceived their jobs, their goals, the residents, and resident needs. Interviews were also conducted with service coordinators, activity coordinators, resident assistants, case managers, and interns to elucidate more clearly the relationship between management and residents, to describe their services to help aging in place residents, and how they interact with management. Follow-up interviews were also conducted to cross-check site findings to ensure trustworthiness of data. If staff disagreed with findings, it was noted in the final report.

Participant Demographics

Table 5 highlights the participant demographics of the focus groups and interviews. (ND indicates there is no data available.) Of the 333 total potential participants, there were 29 residents who participated in the focus groups, and 28 who were targeted for in-depth interviews. While the private site houses the smallest number of residents, it had the most residents interested in study participation and incorporated

almost half of the study sample. There were some slight differences between the sites. Along with senior residents, the public site also served people with disabilities and represented over half of its population. As a result, residents with disabilities under the age of 62 incorporated 15.8 percent (*n*=9) of the overall sample. In addition, two of the sites also were subsidized by LIHTC, which require tenants to pay more for rent; however, it cannot be assumed that these LIHTC residents would not also have income that is low enough to qualify them for public housing. In this sample 26.3 percent (*n*=15) were residents in LIHTC units. There were also very few males represented, with 28.1 percent (*n*=16) participating; however, this low male percentage is representative of the study sites.

While the public site was representative of its population across all characteristics listed in Table 5 (p. 87), both the private and hybrid sites were lacking Latino representation due to language barriers. While there was only slight underrepresentation at the private site with 20 percent of the private sample being Latino, at the hybrid site the Latino population was significantly underrepresented with only 13.3 percent interviewed. Figure 4 (p. 88) shows that the overall study sample was ethnically diverse, however Latinos continued to be under-represented when compared to all city public housing residents. Thus, efforts were made to engage management and residents in dialogue responding to diversity issues, language barriers and "otherness," but this was not the goal of the study. Additional research could explore the intersectionality of being a foreign-born, non-English speaking elder living in public housing.

Table 5

Sample and Site Demographics

	Public Sample *(n)*	Public Sample (%)	Public Total % n=120	Private Sample *(n)*	Private Sample (%)	Private Total % n=74	Hybrid Sample n	Hybrid Sample (%)	Hybrid Total % n=139	Sample TOTAL
Focus Groups (n)	*8*			*15*			*6*			**29**
Sex										
Male	*4*	50.0	46.7	*3*	20.0	35.1	*1*	16.7	ND	**8**
Female	*4*	50.0	53.3	*12*	80.0	64.9	*5*	83.3	ND	**21**
Unit										
PH	*8*	100.0	100.0	*8*	53.3	52.8	*5*	83.3	77.7	**21**
LIHTC	*0*	0.0	0.0	*7*	46.7	47.2	*1*	16.7	22.3	**8**
Ethnicity										
Afr Amer	*3*	37.5	24.2	*6*	40.0	35.1	*1*	16.7	37.0	**10**
Amer Ind	*0*	0.0	1.7	*0*	0.0	6.8	*0*	0.0	1.7	**0**
Asian	*0*	0.0	2.5	*0*	0.0	1.4	*0*	0.0	17.6	**0**
Caucasian	*4*	50.0	39.2	*5*	33.3	24.3	*3*	50.0	11.8	**12**
Latino	*1*	12.5	32.5	*4*	26.6	31.1	*2*	33.3	31.9	**7**
Resident										
Senior	*4*	50.0	40.0	*15*	100.0	100.0	*6*	100.0	100.0	**25**
Disabled (under 62)	*4*	50.0	60.0	*0*	0.0	0.0	*0*	0.0	0.0	**4**
Interviews (n)	*9*			*10*			*9*			**28**
Sex										
Male	*3*	33.3	46.7	*2*	20.0	35.1	*3*	33.3	ND	**8**
Female	*6*	66.6	53.3	*8*	80.0	64.9	*6*	66.6	ND	**20**
Unit										
PH	*9*	100.0	100.0	*5*	40.0	50.7	*7*	77.8	77.7	**21**
LIHTC	*0*	0.0	0.0	*5*	60.0	49.3	*2*	22.2	22.3	**7**
Ethnicity										
Afr Amer	*1*	11.1	24.2	*3*	30.0	35.1	*5*	55.6	37.0	**9**
Amer Ind	*0*	0.0	1.7	*0*	0.0	6.8	*1*	11.1	1.7	**1**
Asian	*1*	11.1	2.5	*0*	0.0	1.4	*1*	11.1	17.6	**2**
Caucasian	*3*	33.3	39.2	*6*	60.0	24.3	*2*	22.2	11.8	**11**
Latino	*4*	44.4	32.5	*1*	10.0	31.1	*0*	0.0	31.9	**5**
Resident										
Senior	*4*	0.4	40.0	*10*	100.0	100.0	*9*	100.0	100.0	**23**
Disabled	*5*	0.6	60.0	*0*	0	0.0	*0*	0.0	0.0	**5**
TOTAL	***17***		**120**	***25***		**74**	***15***		**139**	**57**

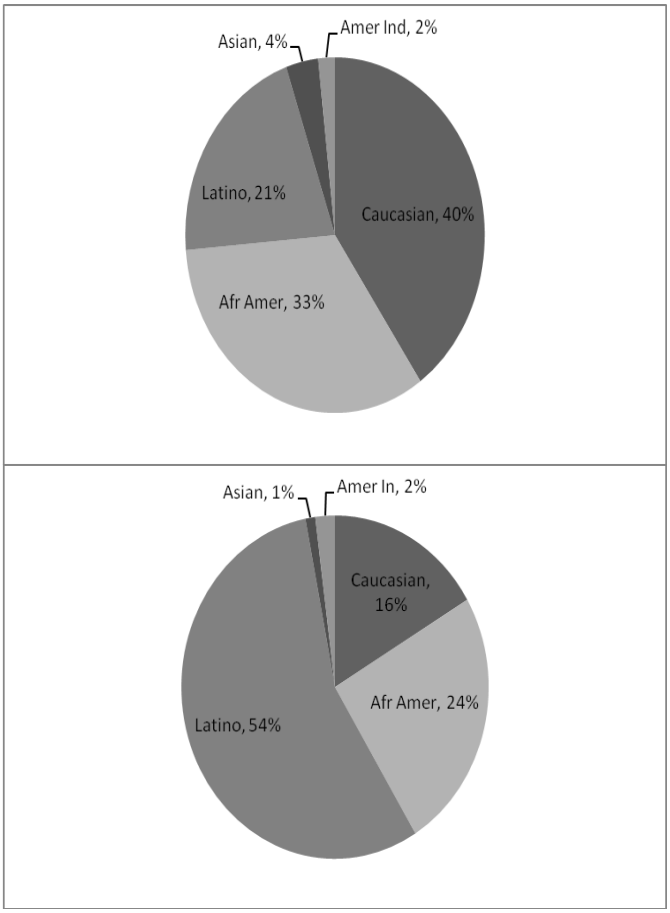


Figure 4. Study sample ((top chart) n=57)) versus city (bottom chart) public housing resident ethnicity breakdown (Source: U.S. HUD Resident Characteristics Report, January 1, 2013 – April 30, 2014).

Procedures, Methods, and Instruments Used

This study employed the same methods at each site to determine if there were consistent patterns or variances between public and private housing models. Document analyses, focus groups, interviews, resident surveys, observations, and environmental scans provided a rich set of data from which the presence or absence of systematic

relationships could be observed (King, Keohane, & Verba, 1994). Employing these multiple methods from October 2012 to July 2014 also helped to triangulate the findings, which led to more credible results. This section will discuss the methods used through the course of the case study, why each method was selected, the procedures and instruments used (if applicable), and limitations to the approach and how these limitations were mitigated.

Primary Data and Document Review

Document review and demographic data retrieval are common techniques that qualitative researchers use to obtain context on the issue being researched (Marshall & Rossman, 2006). While not the primary source of data for this study, these documents offered an unobtrusive way for me to obtain information on the historical, political, social, and economic context of public housing and each site. After receiving IRB approval, I started conducting an analysis of primary data to determine what information and statistics existed pertaining to public housing in general, this city's public housing, and the study sites.

Additionally, some documents were obtained towards the end of the study to shed light on topics that were derived from the data collection. In addition to census and HUD housing data that highlighted public housing service utilization, documents were collected to illuminate social equity tensions that may exist within and across sites (see chapter 3, p. 71, Table 2). Thus, information obtained from these written documents was compared with interview data to understand how written policies and programs were implemented. Examples of data collected were the following:

- Written policies, procedures and lease agreements of each housing site
- Service/activity calendars for June-August, 2012 and scheduled safety meetings/trainings over previous 12 months
- Resident demographics and resident retention rates
- Most recent HUD physical inspection reports
- City's Housing Department annual plans
- 911 reports by site

These documents were reviewed for each site, and analytic memos were written to highlight any questions or noteworthy findings that developed through this initial review. These documents were revisited towards the end of the study after the interviews and focus groups were conducted, coded, and analyzed to determine if any themes emerged that were not seen at the beginning of the study, and if the documents supported or refuted the findings from the interviews and observations. Additionally, documents were requested to clarify questions surrounding conflicting findings. Thus, the main purpose of this method was to triangulate the data that was collected from the observations and interviews.

Primary data limitations. Some of the documents obtained were flawed, could not be retrieved from all sites, or records were missing or incomplete. In these cases, other methods (i.e. observations, interviews) helped to ensure findings were accurate. This was not the primary source of data used for this study; however, it did provide support for some of the findings and helped to determine differences in policies and procedures by site through the application of the social equity measures.

Staff Interviews

Following the initial document review and primary data collection, I conducted staff interviews. Kvale defines qualitative research interviews as "attempts to understand the world from the subjects' point of view, to unfold the meaning of peoples' experiences, to uncover their lived world prior to scientific explanations" (1996, p.1). These interviews gave me insight on their perceptions and values as well as provided context to their responses. By interviewing them face-to-face, I could better understand their perceptions and interpret their responses by how the answers were given, and gauge their emotional response. The interviews also provided me with a real world description of the action of managing and allowed me to explore differences between managers' experiences, outcomes, and meaning given to public housing management that I could compare between sites. These variations in management experiences I would not have been able to fully capture through a document review or even discourse analysis.

Staff interview procedures. Because I wanted to be able to compare responses in thematic areas, yet allow individuals the freedom to share what their priorities were, I used the interview guide approach (Patton, 2002) through semi-structured interviews. In semi-structured interviews the interviewer is free to probe and explore within predetermined topics, so I was able to remain flexible, conversational, build rapport with the interviewee, and probe themes which the interviewee had introduced. Yet, the interview guides made this flexible approach with multiple subjects more systematic, comprehensive, and kept the interactions focused and on point (Patton, 2002). The guides were modified over time when topics of interest developed or others were found to be

irrelevant to the goals of research (Lofland & Lofland, 1984). Further, because the participants only had thirty minutes to an hour to spare at a time, the use of the semi-structured interview allowed me to collect data that was pertinent to the study in a brief time period (Rubin & Rubin, 2012).

Conducting the interviews in this way allowed me to hear from the interviewee's about their own experiences in their own words and probe when necessary to get further information, but still cover research themes that pertained to the research questions. Thus, the interviews varied from thirty minutes to 90 minutes. Any follow-up questions were asked throughout the course of the study via email or in person. They were typically brief follow-up probes to obtain specific information when issues arose in which I needed more information, but there were also unscheduled interviews that happened naturally when I was on-site. They were informal, conversational and free-flowing (Patton, 2002), and they enabled me to learn about issues that the staff viewed as important. Most staff interviews were not recorded, as the respondents did not feel comfortable. Thus, notes were taken during the interview that recorded answers to the questions asked and analytic memos were written after each interview that recorded my personal impressions and lessons learned from each interview. If there was variation in responses across sites related to aging in place and social equity themes, follow-up questions were posited to the participant to clarify, validate, and better understand why these differences exist.

Staff interview instrument. The goal of the staff interviews was to learn how professional staff interpret the role of public housing, the roles and responsibilities of

staff and residents, and how they view aging in place. The interviews sought to obtain the respondent's interpretation in the following areas:

- Policy implementation - how policies, services, and procedures are implemented in each setting;
- Relationships - the relationships between the community, resident, management, compliance officer, and service coordinator at each site;
- Roles and responsibilities - their roles in the day-to-day operations and promoting the living environment for the residents and supporting aging in place;
- Policy perception - the motivation behind specific policies;
- Resident/program perception - the perception of the role of the housing program, aging in place, and the residents who live there;
- Resident engagement and feedback; and
- Site traits - strengths and weaknesses of each site.

Sample questions are attached in Appendix A. These questions were designed to provide a more comprehensive understanding of management's mentality regarding governing, the governed, and aging in place. Data from these interviews were included in social equity measures and compared across sites. For example, each interview addressed how management and service coordinators respond to neighborhood and resident issues. They also determined whether or not written policies were understood and enforced similarly by staff members at all levels in the hierarchy and how decisions were implemented related to rule enforcement.

Staff interview limitations. The limitations of these interviews, as in any interview, is the unintended Hawthorne effect – or that the respondents would tell me that they think I wanted to hear, so their responses may not be completely accurate or biased. Further, because I chose a guided interview format, I may have inadvertently omitted themes that may have enhanced or contradicted my findings. However, data collected from resident interviews/focus groups, observations, and documents corroborated or refuted findings from these interviews and brought up themes that I may have missed in the staff interviews. In the event there were inconsistencies in the responses, follow-up questions targeting these inconsistencies were asked. If the inconsistencies remained, they were mentioned in the findings. In addition, although I had flexibility in the way questions were asked, this made some of the responses more difficult to organize into thematic areas in the analysis because some of the responses varied substantially.

Field Observations

Fenno (1978) states that researchers that employ the use of field observations "fully expect that an open-minded exposure to events in the milieu and to the perspectives of those with whom they interact will produce ideas that might never have occurred to them otherwise" (p.251). For that reason, observations were conducted after primary data was collected early in the study. Questions and themes popped up through these observations that I had never considered before the observations were made. Further, while the staff and residents' interviews 'provided information on their individual perceptions, field observations allowed me to better understand the context in which these perceptions were made and verified some of their responses.

Field observation procedures. To obtain observations of the "every day," I visited each site as a non-participant observer and documented and described as many interactions as possible: resident-resident; resident-staff; staff-staff; community group-staff; and volunteers-residents. However, I realized early on that only observing these interactions would be introducing bias, as these observations would presume there were interactions in the every day, when this may not be the case (Fenno, 1978) at each site. So anything was open to be observed – even if no one was present. This allowed me to better understand not only the interactions of actors, but the housing environment and the use of common space.

I utilized an opportunistic sampling strategy commonly found in fieldwork (Patton, 2002). I was flexible in my approach of what I observed and took advantage of opportunities that presented themselves. If any activities or meetings were held, I attended, but in the event there were no such events, I observed in public spaces (i.e. waiting area by manager's office, activity area, outdoor space, lobby, etc.) at different times of the day and different days of the week to understand the climate of the site. Observations lasted anywhere between one to four hours depending on what was transpiring. For example, if all of the residents were in their units, the duration of observations was shorter. The minimum hours observed at each site was 20 hours at each site during weekdays when I was able to gain access to the sites. Observations were discontinued when no new emerging themes were presenting themselves (Fenno, 1978).

Analytical thoughts and additional questions were documented throughout the course of the day as the observations were made. These analytic memos and themes were

compared with other data sources to assure consistency of findings and to confirm that observations were reporting a typical day – not an outlier and that they were not simply my perceptions, but the perceptions of both residents and staff. When outliers were observed, however, they were reported as such. These observations triangulated existing data, and also introduced new behavior patterns of which I was unaware. This led to additional pertinent research questions that were discussed with residents and staff through follow-up interviews.

Field observation instrument. Observations were recorded as memos. Building and community accessibility reviews were also conducted as part of the observation process. Factors that affected building accessibility were reviewed, including parking access, ramps, sidewalk curb cuts, door widths and pull weights, bathroom turn space, sink height, grab bars, and toilet height. The neighborhood scans were conducted in which each housing site was located to describe the characteristics of the surrounding community and determine its socio-spatial relations to community spaces and essential services to assess the walkability of the community in which each site was located (see Appendix B). This highlighted gaps in services, which could potentially be addressed by management. The neighborhood scan instrument was derived from the Neighborhood Environment Walkability Scale (NEWS), and from findings of several researchers who posit that the proximity of services and supportive neighborhood features can increase access and walkability of communities and physical activity of residents (Kubzansky et al., 2005; Lee, Booth, Reese-Smith, Regan, & Howard, 2005; Saelens, Sallis, Black & Chen, 2003).

The neighborhood scan instrument was analyzed in combination with Census data for each site. The findings of this analysis are shared in each site's case study. Table 6 reveals some noteworthy findings about the two census tracts of the three sites, which supports previous research that public housing sites are built in less desirable locations where property is cheaper. They are all heavily Latino areas with a high percentage of residents living under the poverty line. The Kindred Spirits location fares a little worse. It is a remote location in the city with almost half of its population having dropped out of high school and living in poverty, and only one out of three being employed. It is also a highly transient population with only 59.7 percent living in the same house that they did the previous year. The Good Shepherd/Fort Knox area has fewer seniors, has a higher employment rate (50.3 percent), and a more settled population, but interestingly a lower median income ($14,726) than the Kindred Spirits location ($15,822). The Census and neighborhood scan data reveal that the Kindred Spirits site is located in a distressed community. This data was taken into consideration when each site was examined to determine how resident needs were, or were not, being met.

Field observation limitations. Because observations were based on my own perceptions, multiple observations were made to ensure that my observations weren't biased and that findings were consistent and credible. To further validate my observations, although redundant, I visited each site again towards the later part of the study to affirm that my portrayal was accurate through the course of the study and no new questions or perceptions emerged. Another observer also recorded her observations at each site throughout the course of the study to ensure credibility. While staff knew my

role and purpose for being there, which could have biased interactions, the residents were unaware of who I was. Follow-up interviews assisted in validating my perceptions.

Table 6

Demographic Data by Census Tract

	Good Shepherd/Fort Knox	Kindred Spirits
Population	2,117	1,856
Ethnicity:		
White Alone	20.1%	3.8%
Hispanic or Latino	50.8%	54.0%
Asian	2.8%	2.5%
African American	25.2%	23.8%
American Indian	0.0%	15.9%
Population 65+	6.1%	12.2%
Education attainment for 25 yo+:		
Less than high school	34.7%	47.8%
High school diploma	13.8%	27.1%
Some college	31.3%	18.1%
Bachelor's degree and higher	20.1%	6.9%
% unemployed 16+	3.8%	2.9%
% employed 16+	50.3%	34.2%
% population with income below poverty level in last 12 months	45.7%	55.8%
% population ages 65+ w/income below poverty level in last 12 months	34.6%	48.9%
Median household income	$14,726	$15,822
Median rent amount	$558	$644
Same house as last year	85.1%	59.7%
Vacant housing Units	22.7%	30.5%
Owner Occupied	22.9%	20.6%
Renter Occupied	77.1%	79.4%

Source: U.S. Census Bureau, American Community Survey, 2006-2010

Focus groups

Focus groups with residents were conducted next to confirm initial findings from other methods and to obtain group feedback from the residents. This method was selected so that group interaction could be observed, points of agreement and disagreement could be clarified, and more stimulating discussions could be elicited pertaining to life in public housing for seniors and people with disabilities – a subject that is not well understood - so that more in-depth data could be obtained (Stewart, Shamdasani, & Rook, 2006). The information from these focus groups also helped refine the resident interview questions.

Focus group procedures. A ninety minute focus group was conducted at each site with 6-15 residents. The hybrid site was interviewed first, followed by the private site, and then the public site. All sessions were recorded. The residents were recruited to participate by attaching flyers next to their doors. As an incentive to participate, members would receive a $10 gift card and lunch. If any of the residents were interested in participating, they were asked to leave the flyer by their door the next day for researchers to pick up, and we would return the following week with information for those selected to be in the focus group. At this time those who were not selected for the focus group but were interested in study participation were advised about the individual resident interviews.

Although twelve participants were selected from each site, the number varied on the day of the focus group. The hybrid site only had six members and the public site had eight. The private site recruitment differed from the others in that management hung up the flyers and collected the flyers of those interested. It was made clear to management,

however, that these participants were not necessarily in the focus groups since there were more people interested than slots available. Fifteen members were in attendance at the private site.

The locations of the focus groups were on-site for both the private and hybrid sites. Because the public site had no private meeting space available, the private site hosted the focus group for the public site's residents, which was located directly across the street. Although the group was on-site in most cases, management was not told who ultimately attended the group and who did not. There were two moderators present at each focus group. The principal moderator played a key role in ensuring that the discussion proceeded and that core questions, prompts, and probes were covered. The second moderator raised questions, prompts or probes omitted by the principal moderator, ensured that everyone was included in the discussion, and provided an oral summary. The focus group conducted with the public site only had one facilitator present; however, the session was recorded and was reviewed prior to individual interviews. In the case of any missed probes, I was able to follow-up through staff or resident interviews. Every interview was recorded with participant consent and later transcribed. Each researcher identified themes within and between focus groups that they viewed as important. These themes were compared and were shared with some of the participants to assure reliability of themes that were uncovered.

Focus group instrument. Residents were interviewed on themes that included site management satisfaction, resident feedback mechanisms, resident-staff interaction, resident control, aging in place, and policies. These questions were tied into social equity

measures, as well as derived from previous research. A sample of these questions is included in Appendix C.

Focus group limitations. Conducting focus groups and interviews poses their own unique challenges, thus there were several limitations to this approach. There may have been problems of reactivity between the observer and the observed or a Hawthorn effect, so there was a need to examine how the interviewer affected the actions of those observed (Patton, 2002). However, findings from the focus group were validated with the interview data. Focus group participants also may not have felt free to air their opinions and may have feared retaliation from management. They were reminded throughout the study that this study was not commissioned by management, I would not tell management who was in attendance, and that specific individual insights would not be shared; however some individuals still may have been afraid to participate. And due to the fact that this was a convenience sample, I may have unintentionally recruited those who already felt free to speak up. Those who were more vulnerable (and in some cases more frail) would be less likely to volunteer. As a result, field observations and focus group and interview questions targeted to the topic of neighbors in need provided information on a hidden population that we would not have been able to collect otherwise.

Resident Interviews

While focus groups offered the collective lived experiences of individuals, resident interviews were conducted to obtain more in-depth information on the individual lived experience at each site. This offered a counter-perspective to that of management as well and gave me a balanced view of each site.

Following the focus groups, recruitment for resident interviews began. As mentioned, those not selected for the focus groups were invited to participate in the interviews. As an incentive to participate, participants were given a $20 grocery gift card for one hour interviews. These interviews were conducted after all other methods had been employed to provide answers to questions that had not been substantiated. Similar to the staff interviews, the questions were asked using a guided interview format, and all sessions were recorded. The interviews were conducted wherever the person was comfortable; in his/her unit, in a common area, outside, or at a coffee shop – were some of the locations. Nine or 10 interviews per site were conducted.

The same interview questions found in Appendix D were derived from an initial literature review and modified according to data collected from the previous methods. Interviewees were also encouraged to fill out a sheet called "A Day in My Life" – twenty chose to participate. They described how they spent a typical day from when they woke up to when they went to bed. This gave researchers a better understanding of how individuals perceived their daily lives in public housing, if they were engaged in the housing community, and how they were engaged. The limitations to this approach were the same as for the staff interviews, but were mitigated with the triangulation of the other methods.

Data Analysis and Reporting

Yin (2009) and Stake (2006) both describe techniques and formats in analyzing and reporting that will create an exemplary multi-site case study. To guide the collection of data, emphasis was placed on my research questions. To more fully understand each

housing model and how they compare to others, this multi-site case study sought to discover themes regarding daily life within and across sites Thus, I learned as much as possible about management policies, practices and perceptions and residents' daily lives and perceptions that would illuminate daily life at each site and potential aging in place and social equity concerns across housing models. Those data that were deemed irrelevant were ignored.

All data collected was stored in a cloud storage folder for easy access. Recordings were digitally recorded and transcribed, and Dedoose.com was used to code, organize, analyze and interpret data. The following data were collected, filed, and analyzed by site:

4. Summaries of document review (i.e. demographics, policies and procedures, costs, procurement policies)
5. Staff interview notes and summaries
6. Resident focus group transcription and summaries
7. Resident interview transcription and summaries
8. Field observations
9. Journal entries throughout research and analytic memos

A content analysis of the documents collected was conducted to locate excerpts or consistent themes that occurred at each site. The document review substantiated findings from the staff and resident interviews and detected other trends or issues that were occurring. Further, themes from the documents, journal entries, and field observations were all captured through analytic memos. Similar themes found in these analytic memos

were linked to develop larger themes and ideas that were not readily apparent when analyzing them individually.

The staff interview notes were coded and analyzed for themes, then summarized (Rubin & Rubin, 2012). In addition, results were compared for each question across sites to determine variations in responses. All focus group and resident interview materials were coded as well, because they were records of the participants' perceptions. Analyzing these codes through Dedoose would allow me to prioritize concepts based on participant perceptions. Saldana (2013) states that "qualitative codes are essence-capturing and essential elements of the research story that, when clustered together according to similarity and regularity – a pattern – they actively facilitate the development of categories and thus analysis of their connections (p. 8). Further, coding allows researchers to see the big picture drawn from connections that may not have before been recognized. "Coding leads you from the data to the idea, and from the idea to all the data pertaining to that idea" (Richards & Morse, 2013, p. 137).

The coding technique used in Figure 5 was based on Saldaña's streamlined code to theory model. Four rounds of coding were completed on all interview and focus group transcipts. The first round of codes utilized open coding and resulted in excerpts tagged with descriptive or process codes. The second round of coding re-organized the descriptive codes into broader themes or categories, or analytic codes. The third and final round of coding organized these categorical codes into thematic codes. This was based on how closely the categories and sub-categories were linked together and how much saturation there was, or frequency of codes applied.

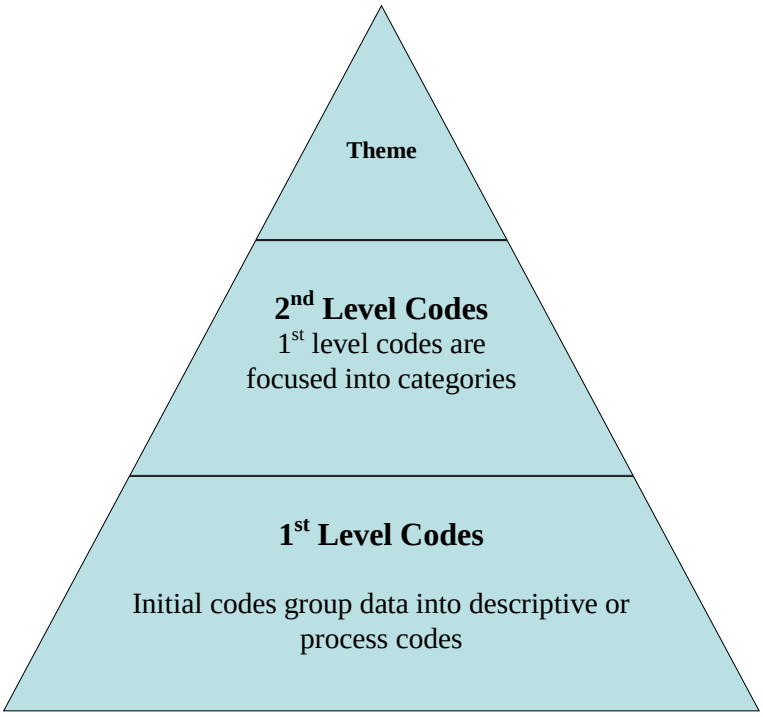


Figure 5. Coding process.

There was a fourth round of coding completed after the Dedoose software crashed and approximately eight weeks of codes and memos were lost. This round was re-instating what was lost in the third and final round of coding. Analytic memos were also written and reviewed to ensure all of my thoughts and ideas through the analysis were captured. This also helped me identify themes in the research and to re-code the interview data into higher level categories in the next phase of the process, which aided in theory development.

Throughout the coding process, I re-read the interview texts, analytic memos, documents, and initial codes, and used axial coding to form higher level categories to organize text and ideas. If there were any unexpected categories that presented

themselves, I conducted an additional literature review to uncover any emergent theories that would assist in the final phase of the coding process. Selective coding was the final stage of organizing and classifying the data. In selective coding, key variables were identified and the texts were coded based on these variables. These variables were developed from the axial codes, all analytic memos, and the additional literature review. They also helped to connect concepts that were not yet linked. The results of the coding process and the final codes are listed in Appendix E. To ensure credibility, the other researcher who also participated in observation and focus groups coded a sample of the transcripts to confirm that the same themes were discovered.

The findings from this analysis are arranged in this report in the format of the single cases being presented first with the findings from the data collected, followed by the cross-case analysis of consistent themes that arose across sites with a relevant literature review to ground the findings in chapters seven and eight. Stake (2006) presents a worksheet that assisted in report writing (attached in Appendix F). It offered an approach for how the report should be approached as findings and themes were realized that helped guide the final report writing. The case studies, which are divided into chapters four through six, provide an in-depth analysis of each site to describe the lived experiences of both management and residents and the tensions that may exist between these realities. It includes a description of each site and its amenities and policies as well as the results of observations, document reviews, and staff and management interviews to depict community climate. The responses of both residents and management to aging in place, informal and formal systems of support that are utilized, and issues of resistance

that are confronted between staff and residents are highlighted. A graph illustrating the relationships between staff and residents at each community is also presented to delineate the power dynamics that exist between and within both groups.

Ethical Considerations

Both best practices and gross patterns of negligence are reported in this report's data interpretation and dissemination. Although the site names are kept confidential, the management staff are aware of the sites involved in the study. Thus, to prevent any disputes that may result from the release of this report, I met with staff at each site to determine if initial findings were valid. Throughout analysis, any discrepancies or issues needing clarification were addressed with site management. If there were gross areas of negligence or abuse discovered among the staff, they were reported in the findings. They may warrant corrective action from the city or management companies, including employee termination or policy changes. To minimize their risks of retaliatory management actions, participants were also alerted to the fact that although the moderators would maintain participant confidentiality, other participants may reveal what was said in the groups to management.

In the process of the study, resident feedback was obtained through focus groups and individual interviews. Residents were reminded that participation in the study was strictly voluntary, and their tenancy at the site would not be in anyway affected. Participants were told that they could withdraw at any time and their responses would be kept confidential. As compensation for their time in the focus group or interview, each resident participant received a gift card. Interviewed residents, family members, and staff

all were also required to sign a consent to participate that discussed rights of participation, including confidentiality, the right to withdraw at any time, and the voluntary nature of the study. Additionally, focus group participants were reminded to maintain confidentiality of what was discussed within the group in the consent form. Focus group participants were also reminded at the beginning of the group that it was voluntary, their responses would be kept confidential by the researchers, and this same confidentiality should be respected within the group.

Trustworthiness

To ensure that analysis of each case is thorough and complete to and to ensure credibility, Patton (2002) and Stake (2006) propose triangulating research data with different methods, observers, and data sources, to validate qualitative analysis, which this study employs. This study utilizes a document review, field observations, staff and resident interviews, and a resident focus group to triangulate findings and ensure credibility. Each method had its own set of limitations that were offset by supporting data obtained from other data and methods. Thus, multiple methods triangulated and strengthened the trustworthiness of the findings. Additionally, cross checking was used throughout the study using these different methods. For example, as issues were introduced in observations and focus groups, the presence of these issues were either corroborated or refuted in resident and staff interviews.

Yin (2009) also suggests using the logic of replication – using the same procedures at each site, and Kirk & Miller (1986) also introduce the idea of synchronic reliability, which establishes reliability when different instruments yield similar

observations and a convergence of results. Accordingly, this study utilized these multiple approaches as part of case study design in the same order and in the same manner to ensure reliability. A chain of evidence was also maintained so that readers could understand how conclusions were derived from all of the methods employed, making the study dependable. To address issues of reliability with interview transcripts and notes, another researcher analyzed and coded these interview notes to ensure that the same themes were consistently derived from the interview data.

Rival explanations were also entertained to assure that evidence had been collected to refute these competing claims throughout the data collection and analysis process (Patton, 2002; Yin, 2009). This helped to mitigate factors that could undermine the validity of study results. This involved a re-examination of every case, after the initial analysis was completed, to see whether the characteristics or properties of the emergent themes were applicable to all cases. When it was determined that there was no disconfirming evidence, the analysis was considered complete.

It is important to note that although methods were put in place to assure trustworthiness of site specific findings, the findings that were derived from this exploratory study were drawn from only three sites. However, this study does offer a strategy for analyzing public-private spaces as well as builds off of previous theories and suggests new hypotheses to test for future research that can strengthen housing policy and improve conditions for public housing residents.

Potential Research Bias

While I sought the insight and lived experiences of individual actors in each setting, I did this across sites in hopes of obtaining an understanding of how differences

in the management operations at each site may impact the lives experiences of individuals. In this etic study, I had to apply my own knowledge and understanding in explaining these differences across cases, as individuals did not have knowledge of these differences, which I recognize could be affected by my own personal, albeit unintended, bias.

I am a geriatric social worker, former non-profit manager, a disability rights advocate, and a person with a disability. With the increasing privatization of government functions, I am interested in understanding more deeply how public and private services are delivered to our most vulnerable populations and how that may or may not affect social equity. This has influenced the case selection of this study, but it has not shaped the study itself, as I have been open to themes that had emerged that I never considered. I am undertaking this exploratory study well aware of what my biases and strengths are and fully understanding the reflexive nature of this study - the data I collect will shape me, as well as, be shaped by me. My own paranoia of being perceived as biased served to enhance my analytic process by pinpointing situations, perceptions, and scenarios which required further cross-checking. As a result, the themes of my report would be supported by at least two actors at each site with supporting data to validate them.

So while my background has inevitability led to some biases, which I have tried to counteract with the utilization of various methods, this expertise has also allowed me to conduct a better, more thorough analysis of the subject and subject participants. Corbin & Strauss (2008) state that "We have to have some background, either through immersion in the data or through personal experience, in order to know that what we are

”seeing” in data is significant to be able to discern important connections and concepts” (p.34). Thus, regardless of my own biases, my personal knowledge, experience, and connected understanding have added richness and meaning to the portrayal of at least two different narratives - what it means to manage public housing and what it means to live in public housing.

CHAPTER 4

THE GOOD SHEPHERD - CONVENTIONAL PUBLIC HOUSING

Good Shepherd is completely public. It is a site that is untouched by any private involvement beyond outside services and amenities. It is city-managed with 100 percent of its public housing units available only to seniors 62+ and residents with disabilities. The design and implementation of Good Shepherd's institutions are motivated by the needs of this population with amenities and staffing available 24 hours a day. Serving as the Shepherd, the service coordinator is the most pivotal position to ensuring that this population receives the supports it needs to continue to live independently. She leads and helps the residents obtain the services and supports they need to stay safe and is the sole person many residents go to if they need assistance in their daily lives. She also appears to have role overload - taking on so much responsibility for the residents that, at times, it appears that it can be detrimental to residents' ability to act independently, build a cohesive resident community, or advocate for themselves. As a result, residents are getting their needs met, but there is little opportunity for them to use their own voices and be authentically engaged in their community.

This chapter describes how a dominant caregiver perspective drives the communication and relationship dynamics of the Shepherd perspective. It develops the perspective by first describing the structure and institutions that define the community and shape resident response. Next, it introduces the Shepherd Diagram by examining the management-resident relationship, the tensions that arise, and how they are confronted by

residents. Finally, this chapter concludes by examining the subjectivity of the residents and implications for residents who are aging in place.

Structure and Institutions

Site Demographics: Few Seniors

Good Shepherd was built with a frail population in mind. It was originally targeted to seniors, but over the last fifteen years, the demographics have changed. A younger, more female-dominated population with physical disabilities has become more prevalent here. At the time of this research, Good Shepherd housed 120 residents – 60 percent (72 residents) were considered non-elderly with disabilities and the other 40 percent (48 residents) were ages 62 and over. Similarly, 57 percent (68 residents) were female and 43 percent (52 residents) were male. Eighty-seven percent (104 residents) had some kind of disability that lived here. There were people with mental disabilities there, but the majority of those with disabilities had physical disabilities (81 percent, 84 residents). The site population was also very diverse (Figure 6), but had the highest percentage of Caucasians of the three sites at 39 percent.

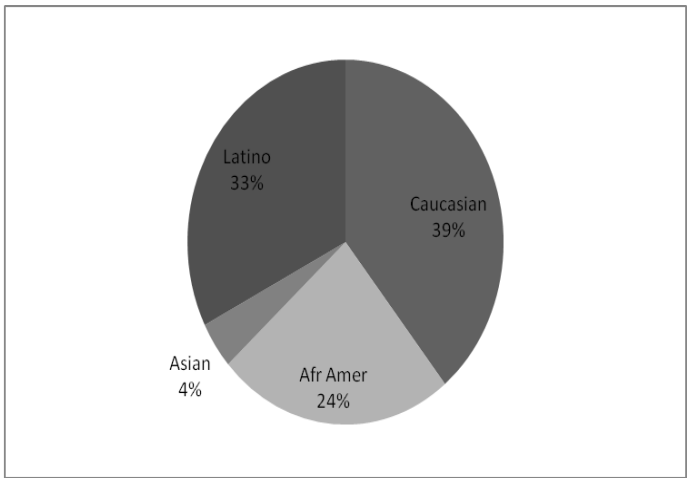


Figure 6. Public site racial/ethnic composition.

Several residents interviewed had been steered to this location from other sites. In the selected sample city, there are only two sites that serve residents with disabilities under the age of 62. Most residents who had been steered here were not yet seniors but were physically frail. The population of older adults here is decreasing as a result of the majority of the city's public housing seniors receiving services in newer buildings managed by private companies where people with disabilities under the age of 62 are not permitted. This supports previous research, which posits that older adults with disabilities are choosing to live in senior-only buildings (Perl, 2010).

Site Description: Security-Focused

The national overall physical deterioration of public housing has been well-documented in literature (Cunningham, Popkin, & Burt, 2005; Finkel, et al., 2010), but Good Shepherd does not fall within this typical public housing description. The Public Housing Assessment System (PHAS) physical inspection performed by HUD's Real Estate Assessment Center (REAC) rates the physical condition and accessibility of HUD-financed properties between a 1 and 100. These are annual inspections required every one to three years for any housing site that receives HUD funding to assure that housing is safe, sanitary, and in good repair. Although Good Shepherd is a three-story, 112-unit, city-owned and managed public housing site built over thirty five years ago, it received fairly high scores posting a 98 in 2010 and an 84 in 2013. Further, it offers as many, if not more, amenities as some private affordable housing sites to make up for the age of the building. These amenities include a community room, computer room for resident use, library, pool room, outdoor barbecue and space to congregate, affordable vending

machines of snacks and beverages, on-site parking, community garden, laundry room, jacuzzi/whirlpool baths, and activities. Additionally, every unit has a balcony, and there are twelve accessible units in the building (i.e. units that meet Fair Housing accessibility design standards for residents with disabilities).

However, observations revealed an institutional feel and look to this site; the smell of stale cigarettes and must, tile floors, fluorescent lighting, and old furniture in community spaces reaffirm that this is an older building. There is an effort to modernize with approximately $320,000 of capital funds allocated for capital improvements in resident units over the next four years. In previous years' renovations, window air conditioning units were removed and replaced with central air, unit kitchens were updated with newer appliances, and the windows are currently being replaced to be more energy-efficient. The 110 one-bedroom units are not the smallest in the study at 658 square feet, and the two two-bedroom units set aside for the resident assistants are 900 square feet. It is important to note that although financial records report that funds were allocated to update the community room, they were never expended. The focus on spending is on individual versus community spaces.

The site is located in a neighborhood setting in an isolated area of town. The closest grocery store is two miles away, which is too far to walk for many members of this population. It is located next to the light rail and several bus stops are located nearby. Because the location of this site is in a high crime area and the population is viewed as vulnerable, security is a focus for city housing officials. The police department conducts an assessment of the physical layout of the property for compliance with Crime

Prevention through Environmental Design (CPTED) principles. CPTED strategies strive to prevent intruders or criminal activity by incorporating the built, social and administrative environment involving both residents and staff in crime prevention. Thus, it is an enclosed apartment community with one point of entry in the front and one in the back that requires a resident key card or a four digit code for entry. The manager's office is located adjacent to the lobby, and there is a large window in her office that allows her to view the lobby, giving residents an extra sense of security. Additionally, staff must complete periodic trainings on safety, and there is an annual educational event for residents on promoting their physical and financial safety both within and outside the community.

There is also a focus on natural surveillance by encouraging the use of community space by residents to increase territorialism and deter criminal activity. Accordingly, this site offers a number of amenities to encourage relationship-building that are not offered at the other sites. Since it is city-managed, Good Shepherd often receives freebees including baseball tickets, monthly birthday parties with food, and health screenings. Compared to the other sites, Good Shepherd offered the second highest average number of activities per month for its residents with at least one or two activities being held on Tuesdays through Saturdays. Two to three activities a month were by an outside speaker on health or safety topics, but the majority of the activities were dedicated to adding convenience to the lives of the residents. For example, twice a week trips to local stores were included in this number, as were low cost monthly haircuts, monthly food boxed for seniors, United Healthcare sponsored birthday parties, and weekly ice cream sales. While

these activities promoted the quality of life of the residents, they also promoted territorialism by the residents. In response, there is a culture of residents notifying staff or management if they do not recognize a person, or there is an intruder, within their community.

Financing and Oversight: Direct Supervision

The city owns and manages Good Shepherd. Of the $75 million housing program budget, $5.3 million annually is allocated to operating its city-owned senior sites, which are divided between five properties. The costs for this site include a full time site manager, full time service coordinator, and shared maintenance. As a condition of receiving HUD funding for conventional public housing, the city is responsible for meeting an extensive number of HUD requirements. One of the requirements that continue to pose the biggest problem for city staff and residents is the mandate that areas and components of the housing be free of health and safety hazards: "the housing must have no evidence of infestation by rats, mice, or other vermin, or of garbage and debris" (Physical Condition Standards for HUD Housing, 2007, p. 94). Issues with roach infestations, bed bugs, and resident hoarding have lingered on, in spite of numerous interventions to stop them, including frequent inspections and visits by pest control.

Rent and Income Guidelines: Inflated Incomes/Rent Allowed

HUD has loose income requirements to participate in their conventional public housing programs, setting less stringent income guidelines at 80 percent of AMI – ($36,700/1 person; $41,950/2 people). These loose requirements do not seem to have an effect on the current community of residents who have lived here for so many years.

Most residents do not work and rely on Social Security. The average monthly income is only $883, and the average monthly rent paid is $284; however, the manager reported that over the last few years, residents with higher rents are beginning to move here, so the average rent paid is on an upward trajectory. This finding supports the creaming effect found in previous research in which management selects those they desire to serve as evidence by their restrictive resident selection and recruitment policies (Rohe & Stegman, 1992; Tighe & Mueller, 2013).

Good Shepherd continues to offer the largest supply of affordable units than the other three sites with no minimum income requirement to move here. Residents only pay 30 percent of their adjusted annual income for rent. The adjusted annual income is calculated after subtracting an elderly/disabled allowance and any out of pocket medical expenses from the annual income. This site includes all utilities, except cable and telephone. Service fees here are also lower than the other sites. Residents are expected to pay only $2 a month for laundry use. The security deposit here, required at move-in, is lower than the other sites. It is equal to 30% of monthly adjusted income or $100, whichever is greater. Good Shepherd allows one pet per household. If determined to be a support animal or needed for therapeutic reasons, a pet deposit is not required. But in all other cases the pet deposit is $100 or one month's rent, whichever is less. There is no weight limit enforced for the pet. Any maintenance requests outside of normal wear and tear or preventative maintenance are to be paid by the resident. Residents are given a charge sheet for these requests; however, in an older building, there is confusion among some of the residents over what constitutes "normal wear and tear."

Resident Selection Policies: Strict and Steering

There are a few requirements that may bar many from taking advantage of the program. In order to become a resident of Good Shepherd, applicants must apply and get their name on a wait list, which can vary in length from one to ten years. At times, it can even be closed. To be eligible these applicants must pass a criminal background check, and if they are accepted as a tenant, they will be subjected to periodic background checks to affirm that they are refraining from unlawful activities as a condition of living there.

For some this may pose a problem. As this is a state that has legalized medical marijuana, many frail patients benefit from its use to cope with pain, seizures, or other chronic medical problems; however, the use of legalized medical marijuana is still banned from the city's housing programs, even though HUD has issued guidance in the form of a memorandum that allows PHAs discretion in this area (S. Henriquez, personal communication, February 10, 2011). Some residents either ignore these guidelines, or they must choose not to participate in public housing. They also have to have an acceptable rental history and not owe any money to any housing program in the United States in order to participate. For example, if they are evicted from a private housing development due to inability to pay rent, this does not negatively affect their ability to apply to HUD housing programs; however, failure to pay rent in a HUD program can disqualify them from consideration.

Applicants are selected based on time and date of application. They can select those properties that they are interested in at this time. This wait list of all city-owned and managed properties is managed by the central housing office. When units become

available at each site, the site manager at each site contacts the central office for a list of those interested in living at that particular site. Good Shepherd only allows elderly applicants (62 years of age or older) or those under age 62 with either mental or physical disabilities to be placed on the wait list. For this site there are no other priorities established. Thus, a person who has an annual income of $34,000 has the same opportunity to live here as someone who only makes $8,500. They are mailed a notice and have ten days to respond that they are interested. If they respond, they come in for an interview and to finalize all documents needed for move in. At this time they are either selected for occupancy or counseled on other housing options. In this study some of the residents who were interviewed were told that this site may be a better fit for them than another site.

However, some who are interested never get to the interview stage. When management calls to alert the applicant that his/her name has been selected, and there is no response, the applicant is taken off the wait list. If residents change addresses prior to notification, they are expected to notify the housing office with updated contact information, otherwise they forfeit their place on the list – there is no flexibility to this rule. This is a constant issue expressed by HUD personnel as most applicants they call cannot be reached. For many residents who are frail, health emergencies may arise; they may change addresses, or forget to notify the office due to their disability.

This site is usually full, with an occupancy rate of 98 percent. The wait list in 2014 was 1½ years. There are two groups of residents here – residents who have lived here for a long time and a group that turns over for mostly medical reasons. Of the 22

people who left in 2013, 17 were due to failing health or death. Only five were from evictions. Twenty two percent of the residents have lived here for over ten years, while 25 percent have been here for two years or less. The majority of residents (53 percent), however, have only been here for a short time, living here for five years or less.

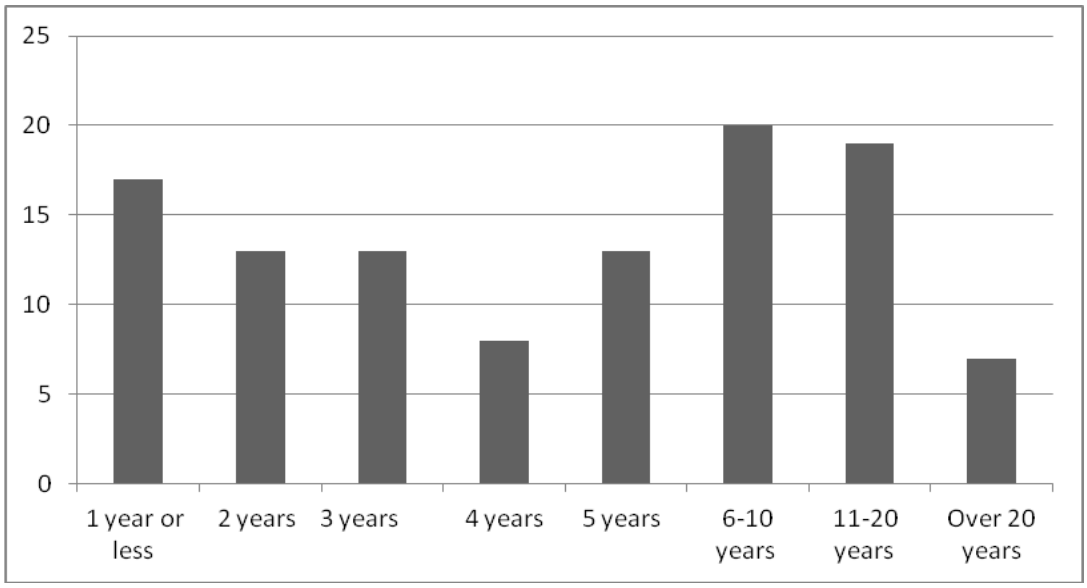


Figure 7. Public site resident tenure by number of residents.

This mix of resident tenures can have a detrimental effect on community-building among residents who are aging in place and who need to know and trust their neighbors.

Staffing Structure: Caregiver-Dominated

This site is the most fully staffed of the sites studied. Because the site targets a more frail population, management or a service coordinator is on-site 8am-5pm Monday through Friday. The Housing Manager is responsible for the overall performance of the property and directly supervises all administrative staff and the two floating maintenance workers who are on the property two days a week. Additionally, maintenance is available 24 hours a day in the case of emergencies. An area manager also is available to assist

with problems or emergencies. Each unit is also equipped with an emergency pull cord in the bedroom and bathroom that notifies an off-site monitoring company when there is a resident emergency. The monitoring company will call the resident back to verify that there is an emergency, and if there is no response, fire and emergency crews will be dispatched. The manager also refers residents with special problems, such as economic, social, legal, or health issues to groups or agencies that provide assistance, but most of the time, she refers them to the resident service coordinator who share the same hours of operation as the manager. When neither the manager nor service coordinator is on-site, there are two resident assistants (RAs) who rotate their on-duty schedule to assist residents and/or respond to emergencies. The RAs and the service coordinator are the staff who the residents interacted with and relied on the most for their day-to-day needs.

The role of resident assistant (RA): The right hand of management. The two RAs ensure that there is always someone available to any resident who needs assistance. One RA described her job as dealing with resident emergencies after 5:00 when the manager is off-site. She verifies that people aren't in the building that shouldn't be, and she does wellness checks at resident requests. She also responds to unit smoke alarms to make sure that the resident's unit is not on fire. The RA will also respond to resident lock outs, mental health crises, resident altercations, or any other issue that impacts the safety of residents.

The RA expressed worry over some of the older residents there who were not receiving adequate services. She described what happens when she encounters a resident who is no longer able to take care of herself:

> Let's say there was an emergency, and I go up to the person. I call the firemen. The firemen come in. I look around and see something that's not right. I tell the manager, she's a hoarder and look what's going on, then I write that in an incident report. Then, the manager takes over. She'll go visit the person and see why and what not.

The RA interviewed explained that the RAs were strictly working on behalf of the manager, not the service coordinator. All incident reports completed for any resident issue were always submitted to the manager for review. It was then the manager's decision on whether or not the service coordinator should be called. Thus, the RA could either turn someone in if they violated the lease, or they could look the other way. As a result, the RA interviewed for this study did not have a tight support system with the other residents because of her perceived close alignment with management. In addition, the focus group participants were not happy with RA performance:

> Resident 1: When the manager is not available, they are supposed to be helping the residents at doing things for us.
>
> Resident 2: But they don't. They all got a sign on their door 'do not disturb.'
>
> Resident 1: And Sheila[1] is the only one. When her sign is on duty, I will go to Sheila. But if Wanda is on duty, she's off duty. She does not do her job.
>
> Resident 3: She does not want to be approached after 5:00 unless it is an extreme emergency.
>
> Interviewer: How can you tell management?

[1] The names have been changed to protect the identities of the residents.

Resident 2: We have to wait the next day until management comes in because the RA ain't gonna do nothing.

Resident 2: The resident assistant and management is just like this [fingers crossed together tightly].

The residents overall appreciated the fact that someone was always there, however, whether they liked them personally or not. But, the RAs' presumed tight position with management impacted residents' ability to trust them. They were often called "resident managers" by the residents – not resident assistants.

The role of service coordinator: The iconic good shepherd. The service coordinator, funded by the city, is both beneficial to management and residents. The city ensures that the service coordinators who are hired are trained, experienced, and connected to community-based services, so that the proper supports may be coordinated to allow individuals to successfully age in place. The city requires that service coordinators have a human services degree or the equivalent years of social service experience. Training and service coordinator meetings are also required throughout the year on issues impacting service coordinators, such as aging in place, although the service coordinators at each site keep in touch at least monthly for help and to support each other on individual cases. The service coordinator assigned to this community had extensive experience working with frail populations with her 20 plus years of experience working at a skilled nursing facility. She was used to working with residents who could do little for themselves.

The service coordinator helps the manager by supporting residents in need of assistance. She provides residents with resources to help them live independently, such as accessing health insurance, food stamps, community-based programs, or entitlements. She also helps residents with home management activities, such as balancing their checkbooks and filling out paperwork for rent assistance when it is needed. The service coordinator also schedules activities and at least three city-mandated educational programs a month to create a stronger sense of community among the residents. For the larger events or for the ice cream sales in which the revenue generated was for residents, she accepted help from the resident council, which is a group of residents who assist in coordinating events and determine how to spend resident council funds.

The service coordinator also has a monthly roundtable with the residents to discuss issues that are important to management or other issues residents may have. She also coordinates the resident council, which has assumed the role of planning social events. She intervenes and assists residents in resolving lease violations – specifically, failure to pay rent and hoarding. Unlike the RA position, the residents do not perceive the service coordinator as "with management." She is viewed as a resident advocate. The service coordinator has to mediate at times for the residents with the manager to negotiate lower charges or to explain to the manager what is happening with the resident and what supports are being put into place. If she is unable to obtain resolution with the resident, and the resident is unable to care for themselves safely, she will work with the family to transition the resident to a more appropriate level of care. When there is no family, she will work with the residents' doctors to obtain a determination for nursing home

placement. Thus, this is a very busy position in public housing communities that often results in high turn-over. At the time of this writing, this person was being shared between three city-managed public housing sites.

It was clear that the service coordinator was extremely valuable to the residents by the roles she performed. She led them and protected them. One resident stated, "When she's not there, the whole place is dead." Focus group residents agreed with the statements, "If she wasn't there, we'd be lost," and "We run her to death." All residents interviewed reported using her services at least once – often frequently. One resident stated its importance to the community. He said, "I can't imagine a place like this with people with disabilities and seniors that doesn't have a service coordinator. A lot of these people wouldn't know about services if they didn't have someone to tell 'em."

Beyond the previously mentioned roles and responsibilities, this service coordinator has gone above and beyond basic service coordinator duties. She brought sick residents food, helped residents operate their cell phones and make phone calls, assisted in filling out money orders, interpreted and completed any kind of resident paperwork (including the paperwork for this study), read small print for residents with low vision, assisted residents with their pets, called residents if they were late to important appointments, etc. She provides them with a safety net, acting as a support network for many of them.

Mechanisms for Resident Input: Under-Utilized and Under-Valued

Resident input is inculcated in the culture of federal HUD programs. As a result, as a condition of receiving funding, housing authorities have to provide numerous

channels for resident input. The city appoints a group of public housing residents representative of city public housing sites to become a HUD-mandated resident advisory board. This board provides input on the housing department's annual plan. Likewise, Good Shepherd conducts an annual survey with the residents and a suggestion box is located in the service coordinator's office. The residents are also encouraged to go to the site manager when they have a complaint or an issue with the property.

In spite of all of these options for resident input, the residents did not use them, weren't aware of them, or did not feel that they were effective. For example, many felt that the suggestion box was rarely opened, and the suggestions that were offered would never be shared with people in decision-making authority. There was also a resident council designed to give resident's input on site policies that impact the quality of life of the residents, however the residents did not view this body as any real mechanism for accountability. Thus, they lacked a collective voice, in spite of the many avenues they had to exercise them.

The role of the resident council: Social planning committee. Good Shepherd is the only site in the study to have a resident council. The resident council offers public space in which residents can air their views on issues that are important to them. The resident council has a five person board that is elected by its membership and is an independent body of residents, unless help or oversight is requested from housing staff. They are recognized and supported by PHAs as the one voice of residents that can have a direct impact on their day-to-day lives. Through the council, they can express complaints, needs, and/or recommendations that can affect policy changes. Further, PHAs are given

HUD money to fund these resident councils. The resident council and PHA must then decide how the funds will be used for tenant participation activities. The funds may be used to support issues identified by the residents, such as training activities, meetings, and resident organization and other related activities, such as neighborhood cleanup, crime watch, outreach programs, resident training, and household training.

Despite the council's ability to make the housing site more accountable to its residents, the resident council is not aware of its potential to exercise power and functions primarily as a social planning committee overseen by the service coordinator. As a result, residents did not express a very high opinion of the resident council. Some thought it was supposed to be their council, but it was run by site staff. One former council board member stated, "What they do is, well the service coordinator takes over and tells us what we can do and what we can't do, and she keeps repeating herself. So I don't go to resident council." When asked what could be done to improve, the resident stated, "I think that the service coordinator should listen to what the council has to say instead of the other way around - that she listens to what we feel."

Others stated experiencing a lack of control with the resident council. Although several substantive issues had been brought up by the residents, they did not think of the resident council as a place where they could discuss these issues. This resident stated, "They don't do nothing, they can't do nothing." And when asked about their ability to make policy changes, a resident who had been on the council replied, "If we could, we would." When asked what the main responsibilities were, one resident shared what she thought they were:

> To keep activities going and to keep the building informed on what's happening in the building. They help plan events, like we have Thanksgiving coming up, so they're planning a Thanksgiving dinner and how we're going to do that. And then with Christmas coming up, they are going to help plan the party and different things.

While residents did thoroughly enjoy the social gatherings, resident needs went beyond social planning, yet the council was unable or unaware that they could help address these needs.

City staff responded that resident council funds had been mismanaged in the past, and therefore, they required the service coordinator's oversight. As a result, this was not a resident-driven group, which is the antithesis of what the resident council was supposed to be. The agenda was driven by paternalism and determined mostly by the service coordinator, leaving an opportunity for authentic resident engagement and self-determination – all attributes important to individual resiliency and successful aging in place - to go wasted.

Management-Resident Relationships

Staff-Resident Communication Patterns

Because there were so many other staff for residents to rely upon for their needs, the relationships between management and the residents overall were virtually non-existent. The majority of residents interviewed had very little interaction with the site manager. Most did not remember her name though she had been there for several years. Management communicated with residents mainly through notices and bulletins. When

face-to-face communication was required, over half of the residents interviewed avoided talking to the manager, opting instead to either talk to the RA or the service coordinator. When asked why they avoided her, participants stated personality differences, they didn't feel she understood them, or they felt that she was inaccessible, staying in her office a lot. There were a few residents, however, who thought that the manager was nice to them, helped them with their problems, and said she was just doing her job.

Significant lease violations were often confronted by management, however many of these violations did not lead to eviction. Management perceived this housing site as helping a fail population maintain their health. The manager stated, "If they move out of here, they often go downhill, because they no longer are doing things for themselves anymore." As a result, the site manager strived to keep residents there as long as safely possible, locating supports to help them stay there, and working with them to avoid eviction, even if written notices seemed to state otherwise.

The Shepherd Diagram. Figure 8 (p. 132) depicts the location of the line of tension that exists in the communication patterns between the residents, on-site management, and staff. As shown, there is no clear line of communication between residents and the manager, which leads to tension from residents who do not understand the manager or do not feel understood by her. On several observation visits, very few residents were seen interacting with the manager. The service coordinator, on the other hand, was always with a resident. Because the resident council and the RA worked with management, they could facilitate better resident-management relationships, but there

were complaints from the residents about both of these mechanisms and their effectiveness.

Further, residents could not advocate collectively in this community. Despite social activities, there were only a few small groups of friends, or cliques, present throughout the community, which created a barrier for residents to grow their social networks or build community cohesion. As a result, it was more difficult for residents to obtain information and feel secure. Many remain isolated in this perspective and solely dependent on the service coordinator - the Shepherd. She leads, defends, and protects the residents and provides them with needed resources. Without the Shepherd many of these residents would be lost, since they are not used to drawing on each other, or themselves, for support or assistance. The residents had tremendous respect for her and would do anything she asked of them. The manager also respected what the service coordinator said and would work with her and the residents to come up with solutions. Thus, the Shepherd held the most power in this community among the residents with many affectionately calling her "the arm twister." She was the person who many residents contacted when they had an issue or a problem with management, and she was also the one who influenced them on how to act.

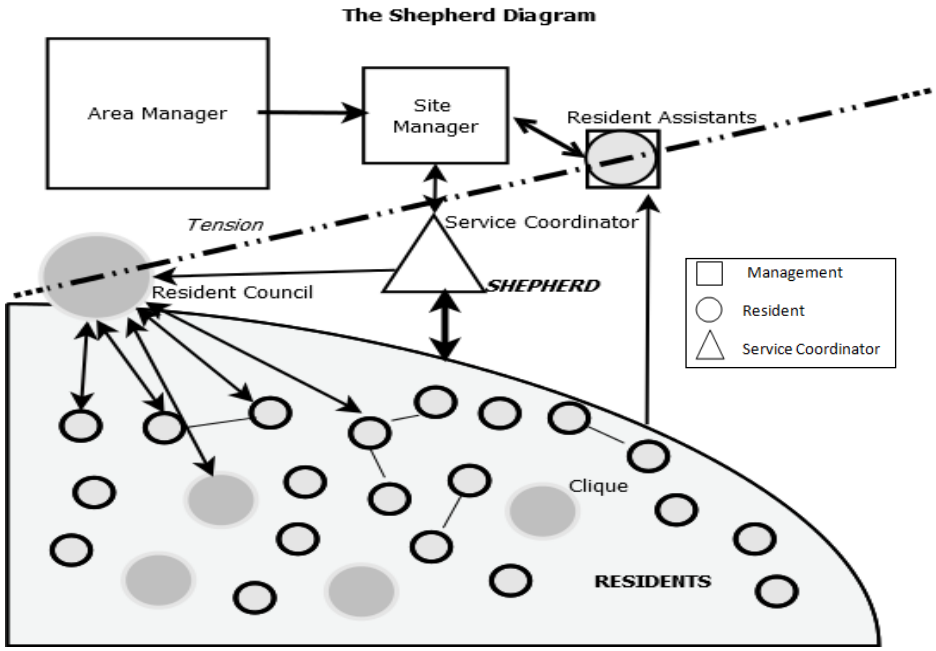


Figure 8. The Shepherd Diagram. A graphic representation of staff-resident communication.

Resident Reaction to Tension

Because residents did not perceive that they had many paths for authentic input and feedback at Good Shepherd, it was clear why there were continually unresolved tensions in this community with management and with each other. Residents mentioned that management staff, including the RA, did not always respond to their complaints. Further, residents at Good Shepherd did not have solidarity – they were detached from one another and were unable to organize against management collectively or use the resident council to help them meet their goals. Individually, most did not know how to advocate for themselves or were afraid to do so. Therefore, reactions to situations that led to tensions with management were exhibited in subtle and hidden ways.

Actions of resistance. In some cases, residents displayed resistance. For this research, the term resistance is defined as a subaltern response to power, irrespective of

the subordinate's intent to resist, which challenges that power, and has the possibility to, but does not always, undermine that power (Vinthagen, 2007). Because many viewed the site manager as unapproachable, very few talked with her about their complaints. Residents often went to the service coordinator, or if they felt it was a more critical issue, they would go to the downtown office. At times, the city manager had been called. They reported that the downtown office typically took care of their issues. However, when they didn't file a complaint when they were dissatisfied, their actions of resistance caused headaches for management. In the case of the bug infestation, the following conversation shows how some residents are ignoring management policies altogether, which hurt both management and the residents:

> RA: But some of the people are so dirty, I mean you don't know, you don't know. And if they don't clean up it's going to go next door to the person…
>
> Interviewer: But how can they not clean up if they have to pass a HUD inspection, right?
>
> RA: But for a whole year, the place is filthy.
>
> Interviewer: But then there are all of these other inspections you have, like bed bug inspections, pesticide people, and air filters replaced, and maintenance visits. And wouldn't they report something to the manager if the place looked disgusting?
>
> RA: Yeah, but you'd still tell them. But that's why I tell you at the beginning, what are you going to do, throw them out? She gives notices that they have a certain time to clean up. And so they do it, but after that they go back to the…

Interviewer: And you don't really keep up with the…

RA: No, there's too many. Too many.

In addition, the frequency of written communications was overwhelming to some residents due to the numerous maintenance and pest visits. One resident stated, "There be so many notices I get them confused…Oh what's the date? The exterminator coming or they gonna cut the water off? Oh no. That was yesterday or last week." Some residents disregarded the management notices altogether with notices piling up outside some of their doors. This caused a problem for management's ability to communicate and gain compliance from residents.

Many of the residents complained of the preparation involved for the exterminator visits. Every time they spray, residents had to fully clean out their cabinets. Some people were frail and may not have had assistance to do this, or if they did, they sometimes became confused over the date and weren't ready for the visit. One woman reported the loss of control she felt. She said, "Like for me I get upset, because I can't do everything right away. I have to wait until someone comes to help me, like my son." Thus, many are not cleaning out their cabinets or having their apartments fully sprayed, even though written notices from management state there would be a $40 charge if they don't. This man took control of the spraying in his own apartment:

> Cuz last time I didn't move that stuff. I still directed them, hey don't spray in there. I got can goods in there. They sprayed around it. They spray right there because I see roaches right there. Don't spray on my pots. I directed them. I

wouldn't let them come spray. You sitting there watching them and tellin them what to spray, they'll do it.

As a result, some apartments may not be sprayed effectively since some residents are either not fully cleaning out their cabinets, are foregoing the spray altogether, and/or are sharing with each other how to interact with the exterminator in a way where they can regain control over their own environment.

Some residents are unhappy with the rules set up by management so they create their own, whether it is smoking in non-designated areas, doing drugs, or bringing in homeless friends to live. Following is a more mundane task in which residents try to exert some control:

Resident 4: The laundry room is always a constant battle. Everyone knows their laundry day, but on the weekends, you can put your apartment number, but if it's open at that time, people been erasing apartment numbers on and putting theirs on if they want that.

Interviewer: It's in pencil?

Resident 4: It's in pen. That's childish.

Interviewer: Who gets notified if there's a conflict?

Resident 4: The resident assistant. It's the little things you know.

Thus, the residents dealt with the many command and control policies issued by management by creating their own rules to establish a sense of control within their community.

Self-governing by coping or adapting. Although there were some acts of resistance at this community, the majority of residents coped or adapted to tension with management. This type of self-governing behavior helped them to achieve the satisfaction they desired, while at times, their actions benefitted the overall community and even management. Often, residents didn't like to make complaints out of fear of getting in trouble or upsetting others. Further, those who had expressed complaints and did not obtain resolution stopped complaining altogether, because they felt nothing was changing. They felt powerless. Some of these areas of contestation that resulted in no action by the residents were dirty carpets, no fire drills, rent increases, the spatial isolation of the complex, housing communications that were only available in English, altercations with other residents, the resident council, or the type of or lack of activities.

A resident reported on her previous poor experience asking for accommodations from someone in authority at the previous place she lived, which had adversely impacted her ability to advocate for herself in her current situation. She said, "I have experiences on asking them and getting some negative feedback, so I haven't pursued it." Two residents shared this same fear of complaining. They said, "When you go to the big office [the downtown HUD office], it's like you're being a snitch or something," and "I don't complain. I'm up here. I don't get in touch, so I don't get in trouble. It seems like every time I go downstairs I get in trouble or something."

Some learned how to cope, settle with what they had, and they were content with not asking for anything more:

There's nothing you can do. We tried to look for some other place, but like I said, that's why I don't complain. Other places charge you a whole bunch of money – electricity and gas. I see people have more problems than I do, and they have to work, which I don't have to work. I feel like I really don't have the right to complain. If I'm going to complain, I'll complain about my health.

However, coping without voicing their complaints negatively impacted their quality of life. A focus group participant who did not have adequate information - and was afraid to request it - reported anxiety over being charged for services:

Resident 5: Everything that the maintenance guy do, the manager got a charge list, so it makes you not want to call 'em. Like my door is off track and my sink it needs to be plunged. I've been there that long, but if I call maintenance and told them to do it. Their prices are high.

Resident 3: Do they charge you?

Resident 5: That's what they say they are going to do, but they haven't charged me, but I haven't called them.

Resident 2: It's only if you broke it. Only if it's negligence. If it's wear and tear, they not gonna…

Resident 5: They won't?

Resident 2: No.

Resident 5: Like I know my sink is clogged.

Resident 3: They shouldn't charge.

Thus, residents did not fully understand what their rights were and when they could make requests, since they were afraid to ask management.

There were several additional areas of contestation between residents and management, which resulted in residents coping or adapting their own behavior and ultimately benefitting management. Residents reported the frequent number of times that management had service staff in resident apartments. Most disliked it and felt it was an invasion of privacy, and many said that they didn't give residents time to get to the door before they were already opening their door. Most coped with it, but some made accommodations. One resident stated, "Whenever I get a notice that they are going to be in my apartment, I take the day off, because I'm not gonna not be there. I'm like ain't nobody comin into my apartment." This is helpful for management, as the residents' presence prevents complaints of theft and assists maintenance and obtaining information; however, residents have to continually shift their schedules to be there.

In addition, Good Shepherd has had a persistent roach and bed bug problem over the last several years. In spite of monthly visits by the exterminator, residents complained that nothing was changing. They felt that if anything, it was getting worse, and that the bug problem was because the exterminator was not thorough enough when he sprayed. As a result, many residents with already tight incomes hired their own exterminators or bought their own sprays and traps to control the bugs, which was a resident behavior that management encouraged. Unfortunately, some residents avoided socializing with residents in common areas out of fear of contacting bed bugs, which harmed any attempt for management to meet with the residents. This was an unexpected consequence for

management. Regardless, residents overall felt free to self-govern in many areas of their lives at Good Shepherd and were overall fairly content with what they had, whether it was socially equitable or not.

Implications for Aging in Place

Subjectivity

The majority of residents at Good Shepherd lives below the poverty line and has complex health needs. The residents are frail compared to other sites due to the long housing tenure of residents who are aging in place and the resident selection policies which prioritize a frail population. Most long-term residents reported physical and/or mental declines from aging. When one resident who has lived there for almost ten years was asked if anything about his health had changed since he moved in, he responded, "Yeah, I'm in a wheelchair now. My heart's not that great, but other than that, I'm happy." The following discussion by residents is representative of the residents' and staff's perceptions that its population is frail and limited in its abilities:

> Resident 6: Once you're here, it's sad to say, but once you're here, you're here until you die. This is where people go to die. This place is where sick people go basically.
>
> Interviewer: So this is not an active community. The people here have a lot of complex, health needs.
>
> Resident 6: Right.

Residents' reports of resident frailty were substantiated by the high volume of 911 calls (Police Department Crime Analysis & Reporting Unit, 2014), posting a higher per

capita 911 call rate than the other sites and well over the city average for 911 calls. In 2013 there were 190 calls made to 911 (158 percent call rate) – 109 of these calls were made for health reasons. This is more than twice the city's average call rate of 75 percent (e.g. number of 911 calls/city population). Residents were disconcerted by the frequency of 911 calls at the site and the weekly visits by ambulance, police, and other emergency personnel. As one resident mentioned:

> Anytime I am ever near the apartment and I see a fire truck headed this direction or I come home and there is a fire truck, I'm like who now what now. The first thing I want to do is run up and go what happened? You know, and it's not that I'm trying to be nosy. It's like what's wrong? Who did I just talk to last night that is sick now, or what's going on?

This contributed to residents' vulnerability and anxiety about their own well-being, which reinforced the need for a strong support system at this community. A focus group participant complained about the lack of wellness checks at the site:

> The only time they check to see if people are alright like if there is a fire or something and somebody ain't accounted for. That is the only time they go to your door and see if you're alright. The other times…they don'go to…they don't care if you're alright or not. They don't go see. Only if something happened.

Another resident worried about being the next victim of a 911 call:

> You know one thing that concerns me is like me and stuff. I could be in my apartment for three days. I wouldn't hear from nobody. How would anyone know that I'm in this apartment? Because I don't have no visitors. Nobody very seldom

see me. I come and go. You know I come downstairs in the community room for a while. But a lot of times people don't even know I'm there. You know you said it's kinda strange and it's scary you know. You can be in your apartment. You can be dead, sick, anything…

The community's focus on frailty, illness and death seem to have a negative impact on residents' ability to connect to and take care of each other. The following focus group discussion illustrates the complexity of forming personal relationships with other community members in an environment filled with loss:

Resident 7: I just don't like how people die – there are too many people that die around here for me. They are here one day and gone the next.

Resident 1: Yeah, somebody's always dying.

Resident 7: I just talked to that person and then the next thing I know that person is dead.

Resident 3: That's what I don't like. You see them one day laughing and joking and the next day they're dead.

Resident 7: Yeah, and I think that's what I have a problem with because I understand a lot of the people in the building are older than me. I don't know. I have a hard time dealing with friends dying. You see them one day, and then you can't. You know you get to know people good and then all of a sudden they're just gone. I understand that's going to happen because we are older people. We are all gonna die. But just being surrounded by older people and you know it's

> going to happen eventually. As long as you live there as long as you are around, something is going to happen to one of us.

Further, a turnover of residents due to health deterioration and withdrawal from social activities and mental health issues have impacted the ability of residents to form a cohesive community. A resident who has lived here for ten years reported, "They should know my name, but some of them, they barely moved in. Some pass away. They move out. And some comes in and it takes a while for them to get to know you." The majority of residents interviewed reported that people stay to themselves most of the time. One of the younger residents stated:

> People will say hi and I'll talk to them, but I usually don't go to their house. They know us just by when we come down and play bingo, or do something down there – play games or activities. That's about it.

A resident who had a clique of friends and who lived there for a while stated what he thought the issue was:

> Some people just doesn't talk. You have to come out of your room. Some people don't come out of their apartment for two or three months, and then they finally venture out. Or they go to these activities, but when we try to talk to them, they may say two or three words and then convert back to their apartments.

There are several reasons why residents have decided to keep to themselves. Some isolate themselves due to physical disabilities or pain they may be experiencing. As one resident reports, "Yeah, I don't like to stay in my apartment, and like right now, I can walk around my apartment, but most days I can't walk down the hall." Some stay to

themselves to avoid other residents. As older residents have increasingly moved into assisted living, nursing homes, other family members' homes, or have died, a younger population with disabilities had not gone unnoticed among senior residents looking to bond with other seniors:

> Resident 8: When I moved in here, it was a little different. It was more elderly, and it was different.
>
> Interviewer: Did you hang out with the people more?
>
> Resident 8: I did at first for the first two years.
>
> Interviewer: What did you do with them?
>
> Resident 8: Well, I'd talk, we'd sit outside. I like to be with people and talk. But here you can't do that. They are all young people. Here, they are mostly in a wheelchair or something like that…at least 80-90 percent of them.

Good Shepherd has a higher number of severely mentally ill (SMI) residents under the age of 62 than the other two sites, although there were only 20 residents who had SMI as their primary diagnosis.[2] Other residents were aware of the presence of this population, and some had an issue with it. During observations, residents were visibly avoiding those residents who were talking to themselves or exhibited characteristics of SMI. A resident shared her observations regarding one of the residents with SMI:

> People are afraid of her and don't know how to interact with her, because of the way she talks and stuff, she can be kinda mean. It's not intentional. It was just the way she was treated. So a lot of people can't handle her, but she comes over here

[2] This number may be understated as listing only by primary diagnoses ignores those that have multiple disabilities.

> to watch TV, or I make a dinner and watch TV, and she loves it, because we actually talk with her, and treat her with respect.

Thus, the stigma of SMI, frailty, and death are creating barriers for relationship-building among many in this population who could benefit from a support system.

Institutional Response to Aging in Place

Management recognized that this site served a frail population. Staffs' perceptions of Good Shepherds' residents were that they were less able to handle their own things, socialize, or take ownership of the building or activities. Responding to the perception of the needs of the residents, a staff member responded, "It's like assisted living here." The site manager stated that their goal to was to keep residents living independently for as long as possible by connecting them with outside supportive services. The identity formation of a sick and dependent resident shapes policies and staffing responses to be paternalistic, which carry both positive and negative outcomes for the residents.

Management relied on the RAs and the service coordinator to ensure the needs of its residents were being identified and met to prevent unnecessary evictions. Sometimes, however, evictions could not be avoided. Prior residents who had significant dementia had been forced to move to a nursing home or assisted living facility after the service coordinator and the manager coordinated with the family to determine the safest plan of action for that resident. As a matter of policy, eviction notices were served to residents in violation of their leases only as a notification before the service coordinator was called in to mediate. For instance, hoarding was a difficult issue for this community. Lease guidelines stated that if there was a property violation or the health and safety of other

residents are compromised, there is cause for eviction; however, evictions due to hoarding rarely happened. The residents would make a formal agreement to correct it while the service coordinator coordinated services to make the situation better, and their apartments were inspected monthly to ensure compliance.

When asked if residents would then get evicted if they didn't correct it, one of the staff members stated, "Well usually for hoarding believe it or not, we're strict but we don't follow through with it, because you're not going to throw somebody out. I mean it's a sickness." Another staff reported, "It has to be pretty serious to be evicted. They are pretty lenient, and it has to have been a chronic issue." This discretion is what set them apart from other sites in recognizing the needs of an aging in place community.

The RA also conducts fairly frequent, but inconsistent, wellness checks if a resident is worried about a neighbor. The RA discussed what happened during these wellness checks:

> RA: A lot of it is they fall. And it's mostly the elderly that's left or heavyset. We have a woman who weighs a ton. She used to fall all the time, and she couldn't get up. And the fireman had to come, and this last time, she wasn't getting up. She died. I saw her too.
>
> Interviewer: So when you go check on people, how often did they really need something?
>
> RA: Right now since the young are moving in, it's not as much. It's the seniors. The seniors sometimes,…the ones that are on pills for mental issues, either they take too much and are walking around like a zombie dozed off.

Even with lenient policies, and an RA to do wellness checks, the service coordinator was the most relied upon position by the residents. Unfortunately, some had become over-reliant on her and had thought of her more as family. Some had even chosen to move to or stay at the site because of her. While this was a valuable benefit and it aided resident retention, it also created problems when she was not there. A resident shared what happened to a woman with SMI when the service coordinator left:

> She [service coordinator] took like three weeks off to go to England to visit her sister. She was gone for a long time. Well, the resident I was telling you about, she had a break down. See, she thought that the service coordinator was gone for good….We called her doctor's office. It was really bad. It was bad bad. When she came back, our manager told her that they didn't know that the resident was that reliant on her.

Although the residents tried to take care of her, she would only depend on the service coordinator for help. The lack of trust between residents poses a significant barrier to community resilience and successful aging in place, as residents look only to professionals for support instead of each other.

When the resident was asked if the service coordinator being shared between sites was creating an issue for many residents, the resident replied that many of the residents miss her, and "a lot of things we were counting on her to do, we can't count on her, because she's not here." When asked for an example of what they couldn't do, the resident replied:

> Things that might have to be done. Like my husband got a certified letter from Magellan. I don't really know what it says. I don't know when I'm going to be able to see her to have her read it to explain it to us.

Another resident shared how the service coordinator helped her make every day decisions:

> She stops you from making a mistake, like me trying to get a dog when I'm not home ever. 'You'd be doing the best you can by putting it in the dog pound,' which I did. But if it hadn't been for the service coordinator over there, I don't know if I'd stay living over there that long.

A resident with disabilities explained why there was so much reliance on the service coordinator, "I was able to read something and comprehend and now after I had the stroke I have a hard time figuring out what the letter says." In fact, because the service coordinator was so accessible on site, she helped residents with virtually anything, and the residents trusted her; they relied on her over their regular case workers:

> Resident 9: If she leaves this place would fall apart. She helps all of us a lot. She's helped us get our food stamps straightened out. She's helped get long term care that I'm on now. She's helped us with my special phone for the hearing because I can't hear.
>
> Interviewer: You don't have a case worker that can help you with this stuff?
>
> Resident 9: I have someone with ALTCS. Very hard to get a hold of her. It could take three weeks.

A barrier to residents building a support system with each other, however, was their over-reliance on the service coordinator. When asked if they thought other residents could help them with difficult problems, a resident who had lived there a long time with a clique of friends stated, "I don't know. We've never tried." One senior resident recognized her dependence on the service coordinator: "If I don't have the service coordinator, I have to learn how to manage on my own too." Thus, although the service coordinator is a very beneficial position, it could hinder residents from being self-sufficient and advocating for themselves.

The Response of Residents to Aging in Place

Typically, seniors in senior housing communities have a strong outside family support system to assist them, which becomes even more important in the absence of a strong, cohesive resident community. Some residents at Good Shepherd had family to help them, but these familial supports were not as visibly present as they were in the other communities. Residents who were interviewed either had little or no family or had broken family relationships. The family relationships that were present, however, provided residents with social support. In some cases they were utilized to help frail residents meet strict rules regarding pest control or preparing for inspections. In the case of residents with language barriers, there was sole reliance on the family to communicate with management, for socialization, and for any other needs they had.

The climate of the community was very friendly with residents interacting with each other in common areas on multiple visits. On further investigation, it was discovered that most were only friendly acquaintances and would not go to their neighbors for help

or support, although some expressed a desire for deeper friendships. On the other hand, some of the longer term residents described their neighbors as family and had stronger bonds with some community members. Thus, while informal supports within the community are greatly needed by a population who requires supports to continue to live independently, it is only available to some. When informal supports were utilized, they were typically given by other close friends or clique members, or their next door neighbors. Some residents used informal supports to help with transportation, meals, information sharing, help with preparing units for inspections and pest control visits, socialization, and as emergency contacts.

Because of this limited support, there was an underlying fear of aging and not being cared for among the residents that was not being adequately addressed in this community. There was significant discussion over the need for wellness checks at this site, i.e. checks to ensure a resident is okay. In the past, focus group participants reported hanging doilies on their doors before they went to bed. They would take the doily off when they awoke, and if the doily was still there in the afternoon, neighbors would know to check on them to ensure they were safe. However, few in the focus group knew about this system, and it was unclear if it was still being done. Moreover, although there were pull cords in the bedroom and bathroom that could be used for emergencies, the majority of residents either did not know about them or thought they were a nuisance because they were too long. They would have to fall right next to the cord for it to be helpful, or they were charged $105 if they were pulled accidentally, i.e. by their dog, cat or wheelchair.

Thus, informal supports within the community came mainly in the form of wellness checks. Recognizing that health crises were common to this community, the residents who were more connected tended to look out for each other, or have the service coordinator make a wellness check on those they knew, but this did not happen consistently:

> Resident 5: When I haven't seen someone for a while like three, four, or five days, I tell the service coordinator I'm concerned, I don't know about so and so. I haven't seen him. So…oh they're on a trip. Oh okay. If they're not on a trip, then she will make a well check.
>
> Interviewer: Does the service coordinator check on a regular basis?
>
> Resident 6: No, but if anyone shows any concern she will go and check.

Residents overall, especially those that were more socially disconnected, expressed a desire for more well checks to quell their fears over their own mortality:

> Interviewer: Do you think there is an informal watch program here?
>
> Resident 7: Yeah, kinda sorta, people will do that. Once in a great while I've heard somebody say have you seen Becky[3] lately? And the service coordinator said yeah she's in the laundry room. And I've had people ask me if I'm new, and I said no. And they say I don't see you much. And I say that's because I'm over here.
>
> Interviewer: Does it make you feel safer to know that people notice when you're gone?

[3] Names have been disguised to protect the identity of the participant.

Resident 7: Yeah, but it should be more to check up on everybody.

Hence, the medical focus of the community seemed to shape the efficacy and fears of the residents. Residents opted to rely on professionals for support over other community members; and because of this over-reliance, residents felt supportive services were lacking and were anxious about their daily lives.

Summary

Of the three sites studied, Good Shepherd was the oldest site and also the most fully staffed with a dedicated service coordinator for its residents. Many of the residents had been here for years and were the frailest of all the sites studied. The priority of this city-managed site is to help its residents to live independently for as long as possible. Therefore, the top concern for management was that residents were getting the services needed to help them stay safe, healthy, and independent. Thus, there were positions and amenities here to help the residents feel more secure, such as the use of resident assistants, a resident council, and emergency pull cords; however, the service coordinator was the most important position to the residents, serving as the Shepherd to this community. She led them, protected them, and advised them. She did so much for the residents that there seemed to be over-reliance on her, which was one of the factors that prevented self-advocacy, independent living, and community cohesion – for the residents turned towards their Shepherd for help more than they did to each other. When they didn't turn towards their Shepherd for help, they learned to cope with issues they were unsatisfied with or adapted their behavior to achieve satisfaction. The Shepherd perspective is based on a paternalistic ethos that offers the formal support residents need

to age in place, but it doesn't recognize the informal supports that exist in the community. Further, while there were numerous avenues here for residents to exercise their voice, they weren't able to do so. This perspective does not allow access to space for authentic citizen engagement, which could give them more control over their own lives and cultivate resident empowerment and individual and community resiliency.

CHAPTER 5

FORT KNOX APARTMENTS - PRIVATELY-MANAGED PUBLIC HOUSING

Fort Knox is owned by the city but managed by a private management company. The priority of this for-profit company according to the area manager is "to manage the asset [the building and property] and assure a good return for share holders." Therefore, the site manager's time is dedicated to ensuring the physical property is taken care of and that the units remain full. Fort Knox is the only site in this study that offered no dedicated staff or services to support aging in place. As a result, the site manager of this 69 unit building had to wear many hats: corporate trainer, service coordinator, activity planner, marketer, compliance officer, security guard, and maintenance coordinator. His performance in these many roles shaped the identity of the resident as simply a tenant rather than a resident of an interconnected community. This identity formation contributed to a fragmented, detached resident base, which created barriers in supporting and maintaining individual resilience. This site's operations and its sole reliance on the manager to perform multiple roles was a mismatch for aging residents' needs, and as a result, created tensions and resistance among the residents.

This chapter introduces the managerialism-inspired Trustee perspective, in which the prerogative and goals of the manager dictate the communication and relationship dynamics of the community. This perspective is developed in this chapter by first describing the structure and institutions that define the community and shape resident response. Next, it introduces the Trustee perspective by examining the management-resident relationship, the tensions that arise, and how they are confronted by residents.

Finally, this chapter concludes by examining the subjectivity of the residents and implications of the Trustee perspective for residents who are aging in place.

Structure and Institutions

Site Demographics: Young and Active Seniors

This is a young, active senior population. Many of the residents interviewed in this study had never lived in public housing. Most are retired, but some are still working part-time. At the time of this research, Fort Knox housed 73 residents. This was also a female-dominated population with 63 percent (46 residents) being female and 36 percent (26 residents) male. Statistics on disability were not available since HUD or the city did not require them. The population was also very diverse (see Figure 9) with African Americans and Latinos representing two out of three residents at this site.

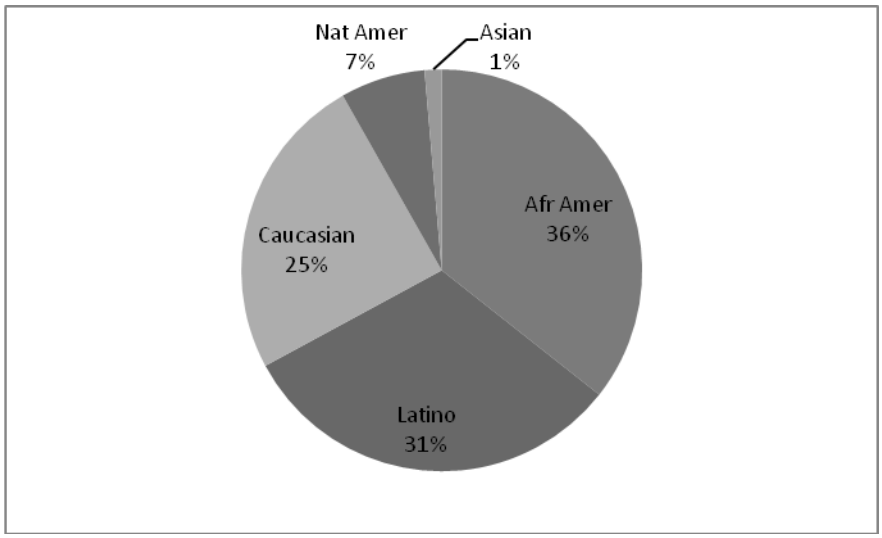


Figure 9. Private site racial/ethnic composition.

In addition, this was a younger population with the resident average age of 71 years old. The following Figure 10 gives the distribution of resident ages in this community.

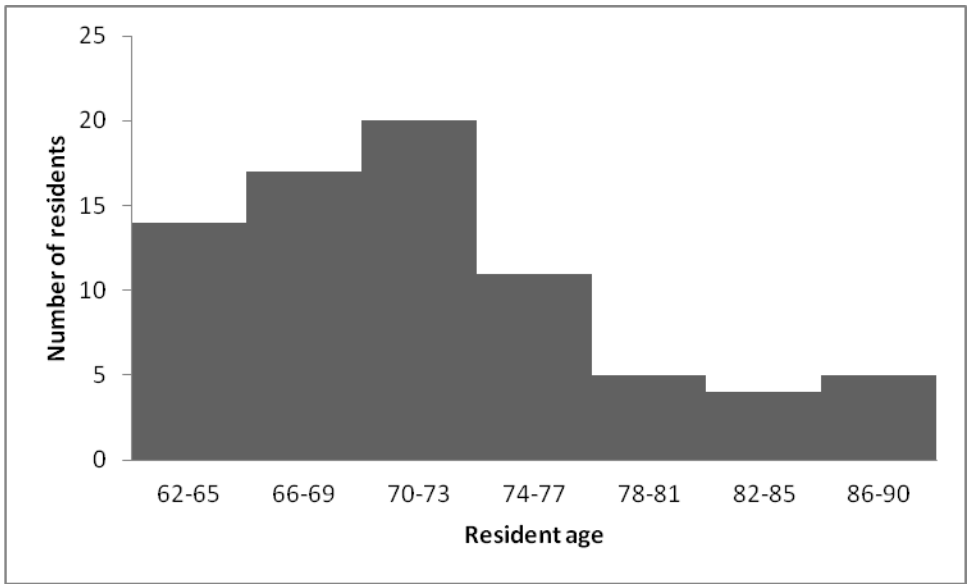


Figure 10. Age distribution at private site.

It could not be substantiated if the staff at Fort Knox deliberately select residents who are younger to delay aging in place issues. What is known is that this is a younger population than the other privately-managed site, and that the language used in its documents, staff interviews, and its resident selection policies skew towards targeting an active, healthy senior population. For example, the resident selection criteria state that decisions to select those who require ADA accommodations based on medical need are determined on a "case by case basis." On the other hand, it is a newer site, and younger senior residents may be attracted by the aesthetics of this site more than the lack of available supportive services.

Site Description: Highly Secure

Fort Knox is the newest building of the three sites studied. The previous 24-unit public housing structure built in 1963 was torn down in 2008 to make way for more affordable housing. The 69-unit Fort Knox was built in its place and opened to senior

residents in October 2009. It is located in a neighborhood setting in an isolated area of town across the street from Good Shepherd. The proximity to the city-managed site allows Fort Knox to share resources with the city, including van transportation for shopping. Although the closest grocery store is 2 miles away, approximately half of the residents at this site drive, so the city vans are only used by a handful of Fort Knox residents. The site is also located next to the light rail and several bus stops are located nearby.

The site was built by the city, and boasted a highly secure design. The doors are locked at all times. Residents can only enter or exit the community through the secured parking lot or through the lobby of the building. There is a side gate that permits residents to leave, but they cannot enter, because there is no key card access. Guests can only enter if a resident buzzes them in from the call box outside of the lobby. To ensure security, resident doors automatically lock when they are shut resulting in the majority of residents at this community experiencing lock-outs at least one time since they have lived here. Although the site has common spaces, the computer lab and community room are closed off by institutionally-designed glass doors, which require a resident key to enter.

The building also offers a large space for resident use with a full kitchen, but there is little there to attract residents. It is sparsely furnished with one couch, an armchair, and at least ten metal tables and chairs. A few of the residents use this room to play Bingo on a weekly basis. Many residents reported that they didn't even know the community room was for their use, as this room often hosted staff and other meetings not open to residents. The computer room has a couch, flat screen television, two computers with a printer, and

a table for activities, but as demonstrated through observations and residents interviews, this room was also rarely used by most of the residents. As many stated in their interviews and as substantiated in observations, it was often controlled by one or two residents, causing those who used to use this space to avoid it altogether.

The building's design is a paradox. It supports aging in place by incorporating elements of universal design, such as zero-step entrances, three foot door openings, levered hardware, grab bars or backing in the bathroom, and a five foot turning radius in the kitchens and bathrooms. Further, there are eight ADA units that are fully wheelchair-accessible, and all other units can be retrofitted to be accessible at no cost to the resident. However, there are disadvantages to residents with disabilities as well. It is a four-story building with two outside un-air-conditioned elevators and resident units starting on the second floor. Some residents with disabilities only feel comfortable living on the first floor so that they can easily exit in case of a fire. As a result, there were few residents with wheelchairs living here.

All residents interviewed were highly satisfied with the aesthetics of their units with some mentioning that they felt like they were "living in a resort." A majority of the units are single bedroom and they are large in their design incorporating between 692 and 830 square feet of space, and the three two bedroom units are expansive covering 1,192 square feet of space. There is vinyl plank flooring in the large kitchens, carpet in the bedrooms, new appliances, high ceilings, washer/dryer hook-ups, balconies, and ceiling fans. Residents also appreciated the laundry room on each floor, the inner courtyard with grills and walking and seating areas for residents, and the gated parking lot.

Regardless of the closed-off feel of the interior common spaces and its limited accessibility, the city is proud of this site's environmentally sustainable design. This project was built to meet the U.S. Green Building Council's Leadership in Energy & Environmental Design (LEED) Silver equivalent standards, which includes the pre-fabrication of most building components to reduce onsite construction waste, artificial turf and low water use plants/trees, sun shade canopies, rough-in for future solar water heater and rooftop photovoltaic panels, and low VOC finishes. Other LEED components are flooring and carpet in each unit that are made from recycled rubber and immediate access to light rail. In 2010, it had won four state and a national awards for its environmentally friendly design. The REAC inspections were also high with Fort Knox posting a 98 percent on its previous inspection in 2010 and a 94 in 2013.

Financing and Oversight: Multiple Partners, Little Oversight

Fort Knox is a mixed-income development as a result of the city's efforts to build partnerships to secure financing. The city partnered with several private and public entities, including six other city departments, local businesses, HUD, the State Department of Housing, and the City Municipal Housing Corporation. The cost of the rebuild project was $17.4 million. $9 million was secured through a loan from the city drawn from public housing sales proceeds and General Obligation Bond funds, $8 million was through a low income housing tax credit (LIHTC) Equity/Construction loan, and $400,000 was from a Community Development Block Grant (CDBG) through the City Neighborhood Services Department, which funded this site's solar panels. Of the 69 units – 34 units are funded as public housing and 35 units are affordable housing and are

LIHTC-subsidized. The property is the first city-developed LIHTC project funded through the State Department of Housing. The funds leveraged enabled the city to build an additional 35 units to create a mixed-income community.

Fort Knox's private management company entered into an annual contract with the city with an option to renew annually. The city provides no funding for operations. All subsidies that Fort Knox receives are generated through resident rents, HUD tax credits, and HUD public housing units. The area manager reported meeting with a city project manager monthly. They also had to submit monthly full financial reports that included costs of maintenance requests, length of time in meeting these requests, activity calendars, inventory of any new purchases, marketing and potential resident calls, and any significant fair housing complaints. What is important to note is that the city was in a state of transition during this research. There was no staff person overseeing compliance, so city staff were not well-versed in the day-to-day operations of this site. For example, the city reported that they assumed activities were occurring, since they received the site's activity calendars. However, they did not require attendance sheets, and so were unaware that there were no activities for the residents.

While there seemed to be little oversight in some areas, there was frequent contact by many monitoring parties throughout the year. The city does know this property quite well, as it visits this property several times a year, either to inspect or to host events there. In addition, this site is required to complete HUD inspections every one to three years. The area manager also is subjected to corporate evaluations and meets with her supervisor to discuss her portfolio of properties and how they are performing financially.

The private management's corporate office also performs quarterly site inspections to evaluate the physical condition of the property.

Rent and Income Guidelines: Not Strictly Enforced

Fort Knox has stricter income requirements to participate in their conventional public housing programs than the city does due to its contractual requirements with the city. Twenty- eight of its 34 public housing units are eligible to residents at 40 percent of AMI and six of its units are designated to residents with incomes at or below 50 percent of AMI. However, if a resident's income increases above the designated AMI for that unit, these requirements are not enforced, and they are not asked to leave public housing. The area manager stated:

> Our target mix [of units tied to AMI] doesn't change... but it could be off at times just based on what our resident's income is. For example, if a resident qualifies at 50% [AMI] upon move-in, but then upon renewal their income goes to 60%, since we do not ask them to move out we would be a little off of our target mix.

The LIHTC unit income guidelines are not much different with 29 of the 35 LIHTC units eligible to residents with incomes at or below 50 percent of AMI, and only 6 units eligible to 60 percent of AMI. Thus, for the majority of units, there really is no significant difference between the LIHTC and the public housing units. Further, the income guidelines at Fort Knox are well below Good Shepherd's high income guideline of 80 percent AMI; however, this is not reflected in residents' actual incomes. The average annual income of the Fort Knox resident is $12,747, which is significantly higher than the average income of the Good Shepherd resident of $10,596.

Residents who are in public housing pay 30 percent of their adjusted annual income for rent with the average rent paid being nearly twice that of Good Shepherd's ($488/month). The rent includes a utility allowance ($88.00 per month one bedroom/$106 per month two bedroom), which reduces their rent; however, residents still have to pay their own utilities. Any maintenance requests outside of normal wear and tear or preventative maintenance are to be paid by the resident, although rarely is this enforced by the manager. A security deposit is required at move-in, and is $150 regardless of income; however, some residents reported paying higher deposits. Fort Knox also allows one pet per household – two if they are cats. The pet is required to weigh 25 pounds or less. While Fort Knox has the ability to charge a pet deposit in other cases, residents with pets reported paying no deposits.

Resident Selection Policies: Active and Financially Stable

Because the community is so new and no residents returned from the previous site, residents have fairly short tenures here, but the resident turnover rate is low, averaging 20 – 30 percent. There are only 34 public housing units at this site, and they are often full. Over the last two years, the city added control of resident selection and wait list management to the contractual obligations of private management companies, but there is little oversight over these lists by the city. Applications are received and filed on a first-come, first-served basis. All external applicants wishing to be placed on the wait list must first complete a written pre-application and obtain a receipt from a community representative. If the applicant would like to move into this community regardless if their income is very low, the applicant may choose to be placed in an open

LIHTC subsidized unit and elect to pay higher rent for the foreseeable future. He/she can also choose to be placed on the wait list for a public housing unit.

While the assumption is that those residents who are in LIHTC have more resources, this is not often the case. Some of the residents in this community were making less than $1,000 a month but were paying over $500 in rent on an LIHTC unit, because they were the only units available when they applied. Some didn't understand that they could transfer to a public housing unit. According to management staff, residents are put on the same wait list as external applicants for public housing units; however, resident interviews could not confirm that this was occurring. One resident was moved almost immediately after an income reduction, while a few others were reported to have been waiting longer than some external applicants. It is unclear if there is any mechanism to ensure that residents are able to make internal transfers successfully. Further, there are no written HUD guidelines that allow residents to reduce their rents if their situation has not changed. Thus, these residents could potentially be stuck paying LIHTC rents. In fact, HUD staff stated that very few were ever able to successfully transfer from an LIHTC to a public housing funded unit. There is a disincentive for the private management company to allow these transfers and it is not mandatory that they do them, thus it is unclear how often they are really done. The wait list at the time of this writing for this property was 2-3 years for the public housing units, and the wait list for the LIHTC units was one year. This site is often full with an occupancy rate of 99 percent. Private management companies are drawn to the ability to earn a profit off of the tax credits with little marketing effort to achieve full occupancy.

In addition, the application process and selection criteria for this site are more stringent than Good Shepherd's, seemingly favoring a more active, financially stable community. The applicant has to renew his/her application every six months via mail, or the application will be removed from the wait list. Residents can be notified in as little as thirty days or less before a move-in date. Once the applicant is selected, he or she has to be screened by management staff to determine if the applicant meets eligibility requirements. All monthly debts must be disclosed to management staff for verification. To be eligible applicants must have at least two years of positive verifiable rental history, no delinquent accounts within the last ninety days, no unresolved rental judgments, and no felony conviction that poses a potential harm to others. There have been situations, however, where tenants who were homeless or who had been evicted from non-HUD properties were still eligible for tenancy, so these guidelines seem to be enforced on a case-by-case basis.

The intention of the management company is to select and maintain a healthy, active older community. The company's resident selection criteria states, "Your application may be rejected if you have a documented history of behavior, which, if practiced during residency, would violate the lease or community policies." In addition, its community policies state:

> Fort Knox provides quality housing for senior adults who are able to live independently. It is imperative that all people living on site are able to care for themselves. Neither the property nor management is prepared to provide healthcare maintenance. If it is determined at any time that a resident is in need of

permanent nursing services, the situation will be addressed on an individual basis by management."

They have also built in protections for themselves in case they deem a resident as too frail to maintain independent living. There is specific language in the lease that specifies that in the event the resident is no longer capable of upholding the lease, he/she would accept supportive services, but this could still be cause for termination. The language also reminds residents that "management is not responsible for locating supportive services."

Staffing Structure: A Site Manager with Many Hats

The staffing structure also reinforces the focus on housing an independent community. Because the site has a smaller number of units and targets an active senior population, there are few dedicated site staff to serving residents. There is a site manager and a maintenance person assigned to this property; both staff were shared with another site at the time of this research and were on the property only sporadically with no posted hours, which created tension with the residents. There is no service coordinator, resident assistant, or activity coordinator position at this site. The site manager is responsible for overseeing the property, responding to resident issues, managing this site's financial and legal obligations, ensuring full unit occupancy, and coordinating activities. There is also an area manager that oversees the site manager to ensure all contractual obligations with HUD, the city, and its own corporate office are followed. She is also contacted by some residents if problems arise. The management office is located in the lobby next to the mailboxes, the community space, and the computer room, but because the office is located in a separate building than the resident apartments and garage, residents don't

have to pass by the office at any time if they don't want to see or talk with the manager. Residents would have to go out of their way to meet with the manager, which for some frail residents created a barrier to accessibility.

Mechanisms for Resident Input: Few Opportunities

There are very few avenues for authentic resident engagement at Fort Knox. Annual surveys are mailed to residents from a corporate office and all results are returned directly to the corporate office via pre-paid postage. All received surveys are sorted by the front line administrative staff to prevent the potential removal of negative thoughts or comments by direct supervisors, who also hold offices at the corporate site. Any negative feedback is sent to the company Vice President first for review and investigation, followed up by additional investigations conducted by supervisors, including the site manager and site-based personnel. The management placed special emphasis on annual surveys; however, residents rarely mentioned completing them. Although management reported receiving positive results, they would not share them for this research.

In the meantime, if there are any concerns or feedback from the residents, they are to contact the site manager, and if there is no response from the site manager, residents will contact the area manager or company headquarters. However, in spite of receiving verbal complaints about various issues, the area manager would only respond to these complaints if they were in writing. For some frail residents, writing a complaint can be difficult. Thus, there do not seem to be accommodations in place to address this communication barrier.

Maintenance emergencies are to be handled 24 hours a day seven days a week. Once a maintenance emergency is reported, such as the air conditioning is not working, or there is no hot water, maintenance is to respond within 30 minutes. The problem in this study was not the maintenance's lack of response, but it was their lack of timely response to these emergencies that concerned many of the residents. One new resident reported an issue with her water and management's attitude attending to her request:

> … had to deal with once you moved in, 4 days of not having hot water, even though I reported it to the manager… I decided to stay where I was and deal with not having hot water, but that was terrible, and he tried to tell me that it was acceptable to live in a place without hot water.

Some residents felt they had little recourse than to live with it, but the area manager stated receiving annual surveys that reported satisfaction with maintenance, although the data from these surveys were not shared for this research.

Additionally, every few months, management calls meetings with the residents to update them on any community news or information. These forums are not for residents to air their views. Management stated that they would not relinquish control of the meeting with the residents and allow them to talk for fear "it would turn into a screaming match." As a result, some residents felt that these meetings were all talk and no action, and they didn't feel understood by management. Many reported that management often said the same things, but nothing was ever done. Of all sites surveyed, the residents at this site reported feeling in the least control. One resident reported the powerlessness she felt from her inability to affect any type of change. She said, "If you thought it

[complaining] was actually going to make a difference then it's constructive, but when you are having the same conversation this month that you had last month… I think enough people here have called and written."

When residents made formal requests to improve the site, they were not always allowed. In response, the area manager stated, "Sometimes requests are discarded because of budgeting/costs, sometimes liability concerns play a part and sometimes they simply don't make sense or benefit enough of the population to justify the implementation." Some requests declined by management were funding for supportive services, such as an activity person, activities, a van, or a resident assistant. This delineated a clear difference in views between residents and management of what the identity of this community should be. As a result, many residents felt a loss of control living in this community, including among those who personally liked the site manager.

The creation of a resident council. Many residents were frustrated about the lack of control they had. When asked if the manager listened to their ideas, the residents stated, "He doesn't have time. We need a resident council." There was confusion among the residents about the city's role at this site and if a resident council or a resident manager would be allowed:

> Resident 1: I asked if we could have something like that [resident council]. It has to do with we are not qualified to have something like that, but after ten years the city has this place. After 10 years, it will go back to the city …and then we will have a manager in here. But not like Fort Knox. So then we will be allowed to get things going.

Resident 2: So we are not able to have a resident manager because it is owned by Fort Knox and because the city only has a vested interest in it?

Resident 1: Well, when a big corporation manages it is a lot different than when…

Resident 2: I'm sure.

Residents assumed they were not entitled to have some ownership over their environment with a private company in control.

When management was asked about the residents' ability to organize a resident council, their response had changed over the course of this study. In the beginning, they stated that since many of their public housing residents are coming from public housing, they should already know about it to organize themselves, so the management company did not need to discuss it with residents. Further, the area manager didn't think the residents wanted one, since it took so much time, and there were only 34 residents funded under public housing. When asked about this later in the study, it was stated that "a tenant council would be a wonderful tool to assist them with building a positive community environment at Fort Knox, with the added benefit of helping to create a united front."

The assistance in planning and funding social opportunities was not lost on this manager as she saw the merit of the tenant council to "plan group outings and host fundraising campaigns to help offset associated costs" and to help coordinate and run activities. Resident input in community policies or planning was not mentioned in the purpose of the resident council. The manager was looking towards the prior public housing residents to organize the council themselves. More than likely, this council will

not take place without resident training or assistance from the outset, which the private management company was not equipped to provide.

Management-Resident Relationships

Staff-Resident Communication Patterns

With very few paths of authentic resident engagement at this site, the relationship with the site manager is important to ensuring residents' needs are met. Because the community is small and there are few dedicated staff, all of the residents had a direct relationship with the site manager. A resident stated how important his presence was:

> I think they need to have somebody there, because when these people, they're older, and some of them go back to little kids, and they just can't stand it, if they got a problem, they want to be able to voice it.

Management also understood how important the site manager position was to the residents. The area manager stated, "Many residents are in a fragile state and only have management to depend on." The site manager is "the world" to these residents. "They just want to be able to come in and say hi or bye and know someone is there." The site manager thought of these residents as "grandparents." He rarely evicted a resident and often gave warnings if there were issues. He stated that he cared for them and was there for them if they needed something, but he was spread too thin between helping manage two buildings to be as responsive as they needed him to be. He thought that no matter what he did, some residents would just complain, and there was nothing he could do that would change that. Further, he would not post hours to let the residents know when he

was there, because he never knew when the other property needed him. This was frustrating and disconcerting to residents.

> Resident 3: He can be here, and then he has an emergency and then he has to go. He doesn't get a choice.
>
> Resident 2: I write a note and slip it through the slot. He calls me immediately when he gets there.
>
> Resident 4: I've done that too. It doesn't work. I don't get a response. I have to catch him downstairs when I can.

Most residents stated that communication with management was "consistently inconsistent," even in written communication. Sometimes the manager would post notices on the bulletin board downstairs, but sometimes he would post them on the bulletin boards on each floor, on the table downstairs, or on individual resident doors, depending on what the notice was. Residents complained that a one day to a few days notice for resident meetings or events was not enough time for them to plan to attend, whereas the manager thought that if he posted too far ahead, the residents would forget. A few that were unhappy with the site manager developed a relationship with the area manager, and contacted her when the site manager failed to resolve their issues.

Residents all understood that the site manager was split between two properties, but their expectations of him varied, leading to a polarization of views towards the site manager. While most agreed that the manager tended to forget to do things, was difficult to get in touch with, and was overall unreliable, some really liked him, were fiercely loyal to him, and thought of him as a son; however, a few thought he was incompetent and

avoided him. One resident clarified the contradiction of resident views. She said, “They don’t like the management. They feel he’s not here enough, or that he says things and doesn’t follow through. At the same time, I feel that he’s really a nice person.” Some residents reported having the manager’s cell phone, and others didn’t. It seemed as if the relationship with management among all residents was inconsistent, therefore, some residents felt he had favorites. This strong division in opinion over the manager created a conflict within the community.

The Trustee Diagram. Figure 11 depicts the location of the line of tension that exists in the communication patterns between residents and other residents and staff. There was a clear divide between groups of residents that negatively impacted the dynamics of this community.

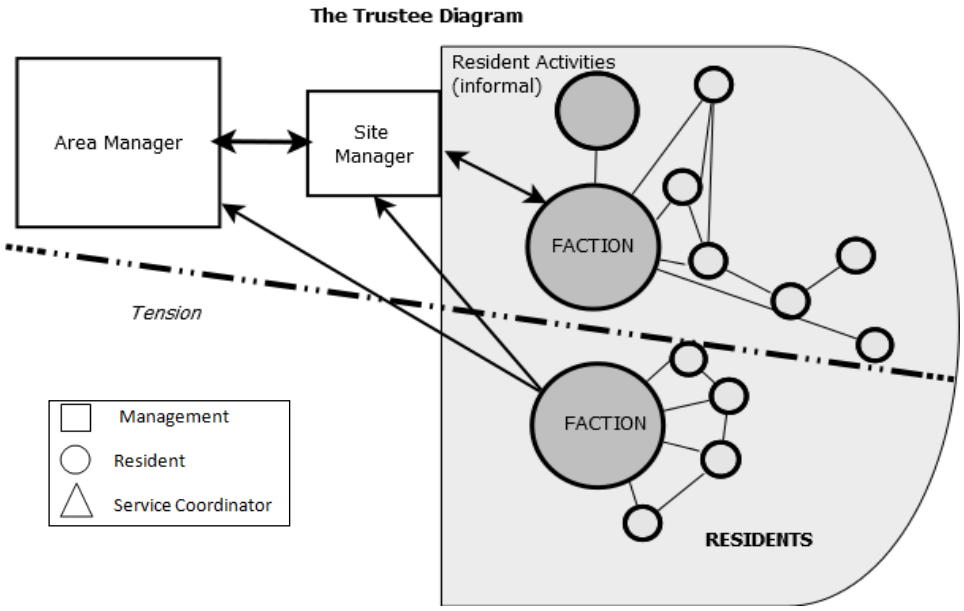


Figure 11. The Trustee diagram. A graphic representation of staff-resident communication.

Since there were no other dedicated site staff with legitimate authority who residents could contact and circumvent the manager like there were at the other sites, the Trustee, after whom this model is named, drove the dynamics of the overall community. The manager is called the Trustee in this perspective, because he is put in charge of the administration of city property, i.e. he is the Trustee over the city's property asset. The main focus of his job is management of the property.

The site manager spoke to everyone in the community, but was more responsive and had more power over some residents than others. Those who were unhappy with the site manager and held him accountable by filing complaints in writing and moving up the chain of command were more likely to hold power over him. As one resident who filed a legal complaint stated, management staff are anxious to resolve the issue, because "they are terrified of legal." On the other hand, management exercised power in those relationships in which they were friends with the residents or in situations where residents would not advocate for themselves.

Some residents who complained were more afraid of their neighbors than of management. The manager mentioned that during resident meetings, the same residents who complained to him in his office would remain quiet during the meetings out of fear of being harassed by their neighbors. Those residents who were coordinating social groups and supported management ostracized those who did not get along with management. Residents who disliked each other also reported minor lease violations of their neighbors to the manager, sparking even more hostility within the community. Thus,

power was also exercised in the community between factions of residents through actions of retaliation.

Resident Reaction to Tension

Almost all residents interviewed had issues that the manager was unable to deal with effectively; however, the faction they belonged to shaped their response towards management. There were several types of resident groups here. There were those who were disappointed with management, knew how to advocate for themselves, and followed a chain of command when filing complaints. These residents were effective at eliciting responses from management and mentored each other on how to do so. And then there were those who supported management, accepted his inability to respond to some issues because he "had a lot on his plate," and either accommodated or coped with the outcomes - ultimately settling for less in services, but opting instead to change their own behavior through self-governing. For example, the Bingo group also became a cohesive group of friends with the same identity formation of the site manager as "like a son who is doing his best." Those who held contrary views did not feel welcome in this group. Finally, there was a population of people who practiced self-governing by totally avoiding management. They were unhappy with services, but stopped complaining, because they felt it was ineffective. They withdrew from community life and did not belong to any group, yet they tended to take sides with the faction in opposition to management.

Examples of resistance. Among those who did not get along with management, acts of resistance were overt. The residents' lease requirement states that they "conduct

themselves in a manner that will not disturb the peaceful enjoyment of the premises by other residents and that will be conducive to maintaining the premises in a safe, clean, and peaceful condition." The lease further states that:

> repeated minor violations of the lease that disrupt the livability of the project, home or neighborhood, or adversely affect the right of any resident to the quiet enjoyment of the premises constitutes a resident's material non-compliance with the terms of the lease and can be cause for eviction.

This was also mentioned in the community policies; however, these policies were rarely enforced.

One resident stated that the site manager did not know how to enforce the rules, but she was unafraid to approach him about it. She stated:

> It's a government job. He knows the paperwork. He knows the structure. He knows the HUD and tax credit rules, but the management of people and how to keep stuff going and to be a manager and not a buddy to your maintenance man. He has not drawn those lines at all. And we've talked to him about it….The buddy system, and you can't be a friend to everybody.

The breach of lease obligations and the lack of enforcement by management had negatively impacted the climate of the community for many of the residents. Common issues reported were management failing to follow through with complaint resolution, conflicts with other residents, not addressing maintenance issues in a timely manner, delinquent lease renewals, and failure to address illegal activities. The majority of residents interviewed reported difficulty with getting management to respond to these

issues and concerns and did not feel like their voices were heard. Some stated that they preferred not to talk to the site manager anymore, because it was pointless. Several who did file complaints said they rarely received any follow-up about those complaints. As a result, some voiced their complaints to the area manager. If the complaint remained unresolved, residents would file a lawsuit, and others would file formal complaints with both HUD and the parent company over the management company's inability to uphold the lease. The residents in the faction that opposed management coached each other on how to advocate for themselves:

> My neighbor told me that 'oh,' he says, 'he won't put anything over on me. He knows me.' And I think he knows me too. See, some of these people are afraid of being evicted. That's what I was told too. There are poor people coming from being homeless. I'm not afraid. Evict me. I'll find something else.

A resident who had moved in discussed the support the neighbors gave:

> This guy…gave me his card, and he said if you have any problems give me a call. I thought that was a little strange too. I thought I wonder why he's doing that. Maybe there are some things I don't know.

Thus, the faction of residents who openly contested the site manager mentored each other on how to use the chain of command to their benefit. One resident discussed other residents' use of attorneys to help them be heard. She stated, "I don't know what the other person did, but she fought them and won."

Those who did not openly contest management practices, tended to practice resistance and establish control with their everyday behavior. Similar to Good Shepherd,

they created their own rules, regardless if their actions broke the lease. Because there was little enforcement, the behaviors continued. For example, because the manager wasn't on site to let people inside, some residents let strangers in the front door or left the side gates open so their family or friends could enter.

Self-governing by adapting, coping, or withdrawing. In spite of all of the tensions that existed, residents at this site were very invested in their community. One resident stated that even as a person ages, "You want to contribute and be needed." Because there were no formally organized services to support aging in place, residents devised their own tactics to achieve desired outcomes. There were numerous examples of residents from different factions taking ownership in this community. Because there was no security officer, a resident walked around the property every night to make sure all of the doors remained locked, and there were no intruders. A resident who was interested in gardening took care of the roses, since she didn't feel the landscaper was doing an adequate job. Management flyers to residents were distributed by another resident to individuals' doors, as the site manager often just left information in the lobby. Another resident cleaned out the dumpster to prevent bugs, since not everyone was bagging up their trash. A resident interested in having some activities at this site started a weekly Bingo group, using her own money to purchase prizes for the approximately ten residents in attendance.

Further, with the manager being off site frequently, residents helped each other on a daily basis when they encountered problems, whether it was dealing with a lockout, needing assistance if they were ill, contending with a maintenance emergency, or

knowing who to call for formal support. Thus, in these ways, a lack of formal services promoted resident resilience. Residents created their own solutions to address the gaps in services. Alternatively, this resiliency was not community-wide and in some cases the benefits only helped pockets of residents who belonged to factions. The actions of the residents were also limited by the knowledge that they had of available resources.

In many cases, residents from both factions did not resist, but coped with management inaction, which resulted in self-injurious behavior. Residents who supported management did not want to contest him even if there were issues that needed to be confronted. For instance, although it was considered a maintenance emergency, one resident slept in an un-air conditioned apartment in the summer to save maintenance a drive. Others were scraping by, paying more money on rent than they should, and another resident regularly used her own money to subsidize resident activities. In other cases, residents who actively resisted management and did not achieve satisfaction withdrew from community life and avoided the site manager.

There were several complaints about other residents that stemmed from mental health issues. Specifically, there was a resident with mental illness who took control of the community spaces, causing many residents to avoid the use of these spaces. One resident stated her frustration with management's lack of response:

> She [the resident] eats in here and sits in here and has assaulted one of the residents. People don't come in here, because she's in here. He [the manager] will not tell her you need to rotate or go to the community room.

Another resident reported why he stopped using the community spaces:

Resident: She wants everything her way. Nobody likes her. She's nuts. He [the site manager] had that door stopper put in for her. That's stupid, because why do they have the lock for, so people won't go in and out, right?

Interviewer: Was that for the computer room?

Resident: Yeah, they shouldn't have that, but they put it in there for her. They said she needs air. Tell her to go outside. She needs air. That's why she wants the door open. That's stupid. How come they don't have it here when she comes over here. She wants everything her way. You try to put the blinds this way or that way, she'll try to close them or open them, and one time I tried to close the door. She got right in front of me. She started cussing. She was cussing at me.

Interviewer: Has she detracted from you being able to use that room?

Resident: I don't go in there no more. I don't want to argue with that stupid, crazy woman. I don't go down there no more. I just see these guys around here. Hardly anybody goes in there when she's there.

The residents coped with management inaction by withdrawing from the community, which creates a barrier to building strong networks to support aging in place.

Because of inadequate training in mental health issues, management did not know how to deal with this situation and reverse this trend of residents isolating themselves. Although the residents stated that they had reported this issue to management on several occasions, the area manager responded differently:

I am aware that this individual upsets other residents as the former manager brought this to my attention. He reportedly received verbal complaints, however, I

> have to treat this issue with the utmost care due to the myriad of liability concerns I mentioned previously. To date I have received only a single written complaint which alleged that this resident made another resident feel uncomfortable and that complaint was addressed. I have instructed the new manager to keep a watchful eye on this situation.

Although private management companies have experience in dealing with resident altercations and are trained in fair housing, they do not have the training to confront seniors with mental health issues. Ultimately, this lack of training and overall lack of enforcement of the lease prevents this community's ability to connect with each other.

Implications for Aging in Place

Subjectivity

Resident perceptions of the self and staff perceptions of the residents differed slightly. Staff perceived the residents as a healthier, more active community. They did not see aging in place as a central issue here when this study started. When asked how they deal with aging in place, the site manager was unfamiliar with the term. He stated, "We have a healthy population and have not had to face a lot of issues here. We will call an ambulance if there are problems, or will try to find them services if they need help." The area manager commented that they would try to contact the family to coordinate services to keep them there, otherwise they would be moved to assisted living, but they stated that this rarely happened with their population.

Over time management's perception had gradually changed after several health incidents had occurred in this building. In 2013, there were a total of 67 calls placed to 911 last year alone from this 69 unit building (94 percent call rate) - 29 calls were

transferred to fire or were for welfare checks at this site (Police Department Crime Analysis & Reporting Unit, 2014). There were also ten police reports filed due to a fight, theft, or loud noise. This call rate is 27 percent higher than the city average of 75 percent (e.g. number of 911 calls/city population) for 2013; however, it is the lowest call rate of the three sites studied.

Residents reported on their own or their neighbors' frailties, hospitalizations, and illnesses throughout the duration of the study. Some even perceived some of their neighbors as frailer than who the community was designed for:

> I think what bothers me is when I see people that should be in assisted living - people that are in wheelchairs that need more assistance. And I don't know why they were let in here. Like Andrew,[4] he's got mental problems. He should not be there. So some of these people, somebody let them in, maybe to just get the place rented, and that's not what you should do.

Overall, however, while the community was not resilient, individually the residents were resilient. They were optimistic about their futures and their health. They were active, had a sense of purpose, were involved in the outside community, and socially connected, in spite of health challenges that many were facing.

Institutional Response to Aging in Place

Management's perceptions of its senior residents may hinder this organization from making corrective responses. The belief is that the potential number of ill residents that they have due to it being an age-restricted community would create "difficulty in

[4] The names have been changed to protect the identity of the resident.

creating a community feeling." As a result, their focus was not on making the community more cohesive or more connected by scheduling events and activities to bring them together. There was a persistent need for service coordination and, at the very least, management accessibility for many residents in this community; however, management did not perceive this as a priority. The area manager stated:

> Many residents have shared that they wish to have the Fort Knox office open and accessible 24-hours a day, 7 days a week. As such, there is frequent confusion pertaining to services offered when residing at an independent living apartment community versus assisted senior living. We regularly attempt to explain these differences as we do not have wrap-around service capabilities; a concept which is difficult for many residents to comprehend.

Management had attempted to appoint a resident as a resident assistant on a voluntary basis to give residents some security. This person had the building's master keys and would let residents into their apartments if they had been locked out, would contact the site manager in the case of emergencies, or help connect residents to maintenance. Many residents reported relying on him more than the manager. However, there were interpersonal problems that this resident had with a few of the other residents that resulted in his removal from this position. Since then, the management company will not use any resident as an assistant due to liability issues. Further, the area manager stated there is no financial support to hire an on-site receptionist to be at the site 24 hours a day.

Management staff did not understand the importance of activities to aging in place. The site manager reported that they used to have outside speakers come in or buy

food for celebrations, but no one would come, so they stopped having activities for the residents. The manager stated that, "even though they [the residents] are complaining, when we have anything for them, they don't show." He felt that they really didn't want activities. The area manager also stated that they had a difficult time bringing in community groups. When they would call non-profit organizations to visit their residents, it was reported that the groups wouldn't serve them because of their for-profit status. As a result, the manager posted the neighboring site's, Good Shepherd's, activity calendar throughout the community; however, this action was not reciprocated by Good Shepherd. The residents did not attend the events at Fort Knox, because they knew these events were not really scheduled. Both residents who supported and opposed management agreed on this issue. One resident stated, "The calendar is for across the street. It's fake. It's not for us." Another resident agreed and said, "That's [the activity calendar] - a fake. Except for the transportation to Walmart, to Fry's or Target."

While management was becoming increasingly aware that they were housing a vulnerable population during the course of this research, their response was to rely on the manager when he was available, other residents, outside family members, or 911 when there was a health emergency in the absence of resources to provide them in-house. This had a detrimental effect on the residents. For example, some residents complained of not being able to get into the building after discharge from the hospital, because management was not in the office. There were also complaints of some residents not having their utilities functioning for days. Although in some cases lodging was offered to assuage these residents, they were not in accessible locations for more frail residents without cars.

This indicated that management did not fully understand the needs of its more frail residents.

The lack of management training in aging issues impacts residents' ability to secure essential services to continue to live independently. Many residents felt that the management did not understand aging issues or know how to properly deal with them. While management stated they referred residents to supportive services, this was not validated by resident responses. Some residents stated that a problem with management was staff "not knowing all of the services available for seniors." When the area manager was asked about receiving training in aging issues, she thought that this training was more beneficial to case management, which she believed should be provided more under city-run public housing, not privately-run independent living. She did not understand the importance of having it in their day-to-day jobs. The area manager stated:

> We are not case workers and we are unable to delve into issues that may result in liability concerns for our parent company or owners or otherwise take time away from our primary responsibility, which is to properly manage the asset.

Thus, as stated the ultimate goal is to manage the asset [the property] and to maximize profit for their share holders. However, there is some discretion over programs and trainings within this corporation's management structure. Since the lack of training in aging issues was shared with the area manager, she subsequently signed up for a conference on connecting health to housing. The site manager, on the other hand, had not received the training. The only mandated training for the site manager was in fair housing, customer service, and information technology.

The benefit of this privately-managed site over publicly-managed housing is that it has some flexibility on changing its programs and services to be more responsive to aging in place. Although there was no service coordinator or social worker present, upon receiving this report's findings, the area manager was open to hiring a Master's level social worker to oversee many of their senior properties and have social work interns help coordinate activities. She stated, "This is exactly the type of service we need." This private company has realized that even though they don't have any programs in place for aging in place, they will still confront these issues. Even if you don't build it, they will still come - and they will stay. Thus, acquiring the resources to effectively address this population's needs is critical.

The Response of Residents to Aging in Place

Because there were few formal supports that were included in the design of this site and its amenities, many residents had a select few residents they would turn to when aging in place issues occurred. Residents who did not start off being friends gradually became friends when they needed help:

> They [two neighbors] have helped me through the surgeries by getting groceries or making sure I'm okay. And we do call and check on each other. There is a little bit of a network. That's evolved, because all of us have had needs.

There was also reliance on neighbors to find and arrange formal services to help them to continue to live independently in the absence of site services. One resident described this:

> I just knocked on her door and asked her if she needed some help. And I made her bed, cleaned her apartment, washed some clothes, but since then we've gotten her

some help. She didn't know that she could get some help from Medicare or where it comes from.

Resident 5: Frank[5] will help you [get connected to outside services] if you ask him. He's just a resident. But other than him, you're on your own or it's word of mouth.

Although there were pockets of residents who checked on each other, these checks were inconsistent. The residents were either too busy and not at the building very often, or they kept to themselves. As a result, some used Life Alert in the absence of other supports in the community. As one resident described:

I just ordered the thing to go around my neck and a bracelet. My daughter was like you're not old mom, but I said if something happens to me in here I would be in a world of trouble unless I can crawl to the door. I just wanted it. I'm not old. But anything can happen to you in your apartment.

A resident observed how important outside supports were to a building with no formal supports and stated, "Most people around here, even though they live in this community, they have family and/or friends that live outside the community that keeps everybody functioning."

There were significant barriers to community connectedness at this site. Those resident relationships that were present were in the form of small cliques. Thus, the reasons why many kept to themselves were consistent and were related to the atmosphere of the community.

[5] Name is disguised to protect the identity of the resident.

> The only one I was really friendly with was my next door neighbor. It's really hi, bye. I don't go play Scrabble with them. I don't want to get too close to them. I don't want them to know my business. I'm kind of a private person. I have my own circle of friends outside of here. To me it's an apartment where I live. That's it.
>
> Since I've started being more reclusive, it's been real nice. In terms of then I don't set myself up for expecting things or being disappointed. Part of what seems to be the case here is a lot of gossip.

The resident dynamics here were conflictual and relationship-building was restricted to certain groups of residents, causing many residents to avoid common spaces and keep to themselves. One resident stated, "The neighbors are alright, except they got some thin walls and some crazy people that mess everything up." Another resident discussed what happened when she went to see the people who tended to stay in their apartments:

> When the manager last year had Thanksgiving dinner for us and Christmas dinner, well some of them didn't even come down for that. So I told him, we've got leftovers. I want to take it to some of the people that wasn't able to come down. So I did, and I've seen a lot of need. A lot of people don't get along with one another down here. And they don't want in the cliques.

A focus group resident explained, "We are not a cohesive group. We are not a together group. We are against each other. We do not mingle, like we should be. It's a problem."

Most residents and management agreed that the residents didn't get along. Although some residents withdrew from relationship-building with other residents for

many reasons including poor health, they were too busy, or they did not feel like they had anything in common with their neighbors, the strong division in opinion over the manager created a conflict within the community and had a detrimental impact on an aging in place population. Feelings that residents had towards management about was or was not being done was a critical problem for community cohesion as stated by this resident, "If they would just stop trying to attack the front office for things that are not their fault and attack others." Similarly, another resident stated how she felt that residents were retaliating based on her feelings towards management:

> This is very much like a high school. You have a clique and if you're on the outs of that clique they don't even speak to you. I think it's the particular people, and to me it is small sighted of them…. I have shared my concerns about management with people, and they just chose the opposite side, and think everybody is just perfect, and they're doing a wonderful job.

Many residents just withdrew from the community altogether to avoid the gossip and negative interactions presented from either side. When presented with this finding, management responded with the following statement:

> I firmly believe that there are a few "groups" at Fort Knox that believe that "management is always out to get you," and that those groups are led by the healthiest, most able - bodied and influential residents – a practice which often results in presumed leadership authority amongst senior peers. Management personnel plays a large role in our seniors' lives as they often have no one else to turn to – no friends, family, case workers, etc. I believe that the stance of "liking

management" versus "disliking management" very likely does cause some division among the residents.

With the fragmented community present, it would be difficult for residents to be able to be fully responsive to each other over time as needs arise. One resident, who herself had health issues, stated how difficult it was to be for her to be the sole friend this particular frail resident depended upon in the absence of a connected community: "But she still depends on me terrible. Not that I mind, it's just that I got involved, and she didn't want to give me up. I couldn't have a free moment to myself."

Further, as communication is hit or miss between management and some residents, inevitably some will be unable to obtain information and resources through word of mouth as residents are only sharing information within their own groups. Depending on the residents without any type of formal support also negatively impacted those residents who continued to spend their own time or resources helping their neighbors without any type of outside information or assistance. The Fort Knox community is limited by the knowledge base of the residents. It takes a connected community with outside connections to social capital to sustain informal caregiving among residents. This site is missing that component.

Some of the residents posed solutions to address these cleavages within the community to build an informal support network at Fort Knox.

Resident: What we've got right now is kind of a dichotomy. There's those of us who know who is sick and who isn't, and who hasn't come out of their apartment.

Frank[6], Joe doesn't, I do as much as I can because I'm not here all of the time. Frank is more here than I am. But I know who has possible cancer. I know is on COPD and is on oxygen. I brought her food. And then there is the next layer which is the Jane and the Janet who help each other out and Reba, but we're not all working together, and it would be so much easier if there was an enabler, in the sense of a social worker that could say Rita you have this, Jane you have that, and Janet you're good at this.

Interviewer: Coordinating.

Resident: A little bit, and then helping the breakdown of…you're too opinionated and you don't like,…

Thus, residents understood the need for a staff member trained in resources, aging issues, and mediation to facilitate community-building at this site. There were also few opportunities for residents to engage with each other as a community. Some residents suggested community outings or trips, or having more things for the residents to do would counteract some of the gossiping, facilitate friendly interactions between residents, and build community solidarity. As one resident stated, "I wish there were more to do, and if you say okay it's on this day, this day this day, come when it fits your schedule, then I think that they will be a little happier."

Summary

The priority of this privately-managed site is asset management, and this is supported by its minimal staffing structure and focus on the physical structure of the

[6] Name changed to protect resident identity.

building and financial performance. Fort Knox is an aesthetically pleasing, mixed-income building that houses a younger, more active senior community. There are no supportive services here to assist residents to age in place. In the absence of these services, residents have a sense of ownership, and have instituted self-governing behavior that has improved the community by helping each other when they are in need. Unfortunately, this support is not available to everyone in the community. Resistance pervades this community between residents and management, and this population is divided into factions that are formed by the views each holds regarding management performance. As a result, residents feel the least in control at this site, having to fight constant battles. Many feel like they are not understood or heard by management.

Corporate management does not have the training or experience to change the tide, for they do not consider building community cohesion a priority, asserting that this community will always complain. Factions of residents exercise resistance here actively by lodging formal complaints or creating their own rules. Residents also learn how to cope or adapt to management inaction by withdrawing from community life. These traits threaten the ability of this community to build a strong support system to help all residents in need. The Trustee perspective presents the manager as the one single person to facilitate multiple roles for residents to assist them to successfully age in place. This ineffective strategy shows that providing effective housing services to seniors go beyond simple bricks and mortar.

CHAPTER 6

KINDRED SPIRITS VILLAGE (HOPE VI): PRIVATELY-MANAGED PUBLIC HOUSING WITH PUBLIC CASE MANAGEMENT

Kindred Spirits is a unique setting that offers an opportunity to understand how a city-managed program functions within a privately-owned and operated public housing site. It offers the aesthetics and amenities of a privately-operated site, but with case management supports that are typically offered by the city. Similar to Fort Knox, the priorities of this for-profit management company are managing the assets of the building and property and controlling costs. Therefore, the top concerns for area management were to ensure that the lease was enforced and that they complied with fair housing law. As a result, this community was very rule-focused. A staff person was needed to advocate for and empower the residents; in this community, this staff person was the resident activity director, who will be called the Empowerer.

The Empowerer provided informal services to the residents, such as case management support, advocacy, and social supports. The presence of the Empowerer promulgated community connectedness that is important to resident resilience and control. The evidence revealed that, in spite of an overall unawareness of resident needs on the part of management, residents here possess a sense of ownership over their community and have addressed this gap by serving each other in need at the encouragement of the Empowerer. However, at times, the residents' sole use of informal

supports could occlude needed information and the use of formal supports and resources that could maximize their ability to live independently and age in place successfully.

This chapter describes how the use of social networks drives the communication and relationship dynamics of the Empowerer perspective. This perspective is developed by first describing the structure and institutions that define the community and shape resident response. Next, it introduces the Empowerer perspective through a diagram by examining the management-resident relationship, the tensions that arise, and how these tensions are confronted by residents and their social networks. Finally, this chapter concludes by examining the subjectivity of the residents from this perspective and describing the implications for residents who are aging in place.

Structure and Institutions

Site demographics: Older and Diverse

The residents at this site were older and more diverse than the other sites. The city's case management program reported this site's racial/ethnic composition and population, which documented that out of 139 residents only 10 percent were white residents. There were 108 residents living in public housing units, and only 31 living in LIHTC- subsidized units.

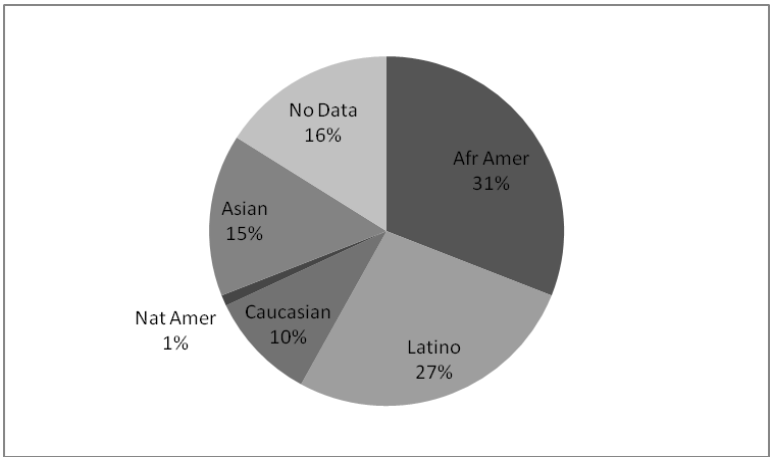


Figure 12. Hybrid site resident race/ethnicity composition.

The residents included this study were older than those at Fort Knox, which was corroborated by observation data. The activity director reported that some of the residents came from public housing, but many had never lived in public housing before. Moreover, for some this was their first experience in an apartment. Many of the residents who moved here chose to stay because they liked the resident community; there were many who had been here since it opened.

Site Description: Abundant Community Space, But Accessibility Issues

Like Fort Knox, Kindred Spirits was one of the buildings that replaced the demolished public housing site that stood on the same grounds. However, this HOPE VI project is one of the few that actually increased the supply of affordable housing units, although the number of on-site public housing units decreased. In 2001, the process began to demolish 358 public housing units to make room for 211 on-site public housing units and 161 off-site units. In 2006, 129 of these units were set aside for seniors 62 and older by way of Kindred Spirits Village, and 161 were located off-site and were administered through the use of vouchers. As a result, 27 percent of the previous on-site

residents were forced to move to other places. One of the previous tenants stated what happened during the re-build process and how she became a Kindred Spirit resident:

> Well see when they displaced a lot of people, they [the prior residents] didn't go to the other [newly developed] site. They found other places, but I stayed on site. But the thing about it, they wanted to put everybody in the senior place. See they gave me section 8 before I moved, and I drove around looking for 2 to 4 hours looking on the south side, and then it expired, and I didn't know I could get extra time, so I just went ahead and moved over here. It's hard too when you don't drive. And my grandson, you know they don't have time, and this and that, rushing me. I hate to be rushed. Me and my friend …she would call…how far are they coming along? She had moved to another public housing site. How far along are they coming along? I wish they would hurry up.

It was found in the course of this study that only a few of the previous senior residents were currently living at Kindred Spirits. Many had relocated, as is common among HOPE VI developments across the country.

The impetus behind this redevelopment was that developing new buildings for mixed-income residents with social services would help deconcentrate poverty and revitalize the economically depressed area where it is located; however, this revitalization never occurred. Although the redevelopment is located in an urban setting, it is isolated from grocery stores and other needed amenities. In fact, there are only a few locations that are walkable and frequently accessed by the seniors who live here - the senior center, a couple of restaurants, and a healthcare complex a few blocks away. The surrounding

area is undesirable with vacant lots of overgrown grass, liquor stores, and abandoned buildings, and an active railroad line within blocks of the community. Thus, many seniors do not walk outside of the community. Some of the senior residents drive, but most rely on busses, Dial-A-Ride, or family members to take them where they need to go. Being able to get to where they want to go when they want to go is the biggest reported barrier to living here.

As a result, the 26-acre fenced-in redeveloped area acts as a self-contained community. Various green building features have been integrated into this award-winning sustainable community that provides environmental, economic, and social benefits. It is attractive and includes family apartments, detached homes, and duplexes; the Kindred Spirit senior building; a youth center; and a community training and education center. Recognizing that the site is located in a food desert away from grocery stores, there is a community garden for neighborhood residents to grow their own fresh produce.

The site was built by a developer known for building mixed-income communities in urban areas. While the greater development is fenced in, it is not secure. On the other hand, the senior site, Kindred Spirits Village, is an enclosed apartment community with secured access. All of the doors are locked at all times, and guests can only enter if a resident buzzes them in from the call box, which is located in one location outside of the lobby. Residents, however, can enter or exit the community from several locations throughout the building with their electronic fob (e.g. keyless entry technology), which has posed security issues for many of the residents. There is also an uncovered parking

lot in the front, but it is also unsecured. When there are security issues, the police are called, but management have reported cutbacks to the patrols assigned to public housing sites. Management stated why these patrols are necessary to Kindred Spirits:

> We are close to [homeless organization] so sometimes we have weird looking people coming through here and the police gets calls. We've also had other issues with vandalism, theft, and fighting. It makes me feel better when the police respond so quickly.

This site is the most conducive to socializing than the other sites. There is a large, beautifully furnished and decorated common area where many residents lounge on the couches or at the juice/coffee bar and visit with each other. This common space with vaulted ceilings incorporates the lobby, the mail area, the entrance to the management staff offices, the activity area that is equipped with a large flat screen television, and tables and chairs for gatherings. The computer room and library is adjacent to this area; however, at the time of this study, the computer for resident use had been stolen. There is also an exercise room with a treadmill and an exercise bike, two laundry rooms on each floor, outside grills, a swimming pool, and a community garden. The HOPE VI case management office is located one building over from the senior site. For some residents with mobility or cognitive issues, accessing this off-site office may be difficult; for many it is out of sight out of mind. Recognizing that this community is very much self-contained, there are more planned activities at this site than the other sites with at least two or three activities or events held every day, including the weekends. Case management interns also come to this building to visit with residents. On every

observation visit, there was an activity scheduled, or there was an intern there, and there were residents often in the community space socializing with each other.

The design of the building does not recognize an aging in place population. There are numerous accessibility issues here. It is a three-story building with two elevators. The hallways are very long with no seating space, and the units, including the eight ADA units, do not have enough turn space in the showers. Many residents are unable to reach the shelving, microwave, and ceiling fans and complain about their ability to keep them clean or access them. And while within fair housing standards, the pull weight to the main entrance door was too heavy for some residents. The automatic doors are only located in the main entrance of the building, and residents remarked that they do not always function.

The residents also complained of the small space in their units to store needed medical and accessibility equipment. One-bedroom units were very small ranging between 483 to 568 square feet. The four two bedroom units were a little larger at 800 or 845 square feet. The units included ceiling fans in the bedroom and living room, a built-in microwave, a dishwasher, garbage disposal, and plush carpeting. There were no washer/dryer hook-ups in this building, and only some of the units had balconies. The REAC inspection score for this site had declined from a 95 in 2008 to an 82 in 2010, but the health and safety deficiencies were non-life threatening according to the report.

Financing and Oversight: Minimal Oversight and Accountability

The city had received a $35 Million HUD HOPE VI grant in 2001 to rebuild the city's first public housing project, built in the 1940's. The new development, which

included Kindred Spirits in Phase II of its development plan, was a result of federal HOPE VI grant dollars, private equity raised from low-income housing tax-credits, and a FHA insured mortgage. Kindred Spirits Village has 129 units – 100 public housing units and 29 tax credit units. The city owns the land; however, a for-profit company is the private ownership entity, agreeing to own and manage the complex for 30 years. During this time they must abide by HUD requirements and city contact agreements to maintain affordable units. At the end of the contract, the city may opt to take over the buildings, contract it out, or give the company the option to continue its operation.

The overriding goal for the managing company as a for-profit entity is to assure efficiency in its construction and operations. This company houses families of various incomes and subsidizes its costs with public housing dollars, tax credit subsidies, and market-rate tenant rents. There are few reporting requirements to the city, although the redevelopment has to undergo periodic HUD physical inspections. It has been argued that housing authorities across the nation are not given access to operations and performance by these private sector HOPE VI partners, insulating them from public accountability (Abravanel, Levy & McFarland, 2009). In the course of this research, this finding was substantiated. There were at least eight requests over the course of the study by phone and email to both the area manager and site manager for resident demographics, tenant selection, and resident policies that were unheeded. Further, the city did not have this information either, which signals the unwillingness by the owners to disclose information to the public on how they operate the community. When the city was asked if they were in other long-term contractual arrangements, an attorney who represented the city

housing department stated, “We will never enter a long term agreement like this again,” as city accountability in these relationships often becomes minimized.

Rent and Income Guidelines: Lack of Oversight

Kindred Spirits has strict income requirements to participate in both their LIHTC and public housing programs. Utilities are included in the rent, and a security deposit is required at move-in, and is equal to one month’s rent. The pet policy that allows two pets is what attracted some residents to this site over the others, although the cost may be prohibitive with a refundable deposit required of $300 deposit per pet. Neither pet can weigh more than 35 pounds. There are strict AMI guidelines for both the public housing and LIHTC units. Staff stated that the 60 percent AMI public housing units were difficult to fill, because residents were often making less than this, only living on Social Security.

Resident Selection Policies: Language Barriers

There was a 200 to 300 person wait list for the public housing units targeted to low income. When asked how this site managed its wait list, the process was very similar to the other sites. The site manager replied:

> It’s all computer-based. It’s all in our system. When they put in an application, we enter it in, we put in the date and the time that they put the application on the waiting list. The computer then keeps track of it. When I am ready to pull names to try to assign them to units, I go in and tell the computer I have three one bedrooms and I want 7 people in this percentage, and it generates the names for me and I go off of those names. Both the support staff and I put in the information to put the names on the waiting list. Anybody in the office can put it in. The

> managers are the ones that can pull the names. We call them and let them know their name has been selected, if they still have a good phone, or if they even answer, and then we also mail out a letter the same day and they get 10 days to respond. If they fail to respond after 10 days, they get removed from the waiting list. So if they are still wanting it and come back after the 10 days and say hey what happened, they have to reapply, and start all over.

Similar to Good Shepherd, she stated that it was difficult to locate some of the residents, and some had language barriers and could not understand her. On some occasions these residents were not able to accept occupancy and were returned to the bottom of the list.

> Sometimes there's a language barrier. And we try to call them and tell them that they've been selected, but they don't understand us. The Asian residents – it's real hard to communicate with them. I do have one of the – she's a caregiver – she'll help me sometimes try to call them, but we send our letter. We do our proper protocol by sending out what we need to. If they don't respond, then yeah, they get removed.

Staffing Structure: Resident Involvement

The staffing structure at this site is optimal to support residents who are aging in place. There is an on-site bilingual property manager, a bilingual support staff, and the area manager's office is also located here. The office hours at this site are more accessible than the other sites with posted hours Monday through Friday from 9:00am to 6:00pm and Saturday by appointment. The management office is located in the lobby next to the mailboxes and the community space. Residents were frequently found

greeting office staff as they came and went out of the main entrance. The management believed in resident ownership, tapping into some of the residents as community resources. One resident was hired as an activity coordinator, and two other residents were hired to start coffee in the mornings and to patrol the site in the mornings and evenings to alleviate safety concerns. The two resident assistants received a $200 discount off their rent, while the activity director received additional money for supplies.

The activity director/service coordinator. Management believes in the benefits of activities and thinks it is a worth-while program for the residents. They also use residents as volunteers, giving them a rent stipend for their service. Having a resident run programs ensures that programs match resident needs and that resident talents are identified and utilized. The activity director is considered a volunteer and is paid $250 for monthly expenses for activities and given a $200 discount off her monthly rent, but her roles, responsibilities, and expenses go way beyond what she is paid. She often receives resident donations.

She not only coordinates resident activities, she coordinates speakers, secures bids for capital improvements, and unbeknownst to case management, she counsels residents and locates needed resources for them, conducts community outreach, advocates for the residents with management, and she coordinates a resident team that services the community. She also provides transportation for those who need it. She stated how facilitates community cohesion and why it is so successful:

> I've got a lady that does baking and that kinda thing. I have two ladies who also prepare food, help me serve, go shopping with me. I got a fella who helps me

every Friday. I couldn't do the socials without him. I've got a friend in there who helps me. I got a guy here who does karaoke. I'm not shy about telling people around here about what I need done, and so I didn't know Bennie[7] from beans but happened to hear that she liked to bake, so knicky knock.

These opportunities bring everyone together. Everyone interviewed had at some point or another discussed liking the activities or participating in them. She gives residents a chance to feel needed where they each have a role in the community and help their neighbors. If they want to start their own group, they do, and she puts it on the calendar to let the other residents know.

The role of case management: Reliance on interns. The case management program targeted to seniors offers supportive services to help seniors remain in their homes, preventing premature placement in nursing homes. Case managers link public housing residents to appropriate services and monitor the delivery of non-medical services as well as educate residents on what services are available, how to use them, and how to build informal support networks. While this program is only funded to serve the 100 public housing residents, if a resident in a tax credit unit had an urgent need, they wouldn't be turned away. One licensed clinical social worker who oversees the program, at least two or three case workers, and at least two interns per academic semester comprise the case management team over the three HOPE VI properties. The case management and intern offices were not located on-site. They were located in the

[7] Name has been changed to protect the resident's identity.

building next door to the senior site, preventing many residents from remembering that these services were available to them.

The case managers and interns work with 40 different community providers to address the holistic needs of residents; however, their main function of these education programs is health and wellness. During this study they had a partnership with Arizona State University's (ASU) nursing program to conduct blood pressure checks on the residents, which was a well-utilized program. They also had a partnership with ASU's School of Social Work to provide interns at least twice weekly for the case management program.

The case management program only received $2 million to provide services over ten years for three different sites, so the director of the program implemented these services at Kindred Spirits primarily through the use of interns. There are typically at least two interns serving Kindred Spirit residents per semester providing case management, service coordination, and assistance with activities. If the interns have questions, they are encouraged to talk with other members of the case management team for support. They also write up case notes and meet with the case manager weekly, and are invited to city trainings to increase their knowledge base. In addition to conducting case management, they coordinate social groups, such as a gardening club, art group, or aqua aerobics, or they create their own projects that address an identified need in the community. Because of the heavy focus on activities, the activity director often called upon the interns to assist her with activities. When including the number of attendees who attended these social or activity groups, 25 percent of the residents benefitted from

case management or social activities provided by the interns. Based on the stated needs of the residents at Kindred Spirits and the frequency of service coordination utilization by the residents of Good Shepherd, this statistic revealed how underutilized this program was.

Mechanisms for Resident Input: Complaint Driven

Kindred Spirits is a paradoxical community. It is the most insulated from public accountability of all three sites studied, and it holds very few authentic paths for resident input and feedback, yet residents at this site report feeling in control more so than those at the other sites. Residents are more removed from contact with the city than the other sites. They understand that a for-profit company owns and operates the site. They interact with the for-profit staff or with the corporate office if they should have issues or concerns. The city is typically left out of communications. Similar to the other sites, there is a suggestion box by the management office, and complaints often have to be in writing, but sometimes residents will just express verbally their complaints to the manager.

There were mixed reactions to management responsiveness. Some residents felt that management addressed their individual complaints, however they felt differently about management's reactions to resident ideas and input. Two focus group participants shared:

> Resident 1: We keep making suggestions. They won't even listen to us because they are understaffed. They don't know what to do or how to do it.
>
> Resident 2: Some of the residents have good ideas, but management just ignores them.

An annual survey was also distributed by an outside company that asked questions that did not resonate with the residents. One of the focus group participants stated, "The questions on the survey are off the wall ridiculous and have nothing to do with us. I got really sarcastic on the survey." They felt that this was a token gesture from management to gain input.

There is no resident council there. When the case manager was asked why residents were not given this opportunity, there was discussion over how the mixed-income community did not lend itself to having a resident council, as the council is only open to public housing residents, although this assumption was not correct. The case manager stated, "Having a resident council would make visible a resident's income status that may not have been visible before." Further, it was stated by the case worker that there was no need for the council, because "they just tell us when they have a problem. They are a very vocal group."

In the past, whenever management made themselves available to residents, the residents often took the opportunity to air their views. The manager shared what happened when she attended a resident meeting:

> With the interns, they [the residents] were doing safety meetings, and I would go to those once I started here, and generally, they just turned into questions that residents wanted to ask management about, and it didn't turn out to be a safety meeting. Hey we've got somebody here to complain or tell you our issues. Otherwise they come up here and talk to us.

Management appeared to recognize the importance of space for residents to use to discuss their views about the site and communicate with management beyond flyers and letters. They wanted to start a formal quarterly group for the residents to chat and interact with the management so that residents would have an opportunity to express themselves; however, some of the residents already held their own meetings, and didn't want anyone from management to attend. Further, the activity director advocated for many of the resident needs with management. Thus, there were different avenues for resident engagement, which may have contributed to them feeling most in control.

Management-Resident Relationships

Staff-Resident Communication Patterns

In the course of this study, there had been a turnover of three different site managers at Kindred Spirits. Residents had mixed emotions about overall management performance as a result. Some residents seemed to have friendly relationships with site management, while others felt that they were inflexible in their approach and did not really know them. The site manager and the office staff have daily interactions with the residents; however, ultimately the staff are overseen and directed by the area manager. The area manager's communication style is top-down in her approach, and most of the residents do not like to interact with her. Thus, rules are strictly enforced, leaving no room for discretionary decision-making. Most residents felt that corporate and the area manager were overly-restrictive in their approach with residents:

> The manager here – it's so bad. For example, when he [the resident] was away in New Jersey, he had already paid the rent, but the manager didn't receive it for

> some mistake. And the other manager [the area manager] said if you don't pay the rent, I will sue you. But he already paid the rent. The manager here is very rude – very mean. Very impolite. It was in writing.

This creates tension between the residents and the management staff, and occasionally impacts resident relationships with the case manager who is sometimes called in to mediate conflicts.

There seems to be little understanding of resident needs among management, which is why they were starting quarterly meetings with the residents. The manager interviewed had very little previous experience working with seniors. When asked how working in a senior community differed from other apartment communities she worked, the site manager said:

> They do like to talk a little bit more. They expect more out of you than a standard community, but it kind of goes with the age group too. They need a little bit more assistance. I was always told going into it that seniors got nothing better to do than to get in everyone's business, so they're busy bodies. I really haven't seen it too much here. Sometimes yes. But not entirely.

It is important to note that this particular manager was more flexible in her approach with the residents, and the residents tended to like her; however, some residents felt that the staff were not trained in working with seniors and it showed in the way they were treated:

> It's just the way they [management] act around us. Sometimes, like the older ladies will come up with something just petty, but they get an attitude about them. Well that's not important. We'll get to it when we can. But senior citizens,

> especially these ones that are really older and have a little bit of dementia, there's a way to talk to them, and a way not to talk to them. You're either going to piss them off really, really bad or they're going to go on crying, because they think you're against them for something, and they don't know how to do that.

Another resident shared a similar observation:

> Comments about the community is that we are old, kinda stupid, and can't remember things. Our management doesn't necessarily believe that, but there is still a little creeping "Well this one must have early onset Alzheimer's" or something like that.

Although the residents dislike the area manager and the stringent enforcement of policies and the overall attitude of staff towards the residents, they like having the management staff there in case they have any issues. The on-site management staff also adds an extra layer of security, and residents will often casually talk to them when they were coming and going from the property. Management, however, formally communicates to residents mainly through monthly newsletters and posts specific resident information next to resident doors, but in spite of all of these materials, residents do not always understand specific actions management has taken. They do not question management when they see them in their daily interactions, but rely on other residents for information, which at times is incorrect. Thus, overall the relationship between staff and residents is cordial, but there is room for improvement.

The Empowerer Diagram. Figure 13 describes the Empowerer perspective with its emphasis on the Empowerer position, or in this case the resident activity director, to

drive communication and respond to resident needs by empowering residents to serve each other. It depicts where tensions exist in the communication patterns between

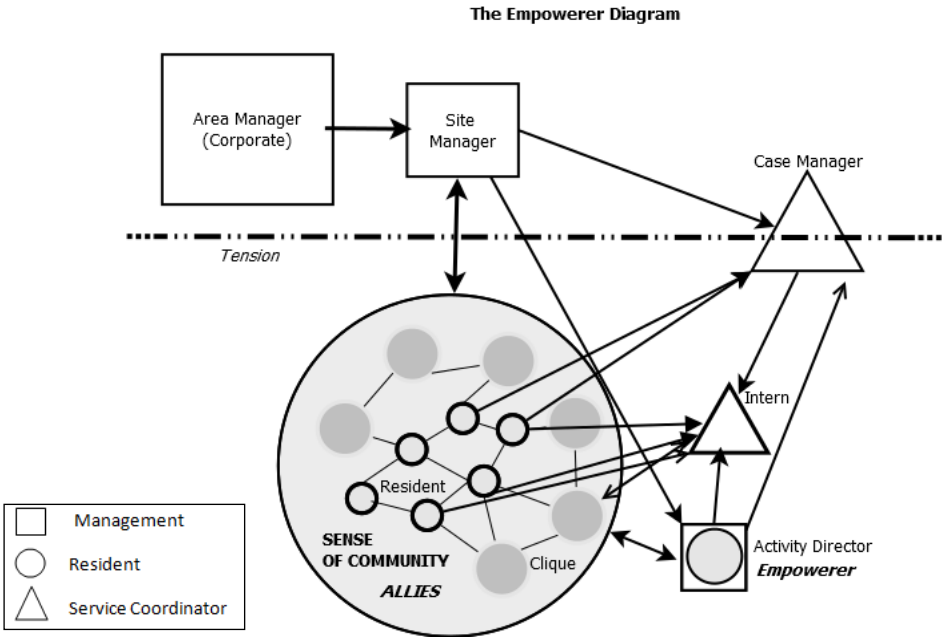


Figure 13. The Empowerer Diagram. A graphic representation of staff-resident communication.

residents and staff and how the Empowerer is mitigating these tensions. The Empowerer in this community acts as resident advocate, service coordinator, and activity director and facilitates resident networking, community-building, and successful aging in place. This has resulted in a cohesive community in which residents are allies to each other, and support aging in place by advocating for and helping other residents. The residents interact with each other, volunteer, and look out for their neighbors; thus, this perspective is shaped by the sense of community that exists here.

Management staff exercises their authority through strict enforcement of the rules, but most of the residents do not respect management. This perspective shows the reliance

and influence of the Empower and resident allies throughout the resident community. The resident activity director coordinates the residents and wields significant power through collective action, making real changes within the community. She is respected by everyone, and is in regular contact and relied upon by almost all of the residents, the case management department and the interns, and management. In some ways, she is the glue that holds the city, residents, and private company together. Without her position, the community would not be as cohesive and responsive to each other's needs. There would be no sense of community or Empowerer perspective.

There are some drawbacks to this perspective. The Empowerer works with support positions of interns and case management that give residents access to formal support and information; however, these positions are under-utilized and are rarely called upon by the Empowerer for assistance with service coordination. There are some reasons for this. The case manager is an ally to the residents, but sometimes she supports management's decisions, which puts her at odds with residents from time to time. The Empowerer's reliance on the interns to assist with activities instead of case management duties, and her assuming service coordination responsibilities without proper training to do them have unintentionally been harmful for the residents. Subsequently, residents are unable to fully access all of the community resource information that they need to successfully age in place, and case management services are short-circuited by the informal services provided by the resident activity director.

Resident Reaction to Tension

While there were numerous complaints about how this site was managed, the residents were unaware of any formal path for resistance outside of the company. If a resident complains to management but receives no response, they call corporate headquarters, but headquarters is perceived as just as rules-focused and strict as site management. And if residents are unhappy but still unable to receive resolution by complaining, they have limited remaining options, as it is difficult for them to exit. One resident shared how difficult it was to relocate:

> Moving is our last choice. It is very difficult and we don't have help. Because children are very busy. They have their own family. So many things I do myself. But it's too difficult moving.

There were some residents here who were non-confrontational and chose to complain through other residents or remain quiet. It was stated by some residents that if management attended resident meetings, residents wouldn't speak, because they didn't want to cause trouble. During interviews, residents who reported issues did not share them with management, stating "I don't like to argue," "I don't like confrontation, and "I hate to bother other people." Although there were some clear problems in this community, a focus group participant stated, "I think everyone here can acknowledge that we have nothing to complain about, because we look at the other properties, and we are extremely lucky." As a result, residents overwhelmingly cope by self-governing. They advocate collectively for changes from management, and if no changes are made, they

address some critical gaps in services as a community, and/or they learn how to cope with the problem.

The isolated location of the site in a high crime area with limited access to grocery stores and transportation are is the key issue that motivated many resident complaints. The lack of security continues to pose a problem for these residents with rampant theft occurring within and outside of the community. Further, residents have pride in their space. Since they spend much of their time there, they want the building and amenities to be maintained. While only viewed as discretionary spending by management, the activities and resources available to some of the frail residents in-house compensate for their spatial isolation. In addition, communication problems with management exacerbate some of these problems.

Collective voice. There was a plethora of resident complaints that were not addressed by management due to a shortage of funds or a lack of awareness of how to resolve the problems. Some of these complaints included a lack of funding for activities and supplies for interns, lack of access to transportation, inadequate security, and no on-site computers for resident use after one was broken and the other had been stolen. Residents also wanted an on-site 24 hour staff person for wellness checks and a solar heater for the resident pool so it could be used year-round. Residents were often effective at demanding changes from management if they came together to request resolution. The activity director, or Empowerer, also assisted in brokering these requests with management. Management had acknowledged these problems, and instituted some reforms in response, but residents weren't always satisfied with the results. For example,

as opposed to hiring a night security officer as suggested by the residents, a resident was given a stipend to get up early and start coffee and unlock the laundry room, bathrooms, etc. and to lock them down at night to ensure the building was clear of intruders at times when residents felt the most vulnerable.

Next, the activity director was directed to obtain the bids for a pool heater, and if she was able to obtain bids low enough to meet the budget, they would install the heater. After many requests from residents, management also put in a line item for new computers in the following year's budget, since the previous two computers were owned by the city and could not be replaced in the current year's budget. Lastly, the residents explained to site management the difficulty of using public transportation when grocery shopping for frail residents. Thus, it is important to bring food to the residents in a community that is so isolated from grocery stores:

> We used to do food bank trips once a week, and that was a bit of a problem with the site management, because I couldn't get a van or anything to do it. I was doing it in my car. So what we are working on now is having in-house food bank. We've cleared the space for it. I've made the contacts to get the stuff. And now we need corporate to approve us putting in a refrigerator a freezer, changing the electric, and that will probably take us 'til after the 1st of the year to do that. So the couple of people that need to go, I just take them privately and don't say anything to anybody.

There is also a significant language barrier for the more than twenty residents who speak Mandarin in this community that management acknowledged. A resident through a translator stated:

> They only have English posts, like when the ASU nurses come out for blood pressure. Some Chinese residents can't understand English at all. So they are kind of separated from the communication. They miss a lot of information – a lot of news. He tried to suggest to management to find someone to do the translation here - - at least the key information – but the manager, no response. The managers change too often.

The manager was aware of this problem, but wasn't sure how to find a translator and was relying on a resident to volunteer:

> Those that speak Mandarin, unfortunately, is one group where the translation gets left out for them. If we could consistently have one person who could help out with them, that would be great, because we had a resident meeting, and most of my attendants were Asian, because they had a translator. They were told someone would be here. So they were actually able to come talk to us and get their point across, which helped them, but a lot of them know somebody who could write it out in English for us. Like I'll have them bring me letters. This is wrong in my apartment. Can you fix it? The caregiver she is very good at helping them, since she speaks their language. They have their few. Some of them will call somebody, and they'll talk to me on the phone to get their point across. I don't know what

> the languages are of all the residents, but we do have different languages here, so it does make it hard.

Since resources were scarce for management, they often depended on the residents to self-govern and take ownership over their community. Further, management thought that the persistent security issues they had should be handled by the residents:

> One of the biggest ones is they want security. They want somebody here patrolling. They say that people will just prop the doors open just so that others can come in. And that's where we keep telling them, this is your home. You see a door propped open, close it. We don't need to hire a security officer to walk around and make sure those doors are shut. People roam the halls at all hours of the day. If you see it, fix it. Close the door.

Resident community action: The Allies. In many ways, residents are already taking ownership over their community. Without additional management funding or what was perceived as an inadequate management response for some resident concerns, residents created their own solutions. For example, the activity director who only received a small stipend from management to run daily activities received additional donations and baked goods from residents to allow them to have at least one or two activities every day, including the weekends. Interns were also allowed to take supplies from the activity director. A group of residents with cars would share rides with residents to the local food bank, to the grocery store, or to run errands. Residents used to have block watches, but many were afraid to go out when it was still dark, so it stopped; however, residents were still intervening when they saw side doors left open and were

shutting doors. Wellness checks were often made by each other, and with pervasive language barriers within the Chinese community, this population helped each other and coped with the barriers that they faced.

> For Americans, you try to fix it and solve it. We are Chinese. If the problem is not that big, but it really didn't happen to me, so we deal with that. We will worry about that, so if he is gone in New Jersey for two weeks, he will ask another Chinese resident to watch out for his apartment. The Chinese group will try to take care of each other.

Residents adapted to the problems they had by supporting each other. There were also conflicts with other residents that were dealt with mostly by the residents themselves. Although they complained to management, many residents picked up their neighbors' dog poop, cleaned out the dryer and left a note for other residents to do the same, and shut the side doors if they were left open. If there was too much gossip, some residents just withdrew from community life, but residents were learning how to cope with each other's behaviors.

Self-governing through coping. Because management wasn't trained in aging issues and they were viewed as too strict in their response and exercising little discretion, residents felt that they were not understood. Many learned how to cope. For example, under HOPE VI residents are to be responsible for their guests, and there is a zero tolerance policy for crime. One resident was evicted, because her son was caught stealing from others, and she was given only 24 hours to leave. The resident who was the victim of the crime stated:

> When they gave her that 24 hour notice, it does say that if you bring in undesirables they can evict you in 24 hours, but I said look they can do that according to the lease, but go over to HOPE VI, talk to your counselor over there, and they got her a week extension so she could get her stuff out and move somewhere. This is her son. You can't watch your kids 24/7. You don't know what they're doing.

This zero tolerance policy also applies if a frail resident has to bring in home care workers or companions to assist them to live independently.

Further, residents felt like they were subjected to unreasonable fees, and management failed to accommodate residents if they were having problems with their lease or other issues. When asked if management worked with residents who had trouble remembering to pay their rent, this resident responded:

> No not all. I'll give you one example. A Chinese lady would always go the office and have them write her check. The 5th was on a weekend. And you know the office was closed there for a while at 12:30. She wasn't back from the senior center on time, so she went by on that Monday where the 5th had been on a weekend, and said can you help me with my check. Now this lady paid $50 a month on rent. That's how low her income is. Despite my trying to advocate for her, and I can't piss the area manager off. She and I have enough problems…Well they charged that lady an additional $47. A $35 late fee and $12 for putting an eviction notice on her door at 7 in the morning. And the 5th was on a Saturday. They had been closed on Friday, and the rest of the week, they latest they had

> worked was 12:30. So not only had they not – and this is quite common – not only did they not give her consideration that she attempted to do what she was supposed to, they made sure she paid that extra $12 for putting that notice on her door before she was even up.

In response to why the manager could not use discretion in these situations, the area manager stated:

> I have to be consistent. It's a fair housing issue, They could say we were discriminating. It could be considered a fair housing violation. I'm not going to make an exception for one, when I can't do it for everyone.

The lack of training in aging was also evident after hearing the repeated claims of ADA violations from the residents. Residents stated that management failed to accommodate accessibility issues. This impacts the quality of life for many of the residents there. Although the only automated door, which was located in the front of the building, did not always operate, management had not fixed it. Some residents were afraid to leave the complex, because they were afraid they would not be able to get back inside. The microwave, fans, and kitchen shelves are also too high for many of the residents to access, but the area manager would not allow maintenance to help them, although the site manager had stated differently. Thus, residents were complaining about how dusty their units were, which is harmful for those with breathing problems. Those with financial means were able to hire housekeeping, but some had to learn how to deal with the dust.

Some residents had also asked for unit transfers to accommodate ADA requests, but in some cases, they never happened. This resident had lived here for four years and reported on her experience trying to change to another unit:

> .So I went ahead and took this apartment with the understanding – I told them at the time that with my post-traumatic stress disorder, I can't stand a lot of noise. And my bed, when you lay on my bed and you put your ear down on the pillow you can hear the pool pump and the bed hums. And I'm right next to the boiler room, because it goes on and off all of the time. And they said, yeah yeah as soon as there is an apartment available, we'll get you one. They never did, and every month I paid the rent. When can I get another apartment? We're still working on it. That's all I ever heard.

There were also several other complaints with which residents were coping. There were reports of management's curt written communication, quick threats of lawsuits if there were minor lease violations, lack of attention to maintaining the community, and a general lack of communication with residents over what was happening in the community. While rules were strictly enforced during the week, the weekends and evenings were viewed as anarchy by some residents, with residents' families staying at Kindred Spirits, and children using the pool unattended. This caused some residents to withdraw from the community space during these times. Residents were also upset by the sheer number of managers that had overseen the community who seemed to not know how to manage their needs or the community effectively.

> They've had four managers in the three years I've been here. It's ridiculous. One manager to the next manager has no idea what in the hell is going on. Don't they tell each other something? Or when they transition, don't they know what's going on, but they don't, which is a problem.

Often, residents didn't verbalize their complaints to management, because many did not want to deal with confrontation. They coped with whatever issues they had and verbalized their concerns to other residents, hoping they would fight the fight for them. Thus, residents drew on each other for support and to resist management when they felt their needs weren't being met.

Implications for Aging in Place

Subjectivity: Active Aging in Place

Management staff, case management, and residents seemed to share the same perceptions of the resident community as an overall active older adult population with some typical aging issues. Residents reported some deteriorating health conditions, and needing some assistance and help with coordinating resources to remain independent. Case management reported grappling with when to move a resident into long-term care if supports were not enough to maintain their independence. Management saw some frailty and lost some residents to illnesses or death, but they stated it was not really an issue for them with case management being a phone call away.

Aging in place was approached very differently in this community than the others. While residents were still considered active, age-related decline was viewed as inevitable but preventable, and residents were empowered to support each other. The residents

were more resilient, seeming to be engaged more in both the inside and outside communities than the other sites, and they had a positive attitude in spite of adversity they faced. One resident summed up her feelings about age decline and death:

> So I tell people all of the time, you know this is an old folks building. What do you expect? My friends say I ain't doing too well with this old age. I say don't even think about it. Get up!

An intern from case management also described the activity and connectedness of this community when compared to other public housing sites she visited. She said, "There are more people I see at Kindred Spirits who have cars, who are more engaged, who have their own thing going on. They have their own family supports."

Although there was engagement and resilience in the community and both familial and informal community supports present, challenges with aging in place remained, as indicated by the number of 911 calls made in one year. There were a total of 140 calls to 911 made with almost 67 of those being wellness checks related to falls or illness, and there were 21 calls to report a crime (Police Department Crime Analysis & Reporting Unit, 2014). This 109 percent call rate was the second highest resident per capita call rate in the sample after Good Shepherd, and it was almost 50 percent higher than the city's average per capita call rate of 75 percent for 2013. One resident stated the needs of the community:

> There were so many people… they need someone to make sure they are taking their medications, that they are eating correctly, and get them to the resources they need so that what we've had happen here…there's been a couple of people

> who have moved to assisted living, but most of them who have had to leave here have gone into a nursing home.

Thus, although the mechanisms are in place to ensure successful aging in place, these indicators point to cracks in the current system that may reduce its effectiveness in successfully supporting aging in place.

Institutional Response to Aging in Place

Management viewed its seniors as active but with health needs – a portrayal shared by the residents. This perception was in large part due to the roles of case management and the activity director. Management staff were not trained in aging issues, so these positions acted as informants to help them better understand the population they served. However, the response among all management staff was not shared. While the area manager stated that maintenance was not allowed to dust off fans and higher places for the residents, the site manager stated the following:

> Since we are a senior community, we offer a little bit more maintenance than a standard community would do. Like we'll change their light bulbs. We change their A/C filters. We clean their ceiling fans for them. It's not exactly for them to get on a ladder and do it yourself. So we do that stuff for them.

When the area manager was asked about potentially providing more supports for the residents who needed some extra assistance, she stated:

> We are an independent living community, not assisted living. The residents are expected to be able to take care of themselves. I did know of a community in the place I use to work in that provided assisted living services, and it was a

> nightmare to administer. There wasn't enough funding to provide the manpower that was needed for the residents. I don't foresee us doing that.

There was a disconnect between what the site manager and area manager would allow to support the residents, and the expectation of what the senior site was supposed to be was not shared.

Some residents felt a distance in managements' actions towards them. When asked how well he thought management staff knew him, a resident said, "I don't think they know my needs, but they know me." Another resident stated the rigid stance of management towards providing support to residents who may have more needs. He stated, "It's totally up to their family and friends. Management takes the position if you do it for one, you have to do it for the others. This is an independent living facility. This is not assisted living, etc." Thus, management referred them to case management if they needed assistance that they felt went beyond their roles and responsibilities. The site manager stated, "If it's within our means we will try to help them, but we can only do so much before we cross over, and then we tell them hey you need to contact your case worker or go somewhere else…"

The management team used to keep a list of resources for the residents, but when funding started drying up for many of the agencies, it was difficult to maintain, so then they started referring to case management for assistance locating resources and for assistance beyond what hey could provide. The manager stated, "We rely on CSS (Community and Support Services program) because they have better community relationships than we do, and they have the training that we don't." Often, the interns are

receiving the referrals directly from the front office staff. The staff would state, “Hey, can you help this person? They’re calling, and I don’t know what to say.” However, at times, there was frustration on the part of management over when the residents should contact case management. The site manager stated:

> We don’t communicate with them [case management] unless it is necessary. If they have an issue to be addressed and they go to their case manager, then their case manager will then contact us to see what the problem is. But generally if it is something related to the community, they should be addressing it with me. They’re not overseeing the operation of the property and how things are being done here. That should be addressed by us. The case worker is something completely separate. Of course, yes, if it is something where they don’t like what we say, sometimes they go to them, and then they call us. Of course, we are just going to tell them the same thing and they kinda play mediator. Sometimes they take it better from their case worker than from us. I don’t know.

Case management was often playing mediator with management; however, this may also reduce the referrals to the case management program from the site manager.

The paradox is that even though the perceptions and words of management portray their inability or unwillingness to meet resident needs around frailty, their funding decisions actually supported aging in place. Management stated why they selected a resident to run activities.

> The activity coordinator is a senior that lives here. So a lot of the concerns that they have are things that she may want. They all have similar issues, but she

knows what they like and what they want, which helps, and then she gets other residents involved to do the activities for her, so she doesn't always have to be hands on. She can just say okay I need you at this day at this time and she's free and clear, but she set it up.

Hiring residents and letting them lead and provide genuine input changed the dynamics of the community and created a space to promote relationships that are essential to successful aging in place.

The use of the city's case management program. The city's HOPE VI case management program is also important to supporting residents so that they are able to live independently; however, in this study it was discovered that over half of the residents interviewed could have benefitted from case management services that were not being provided. There were several issues that prevented residents from fully accessing case management services. In many cases, residents were more comfortable going to the Empowerer, or a friend or someone they knew and trusted, such as the activity director, for assistance coordinating services or to obtain counseling. In other cases residents were unaware of case management services or simply forgot about them. The following was an exchange with a resident who was losing his vision and was worried about his ability to live independently:

Resident: I'm trying to figure out a way to stay and who to contact. But it's hard for me to travel, because I have to go by bus.

Interviewer: So have you called the social worker here?

Resident: No.

Interviewer: Have you thought about it?

Resident: They call me a loner, because I don't associate too much

Interviewer: Case workers here have resources to connect you to services. But you haven't touched base.

Resident: I read their books, but like I said it's hard to go anywhere. But I was wondering if they will let me stay here or if I have to move.

An off-site case management office is out of sight out of mind for many of these residents. Recognizing that location is a barrier for this program, all of the senior public housing residents go through a 30-minute presentation about the case management program when they move in to Kindred Spirit increase the visibility of these services. Interns also come to the site and sit at the tables in the common area so the residents become familiar with them. Residents are made aware that they will be there on set days and times to see them if they need any assistance. Case management also posted flyers on resident doors about the availability of interns and various groups they were having. They were also posted on the calendar. As a result, many residents knew that the help was available, but there were other reasons they didn't accept this help.

Some residents were afraid. Case management receives referrals from management when complex issues arise, i.e. issues with hoarding, mental illness, or substance abuse. An intern reported that although long term care assistance provided through the state's Medicaid system could help some of these residents by providing housekeeping, personal attendants, and other needed supportive services, these residents were afraid that involving themselves in a state program would expedite their transition

to a nursing home. They wanted to preserve their freedom, so some stayed to themselves to avoid having to move. The intern was attempting to raise awareness of what these programs could provide so that seniors would be less afraid to use them.

Some residents just didn't want the help. One resident stated the importance of image and independence. They didn't want to be viewed as frail or dependent:

> They don't want support people and they don't want people to know, and the disabled people want to be treated like everybody else. So there is no support.

Further, an older intern interviewed stated that for a few residents the age of the intern was an issue. The younger interns were viewed as not knowing what they were doing, and some seniors were uncomfortable with that; however most enjoyed seeing them around and would approach them for conversation.

The case management program was run primarily by student interns. These students were motivated to learn and were eager to help any residents access needed resources. At times, however, they felt a little overwhelmed by the complex needs of some of the residents:

> But in terms of resources…and it was embarrassing that we [the interns] felt totally over our heads. We both come from upper middle class backgrounds. We've never had to inquire about a food box. And I honestly felt like well stupid white girl. I felt really embarrassed, but I learned. But there are still so many things I had to get on the internet to research, like how to renew your SNAP [Supplemental Nutrition Assistance Program] card, what that's like. And of course there are a lot of things that aren't included. I had no idea that someone

> from DES [Department of Economic Security] came to a building just a short distance from where I visit once a week to help people with questions, renewals, all that kind of stuff. The case manager seems to really want us to research things rather than just come to her. She wants us to think on our feet. I'd rather she just gives us a list of resources, but life doesn't hand you a full list.

These interns are social workers in training and are still learning. Some have had no experience with seniors before being placed at this site, therefore they will make mistakes or it will take them more time to get the answers that are needed.

A major barrier of the program, however, is that they don't have the time needed to become optimally effective for this population. There is a high turnover of interns. Some complete summer concentrations, and some are only there for two semesters. They build rapport with some of the residents and lead groups that residents begin to depend on and look forward to. The interns are told when they start their placements that they can start whatever groups they think are needed by the residents. When they leave there is no continuation of the groups they left behind. For example, the popular gardening club and aqua aerobics at the time of this research were discontinued, because they were unable to find an intern to lead them.

There is also disruption in their caseloads when they have to terminate clients. Some residents become used to having interns check on them, and then are unsettled when they leave. One of these residents was confused and stated:

> I've been having trouble keeping up with my caseworker. I haven't had anyone visit for a month or more. Someone should check on me. I told them about last

> week, and they're going to send someone to help me with cleaning, or check on me, …I used to have someone and I want to know what happened, and they just stopped coming.

It was discovered after the interview that he was referring to an intern that had been checking on him. The intern thought that turnover impacted the residents' ability to connect with them. She discussed a resident's fear of her and another intern leaving:

> She bonded with us so quickly. I think she was hearing things from us that made her feel comfortable and unburdening herself with all of her concerns and she's expressed a little bit of anxiety and worry that after we leave whose going to look in on me? She's got a daughter. Actually she's got a lot of family in the area, but whatever the reason she is reluctant to burden them too much, because they've all got children.

Even when residents had familial supports, the need was there for case management services. The high intern turnover, however, inevitably had led to some residents falling between the cracks, and even some residents' needs not being addressed at all. It takes time to understand the community, the resources, the needs of individuals, and to gain the trust of the residents – time that interns do not have in their placements. In spite of these weaknesses, seniors were overall appreciative of the interns being there.

The Response of Residents to Aging in Place

Using residents in paid positions added some consistency amidst the turnover and facilitated a communitarian response at this site. There was a culture here of resident involvement that was not evident at the other sites. The residents knew each other,

seemed to care about each other, and they led interconnected lives. When one resident was in pain, others rallied around the individual to offer support. Although most of the residents had families who provided them some support, they did not want to rely on them for all of their needs. They wanted to be independent as much as possible and not be a burden to their children. As one resident said, "I am independent, and then again, sometimes I need help." There are countless examples the residents gave of helping each other in times of need. There was not one type of support given over others. Help was given in various forms:

> One lady whose husband died six months ago said this is my family here, I'm not moving. She depends on us now to stand by her. Now one lady is about to go have an operation, so we're saying we are here to help you if you need help, because she won't have a nurse.

Another resident reported what happened when she was discharged from the hospital:

> Friends from here and neighbors from here helped me, and kinda what was interesting was …I mean they brought me food, they took me to the hospital, if they could have taken over the July 4th party, they would have done that. So yeah we have a good community here.

Religious activities were also very much part of this community. One gentleman commented on how his church group who meets on-site was helping residents at Kindred Spirit – even those they didn't know as well:

> That's what they try to get them to do. If you don't see somebody in a couple of days, knock on their door or go and check on them. We have a religious group

that meets twice a week, and they tell us to make sure you check on your next door neighbor or this person or that person, and check on them.

In spite of this community feel, there were still some who isolated themselves due to health declines or because they would rather keep to themselves. This did not go unnoticed among some of the residents who continued to check on them. One of these residents in failing health stated how her neighbors continued to encourage her:

Resident: They [the residents] don't mind my not associating and they leave me alone.

Interviewer: They give you your privacy?

Resident: Yeah. I mean one or two will come once in a while and sit and talk. There was one lady recently she takes her dog out, so she's trying to make me go out.

When asked how these residents became friends, many stated meeting each other in the community space or at activities. One resident stated why this community was different than most others:

Resident: if somebody is getting ready to go to the hospital or is feeling bad, that neighbor tells another person and gets a hold of a case worker.

Interviewer: So do you think it's because of the activities….That's why people are so close here?

Resident: Not just the activities. I think they wanna DO, they're tired of sitting.

In almost every interview, people expressed the desire to help – even those that were isolating themselves. They were themselves resilient and believed that helping their neighbors was a responsibility.

The activities coordinated not only helped the residents become socially connected, they helped them stay informed about community resources. The activity director and the case management team, which included the interns, helped coordinate speakers on preventative health topics, such as Life Alert, Medicare, hospice, medical equipment companies, and other programs that provided free or reduced benefits to seniors. While some seniors knew who to call if they ran into problems, some did not. One resident stated, "I know they send out flyers and things, but I forget and move on." Thus, many called the activity director to help them locate services when they were in need. The activity director stated:

> And then people who need something…they need housing, they need help with their pet, whatever…they ask me, then I'll call around until I found out what it is, what's available for them, then I tell them to call so and so and they'll do this.

When asked how she knew who to call, she stated she did not receive training from case management. She said, "I read a lot. I research on the computer a lot. I simply ask questions like I'll ask questions at the Urban League. I'll ask questions of the women's health coalition." When asked why she did not have residents access the case management program to meet their needs, she was herself baffled:

> You know, I need to get, I need to go down and talk to those, I need to get involved with the student intern caseworkers who come here every other week,

so that I can get the people to them. The people don't like to go directly to them. They're youngsters. I need to develop that resource better. There are a few who have caseworkers. There are things I'm extremely good at, and then there are things where I'm like a ten year old, and that is problem solving. Putting the picture together. I've been calling the case manager and stuff, but yeah, I need to be working with the case managers to get the people in touch with them. They'll [the residents] bring everything to me, like gee whiz, what do you think about this alarm service?

Although the activity coordinator was doing an incredible job engaging the residents and providing activities that they enjoyed, there may be some missed opportunities of knowing all of the resources available to assist residents without case management's involvement. She was being requested to do service coordination work with the residents without the formal training to do it. In effect, there was a breakdown in communication between the HOPE VI case management team and the activity director who often short-circuited case management and provided her own case management services.

Residents who had to rely on each other were limited by when their friends could help them. All of the residents are aging and those that are relied upon may themselves need some support. Some may at times feel burdened by their neighbors' problems. The awareness of resources and services to assist aging in place are essential to supporting residents and maximizing their health in these Ally-driven communities. Often, this

information was limited although the mechanisms were there to disseminate it, causing formal supports to be less utilized than they should have been.

Summary

The priority of this privately-owned and managed site is asset management over an active senior population with corporate attention focused on controlling costs. In turn, management prioritized resident ownership and voluntarism to address the gaps in services that were not as common at the other sites. In addition, there were an Empowerer, support staff, and resident allies in this community that helped support the residents to age in place; case management and the intern program was funded by the city, the activity director was funded by the corporation, and the rest were resident volunteers. These supports provided the activity, engagement, and resources that residents need to maximize their ability to live independently.

However, it was found in the course of this study, that they were not used effectively. Often, the case management program with its access to information, service coordination, and support was underutilized in lieu of informal supports offered by their peers. So, although the residents were more connected to each other, this did not prevent the frequency of 911 calls due to falls or other health emergencies. While some of these calls may have not been preventable, access to formal supports that may be obtained through the case management program are still needed to promote wellness and quality of life for more frail seniors.

Further, there are managerial issues that pose a real cause for concern for aging residents. The lack of discretion in decision-making by area management and the lack of

training by management staff are not supportive of resident needs and can cause more problems for them in the future. Unlike the other sites, there seems to be no problems with asking residents to leave for lease violations, thus, there may be a higher turnover rate here, but that cannot be substantiated. Residents will be less likely to report problems they have if they cannot trust those in authority, which can pose larger problems for management in the long run. As a result, in many ways this community is taking care of each other, and lying low to prevent being asked to leave. And without public accountability measures in place, there is little recourse for residents who feel like they do not have a voice. However, collective resident voices and action in this community have seemed to effect change, demonstrating that in the Empowerer Model with a strong focus on resident empowerment, residents can hold power and achieve the outcomes they desire.

CHAPTER 7

SOCIAL EQUITY RESULTS AND ANALYSIS

One of the study goals was to determine if there were implications for social equity across publicly and privately-managed sites (see chapter 3, page 71, Table 2 for study measures that operationalize social equity). Data were collected to measure the performance of each site according to the attributes of procedural fairness, equal access, consistency of quality, active citizen engagement processes, and equal outcomes. There are several study measures that could fall under more than one attribute, i.e. resident demographics could measure equal outcomes and equal access. The primary goal is not to fit each measure precisely into one attribute, but to ensure that every attribute is accounted for with an appropriate measure so that all areas of social equity are evaluated. This section discusses the performance of each site across these attributes and implications for the use of this operationalization in public administration research.

Results

Findings were based on observations, staff and resident interviews, and documents collected. An inequity was documented if the practice or outcome resulted in a barrier to meeting the goal for all residents, or potential residents at that site. In some cases all of the sites had barriers to meeting the same social equity goal. The comparison of equitable treatment within each site occurred between potential applicants and current residents or between different socio-economics, ages, or ethnic groups of residents. Because the sites were so different, it was difficult to determine equity impacts when compared to each other, so total counts of documented inequities at each site were

compared. Table 7 reports the findings from this analysis. There were significant inequities at the private site and all sites had issues with citizen engagement. This exercise indicated that an evaluation of social equity should be a continual effort to ensure that public values are upheld. The performance of each public value/attribute is below.

Table 7

Social Equity Indicator Public/Private Site Comparison

Attribute	Study Measures	Inequity Reported		
		Private	Public	Hybrid
Procedural fairness: Due process, fair treatment, unfair treatment corrected, groups are not denied procedural fairness	Eviction procedures			X
	Resident selection	X		No data
	Unit Inspections		X	X
	Staff/Resident Communication	X		X
Equal distribution/access to benefits: Distribution and access to services should be made to all equally, barriers to access should be removed	Wait list policies and procedures	X		X
	Services	X		
	Availability of translated materials and interpreters	X	X	X
	Disability accommodation procedures			X
	Rent and other fees	X		
Quality consistency: Prevailing standards of acceptable practice should be afforded to all groups, regardless of ability to pay	Types of activities/services offered	X	X	
	Interior and exterior of building		X	
	Maintenance request responses	X		
	Services that promote health and safety	X		
	Programs offered compensate for neighborhood deficits	X		X
Equal outcomes: Seek to eliminate social and economic differences between groups. If inequity in outcomes exist, seek to understand why and identify approaches to	Resident demographics	X		No data
	Frequency of 911 calls	X		X

reduce disparities				
Active citizen engagement processes: Take proactive and affirmative measures to elicit feedback from everyone and ensure barriers to engagement are removed	Resident input opportunities	X	X	X

Procedural Fairness

Procedural fairness is necessary to ensuring that no groups are treated unfairly, resident needs are met, and management is accountable to the residents. Norman-Major believes that this attribute is the easiest to document social equity (2011). If this attribute is not enforced, frail residents or residents with mental health disabilities would never meet the selection requirements for public housing, be steered only to those limited complexes that allowed them, or be evicted if they began to exhibit symptoms. More vulnerable residents would also not be given access to due process, which is important to a population with few options.

All three sites had issues with procedural fairness. In the case of seniors and people with disabilities, it was difficult for many of them to move or to exit, because many had limited support systems, resources, and/or were frail. Further, they did not feel like their voices were heard by management or were afraid that they would be retaliated against if they used their voice. Hirschman (1970) suggests that people who are dissatisfied with an organization or business will either use their voice to make change from within, or they will exit by leaving the organization or switching to another. These

residents expressed dissatisfaction by withdrawing from the community - a form of exiting.

The hybrid site had the most barriers in this area. It was found that management communication with residents was "command and control," strictly mandating what was permissible and what was not. Communication was abrupt, lacked empathy for the residents, and often used the threat of evictions or lawsuits as a preemptive measure. An example was that of several residents who were a day late paying rent; they were threatened with an eviction notice and a late fee almost as large as the rent. Another resident was evicted for a visiting family member's actions and was only given 24 hours to vacate. The city case management services supported the decisions of the private company to evict stating the importance of Fair Housing compliance. Further, there was no way to determine how residents were selected, because management ignored numerous requests for data; however, the area manager stated that they were independent living – not an assisted living, and they were not open to having frail residents live there with supports. This hinted at a selection policy that favored more active residents. The lack of data, however, suggests a larger issue surrounding the lack of public accountability of these publicly funded housing sites that are privately owned and operated.

The private site, Fort Knox, also had barriers in this area. The resident selection process skewed towards an active younger, senior population, and communication with management was hit or miss. Residents stated that often management would forget what he promised and that he was all talk and no action. Many did not feel like he was

responsive with their issues. As a result, either residents withdrew, accommodated, or they used voice and lodged formal complaints.

Overall, residents felt that the public site was fair; however, the younger, most frail residents were steered to this location, as stated by the management and service coordinator. This steering results in the segregation of a frail population and a culture focused on illness, which counteracts individual resiliency and health and wellness. Those seniors and people with disabilities who may be more active and who could act as positive role models and help the community build resiliency may not necessarily be steered to this option. In addition, there were frequent inspections here due to bug problems this site faced. Moreover, residents reported that maintenance, pest control, or whoever entered their apartment rarely gave them enough time to get to the door before they were entering their apartment. This procedural issue poses a barrier to resident privacy and should be addressed immediately.

There were also potential equity implications regarding the management of wait lists and how residents were notified among the private sites. The city has allowed privately-managed properties to oversee their own wait lists. Residents' responses at both privately-managed sites varied widely on how long they had to wait before they were allowed to move in, indicating that there may be a problem with how these wait lists are managed. Further, those who were eligible for public housing often had difficulty transferring from tax credit units, which the city verified was a problematic process. These issues along with questionable resident selection policies in place by both sites mandate that there be more oversight to ensure procedural fairness.

Equal Distribution/Access to Benefits

Equal access to benefits is a key component of social equity and is an attribute often compromised when contracting out to the private sector takes place. There are often higher service fees or a lack of services (Golant, 2003; Harahan et al, 2006; Smith & Ferryman, 2006) that accompany nicer aesthetics. Accordingly, every site also had issues in this area with Fort Knox experiencing the greatest barriers. The residents at Fort Knox additionally had to pay for utilities, which was not required at the other sites. Further, Fort Knox offered no services to residents beyond simple building management. Management's rationale was that residents did not attend activities so why offer them? Thus, there was little offered at this site to bring this community together.

The hybrid site, Kindred Spirits, had significant difficulties accommodating residents with disabilities. The area manager would not accommodate residents by allowing maintenance to assist with projects that placed residents in precarious positions, such as dusting off fans or higher ledges. Further, the power-assist door was not consistently functional, which forced many residents who had wheelchairs to stay inside out of fear that they would not be able to re-enter. Management was told about it, but was unable to fix it. The units were also very small here. Residents who made reasonable accommodation requests to transfer units because of noise or not enough space were not granted, highlighting the need for ADA training for the staff at Kindred Spirits.

There were also significant barriers across all three sites to providing equal access to non-English speakers. None of the sites offered materials in other languages and no translators were hired to assist. The hybrid site that housed at least one of three non-

English speakers, relied on a resident and volunteers to translate, but most of the language barriers were addressed by family members who could speak English when they were available. This lack of consistent access to translation services or interpreters poses a barrier to equal access. A non-English speaking applicant who is called from the wait list at Kindred Spirits, but is unable to understand the manager, is removed from the list even though the unit is available. Further, residents are unable to fully participate in activities and are effectively isolated from the community, which compromises their health and well-being. For instance, a non-English speaking resident was left upstairs at one of the sites when the building was evacuated due to a fire. Firemen had to knock down her door, because they were unable to communicate with her. She was one of the last, if not the last, to exit. Thus, it is important that if public housing programs are to be fully accessible, that they take non-English speakers into account when providing access to services.

Quality Consistency

When the study was started, an environmental scan was completed of each site's neighborhood to determine if there were neighborhood deficits or spatial isolation for each community. In response to these deficits, a quality housing program would attempt to correct them to ensure the health and safety of their residents. For example, none of the sites were close to a grocery store, so it was important they were either in proximity to accessible transportation or were able to provide these resources in-house. In addition, the physical environment of the housing site should be safe, clean, and promote the health of the resident. Also important to quality consistency is access to information and resources

that are often provided by a service coordinator or case manager. While managers of privately-managed housing typically take on this role, the question that should be asked is whether or not the quality of services rendered are consistent between the housing manager and the service coordinator.

The private sites both had issues with quality consistency relating to delivered services. While Kindred Spirits was able to offer city-run case management services, management did not refer residents to these services often. The activity director often took on this role, but her knowledge of information and resources was less than the case manager's, which although unintended could harm the residents and pose an issue with quality consistency. On the other hand, Fort Knox did not have access to these services so did not offer them. The manager was only able to offer housing management services, and the quality of these services was not consistent, with management and maintenance time split between properties. If residents needed transportation, however, Fort Knox was able to share the public site's van for its residents. Kindred Spirits did not have this luxury, as it was spatially isolated and did not have access to other means of transportation for the residents. This impacted residents' abilities to access their community. Many had to rely on their children or friends for transportation.

Regarding Good Shepherd, the assumption was that because there is lack of funding to support the capital improvement costs needed to maintain the current stock of public housing, that there would be an automatic inequity in housing stock found at the public site. While the other two sites were more modern and aesthetically pleasing, Good Shepherd was updating its interior to correct this inequity. The REAC scores for all three

sites were also comparable with Fort Knox scoring the highest, so the structure did not pose an equity issue after all. The biggest barrier to social equity that Good Shepherd faced, however, was failure to control a roach infestation. Management continued to send pest control, but much more needed to be done to eradicate the problem. They were not able to address this problem holistically to correct this deficit, thus quality consistency was not maintained.

Equal Outcomes

To determine equal outcomes, measures were used to determine how effective each site was at providing housing to residents of all ethnicities, disabilities and income levels. If there was a disparity, it was noted whether a site made an effort to reduce the disparity to lead to more equal outcomes. The measures used to evaluate inequities in outcomes were resident demographics, which included income, resident age, type of unit, and 911 call data for each site. None of the sites studied had issues housing racial or ethnic minorities with representation ranging from 61 to 75 percent. While Good Shepherd had the highest number of 911 calls, they were trying to address this issue with services and amenities targeted to health and wellness. Fort Knox had a propensity to house a younger, healthier population, and there was no discussion of correcting this deficit; however, the area manager was interested in offering service coordination activities for residents. They also tended to move residents whose income would qualify them for public housing into LIHTC units, removing economic differences that may exist between groups. Again, there was no discussion of correcting this deficit. Kindred Spirits would not release their data to determine if there were equal outcomes among residents,

which is another affront to public transparency and accountability that needs to be addressed.

Active Citizen Engagement Processes

There are two paradigms of democracy in direct conflict when examining resident engagement in public housing programs. There is a more direct, participatory democracy where the citizens set the agenda and have a more direct role in governance, and there is one that is ruled by elites in which they set the agenda, retain control over defining the public interest, and relegate citizen input to a superfluous role. Although residents know what's best for themselves, decision-making in government programs has become a staff-led governance model, resulting in "doing for" not "doing with" the citizens (Schachter, 2010; Skocpol, 2003). Accordingly, while all three sites had resident input processes, they did not lead to genuine engagement that allowed residents to establish a sense of ownership and control in their communities. Fort Knox residents provided input at meetings with management, but they felt that their ideas were often ignored. Good Shepherd had a mechanism through the resident council that could facilitate authentic engagement; however, even this mechanism became staff-led and limited resident decision-making to party planning.

Interestingly, Kindred Spirits offered the most effective approach to eliciting resident input. Management indirectly provided a path for resident input through the resident activity director. The other residents often came to her with any issues or problems they had. When barriers were reported, the activity director would work with the site manager to alleviate them. Thus, giving a resident a position with some authority

and control also gave the resident population some perceived control over their community. The danger in speaking through a resident, however, is that she can filter what message gets through to management. Ideally, a resident council would offer a mechanism for everyone's voices to be heard, but this was not a mechanism in which the service coordinator or manager was interested in utilizing.

Implications for Social Equity as a Measure

The operationalization of social equity proved to be fruitful in an analysis of network governance at a time when it is very much needed. Network governance opens up new spaces with at times, conflicting institutional values surrounding the provision of public services that pose a problem in championing traditional public service values. In fact, the struggles of public housing administration over time can be partially explained by a faulty market failure model that never served to address public service values. Market failure occurs when goods are nonrival, and prices are not able to be allocated efficiently, due to externalities, monopoly behavior, asymmetric information, and/or transaction costs. "Thus, market failure models generally have no role or concern for either distributional equity or what some might call 'fairness'" (Bozeman, 2012, p.10); or even social equity. In spite of this, its use is hegemonic in neoliberalism, even by those who wish to expand government responsibilities or uphold public values (Zerbe & McCury, 2000).

Other measurements have been put forward to address this issue. The measure closest to the one used in this study is Bozeman's (2002) public values failure criteria. He offers normative public values that may be used to evaluate programs. Several of his

criteria directly relate to the housing problems and social equity issues these sites are confronting with an aging in place population. They include:

- *Mechanisms for values articulation and aggregation*: effective communication and process of public values; social cohesion;
- *Time horizon:* actions are calculated with a short-term horizon when the implementation of public values may require looking more to the long-term;
- *Ensure subsistence and human dignity:* human beings, especially the vulnerable, should be treated with dignity, and in particular, there subsistence should not be threatened.

These criteria serve as effective reminders for public administrators that efficiency and economy are not the only two pillars of public administration, and that failure is occurring if these criteria are not used in decision-making and evaluation in public-private partnerships. He states that the institutional question that should be asked in network governance is: "What combinations of organizations and institutions, working in what sets of interdependent relationships, and operating with what sets of policy and management instruments, seem most suited and likely to achieve public values?" (Bozeman, 2012, p. 19). Thus, the focus is on the institutions and apparatuses that are employed to serve subjects in these arrangements.

The operationalization of social equity was able to take Bozeman's higher level, normative concepts and apply them to an analysis of these networked institutions to determine if public values were being met. Active citizen engagement processes reflected value articulation and aggregation from the citizens that was missing at every site;

although semblances of it were present at Kindred Spirits with the strong social cohesion there. The lack of quality consistency and equal outcomes regarding the services offered to promote the health and wellness of residents showed a focus on a short time horizon, instead of a longer term view of residents who will age in place and need services and supports. "Ensure subsistence and human dignity" is a packed and normative statement that would be difficult to measure; however if applied through social equity, it is similar to fair treatment in procedural fairness, quality consistency, and equal access to services that can be more easily measured.

In light of the frameworks and measurements that currently exist, the use of social equity as a measure was effective in determining if a failure in public values was present or not in these contractual arrangements. The use of this operationalization of social equity points to inequities that exist that may not have been before discovered in each housing site's standard operating procedures. It also highlights the necessary attributes that define equitable practice, which for many is a vague and blurry concept. Because social equity is itself a normative value drawing its definition from what is viewed as fair or unfair, there has not been, until recently, an operationalization of the term that could be used for measurement. In the administration of programs and services, equity is considered to be equality. Everyone has the same access to services and is treated equally. This approach allows its measurement to be more objective. Norman-Major (2011) noted the significance of incorporating two of this operationalization's attributes into evaluation efforts:

> Evaluation of application and other system processes can determine procedural fairness and due process. This is the simplest form of social equity and yet the type of service least closely associated with it. Clearer recognition of the role of due process and equal access as key aspects of social equity, defined here as maintaining or creating equality of opportunity, may be a stepping stone to building greater acceptance for the role of government in providing equity (p. 238).

While the field is highly focused on efficiency, it is unclear whether or not equity necessarily results in inefficiency. For instance, it can be argued that incorporating this operationalization into evaluation standards may increase each site's efficiency by reducing litigation and health care costs and relying more on resident engagement and input to maintain social equity. Future research in this area is required.

Summary

Assuring social equity is a continual process. All sites experienced barriers in some areas. Unless these indicators are reviewed periodically, there will be no mechanism in place to affirm that all citizens have equal access and benefits to services. The private sites had the most trouble meeting social equity goals with Fort Knox reporting the most inequities. In areas where social equity was maintained, both private sites often drew upon the public site's access to resources and information to improve services and quality of life to its residents, and advancing social equity among all groups served – one of the often touted benefits of public-private partnerships. The trade-off to these principal-agent relationships is that there is information asymmetry, with the agent

possessing the information that ensures that services are equitable, which the principal does not know how to monitor.

It was further discovered that the social construction of residents as the "desired," or those citizens that those in power wanted to serve, led to institutions and apparatuses that either advanced or created barriers for social equity for all citizens. As a result, in these case studies, the managerial values of the private sites were often in conflict with public services values of fairness, social equity, representation, or participation, which Box (1999) and Vertiss (2000) warned against. Thus, there were indeed social equity implications to contracting out housing services. Further, the use of this operationalization of social equity proved to be an effective operationalization to measure inequities or public value failures (Bozeman, 2002) that exist at each site. It offers administrators an evaluation measure beyond simple market forces.

CHAPTER 8

DISCUSSION: THE EMERGENCE OF GOVERNMENTALITY

During data collection, Foucault-inspired elements began to arise that shaped the rest of the study. Bio-power, regimes of practice, tension, resistance, technologies of the self, and an overall study of governmentality offered an understanding for how the city approached aging in place and why social equity was either advanced or compromised at each public or privately-managed site. I am sensitive to the fact that an analysis of each one of these elements could be a dissertation in and of itself; however, since an analysis of governmentality is not what drove this research, some data may be missing from this truly inductive study that could have informed a more robust analysis of governmentality. With that in mind, I have made an attempt in this section to draw Foucauldian themes together from existing data to help frame future research in these areas.

This chapter shares how Foucault and his discussion of governmentality, power, resistance, and technologies of power help illuminate social equity findings in chapter seven. Attributes drawn from this discussion of power and from each site's findings serve as the foundation for the BEST[8] Model of Community Resiliency in Congregate Senior/Disability Housing that I introduce in this chapter. The attributes that make up this model are applied in the previously introduced typologies: the Trustee, the Shepherd, and the Empowerer. Another typology is introduced, the Bridge, which serves as the ideal - building on the previous three typologies and introducing site elements that are missing for community resiliency. The chapter concludes with a discussion of the implications of

[8] BEST is an acronym for an ideal type model.

the BEST Model for residents, the private sector, government, and the general public to ensure that public housing services delivered by the public or private sector promote social equity and successful aging in place.

Power Relations

The Operation of Bio-Power in Network Governance

The application of Foucault's bio-power illuminates a deeper understanding of why each site differs so significantly in the operations of its public housing programs. A governmental system exercises bio-power by choosing to prescribe through its housing policies and practices those who are deserving of services and who are not. Thornton argues that neo-liberalism is "discomforted by prophylactic measures that are perceived as impediments to profits" (2000, p. 19). From this paradigm, positions that support aging in place, such as service coordinators, activity directors, and resident are viewed as cost-prohibitive and unnecessary in a system that honors self-reliance and independence. Thus, the values of a neoliberal state oppress those not viewed as market players, which include older adults and people with disabilities. Tucker (1998) posits that it is the responsibility of the individual to correct himself or herself so that society does not have to pay. So, in a neoliberal state, while a citizen is free from being dependent (or is not to be dependent) on others, a person with a disability or a senior citizen who may need assistance may not ever be viewed as truly free, contributing, or as capable of have a good quality of life if they have to depend on others (McPherson & Sobsey, 2003), relegating them to the status of "bad citizen."

The way this bio-power is exercised has evolved with the increased involvement of the private sector in neoliberal governance. While historically the primary motive of government is to correct or normalize those constructed as abnormal, the private sector only desires to serve those considered as the most normal, as its primary goal is not to "correct" but to make profit. Thus, the identity of those constructed as deserving of certain housing has shifted. Government-run housing programs tend to house populations considered frailer who are viewed as "dependent," while the private, newer sites house those deemed as normal and as politically "advantaged." Those residents in privately-managed housing considered abnormal run the risk of being evicted into government-run programs that strive to normalize, such as publicly-managed housing sites, nursing homes or hospitals. Thus, public housing residents today that are deemed as abnormal are being treated with nursing homes instead of community living, evictions instead of supportive services, and paternalism instead of participation. This powerlessness is perpetuated by a system of care in senior and disability housing programs. In effect, this paternalistic system disempowers frail older adults and people with disabilities seen as dependents by removing their voices from the process.

Thus, Foucault's theory of bio-power should be re-examined as the divergent goals of the private and public sectors have created contestation over who the target population should be and what the ultimate goal should be for seniors and residents with disabilities in need of more permanent housing. The regime of practice for public housing is not consistent - but varies from site to site; this inconsistency becomes a threat to social equity. Dean states that it is necessary to look at the distribution of power between the

public and private spheres and to attend to "the ways of seeing and representing embedded in practices of government, and the different agencies with various capacities that the practices of government require, elicit, form, and reform. To examine regimes of government is to conduct analysis in the plural" (2010, p.37).

Social Influence as Power in Networks

Foucault (2008) sees power as an everyday, multi-directional strategy used by individuals. Thus, a study in power is a study that seeks to understand the day-to-day interactions between individuals and institutions. It is not possessed by any individual, but it is an action driven by individuals. Foucault offers an approach that allows the user to analyze the power dynamics between the governing and the governed and among the governed, so that both oppressive and productive forms of power can be identified.

While Foucault takes a broad analytical approach to power, French & Raven (1959) provide a more a detailed ontology of the types of power that exist that can influence change. Since there were several different types of resident power that were found between residents, with the manager, and other staff members; this ontology helped to understand how change was affected by analyzing the types of power exercised. It was discovered that typically power was tied to social influence. Raven defines social influence as "a change in the belief, attitude, or behavior of a person (the target of influence), which results from the action of another person (an influencing agent)" (2008, p.1). The ability to bring about such a change is drawn from the resources available to the influencer that is represented under six bases of power. These bases of power vary by the sustainability of the change, and the way the type of power is implemented, established

and maintained. Each of the following bases of power can be used simultaneously to influence a desired behavior.

- Informational power: The ability for the target to independently change her or his behavior by the influencer providing information that the target needs. This form of power is important as it controls the information that others need to reach an important goal.
- Coercive power: Uses threat of force to get the target to do something she or he does not want to do. The force could include physical, social, emotional, political, or economic means. Coercion is not always recognized by the target who may be coerced due to a fear of being rejected or dissatisfying someone they value.
- Reward power: Promise or denial of a reward that is tangible, social, spiritual, or emotional. Reward power can also be established by gaining approval, compliments, or acceptance from a person whom the target values. This is the most effective base of power used to effect change in resident behaviors.
- Legitimate power: This power relies on social norms that establish that the target should comply with the request of the influencer. While positional authority is the most obvious example of legitimate power, essential to this research are the legitimate powers of reciprocity, equity, and responsibility. Reciprocity affirms that the target returns favors or pays it forward. Under equity, the influencer seeks to right a wrong by asking for favors to correct previous actions caused by the target; and most importantly to community resiliency, responsibility sets an expectation that the

target helps those who cannot help themselves. These last three forms of legitimate power contribute to community-building.

- Referent power: This power emphasizes respect and similarity between the influencer and the target. Influence is exhibited by the target's loyalty, respect, friendship, admiration, affection, or a desire to gain approval. Often, the target seeks to emulate the influencer; but the power of the influencer may also be undermined by the target, creating negative referent power.
- Expertise power: The assumption by the target of what the influencer knows that is based on actions, knowledge, experience, and special skills or talents. Targets may not comply or do the opposite action requested if they believe the expert's request is based on personal gain.

While all of these bases of power are used by actors for different objectives at each housing site, I concentrated this analysis on key actors with consistent social influence at each site – the service coordinator, activity director – and in the absence of an identified person with social influence at a site, the manager was used because of his

Table 8

The Exercise of Power in Public Housing: A Look at Key Actors

Influencer	Target	Desired Behavior	Actions	Submit?	Base of Power
Service Coordinator (GOOD SHEPHERD)	Frail Resident	Obtain supports to maintain occupancy	Meet/communicate/help residents 1:1 regularly	Yes	Informational; Legitimate; Reward; Referent; Expertise
Site Manager (GOOD SHEPHERD)	Residents	Control bugs/ cleanliness	Flyers and frequent inspections	No	Legitimate; Negative Referent
Site Manager (FORT KNOX)	Resident	Less criticism	Periodic staff-led meetings with residents	Yes/No (divided)	Legitimate; Negative and Positive Referent
Resident (FORT KNOX)	Site Manager	Maintenance corrective action	Contacted area manager and the city	Yes	Coercive
Resident (FORT KNOX)	Resident	Manager support	Face-to-face conflict/Gossip	No	Reward
Activity Director (KINDRED SPIRITS)	Residents	Resident voluntarism	Face-to-face invitations; Word of mouth	Yes	Informational; Legitimate; Referent; Reward; Expertise
Activity Director (KINDRED SPIRITS)	Site manager/ Area Manager	More on-site amenities/services for residents	Face-to-face regular meetings	Yes	Informational; Coercive; Referent; Expertise
Management (KINDRED SPIRITS)	Resident	Lease compliance	Letters	Yes	Legitimate; Coercive

access to legitimate power. Table 8 presents examples of how and by whom various bases of power are used at each site to resolve issues of contestation discussed in previous chapters.

There are six cross-themes from this analysis of power that facilitated an understanding of how mechanisms could be better established to ensure power is productive: These lessons can be replicated or avoided in future public housing governance models:

- *The more bases of power used by the influencer, the more likely the target can be persuaded.*

As the table illustrates, the abilities to be persuasive and resourceful, drawing upon multiple bases of power, are keys to success.

- *Coercive power consistently leads to action from the target.*

Legitimate position power was the weakest type of power used across sites, making the use of coercive power necessary in managing public housing; many would only act if the manager used coercive power. It is then no surprise that many residents did not like to communicate often with the manager. On the other hand, without the use of this power by management, trust among residents becomes compromised. The Fort Knox manager rarely used coercive power, so many residents did not feel he was doing his job in enforcing the lease. He tended to use referent power, but was not consistently successful, because he was unable to establish trust among all of the residents due to his lack of coercive power. However, alternatively, coercive power used consistently without other positive forms of power could compromise trust and community connectedness, unless

other legitimate positions of authority, or "go to" people with positive social influence, are selected to work with residents to counteract the negative feelings that are spawned from this coercion.

- *There is a need for a non-managerial "go to" person, or a person with social influence, for information and support among senior residents and residents with disabilities in public housing programs.*

At Good Shepherd and Kindred Spirits, the service coordinator and the resident activity director carried significant social influence with the residents. Although they were different in their approach with the service coordinator practicing paternalism and the voluntary resident activity director practicing empowerment, the residents still relied upon them for information and assistance. Fort Knox did not have such a person, thus there was dissension and conflict within the community with residents divided into factions.

- *Coercive power can also be used successfully in subordinate positions.*

This is a key finding, as residents' self-governing behavior can produce desired outcomes for management. If residents are supporting the community and management recognizes the value and/or sees the positive outcomes of resident actions, residents can posses this power. For example, in the case of the resident activity director, she threatened to quit several times, but management did not want to lose her or the program, so they succumbed to her requests. Residents' complaints to corporate at Fort Knox were so frequent, it required a change in management.

- *Residents tend to comply with requests over the long term when legitimate power is used; however, the influencer initially needs to use referent and reward power.*

During this research, the activity director who utilized the legitimate power of responsibility instilled an obligation with the residents to take care of each other. With the focus on religious activities at this site, this form of power was easily exercised, as altruism is a path to salvation for many religions (Foucault, 1988). However, she did not simply start using this power. She started with reward and referent power to establish relationships with and between the residents first to gain a sense of trust and community.

- *People with social influence can short circuit formal support programs.*

There was very little mentioned among the residents or management staff of the case management program at Kindred Spirits. The program seemed to carry very little influence within the community, which is necessary to attracting referrals to the program. Because the activity director carried social influence and assisted and persuaded the residents to assist each other, many of the residents did not feel there was a need. However, they were limited to the knowledge, resources and supports that were available within the community. So, the lack of power held by the case management program actually threatened the ability for some seniors to successfully age in place.

These bases of power can also be better utilized so that formal service programs know how to gain more power. These findings were shared with the case manager who holds coercive and referent power over the activity director. The activity director relies on the case manager's social work interns, and at times, the case manager's knowledge, to assist her with activities or locating resources. The case manager was unaware,

however, that the activity director was serving many of the residents' service coordination needs. In response, the case manager began to meet with the activity director regularly to provide her with information about the case management program; to remind her how the program can more effectively help with the residents (informational and expertise powers); and how it can directly benefit her by giving her more personal time (reward power). The case manager reminded the activity director that it would help the interns if the activity director would refer clients to them (legitimate power of reciprocity). Five forms of power were exercised. As a result, she stated that the activity director would start making referrals.

So, by understanding these bases of power, it is clear that power exists in many different forms among the residents and with management, affirming Foucault's position that power is indeed everywhere – even held by subjects. These bases of power possessed by the residents can be used for the betterment of communities, especially when legitimate powers of responsibility, equity, and reciprocity are exercised. They can also help seniors who do not want to ask for help overcome this mindset if they feel they possess the power to ask for or are owed that help. In essence, how these bases of powers are selected and used and by whom they are used can be drawn from an analysis of governmentality. An analytics of government at an individual level can disentangle the power dynamics that exist to determine who the key players are and what circumstances can lead to resident action to effect change.

The Governmentality of Public Housing

The goal of conducting an analysis of governmentality of these three different housing sites was to understand what predetermined end the governing was trying to elicit from the governed with the apparatuses utilized, and the regime of practices of both the private and public sectors, so that potential social equity ramifications could be realized by city administrators. Further, an analysis of governmentality illuminated the network relations and areas of contestation that existed between residents and managers, how they were prescribed by the values of those in power, and how the established institutional framework supported these relationship dynamics (Kadushin, 2004). Newman discovered that in network governance and NPM, policy is not just adapted on the ground by street-level bureaucrats, but that it is "being developed out of practice across multiple sites in a dispersed field of network governance" (2004, p.30). Thus this analysis of governmentality sought an understanding of the conduct of government in network governance, in order to connect questions of government, politics and administration to the space of "bodies, lives, selves and persons" (Dean, 2010, p. 20).

The following Figure 14 gives a Foucauldian perspective (albeit, a simplistic one) of how identities and actions are shaped and power is exchanged between residents and management staff of public housing sites; these actions can be seen as continuous interchanges, enforcing and reinforcing the apparatus and regime of practice of both the management and residents. Social agents develop strategies that are adapted to the needs of the social worlds that they inhabit. These perceptions and actions by both management and residents culminate in a community identity that can promulgate or inhibit successful

aging in place. A positive community identity reinforces management practices, while a contentious identity could force a change in practice. And this process cycles back by reinforcing power-knowledge structures. This is what I call the Cycle of Community Identity Formation. The management and resident components of the cycle are mutually reinforcing, and all are essential in establishing a community's identity.

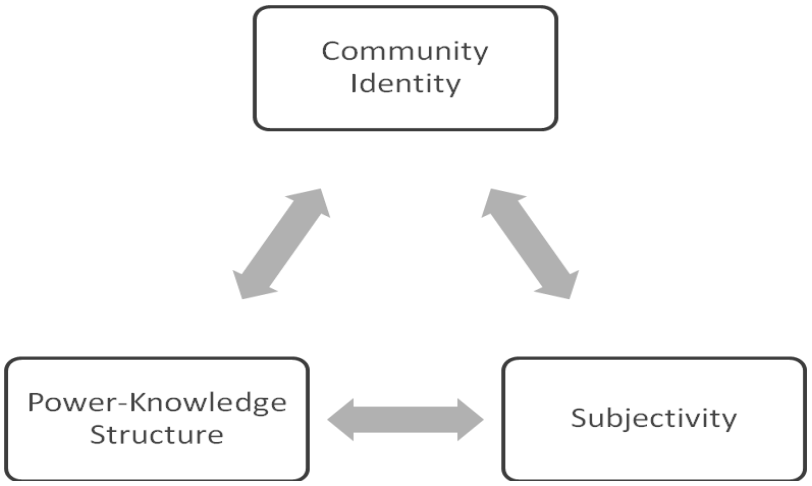


Figure 14. Cycle of Community Identity Formation. This cycle is derived from a Foucauldian-analysis of the governmentality of congregate public housing sites.

This section will describe the elements of this cycle from a Foucauldian perspective, which lays the foundation for the BEST Model of Community Resilience to be discussed later in this chapter. It divides the cycle by management and residents, and then it discusses how the interaction of both groups shape community identity.

Power-Knowledge Structure

Mechanisms of power produce different types of knowledge, which collate information on people's activities and existence. The knowledge gathered in this way further reinforces exercises of power (O'Farrell, 2007). A power-knowledge structure is designed to embody a constructed truth by dictating what is considered knowledge and

truth. Foucault states that the goals of power and the goals of knowledge cannot be separated. In knowing we control and in controlling we know (Foucault, 1977).

These power-knowledge structures incorporate an actor's previous real world experiences, training, and conceptual and associational knowledge of subjects and the dominant discourse of power that shape the governing's view and actions towards subjects. Therefore, the knowledge structures of the governing become the precursor to the constructed realities of subjects. As applied to the three housing sites, this knowledge structure of the managers and other legitimate positions of authority included previous work experience, training in aging or health issues, and prior involvement with seniors and people with disabilities.

Regime of practice. Not to be confused with ideologies or institutions, a regime of practice are those practices, mechanisms, strategies, and behaviors that are intended to elicit the desired actions from the governed to meet predetermined goals based on the power-knowledge structure (O'Farrell, 2007). How all of these practices are thought out and goals are determined or categorized – i.e. to punish, to cure – in turn, leads to the formation of the identity of the subjects about themselves, or subjectivity (Balan, 2010).While a regime of practice typically characterizes the apparatuses that are assumed under different departments, such as corrections, education, health….when analyzed at an individual level where personal interactions could be observed, these regimes of practice were found to vary significantly between private and public sites in public housing with some managers holding multiple roles. For instance, the for-profit manager was expected to adhere to norms and rules to maximize profit for share-holders. In her role as agent,

she was expected to abide by the principal's contract requirements and enforce HUD guidelines. In her role as site manager, she was expected to be responsive to the needs of the residents and ensure their safety. Her other identities at times included policy advocate, community builder, social worker, police officer, and compliance officer to name a few. Sometimes there is a contestation between these roles that creates tension with which many managers struggle, but this tension in practices often lead them to enlarge the space for purposive action, engaging stakeholders and community members (Newman, 2004).

There were several strategies or mechanisms utilized by the governing that made an impact on subjectivity, the advancement of social equity, and successful aging in place. They included the identified goals of those in power; the staff positions employed; the quality of interpersonal relationships between the governed and the governing; resident selection policies or who the governing chose to serve; resident empowerment strategies, and how space was utilized.

Subjectivity: The Influence of the Community

Foucault argues that the individual is not something that needs to be liberated rather the individual is the closely monitored product of relations between power and knowledge. Individual subjects assume systems of thought and knowledge and are governed by rules on a sub-conscious level that define for them a system of conceptual possibilities with pre-determined boundaries (Gutting, 1989). The mechanisms of the governing shaped resident identities to fit within a regime of practice of each site; they are thought to provide regularity of the population (Foucault, 1978). How the residents

see themselves are cultivated by even something as benign as activities, which can be used as a way to control.

In this study, subjectivity was clearly demonstrated through management's exercise of activities. Residents were asked to chronicle a typical day from when they woke up to when they went to bed. Their answers were grouped into themes, and hours listed for each grouping were calculated. Table 9 reports how residents spent most of their days.

Table 9

A Day in My Life – How Residents Reported Most Hours Being Spent in a Typical Day

	Kindred Spirits (n=6)	Fort Knox (n=7)	Good Shepherd (n=7)
#1	TV/Movie	Work/Vounteer	TV/Movie
#2	Activities	TV/Movie	Sit
#3	Hobbies	Hobby	Doctors
#4	Walk/Exercise	Family	Walk/Exercise
#5	Work/Volunteer	Religion	Shopping

At Kindred Spirits, activities were frequent and were used to meet new friends and achieve a sense of ownership and meaning in their lives by engaging the residents to help run the activities. As a result, many residents reported some involvement with activities. What was also notable was the number of residents who mentioned volunteer activities as part of their typical days. Their routines overall reflected an individually resilient resident who was also connected to the community, which presents an asset to the Kindred Spirit that will need more supports as its community ages.

Conversely, there were very few activities at Fort Knox, which led to greater detachment within the community. As a result, Fort Knox residents looked outside the

gates of their apartment complex to volunteer and to achieve self-meaning. As a result, many were engaged in work and volunteer activities that provided them access to tremendous social capital that could bolster the resiliency of the Fort Knox community. However, since there were few events or activities to connect the individuals of this community, and they had a manger that divided them, residents remained detached. Thus, the potential for this individually resilient apartment community to increase its social capital and become more resilient was lost.

Lastly, the routines of the Good Shepherd residents appeared to be driven by a medical model with a focus on doctor appointments, sitting and resting, and exercising. Shopping at this community was considered an activity as the city van took residents shopping twice a week. So for many, this was the highlight of their week. Without the bi-weekly van trips for shopping, many residents would have nothing to do. Many were not close with their families, didn't have much money to access many community events or activities, and/or couldn't travel that far away due to health concerns. They were, however, able to get out of the complex and access their communities. Thus, activities filled basic needs that helped promote their quality of life. Because the activities were staff-driven, during the weekends when all the staff were gone, Good Shepherd was reported to be very quiet. During these times residents felt lost with no purpose.

If the labels were not placed on the responses for each site, it may be easy to identify one from another. With Kindred Spirits regime of practice supporting residents taking care of each other, Fort Knox supporting the physical structure; and Good

Shepherd's paternalism and support of resident health care needs, it is clear how the residents' live were shaped and subjectivity occurs.

Technology of the self. Foucault states that institutions are arbitrary and that individuals hold their own power through this self-governing behavior, which he calls technologies of the self, that allow them to determine which space of freedom can still be enjoyed and how changes can still be made (1988). Self-governance has been described by Foucault (1997) as the quest for freedom in which persons seek to transform themselves through critical reflection to live in reciprocal relationships with other persons and nature. In self-governing, the individuals control the self. Thus, the governing of the self is a product of power. It is not simply autonomy, but takes into consideration the subject's position within the dominant discourse of power (Rasmussen, 2011). Technologies of the self are "those reflective and voluntary practices by which men not only set themselves rules of conduct, but seek to transform themselves, to change themselves in their singular being" (Foucault, 1992, p. 10-11). These technologies of self constitute what individuals say and do in a constrained system of power. It is these technologies of the self that allow individuals to exercise freedom in a power structure that does not presuppose this freedom.

Thus, different identities are created leading to the use of self-governing behaviors that vary significantly in how they are employed. Some residents feel empowered in their identities, while others may feel they have to depend on others. The subjectivity of residents, in turn, defines their behaviors and interactions; and how they police themselves based on their identity formation of their "selves." Some residents

acquiesce to this regime of practice and become the identities shaped by the governing; but, some resist, create different identities for themselves, and search for space where they can establish more freedom.

Power is diffuse, and everyone has access to it- no matter how constrained their conditions may seem. Thus, an analysis of management-resident relationships revealed that self-governing power, even when used as an exercise of resistance to authority, could be productive to the community. This self-governance behavior was exhibited in three different ways: accommodation through ownership; coping or withdrawal; or active or passive resistance. These behaviors, or "counter conducts," shaped the lives of the public housing resident and the narratives at each public housing site to one of promulgating or inhibiting community resiliency.

Analyzing these points of contestation and counter-conducts uncovered innovative practices in which the residents were currently engaged that strengthened the resiliency of their housing site - commonly through resident networks. The use of these networks can counteract subjugating practices. When conflict occurs, these networks and relationships between them can become resistant and polarized into different factions, which can lead to social change (Coleman, 1957; Kadushin, 2004; White & Harary, 2001); or these networks can come together to accommodate to this resistance and achieve satisfaction. Both are examples of how communities can become more resilient through the use of social networks.

Community Identity

These technologies of self in aggregate dictate how a community is networked, or if it is networked at all, and resident relationships with management to determine what its identity is. The identity of the community will reinforce or spark changes in power-knowledge structures and corresponding regimes of practice, as well as resident subjectivity and self-governance. Because the use of space is so important to defining community identity, and promoting both individual and community resilience, I will elaborate on this mechanism further.

The use of space is critically important to resident resiliency, safety, and aging in place, and has been cited in community resiliency literature as necessary to promoting a community identity of cohesion, facilitating informal networks (Oldenburg, 1991; Sharkova & Sanchez, 1999), and deterring crime. Crime Prevention through Environmental Design (CPTED) is an approach that housing authorities across the country, including the city housing department have used to influence offender decisions that precede criminal acts by affecting the built, social and administrative environment (CPTED, 2014). One of the strategies targeted to increase natural surveillance by the residents under CPTED principles is to maximize the use of common spaces by offering activities so that residents become familiar with their neighbors, and a sense of ownership and territorialism is instilled.

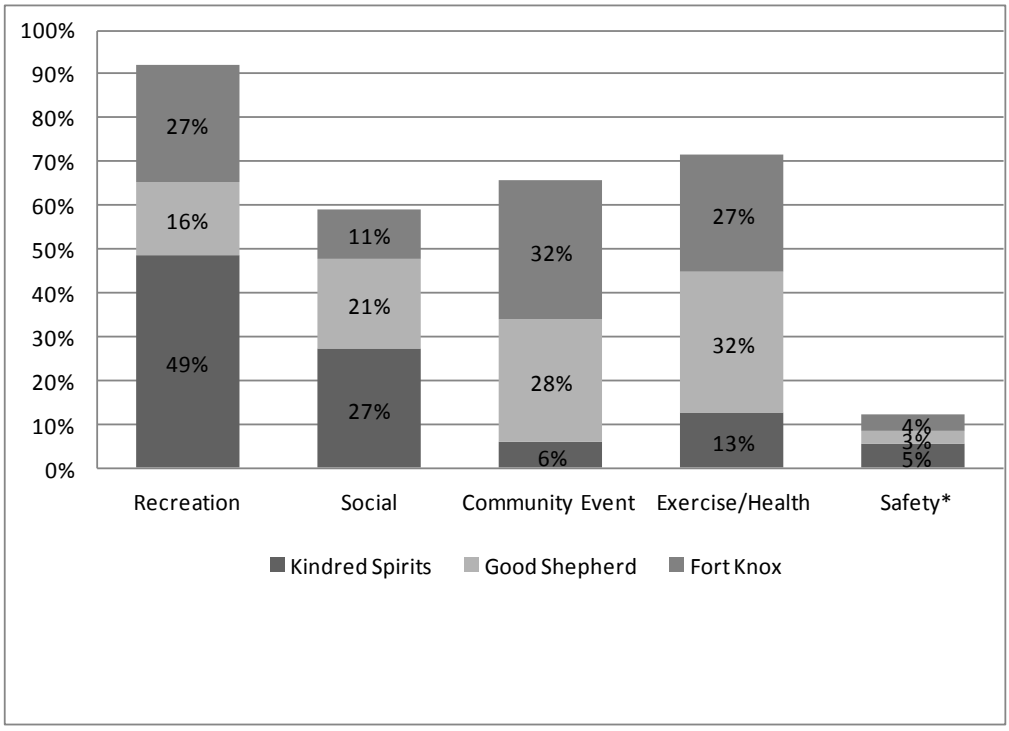
The management of some communities has grasped this concept and has adapted their practices to prioritize activities and other events that bring the community together, but other site managers still do not understand its importance. For example, with a

staffing structure to support this practice, Kindred Spirits offered 150 activities, the most of any site over a three month period; Good Shepherd had 97, and while Fort Knox reported 82 offerings, it was discovered later that these activities were posted but did not occur. In spite of the lack of activities, however, residents felt safe at this site. The use of formal mechanisms or an environmental design that prevents intruders can exist without a strong resident community and be effective to residents' sense of security; however, the same cannot be said for helping residents successfully age in place, as there are still few resident networks to support each other.

Further, because activities are a regime of practice, the knowledge structure of the governing dictated the types of activities to be offered, as shown in Table 10. It is no surprise then that Good Shepherd had the most health related activities (32 percent), and Kindred Spirits had the least health activities posted (13 percent) and community events (6 percent) but the most recreational and social activities (76 percent). This is due to the limited information the activity director had of external formal resources when compared to the service coordinator who planned the activities at Good Shepherd. Although the activities did not occur, it was interesting that only 11 percent of Fort Knox activities were social. By not providing opportunities for the space to be utilized by the residents, For Knox was establishing control; management did not want to bring people together for fear that it would create more dissension with the management.

Table 10

Distribution of Activities by Site, June 1, 2012 – August 31, 2012



There were several factors that were successful in eliciting resident engagement in activities, which were primarily based on how power was used. On observation, those activities in which residents had more control in the planning generated more attendance across sites; however, there was wide variation of attendance between activities with numbers ranging anywhere from a few to 70 residents. Those sites that had larger attendances used reward power, by having staff or residents persuade other residents to attend by knocking on their doors before the activity or offering free food and prizes. In the case of the private site, although it also had free food, there was such a strong dislike for the manager that negative referent power to not attend was stranger than the reward of obtaining the free food.

In fact, activities were one of the most cited benefits of living at two of the three communities. These activities corrected for neighborhood deficits if transportation was not easily accessible or if residents did not have the social networks or economic means to enjoy full community participation outside of the housing site. Thus, the practices that were utilized by the governing to conduct something as seemingly simple as activities shaped the identity and lives of the residents and the overall community identity. Accordingly, its value to aging in place cannot be overstated.

Application of Foucault to the Study Sample

I have discussed several themes related to governmentality with a focus on power and resistance; these concepts are critical to achieving social equity, successful aging in place, and community resiliency. Drawing from the previous discussion, I have categorized the previous constructs of the three typologies introduced in chapters four through six: the Trustee (privately-managed), the Shepherd (public managed), and the Empower (privately-managed with public case management). The Bridge typology has also been created as an example of a model community that supports aging in place and community resiliency. The attributes of this model will be broken out and discussed by site with key takeaways for effective and equitable housing management. The intention of the BEST Model is to assist managers and other staff members involved in serving seniors to better understand how current strategies of housing management impact the residents and the overall community, and how changes can be made in management processes to support more resilient communities. This model can also be applied to other senior communities.

Table 11

The BEST Model of Community Resiliency in Congregate Senior/Disability Housing

	Bridge	**Empowerer**	**Shepherd**	**Trustee**
Power Identity	Resident Activity and Supportive Services Director	Resident Activity Director	Service Coordinator	Manager
Power-Knowledge Structure	Health & aging, voluntarism, & community resources	Voluntarism & community resources	Health & aging, community resources	Management training
Regime of Practice	Empowerment	Community-building	Assistance	Profit
Subjectivity	Empowered Community Member	Community Member	Disabled person	Tenant
Technology of Self	Innovation	Resident Ownership/ Voluntarism	Coping/Passive resistance	Withdrawal
Community Identity	Resilient	Communitarian	Dependent	Detached and fragmented

Power Identity: Person with Social Influence

It is important to identify those positions within communities that exercise the most social influence with residents so that they are involved in the strategies developed to affect more successful aging in place. Those positions that use the most bases of power with residents are the most successful and often the most influential. Therefore, how these individuals interact with residents, how power is exercised, and what the knowledge

base and goals are of these individuals can sometimes drive the goals of a particular community. Individuals do not possess power; they exercise power according to how they use technologies of the self. Thus, this analysis concentrated on those who were able to influence the most community change. What is interesting to note is that in most cases, these positions were not management. For Fort Knox, in the absence of other positions and a divided community, this position with legitimate power was the manager, known as the Trustee; for Kindred Spirits, it was the resident activity director as the Empowerer; and for Good Shepherd it was the service coordinator as the Shepherd.

The Bridge typology offers a new power identity. She or he is a resident with social influence with a suggested title of Resident Activities and Supportive Services Director. This title, based on discursive power where words are of critical importance, would affirm the importance of subject position to supportive services, while still promoting empowerment among residents. Activities are where friendships are made, the needs of people are discovered, and where residents are more likely to ask for help. This position would legitimize supportive services so that the relationship between the activity director and case manager/service coordinator could be formalized to ensure that residents have access to information and support that is currently missing.

Power-Knowledge Structure: Connecting Knowledge to Influence

The knowledge structures of the governing shape how resident programs are designed and implemented and what goals are met. The worldview of each actor towards disability and aging is constructed by the training or previous experience they have. The Trustee had only training on fair housing compliance and HUD regulations and little

experience with seniors, thus he did not foresee that eventually this population would need more formal services, and provided no activities or trainings to help them build both informal and formal supports. The experience and training of the Shepherd was focused on taking care of a frail population but not empowering them. The Empowerer had no formal training, but she had prior experience in working with seniors over ten years ago. She based her referrals and activity schedules on what she knew. Her lack of knowledge was counteracted with resident access to case management, but often this program was overlooked by the Empowerer who held informational power among the residents. In the final typology, the Bridge is a resident who also benefits from some service coordinator training and regular meetings with the service coordinator or case manager. This helps her with scheduling relevant speakers for activities, obtaining up to date information on community events, and coordinating referrals to the case management or service coordination program to ensure that residents receive comprehensive information to age in place successfully.

Regime of Practice: Goals Shape Resident Lives

Ultimately, managerial goals are what drive the mechanisms selected at each site. The Trustee was focused on making a profit for their shareholder by taking care of the asset and assuring occupancy. Therefore, there were no mechanisms in place for resident services. The manager's time was split between two properties taking care of maintenance issues and completing HUD paperwork. For the Empowerer, it was that the residents care for each other, thus she focused her activities, communications, and conversations with management on participating in activities that helped build

community; but this goal was also why formal case management support was often over-looked. The Shepherd's focus was providing residents with assistance with mechanisms designed to take care of and monitor the residents, including selecting residents who were frailer to move in. There were few opportunities for empowerment at this site, as the residents were not expected to contribute to their communities beyond participating on the resident council, which was primarily controlled by the service coordinator.

The Bridge goal is to build community resiliency, so it strives to build the informal community through activities, events, and community voluntarism; however, important to social capital and community resiliency, it looks to the outer community to volunteer as well. The Bridge connects residents to the formal supports and information needed to successfully age in place, which rarely happens together. The mechanisms to support this regime of practice would include a service coordinator or case manager position and a resident paid position to oversee community resilience – connecting residents to each other but also to formal programs. The Bridge would help the residents set up a Council in which they could prioritize projects they would want to work on as a community outside of event planning. This would increase a sense of ownership and involvement of the residents to improve their communities.

Subjectivity: Effect on Community Identity

Recognizing that subjects do not always behave in the way in which the governing intend, the regime of practices shape the space, beliefs, and identities that they can decide or not to decide to accept. In the case of the Shepherd, the subjectivity of the people was defined by their medical diagnosis. In every interview frailty, sickness, or

disability defined what they could and could not do, and often made them fear for themselves and rely on the Shepherd for peace of mind. It was a position of accepted powerlessness. In the Trustee typology, there was conflict. Some residents wanted to be treated simply as tenants, while others wanted to be part of a community. They were struggling with what their identity was in an environment with little interaction, so they often looked outside of the community to obtain this identity. The subjects in the Empowerer typology saw themselves as part of a larger community where everyone took care of each other. Thus, they often helped neighbors who needed help or contributed to activities. Subjectivity in the Bridge typology resulted in not only neighbors helping each other, but actively referring to each other case management or service coordination to help their neighbors in need of support. This would result in fewer 911 calls and more peace of mind among the citizens while at the same time promoting their empowerment and autonomy of individuals in this community.

Technologies of Self: Everyday Resistance and Innovation

Inevitably, where there is power there will be the possibility of resistance. Thus, everyday resistance, i.e. mundane actions in opposition to power that the subject did not necessarily perceive as resistance, was evident at every site. This self-governing behavior allowed residents to exercise power over their selves, if nothing else. And while individuals are self-governing beings who did not act exactly the same when faced with resistance, the regime of practice and subjectivity at each site constricted resident behaviors to certain actions that shaped the identity of the overall community.

In the Shepherd typology, residents who had little control over their own environments and few networks, tried to wield some control in their own spaces through passive or active resistance. This passive resistance was exhibited by failing to comply with manager requests which residents did not agree with, so the manager had little power over certain resident behaviors. Some residents actively resisted by speaking to supervising staff in the downtown office to exert coercive power over the manager and regain some control over their environments. Thus, this active and passive resistance drew upon coercive power to meet individual needs for those who used it, but did little for the community. Further, many others did not know how to exercise resistance and just learned how to cope with the conflict, which negatively impacted their quality of life.

This inability or lack of knowledge of how to advocate for themselves is a consistent issue tied to subjectivity and powerlessness of public housing residents that is exacerbated by current regimes of practice. The resident council is staff-led because residents did not know how to set priorities and solve problems within the community, and there is no resident training to empower them to learn how to do so. Thus, residents typically make decisions that are the suggestions of the Shepherd. Many do not know how to think independently because they have never been given the opportunity to do so in a constrained system of power.

In the Trustee typology, many residents who had previously advocated for themselves saw no change, so they gave up and withdrew to avoid dissension that existed between the residents and/or with management. Because the regime of practice was not focused on the resident, there was no space for them to organize or even to air their

grievances or build bridges between community members. If there was not so much inter-resident conflict that existed at this site, there may have been more active resistance demonstrated by the community members towards the Trustee. But referent and coercive powers caused many to choose to withdraw to avoid upsetting other residents.

There were a few residents in the Trustee typology who actively resisted; however, these actions were the exception to the norm. Their actions of active resistance led to polarization of the community, as the Trustee shared with his followers the complaints made and drew on referent power to build support and loyalty for his actions that were focused on maintaining the asset- which further divided the community among those who expected more. There were a few who exhibited ownership in the community by doing something that they saw wasn't being done - taking care of the garden or cleaning dust off the cars – but they were not recognized by the community for their deeds. Thus, they were obtaining individual satisfaction, but whether or not these actions are sustainable without community involvement and appreciation is unknown. It should be noted, however, that these forms of self-governance did indeed improve the community even when resistance and a lack of community cohesion was present. Residents with a strong and confident identity felt the need to create their own space where there was no space present. This helped them establish a sense of territorialism that typical tenants don't normally have with short term arrangements.

The Empowerer typology created several spaces where residents could be creative with how they dealt with resistance. The Empowerer, who herself was a resident, could get management to act. As a result, residents felt they had an advocate through the

Empowerer that could speak on their behalf and affect change. In addition, although many coped with resistance, they often drew on friends for emotional, physical, and sometimes financial support. These reciprocal relationships drove this community and helped fill in gaps in supportive services and transportation that many needed to continue to live there.

The Bridge typology goes beyond the Empowerer by building off of these informal networks and providing the residents an opportunity to exercise power with management to create innovation. When resistance is confronted, a resident council would give residents the space to brainstorm and develop creative solutions to persistent and real resident problems. The effects of this Council would improve the overall community and show other residents that resistance can be faced and effectively dealt with to the betterment of individuals and the overall community.

Community Identity: The Outcomes of Governmentality

As a result of the previous attributes, a community identity for each typology is formed. This identity reinforces the knowledge structure of the governing, and the Cycle of Community Identity Formation is continued. The Trustee is detached, lacking space to connect, expecting nothing from the tenants besides paying their rent. In effect, many of its members withdraw from the community. The Shepherd is dependent with an abundance of services that do things for the residents – not with them or not even by them. Thus, the residents think of themselves as sick and try to cope the best way they can; however, the identity of the community becomes shaped by disability and dependence, creating tremendous barriers for community-building and resiliency. On the

other hand, the community identity of the Empowerer is communitarian with residents looking out for residents – and space and activities focused on that goal. The Bridge would be the utopian typology of community resilience in which residents had both the formal and informal services to support each other through shocks, learn from these shocks, and build from them. The spaces, strategies, and regime of practice would facilitate this identity by giving residents space for empowerment, ownership and building their knowledge. This typology recognizes that resilience cannot be achieved without the quintessential role of the technology of the self.

Thus, the BEST Model offers a beginning dialogue for how the management of senior and disability housing should be viewed. Services for these permanent residents go far beyond simple bricks and mortar. In fact, simple bricks and mortar can result in unintended effects that can be harmful to residents with pressing health needs. Both the public and private sector had weaknesses in service provision that resulted in negative effects on the subjectivity and social equity outcomes of residents. It is the authentic engagement of residents that can counteract some of these weaknesses. When the regime of practice in public housing begins to recognize the value of the subject's "self," innovation can indeed be created in areas previously contested, so that social equity is promoted and protected – even in network governance.

Summary

It was revealed in this study that power was everywhere, exercised by everyone, and in various forms. Where there is power, there is inevitably resistance. Whereas the primary motive of government in this sample was to correct or normalize those

constructed as abnormal, the private sites desired to serve those considered normal, as its primary goal is not to correct but to manage the asset and make a profit. The private and public sectors have created contestation over who the target population should be and what the ultimate goal should be for seniors and residents with disabilities in need of more permanent housing.

Although the mechanisms of the governing pre-suppose resident actions, the governed are essentially 'subjects of doubt' who can resist command and control programs to regulate their behavior, or they can craft their own strategies with or against authorities to deal with the conflict. Analyzing these points of contestation and counter-conducts uncovered innovative practices in which the residents were currently engaged that strengthened or fractured the resiliency of their housing site. Thus, these technologies of self in aggregate dictated the community identity and resiliency of a community.

The regime of practice for public housing between public and private sectors was not consistent - but varied from site to site, which is another cause for concern in advancing social equity. These housing typologies are captured under the BEST Model. The intention of the BEST Model is to assist managers and other staff members involved in serving seniors to better understand how current strategies of housing management impact the residents and the overall community, and how changes can be made in management processes to support more resilient communities and overall aging in place.

CHAPTER 9

CONCLUSION

As I wrap up this dissertation, Harvard's Joint Center of Housing Studies released the report "U.S. 'Unprepared' to House Coming Wave of Older Adults" (2014), which chronicles the continued shortage of affordable, accessible, and supportive housing facing the growing number of seniors in need. The long term care Medicaid costs to provide for an aging population is expected to triple from $115 billion in 1997 to $346 billion (adjusted for inflation) in 2040 (Niefield, O'Brien, & Feder, 1999). And although federal public policy health goals are seeking community-based, non-institutional options to control these growing costs, a 2014 report notes that the disconnects among Medicare, Medicaid, acute and chronic health care public and private providers, affordable housing programs, aging programs, and long-term care services may lead to lower-quality care, premature institutionalization, and higher costs to insurance programs (U.S. Department of Health & Human Services, 2014).

My research provides data to support the need for housing reform. It shows that this lack of interagency coordination is resonating at a local level, as the goals for more community-based options and supports in housing are not trickling down to where local governments and the private sector are coordinating housing policy. Taking into consideration a poorly understood regime of practice of affordable housing policy created by public-private partnerships, the goal of this research was to understand public housing administration in network governance and how it impacts vulnerable populations. Specifically, I wanted to understand this regime of practice and how it shaped the

subjectivity of residents. I examined the day-to-day lives of management and public housing residents, how they interacted and influenced each other, and how these interactions affected social equity and aging in place. As partnerships with the private sector are increasingly being sought to provide traditionally governmental services, this research found that traditional public goals can be co-opted by private values, depending on the institutions and mechanisms used to deliver services; however, these traditional public values have shifted as well as the provision of housing services to seniors and people with disabilities are viewed as no longer politically favorable in a neoliberal environment that favors efficiency and independence (Schneider & Ingram, 2007).

In effect, I argue that the institutions and regimes of practice in public housing can either inhibit or promote community resiliency and successful aging in place. These public and private regimes of practices are not necessarily differentiated from each other. In effect, there is no clear public-private dichotomy in the modern form of public-private partnerships for the value of efficiency has driven the regimes of practice in both sectors. I categorize the governmentality of each site in the BEST Model, which I offer as a typology of current congregate housing models. Residents' technologies of the self in the face of resistance can change these dominating regimes of practice and counteract the inequities that result in both the private and public sectors to lead to more resilient communities, which promotes successful aging in place. In this study I define a resilient community as the ability to recover from shocks, e.g. economic, social, or health care crises, with access to formal supports and a cohesive community of residents who possessed a shared responsibility towards each other.

I arrived at these assertions after visiting three public housing sites that served seniors and people with disabilities: Good Shepherd was publicly owned and managed; Fort Knox was privately-managed; and Kindred Spirits was privately owned and managed but with public case management. To ensure credibility I used multiple methods to inform my findings. I interviewed residents and staff and conducted site visits and document reviews. When a concept emerged that was not triangulated by other methods, it was presented to the site manager, city staff, or other staff for affirmation or clarification. This study was truly inductive, as concepts emerged that were not originally considered when this research began, such as governmentality, power, and technologies of self.

I expected to see a clear difference in the lives and identities of residents in privately and publicly-managed housing - residents in publicly-managed housing would be more empowered and engaged in their communities with the mechanisms present to assure successful aging in place; and residents of privately-managed housing would be more isolated with no formal services present but enjoy better aesthetics. My original assumptions that informed this study were not entirely accurate. I had not taken account the residents, or even the managers in principal-agent relationships, as subjects of doubt and the power they could, and did indeed, exercise that would inevitably construct the identity of each community as detached, dependent, communitarian, or resilient. This identity would in turn contribute to managements' thoughts and actions, which would influence residents' subjectivity, resulting in a cycle of community identity formation. Thus, in closing this dissertation, I briefly review these Foucauldian-inspired propositions

and their implications and provide recommendations for practice and research moving forward. I close this dissertation with my thoughts and reflections on applying Foucult's governmentality in pragmatic-focused research.

The Governmentality of Public Housing in Network Governance

Effects on Public Space

One of the objectives of this research was to seek to understand how residents' voices are exercised in newly created spaces of public-private partnerships. There has been dissension around this issue that remains today. Some have argued that the devolution of government to the private sector can bring citizens closer to government, increasing the public space and allowing for more citizen control in a type of "network governance," thus making government more responsive to the needs of its citizens (Sorenson, 2002). However, others have argued that the resulting contracting out of government services to the private sector creates a "hollow State" (Milward & Provan, 2000) and hampers efforts to advance and protect the civil rights of vulnerable citizens, for the line of accountability and communication between government and its citizens are blurred (Peters & Pierre, 1998; Rhodes, 1996). Additionally, several authors (Dahl & Lindblom, 1953; Wamsley & Zald, 1973; Antonsen & Jorgensen, 1997; Haque, 2001; Moulton, 2009) have posited that there is no longer a dichotomy of public and private values, but a blend of both – or a "dimensional publicness" (Bozeman, 1987) in these partnerships.

Indeed, this research found that dimensional publicness best captured what was occurring at each site, for the accountability and decision-making of residents were

related to the institutions and apparatuses in place that were predicated on the knowledge structures of the governing – not necessarily on public or private values. At every site, there were issues with accountability to the residents. Thus, the traditional view of public values, i.e. government practices being equated with advancing and protecting the civil rights of citizens, has changed. The public personnel at Good Shepherd were paternalistic and protective, and offered public space that was primarily staff-led. On the other hand, the private site Kindred Spirits drew upon the input and direction of a resident, who was also a staff person, for community purchases and to set the overall direction of the community towards resident ownership and community-building, while Fort Knox had little public space for the residents. As a result, there was significant resistance, detachment, and fragmentation of the community.

The Introduction of the Cycle of Community Identity Formation

Foucault proposes several key principles that are important to governmentality, which I argue lead to the identity formation of each community. They are:

- Power-knowledge structure: The worldview of the governing that incorporates previous experiences, training, and conceptual and associational knowledge of subjects as well as the dominant discourse of power that shape the governing's view and actions towards subjects. This incorporates their regime of practice, which are the practices, mechanisms, strategies, and behaviors of the governing that are intended to elicit the desired actions from the governed to meet predetermined goals.

- Subjectivity: Self-identity and how an individual relates to her or himself as well as their use of technologies of the self. This is constituted by what individuals say and do in a constrained system of power - a form of self-governing influenced by subjectivity.
- Community identity: How a community would define itself as it relates to belongingness and social cohesion. The strength and presence of networks and the relationship with management help drive this component.

The community identity of each community was found to be directly connected with the power- knowledge structure of the governing and subjectivity. Those managers who saw an overall positive outcome continued their regime of practice, while those with divided communities attempted to change their practices. In addition, those residents who were before introverted became active through resident networks in communities with communitarian identities. Thus, I propose the Cycle of Community Identity Formation to describe how governmentality takes place so that stronger communities may be supported. It is important to note that any component of this cycle when taken by itself can result in behavior not predicted by this model as this research shows that human beings are reflexive beings that are capable of self-individualization and adaptation; however, it offers a basic overall understanding of how community identity may be shaped.

The Construction of the BEST Model of Community Resiliency

Drawing from this cycle and the data collected from the research sites, I propose a typology that categorizes the goverrnmentality of congregate housing including the

thoughts and actions of the governing and the governed called the BEST Model of Community Resiliency. The term "community resiliency" is often used in emergency preparedness and response literature to advance the recovery effort of communities dealing with calamity; however, I would argue that community resiliency may also apply to vulnerable communities who deal with internal crises or "shocks" everyday. Housing communities of seniors and people with disabilities are plagued with both economic and health concerns that threaten their ability to age in place. Their friends move away due to declining health, or they pass away. Tight budgets threaten their ability to secure food, or other resources. Some experience disturbances from their neighbors, confront emotional issues that cause them to withdraw or isolate themselves, are victims of crime, or deal with unresponsive management in the wake of critical incidents.

Recognizing that other positions besides management hold different bases of power that can affect change in communities that can lead to resiliency, this model locates the person in the community with influential power of both the residents (Raven, 2008) and staff and develops the model from the worldview and practices of this position. In essence, this model offers a starting point for researchers and community organizers on how communities can be categorized and analyzed so that community identities may be changed to become more resilient.

The following constructs provide a broad overview of each community:

- **B**ridge: With training and/or experience in aging, community resources, and facilitating resident empowerment, the goal of the Bridge is to empower community members and promote resiliency of the community. Residents are

expected to offer innovative ideas and support to both management and the community in policy planning and programming and draw from formal resources and information for assistance.

- **E**mpowerer: The Empowerer has no real training or experience, but believes in community-building. Thus, residents are viewed as community members and are expected to establish ownership over their community and volunteer, resulting in a cohesive community focused on communitarian action.
- **S**hepherd: The Shepherd has training and/or experience in aging and community resources. The goal of the Shepherd is to take care of the residents who are viewed as frail and dependent. There is little space in this medically-oriented community for resident control, so residents express passive resistance. This is the typology that is hegemonic to government operated supported housing. The identity of the community is one of dependence.
- **T**rustee: The trustee only has training/experience in building management and HUD compliance. The goal of the trustee is to preserve the asset and guarantee profit. There are no supportive services provided. Residents are viewed as tenants, thus the identity of the community is detached, and residents withdraw from the community. Some residents who disagree with this regime of practice will attempt to exert change and create fragmentation of the community, which may spark a change in community identity.

This research and the use of the BEST Model indicated that there was no perfect site. Every site exhibited barriers for resident empowerment – some more than others – and

this is not expected to change as the current power-knowledge structure of housing staff is dominated by a hegemony of paternalism. The private sector could potentially offer space to innovate that could change this paradigm, however. Although Kindred Spirits was very much "command and control" in its rules, regulations, and held a no tolerance policy towards the tenants, it hired a resident position that empowered the residents, building a strong community. However, it was not supported with adequate information and resources, and residents were only given a small amount of space to influence policy and programming through the Empowerer.

Empowerment through Technology of the Self

This research found that although residents can wield their own power through technologies of the self, regimes of practices that have occluded their participation has become the ultimate obstacle for older adults and people with disabilities who are often seen as recipients of these civic activities, not as contributors. The mechanisms and apparatuses used to control, actually construct resident identities (March & Olsen, 1995) and constrain their options of how they can participate, indirectly affecting policy outcome choices (Schachter, 2010).

Habermas (1996) cautions about the reduction and control of the public sphere by experts. He explains how the public sphere, in which citizens have traditionally been able to engage in discourse to establish their desires, needs and collectively build a normative structure of society, has transformed to the purposive-rational. The purposive-rational is exhibited by elite business interests or technical experts, taking control of the political process and reducing citizen participation, thus reducing the public sphere. Therefore, the

technical experts themselves become the institutions that dominate the people. As a result, housing goals that are to be developed democratically with the people in order to advance the public interest, have become the interests of professionals, and it is no longer connected to citizen needs. Thus, the political institution that is to serve, protect and represent the people, instead dominate the people, resulting in the "depoliticization of the citizenry" (Denhardt, 2008, p. 163).

The Bridge was constructed to counteract this disempowerment. This typology is not based on data collected, but offers a new way to look at public housing based on previous research and best practices. It draws upon individual resilience, informal supports and networks, and access to formal support and information to create innovative solutions in providing housing services to and with an aging in place population. Research shows that older adults who believe they are of value to others; who believe they have a contribution to make to themselves, their families, and their communities; who feel healthier; and who believe they are less likely to enter institutional care are more likely to successfully age in place than their older peers who do not feel the same way (Akamigbo & Wolinsky, 2006; Benyamini, Idler, Leventhal, & Leventhal, 2000; Blazer, 2008; Gruenewald, Karlamangla, Greendale, Singer, & Seeman, 2007; Levy, Slade, & Kasl, 2002). Thus, advancing successful aging requires a multi-faceted approach beyond simple service provision.

Federal Initiatives and the Changing Social Construction of Frail Older Adults

In the past, Congress and HUD have funded many programs that combine housing assistance with various types of services for special populations, including

homeless persons, those with substance abuse problems, and a range of other services that recognize needs beyond housing assistance. Some of these programs have moved from an initial phase of development to on-going funding with a focus on employment, whereas projects like HOPE IV with its focus on permanent housing has not. An overriding policy concern for Congress and HUD, therefore, is determining whether the Department and its local agencies should address these special needs, such as supportive services for frail elderly directly through funding and programs, or indirectly through collaborative relationships with other agencies that serve these special population groups, such as the Center for Medicare and Medicaid Services

Unfortunately, the new federal mechanisms to support more innovative options in housing do not recognize the complexity of supporting aging in place. For example, the new State Housing Project Rental Assistance Demonstration program received $20 million in 2014 to test housing plus services models, and there are some supported housing models that currently exist in public housing the bring in philanthropic dollars to support in-home caregiving so residents with financial need can age in place; but these innovative housing plus models are still built on a social service paradigm that is illustrated in the Shepherd typology. Although supportive services are provided, staff dictate the services rendered and little input is elicited from the resident (Bedney, Goldberg, & Josephson, 2010). Thus, the direction of public housing is focusing on the physical needs of the resident without taking into consideration citizen values of participation, accountability, and representation that is critical to successful aging in place and community resiliency.

I would argue that this transformation in housing continues to be unchecked as the subjectivity of seniors and people with disabilities have changed over the years. The intersectionality of being a senior citizen, poor, and having a disability, reconstructs their category from advantaged to one of dependence (Schneider & Ingram, 2007) and less likely to hold political power and benefit from services that could emancipate them. This research confirms a previous study that maintains that seniors are expected to move to nursing homes if they need more care (Gibler, 2003) – not build resilience and age in place. Thus, as seniors become more frail, their advantaged status of political power changes to a dependent one. This hegemony dictates contracts that provide minimal assistance outside of bricks and mortar. Likewise, the intersectionality of disability and mental illness further subjugates their dependent identity as "deviant." Deviants experience punitive policies and hold no power in the policy design process. They are often viewed as burdens by society (Schneider & Ingram, 2007), and as a result, housing options for this group become vastly limited.

A Social Equity/Public Values Failure

One of the additional research goals was to determine the impacts to social equity in publicly and privately-managed housing. The operationalization of the term advanced by the National Association of Public Administration Social Equity Panel made it easier to measure values associated with social equity. It pointed out barriers in preserving public values that would never have been before identified or prioritized by either the public or private sectors. In fact, both the public and private sectors experienced challenges upholding social equity in all areas, including who they were serving, or equal

access to services. However, the private sites had the most incidents of inequities reported, including equal access to benefits, procedural fairness, and equal outcomes. Specifically, it was discovered that the social construction of residents as the "desired," or those citizens that those in power wanted to serve, led to institutions and apparatuses that either advanced or created barriers for social equity for all citizens.

As a result, in these case studies, resident selection policies pointed to managerial values at the private sites that were more often in conflict with the public service values of fairness, social equity, representation, or participation, which Box (1999) and Vertiss (2000) warned against; however, the public site also faced challenges in engaging in active citizen engagement processes with residents. In spite of barriers to meeting these values, the city has not elected to change its regime of practices. The city's handing over of wait list management to the private sector, minimal oversight over private contracts, and the allowed high income requirements of traditional public housing residents signals that there has been a change in the regime of practice of public housing.

A discussion with the city housing staff regarding best practices and the use of resident councils crystallized their stand on resident empowerment and private involvement in public housing. They were hesitant to rely on residents for anything stating that "they are not reliable," and "we've tried it before and it didn't work." Further, the organization they perceive as a leader is the organization that managed Fort Knox, thus they have been awarded several contracts. The city stated that it would continue to look for ways to contract out its services as it is deemed more efficient. Because the housing department is so constrained by costs, they do not prioritize supportive services,

thus housing services contracted out to the private sector tend to fit into the Trustee typology and only offer bricks and mortar.

Thus, it was found through this research that neoliberalism continues to dominate housing policy decisions (Gotham & Brumley, 2002; Bratt, Hartman & Meyerson, 1986), devolving public housing programs to the private sector without adequate contract evaluation measures in place to ensure resident accountability and voice. The effects are seen on the ground in the everyday. The goal of these housing programs is simply to deconcentrate poverty (Pardee & Gotham, 2008), in order to combat crime, social problems, and behavioral pathologies which were commonly associated with it (Goetz, 2000); but as this has taken place, residents are losing the opportunity to gain valuable networks and information that can assist them to age in place and remain independent.

The market failure model is inadequate for championing public service values. Bozeman (2002) develops "public values failure criteria" or normative public values that may be used to answer this question. Several criteria directly relate to the housing problems associated with the privatization of public housing and how they affect aging in place populations. These values were also found to be lacking in this study. They include:

- *Mechanisms for values articulation and aggregation*: effective communication and process of public values; social cohesion;
- *Time horizon:* actions are calculated with a short-term horizon when the implementation of public values may require looking more to the long-term;

- *Ensure subsistence and human dignity:* human beings, especially the vulnerable, should be treated with dignity, and in particular, there subsistence should not be threatened.

Thus, the regime of practice in public housing in this study is failing at advancing social equity and public values. Because of the widespread belief among housing professionals that the private can do it better, residents simply cannot be counted upon, and aging in place is simply access to supportive services, if at all; there will continue to be significant failures, unless these assumptions are challenged.

Recommendations for Practice

The public sector in this study did not understand the connections between their regimes of practice, subjectivity, and overall community identities. Further, in the wake of ineffective evaluation processes, reduced resident accountability, and increased public-private partnerships with overriding values focused on efficiency, the power-knowledge structure of the governing needs to addressed. Data related to best practices need to be disseminated far and wide to effect a change in oppressive practices of power that are hegemonic to the current practice of housing administration.

NORC: A Bridge to Community Resilience

There is a promising model of community resilience that addresses the gap in resident empowerment that can be incorporated in current housing models, which can be partially described in the Bridge typology of the BEST Model. It is called the NORC-SSP (Naturally Occurring Retirement Community Supportive Services Program). This program was brought to the attention of Congress in 2002, which in turn initiated 50

NORC-SSP programs in 26 states (Bedney et al., 2010). In the Older Americans Act of 2006, Congress broadly defined a NORC as a concentrated population of older persons that is not in an institutional care or assisted living setting (i.e. the study sites could all be included in this definition as NORCs). A NORC is a service delivery framework that enables older adults to avail themselves to health or social services that are provided on-site to promote aging in place, and creates space for resident engagement, participation, and ownership.

The goals of the program, as stated by members of these programs, are to promote older adults' access to services, to strengthen social relationships and reduce isolation, and to promote older adults' contributions to the community (Greenfield et al., 2012). These goals effect local change in status quo regimes of practice by translating its message of resident empowerment across a community of public and private partners that include building owners or managers, service providers, funders, and others. This has helped change the power-knowledge structure to modify its regimes of practice to focus on resident empowerment.

A 2006 evaluation was conducted among NORC residents (Bedney, Schimmel, Goldberg, Kotler-Berkowitz, & Bursztyn, 2007). The program was found to have a significant positive effect on residents' perceptions of overall health, knowledge of health and support services, resident relationships, community involvement, and overall confidence with aging in place. The quintessential component of this program that makes it successful and sustainable is that it addresses aging in place holistically and gives the residents roles of value. The program relies on older adults in both the volunteer and

governance roles of the program to address current gaps in government funded services. Thus, it is a model built on resiliency. While one or two staff with NORC-SSPs are paid, the majority of services are performed by older adult volunteers who conduct friendly visiting, provide transportation, go grocery shopping, etc… whatever informal supports other residents may need.

> "NORC-SSPs rupture taken-for-granted aspects and conceptions of older adults as weak, fragile, incompetent, and dependent on others for their survival and independence. NORC programs take a proactive approach, seeking to deepen the connections older adults have to their communities before crises occur" (Bedney et al, 2010, p. 316).

Bedney et al. (2010) and Greenfield, Scharlach, Lehning, & Davitt (2012) posit that the dependent and frail social construction of older adults can be changed as a result of the wisdom, resilience, community engagement, and activity level that is derived from NORCS. Thus, NORCs can be used as an instrument of social change and can also foster more citizen engagement in public policy that is sorely needed in network governance as residents' rights become diluted in a pool of competing goals.

Empowered Participatory Governance

In a state of empowered participatory governance (EPG), citizens use new structures of government to create power and space in which they can deliberate with each other and government officials to come up with specific solutions to particular problems (Fung & Wright, 2003; Gaventa, 2006). Equity and effectiveness under this model are promoted as the citizens know what is best in their communities, and those that

are the most marginalized are included in decision-making. In effect, they create space in which "citizens can act to potentially affect policies, discourses, decisions, and relationships that affect their lives and interests" (Gaventa, 2006, p.26).

Thus, Nalbandian (1999), King & Stivers (1998) and Cornwall (2004) have recommended that offering an avenue for input and discourse, i.e. community building and expanding public space, are important in good governance. Box (1998) states that the practitioner as helper can teach citizens how to be self-governing, provide them with needed information, and encourage discourse. He argues that by letting go of the policy-making process and acting as facilitator and helper, practitioners are promoting democratic values, which serve to promote trust and legitimacy of government. Previous research has also found that tenant volunteers in public housing who were able to exercise authority by assisting in policy prioritization and budgeting for the housing site developed a variety of social and leadership skills, gained self-esteem and confidence; broadened their social capital; and heightened their political activism as a result of the process (Foroughi-Mobarakeh, 2009). These problem-solving skills impact subjectivity and technologies of the self in such a way that the overall community is more cohesive, harmonious, and responsive to resident needs – all outcomes that managers could appreciate.

Recommendations for Research

This study attempted to understand the impacts of public housing administration on vulnerable populations when different roles were taken by the public and private sectors. Because this research was only concentrated on three sites, future research could

delve deeper into topics that were uncovered. Only a small number of non-English speaking residents were interviewed for this study, but consistent barriers were found, which resulted in their exclusion from community life. Additional research could explore the intersectionality of being a foreign-born, non-English speaking elder living in public housing and the policy ramifications of their continued exclusion. In addition, more research needs to be focused on service delivery to populations who have a disability and are under the age of 62 to determine if the inequitable treatment persists across regimes of practice to determine how these regimes may be changed.

Future research could also test and refine the instruments and models put forward by this research. Specifically, the operationalization of social equity could be applied across other public service programs to evaluate its effectiveness and determine if those cases that experience more inequities cost more in efficiency. In addition, the BEST Model and the Cycle of Community Identity Formation should be added to and refined with additional research efforts, so that housing administrators can better understand the various identities of communities that exist and how their beliefs and actions shape communities. Further, there needs to be a more in-depth analysis on best practice models of empowered participatory governance and NORCs so that they are not a best kept secret and democratic principles may be promoted instead of undermined.

The technologies of the self are a powerful instrument for change that has not been well-researched. Additional research should highlight the catalysts that motivate residents to exhibit and sustain behaviors in line with community resiliency, so that housing managers will better understand how to build resilient communities. Specifically,

as shown in the BEST Model, the Bridge pearspective appears to be incorporating components of NORCs without realizing that they are doing so. Additional research could look for components of the NORC program that currently exist in public housing, how they are supported, and what effects this has on the lives of residents and management.

This research can also point to the types of power used, how they are used, and when they are used to effective positive outcomes for the community. Finally, while my study was primarily concentrated to those relationships and power dynamics on the ground and at the sites, additional research could analyze higher level relationships at the city, state and federal levels to determine extant power that impedes or promotes policy implementation and public values and how this power constructs subject identities and their corresponding actions of those values they are to preserve.

Reflections

As I close this dissertation, I reflect back to where I started. Foucault had not entered my mind with this project's inception. It wasn't until I entered into the private spaces of the residents and the staff, and I observed the interactions between each that I began to understand the critical importance of power to the study – dominant hegemonic power as well as power exercised through technologies of the self. I also began to see this power as invisible – access to it was everywhere. It was in the physical spaces that were offered to residents to congregate. It was the manner in which management communicated with residents. It was how residents were or were not supported or heard. It was residents helping other residents overcome a barrier. If I did not proceed to study

these sites at a micro-level, I would have never understood the effects that institutions and regimes of practice have on individuals' lives, how they see themselves, and how they chose to act. If I hadn't interviewed management, I wouldn't have understood how these responses are cyclical, with resident behaviors feeding into the thought patterns and experiences and inevitable practices of management. A study of one and not the other would have rendered this study incomplete.

Thus, a study of governmentality required me to study how control was exercised and how subjects were exerting control from an individual level of analysis. Resistance was manifested in the everyday, either actively or passively. No matter how oppressed the residents were, they all showed some form of self-governance – even if it was through withdrawing. I was also able to understand how management exerted its invisible control through the use of bio-power. However, while Foucault establishes that government apparatuses help to normalize the population, the opposite was found to be true among the private sector. Although the private sector is being utilized as a form of bio-power and mechanism of control by the government, it was discovered that those that the government was previously serving are no longer being considered in the current privatized regime of practice. With private sector involvement, their goal is not to normalize the population, but to serve the population they perceive as normal. Those that are not deemed as normal, i.e. those with significant disabilities or mental illness, are not served at all. On the other hand, government continues to serve those that are viewed as "abnormal" by the private sector, resulting in an inequity of housing stock available to this population, as pathways to more aesthetically-pleasing privately-managed sites are

closed. The dominant discourse of power continues to espouse efficiency with priorities placed on cheaper community-based settings through housing plus models over more expensive institutional options; however, the private sector is resisting this discourse, and self-governing in the way they desire to achieve their intended goal – to make a profit for their shareholders. Thus, there are significant costs to social equity and to society if these issues of exclusion and inequity are not addressed by government contractors who are responsible for equitable service delivery to all of its citizens.

Moving forward, I would recommend to researchers studying governance and subjectivity that they look towards Foucault to provide a more comprehensive and in-depth understanding of how programs, people, and societies are transformed by neoliberalism. In order to eradicate mechanisms of oppression, they must first be identified. This is often difficult as they are so deeply embedded in the dominant hegemonic discourse of power they are almost unrecognizable. It is unclear with the practice of contractualism and NPM if government truly understands the importance of housing to the quality of life to its most vulnerable citizens - or if the populations involved are so politically weak that government remains indifferent to make the changes required to support aging in place. But with concerted research efforts that shine a light on patterns of oppression that are connected to practical change strategies such as promoting resilience, social equity may be promoted and public service values may once again be upheld in network governance.

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APPENDIX A

STAFF INTERVIEW QUESTIONS

1. How long have you worked here? What training did you need for this job? How often are you on site? (basic information)

2. What is the role of public housing? (program perception)

3. How would you describe your role? (roles and responsibilities)

4. What is the role of the resident? What are your expectations? (resident perception)

5. What are the residents like here? (resident perception/relationships)

6. What kinds of services and amenities are offered here and how are they communicated to residents? Are there costs associated? If so, how are those calculated? (policy implementation)

7. What opportunities and challenges do you face in this neighborhood, and how does this apartment complex respond? Why was this approach chosen? (site traits/policy perception)

8. What are the strengths and weaknesses of this site? (site traits)

9. How would you describe the climate of this site? (site traits)

10. Do you think relationships with community service providers are needed? Why or why not? (roles and responsibilities/relationships)

11. Describe any relationships you have with outside community service providers, how you chose them, why you chose them, and how it benefits the residents. (roles and responsibilities/relationships)

12. How do you communicate with residents about updates, rules and procedures, and changes? (policy implementation/resident engagement/feedback)

13. What other opportunities do you provide to interact with your residents? (policy implementation/resident engagement/feedback)

14. How do you solicit input and feedback from residents in various operations? (resident engagement/feedback)

15. What is the resident complaint or maintenance request process? (policy implementation)

16. When a senior or a resident with a disability is in need of support services due to complex issues, what procedures or practices are in place to meet their needs? (policy implementation)

17. When are needs too complex for them to live independently? (policy perception)

18. What are the procedures to fulfill accommodation requests for residents with disabilities, and how effective is this process? (policy implementation/perception)

19. How do you ensure resident safety? (policy perception)

20. How are residents selected from the waiting list? (policy perception)

21. What do you do if a resident has a lease violation? When is eviction warranted? (policy perception)

22. Are resident unit inspections performed? How frequently, and why are they needed? (policy perception)

23. Describe your relationship with the compliance officer. (relationships)

24. What are you required to do to meet contractual obligations, and how is that monitored? Frequency of monitoring?

25. What, if anything, can be done to improve the process/relationship of contract compliance? (policy implementation/perception)

APPENDIX B

NEIGHBORHOOD SCAN

	PUBLIC	PRIVATE	PUBLIC-PRIVATE
COMMUNITY SPACES			
Amusement places	X	X	
Banks			
Barbers/Beauty Salons/Manicures			X
Cafes	X	X	X
Libraries			
Parks	X	X	X
Museums	X	X	
Schools	X	X	X
Shopping centers/Grocery stores			
Skin care			
Theaters			
Associations/Fraternal Organizations			X
Churches/Synagogues	X	X	X
Senior citizens' service organizations			X
Social service organizations			
Bowling lanes			
Gymnasiums			
Health clubs			
Dog parks			
HEALTH SERVICES			
Audiologists			
Hospitals			X
Mental health services			
Opticians			
Pharmacies			
Podiatrists			
UNDESIREABLE AMMENITIES			
Guns and gunsmiths			
Liquor outlets			X
Pawnbrokers			
Tattoo parlors			
Broken glass			X
Graffiti	X	X	
Dog refuse			
Unattended dogs			
Overgrown grass			X
Auditory annoyances			railroad
Vandalism			
Litter			
Abandoned buildings			X
WALKABILITY			
Street connectivity	X	X	limited
Sidewalks (condition)	good	good	good
Transportation access	lightrail, bus	lightrail,bus	bus
Covered or uncovered bus shelters	covered	covered	covered
Lighting			
Benches			X
Curb cuts	X	X	X
BUILDING ACCESSIBILITY			
Parking access	X	X	X
Ramps	X	X	X
Door widths/pull weights			
Public bathroom – turn space, sink height, grab bar			
Accessibility of public spaces			
Comments:	next to lightrail stop and walking distance from city center		Built community sectioned off from surrounding streets.

APPENDIX C

FOCUS GROUP QUESTIONS

How do you like living at [Development Name]? (satisfaction)

What kinds of services and amenities are offered here? How often do you access them? (resident communication/meets resident needs?)

How would you describe the atmosphere (such as friendliness of neighbors, staff, activity level of complex, cleanliness, safety, etc.)? (satisfaction)

How has management facilitated your ability to leave the complex to do things that you have wanted to do? If they have not, what do you do to leave the complex? Any problems encountered? (management policies/satisfaction)

Have there been any policies you have disagreed with? If so, what are they? (management policies/satisfaction)

Describe how management has responded to any concerns or issues you have had. (resident interaction/satisfaction)

Describe how management staff communicates with you about property updates, rules and procedures (tone, method, frequency, notice, etc…). Do you feel that you are properly informed? (resident communication/interaction)

How does management ask for feedback from you? Do you think they listen to your feedback? Why or why not? (resident feedback)

What could this community do better? (satisfaction)

What are they doing well? (satisfaction)

APPENDIX D

RESIDENT INTERVIEW GUIDE

Support System
Who provides you with support? Who is in your social network?
How often do you interact with neighbors? What are these interactions like?

Emotional Well-Being
Have you ever felt lonely or depressed? Are you willing to talk about it? Who or what helped you?

Choice
What choices did you have in housing before you chose to move in here? What made you decide to move in here?

Satisfaction with Current Situation
How does this place compare to other places you lived, specifically in safety, sense of community, amenities, access to community, physical structure…? What do you like about it and what would you like to see changed?

Perception of Public Housing
How do you feel about living in a mixed-income community?
What do you think about mixed-income communities? (if not living in a mixed-income community)

Safety
Have you ever felt unsafe here? Why or why not?

Satisfaction with Staff
What do you think about the staff here? How well do they do their jobs? Have they ever gone beyond the call of duty to help you? How?

How well do you know the staff, or how well do you think they know you and your needs?

Community Inclusion
What do you do for fun? What activities are available in this community? What do you do outside of this community?

How easy is it to leave here and run errands and do things you enjoy? Have the staff and amenities made it easier to do so? How?

Privacy
How much privacy do you feel you have here?

Aging in Place
How have your emotional, physical, or medical needs changed since you've lived here?

Control

What does control mean to you? How important is having control to you? On a scale of 1-10, how much control would you say you have over your life? Why did you rate yourself this way? What could the staff here to do increase control over your life?

APPENDIX E

CODES FOR ANALYSIS

RESISTANCE: an actor thinks and acts otherwise from those in power - ex: a person refuses to let management in to spray for bugs

- **management problems**
    - **Delinquent lease renewals**
    - **Resident ability to move to another apartment**
    - **Staffing shortage and turnover**: Discusses being understaffed or turnover
    - **Bugs**: discusses any bug problem at the community
    - **resident communication**: Communication with residents lacking or unprofessional, or there is no follow-up
    - **Gossip/Resident Interactions**: Any gossiping or talk between residents about management, other residents, or any other perceived problems that could lead to resistance. Ex; she's a drug user. She should not be here.
    - **Building maintenance/Landscaping**
    - **Service Cuts/Lack of funding for amenities**: This could be within management's control or not. Ex; The police had to cut back on patrols assigned to this building.
- **Resident Ownership**: Residents step up and fill in for gaps in services and show ownership of the building and the community - also a form of resistance by the residents. Ex: She takes her food every day.

IDEOLOGY AND STIGMA OF THE RESIDENT: Discusses what managers, staff, residents think about residents with a stigmatizing issue, i.e. disability, age, culture, etc...Ex: If they can't speak English, they get passed over.

- **Mental illness**
- **Ethnic Issues/Language Barriers**
- **Stigma of low income in mixed-income communities**
- **Perception of seniors/residents**: Stigma of residents or self-perception of being in public housing, being old, and/or by their disability Ex: They think that since we are old we don't know nothing.
- **Street-Level Bureaucracy**: Discretionary decisions made by staff that may not be consistent with policy. Ex: Staff steering to a specific community
    - **Paternalism:** person in power protects the individual but does not give power or freedom. Ex: She helps us with everything. I couldn't read a bill without her.
    - **Empowerment**: Staff makes a decision to give resident control
    - **Resident disempowerment**: Ways that residents are prevented from having power or influence or command and control policies in effect. Ex: Having a resident meeting would just have a bitch session.

ACCOUNTABILITY: How and to who is the site accountable? Instances discussing this including resident complaint process, audits, inspections, etc.

- **HUD Accountability**: Discusses HUD compliance

- **City accountability**: City compliance through audits, meetings and when residents file complaint
- **Resident Accountability and Control**: Ways site is accountable to the resident or discusses when residents aren't given voice or allowed to exercise control.
    - **Relocation**: Talks about looking to move, moving out, and moving there
        - **Reasons for moving here**
        - **Reasons for exiting:** Discusses why is considering moving or fear of being asked to leave or why others are moving out
        - **Difficulty moving:** Discusses issues with the moving process
    - **Resident council**
    - **Voice - Resident feedback/complaint:** Talks about when residents complain or make suggestions to management, i.e. the process. Ex: I told him that a week ago, and it still isn't fixed.
        - **Fear of retaliation**
        - **Relative satisfaction**: Accepts negatives because it's better than what they had.
        - **Hate to bother people or complain**: Doesn't want to complain because doesn't want to confront anyone or doesn't think it will be worth it, or it won't do anything.

PUBLIC-PRIVATE PARTNERSHIPS: Discusses relationship with city or private provider and issues. Ex: After 10 years, it goes back to the city, and then we can do what we want.

- **Public/Private Dichotomy**: Discusses the differing values of the public or the private of housing an aging in place population. Ex: The city built this place to recognize aging in place and for RA apts.
    - **Resident Selection**: when discusses climate of the community as active or assisted living, demonstrates an overall pattern of tenant selection
    - **Steering/Counseling Out**: Specific instances of people being referred to one community over another
    - **Staff Training/Resource Awareness**: Training required for any staff or opportunities to share resources
    - **Staff use of formal support networks for service provision**: Discusses the organization's use of community providers
    - **City Run Transportation**: use of transportation for residents.
    - **Aesthetics/Amenities**: Discusses the aesthetics of the community - how it looks and the perks of the building or the amenities
- **Cooptation**: When one organization takes over the values of the other. It can even happen with the residents. Ex: When business values take over city - I don't have enough money, so I have to use interns.
    - **Cooptation of city:** With profit as goal
    - **Cooptation of For-Profit:** Driven by affordable housing goals of voice, aging in place, and equity

MANAGEMENT: Discusses the role of management in public housing. Ex: My job is to protect our asset and be accountable to our shareholders.

- **Resident costs and charges**: any discussion of rent or unit expenses, like utilities or cable
- **unit turnover and wait lists**
- **Management problems with residents**: any discussion of management problems with residents
- **Relationship with resident**: Discusses how they relate
- **Resident Assistant**: Discusses role of resident assistant or hiring residents to help with management functions

AGING IN PLACE: Discusses issues of aging, frailty, disability, or death

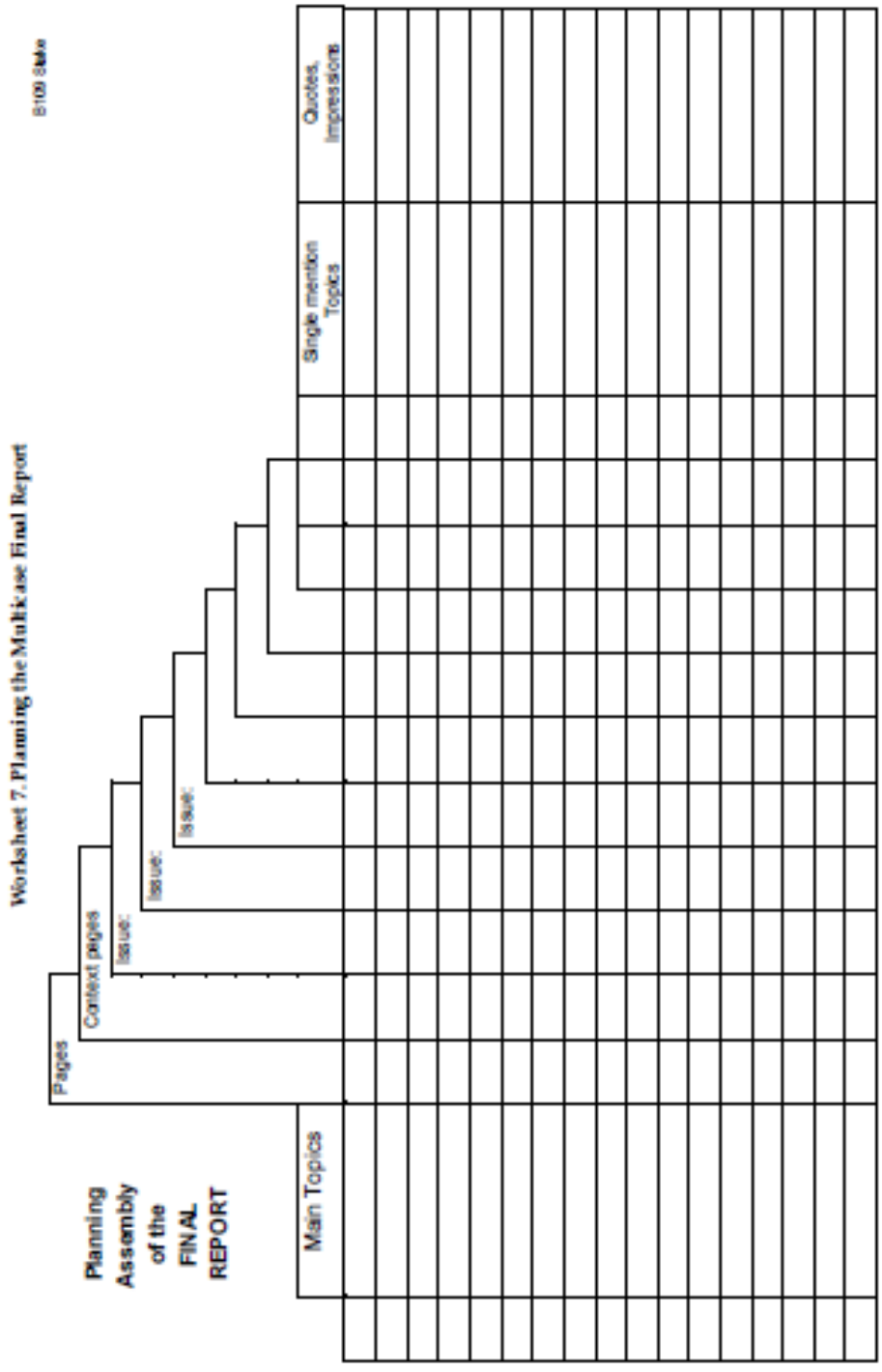
- **Resident networks**: Discusses the use of residents' informal networks
    - **No support network**: No friends or family to turn to. Only can use formal support.
    - **Informal outside supports**: Help from friends and family outside of the community
    - **Cliques**: Discusses hanging in small groups of the same people
    - **Informal Supports within the community**: use of friends for help
    - **Spousal support**
- **Resident resilience:** Social connectedness, exercise, resident adaptability and positive attitude. Ex: I walk everyday and volunteer.
- **Resident Agency/Independence:** Incidents of not wanting to ask for help even if they need it. Desire to do things on their own.
- **Use of supportive services:** Discussion of formal or community resources to assist successful aging in place
    - **case management/service coordination:** Discusses when it was used, what it's used for
        - **Not utilized enough**: Discusses incidents of others being used or not being referred to case management ex: activity coord steps in to help
        - **Use of interns**: Describes how interns are used and perceptions regarding their use from all stakeholders
        - **Over-reliance:** When residents say they regularly rely on case manager all of the time for things like reading and understanding bills or when it is stated they rely on her all of the time
    - **Resident awareness and use of services:** How residents get info on services that can help them if they are sick -or if they know where to go or who to talk to.
- **Depression or Withdrawal:** Discusses incidents of depression or residents becoming more homebound or electing not to participate in the community. Ex: I like to keep to myself and not get involved with the people here.

COMMUNITY ACCESS, ACCESSIBILITY AND DEFENSIBLE SPACE:
Discusses building accessibility, layout, common space, and security.

- **building/unit accessibility:** Talks about ADA units and accessibility of the building to those with disabilities
- **Site location:** resident discusses the location of building and commentary of location related to community life and access to transportation
    - **Resident community inclusion**: Resident shows active regular involvement in outside community, i.e. church, regular outings with friends, library, etc...
    - **Availability of transportation**: Availability and ease of use of transportation. Can use by themselves - no reliant on family.
    - **Spatial Isolation**: discusses difficulty of accessing resources close by.
    - **Walkability**: How walkable is the community
- **Safety/Security:** Discusses issues of safety and security, including fears of not being checked on
    - **incidents of crime**
    - **Feel safe:** resident discuss how they feel safe Ex: Sometimes I forget to lock my door.
    - **Wellness Checks/Emergency Response:** Residents state they need more wellness checks or there is discussion of life alert or pull cords
    - **911 calls:** For any incident where 911 was called that wasn't related to crime, since that is captured under other tag.
    - **Defensible space:** Describe common areas and how they are used for resident interactions or any other interactions and residents defending their space
        - **Use of activities, services, and amenities:** Discusses activities, services and amenities that are offered to the residents or barriers to their implementation
            - **Pets**
            - **Attendance:** Discusses attendance of activities
            - **use of activity coordinator:** describes what activity coord does and challenges, and how often position is used as a service coordinator
            - **Religious Activities**
- **Sense of community:** residents helping each other, volunteering, looking out for each other, committed to working together to making it a better community EX: Someone is always knocking on my door.

APPENDIX F

FINAL REPORT PLANNING WORKSHEET



Source: Stake, R. (2006). *Multiple case study analysis.* New York: The Guilford Press.