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ORGANIZATION ACCESSIBILITY AND COMMUNITY CONNECTIONS: EXAMINING  
CHANGES IN THE SPATIAL PROXIMITY OF PUBLIC HOUSING RESIDENTS TO  
SOCIAL SERVICE PROVIDERS AND PROVIDERS' RESPONSES TO REDEVELOPMENT

by

KIMBERLY ANN STRINGER

Under the Direction of Holley Wilkin

ABSTRACT

Public housing structures that are deemed “severely distressed” are being demolished and replaced with mixed-income developments. The current study examines the role that social service organizations play in the relocation of public housing residents. Service organizations tend to locate in areas anchored by public housing complexes where the need for their services is immense. Organizations that lose clients due to relocations run the risk of losing the funding they get for serving that population. GIS mapping and semi-structured interviews were used to answer questions about how redevelopment affects the communication infrastructures of public housing residents. GIS mapping was used to determine how services are spatially distributed in relation to public housing developments in Atlanta. Representatives from a sample of those organizations located near current and former public housing locations were interviewed to examine if a strategic communication plan is in place to retain connections with clients during the relocation process.

INDEX WORDS: Public housing, HOPE VI, Social service organizations, Communication Infrastructure Theory, Strategic planning, GIS mapping, Interviewing

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KIMBERLY ANN STRINGER

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

Master of Arts  
in the College of Arts and Sciences

2009

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## CHAPTER 1.

### INTRODUCTION AND BACKGROUND

In 1992, the federal government initiated a plan to address the distressed conditions of public housing across the nation. The goals of this plan, called Housing Opportunities for People Everywhere (HOPE VI), are to increase residents' social capital and to decrease crime and violence associated with public housing communities by improving housing options. HOPE VI implementation involves either refurbishing existing public housing sites or replacing sites deemed as "severely distressed" with new mixed-income communities. Since 1995, many of the original 42 public housing sites in Atlanta, Georgia have been demolished and replaced with mixed-use, mixed-income developments. Atlanta's goal is to raze almost all of the original public housing complexes by 2010. Some of the demolished complexes will not be replaced by any type of housing project, as it is not required under Section 18 of the Housing Act of 1937 to rebuild on public housing sites, but residents must be given the option of receiving vouchers to help pay for a move to privately owned housing (HUD, 2008a). A few other public housing sites are designated for renovation because of their small size. In an opinion piece written to the *Atlanta Journal-Constitution*, Atlanta Housing Authority President and CEO Renee Lewis Glover stated that since 1995, more than 10,000 households have been relocated from public housing and only 20% of those have moved outside of the City of Atlanta (Glover, 2008). Of the remaining 80% displaced from public housing, only 1,100 have been able to move back into the newly revitalized mixed-income communities where their former residences once stood. That leaves roughly 6,900 former public housing recipient households displaced throughout Atlanta.

Displacement can be problematic for many reasons, including the fact that residents are often moved away from the services and organizations they rely upon in their daily lives. Social service providers tend to locate in areas with larger congestions of potential clients so services can be delivered most efficiently (Allard, 2004). Increased proximity to services increases the chances that people in need of assistance can access it. Individuals are also less likely to have information about services located outside their immediate area, which is problematic when people are forced to move to new communities (Allard, 2004). With 90% of people in public housing not having a car, being forced to relocate to areas away from the concentrations of services they are accustomed to accessing increases the burden of time and money spent on public transportation (Brooks, Zugazaga, Wolk, & Adams, 2005). Areas with high concentrations of in-need populations are typically anchored by large public housing complexes. While most studies of displacement have looked at how residents of public housing fair after being removed from public housing (e.g., Brooks, et al., 2005; Buron, Popkin, Levy, Harris, & Khadduri, 2002; Kingsley, Johnson, & Pettit 2003; Newman, 1999, 2002; Popkin et al., 2004;), this study will examine the impact of displacement from the perspective of the service organizations. How do organizations react when the large populations of current and future potential clients are forcibly relocated away from their service areas? Are organizations prepared to deal with the potential loss of clients due to relocation and the issues that may come with it? Will the decentralization of people receiving assistance affect organizations' ability to get funding, grants, and donations? These are some of the questions that this research project hopes to answer through the use of geospatial mapping – comparing service organization locations to both public housing locations and poverty concentrations – and by interviewing communication staff members of service organizations.

In order to explore these questions further, it is important to explore the background of HOPE VI and how it has been applied specifically to Atlanta. It will also be necessary to

investigate the locations of social services, the strategic planning process of those organizations, and why such a process is important in this situation.

### *HOPE VI*

In 1992, the National Commission on Severely Distressed Housing designated 86,000 of the 1.3 million public housing units throughout the United States as “severely distressed” and needing to be demolished. The designation of “severely distressed” means that the housing (a) requires major redesign, reconstruction, redevelopment, or partial or total demolition; (b) is a significant contributing factor to the physical decline and disinvestment in the surrounding neighborhood; (c) is either occupied mostly by low income families with children, whose members are unemployed and dependent upon various forms of public assistance, or has a high rate of crime and vandalism; and (d) cannot be revitalized through assistance under other programs (Popkin et al., 2004).

After the severely distressed designation was made, Congress formed the Homeownership and Opportunity for People Everywhere, or HOPE VI to determine the best way to make improvements. The goals of the program are to improve the living environments for public housing residents through the demolition, rehabilitation, reconfiguration, or replacement of outdated public housing; deconcentrate poverty; revitalize public housing sites and contribute to the surrounding community; and build sustainable communities. Public housing has consistently been located in areas of high poverty and higher concentrations of minorities (Goetz, 2000, 2003; Allard, 2004). New communities are designed with the goal to occupy units with people from a variety of socioeconomic backgrounds, to increase social capital and the feeling of community, and to decrease crime and violence (Brooks, et al., 2005).

According to the U.S. Department of Housing and Urban Development (HUD), since the beginning of the HOPE VI program in 1992, there have been a total of 446 revitalization grants

awarded to 166 cities across the nation, totaling approximately \$5.7 billion (HUD, 2008b). Some grants have been used to renovate existing sites, allowing residents to remain, but most revitalized HOPE VI sites become mixed-income developments that aid in the goal of deconcentrating poverty.

While the goal of deconcentrating poverty may be noble, the act of displacing original residents from their communities is problematic. Because the majority of public housing sites are demolished and replaced with mixed income units consisting of public housing, private townhomes, and subsidized housing, HOPE VI sites often contain fewer public housing units and have strict screening criteria. Displaced residents are not guaranteed that they will be able to return to the site. In the first 10 years of the program, approximately 100,000 public housing units were scheduled for demolition with a total loss of units available to the current residents projected to be as high as 60,000 (Keating, 2000). Original residents who remain in good standing with the HOPE VI project developers are often given priority in returning to the original site, but in the meantime have to find new places to live (Goetz, 2000). It is estimated that 49,000 residents were displaced and unable to return to public housing between 1992 and 2005 (U.S. GAO, 2003).

#### *HOPE VI in Atlanta, Georgia*

Revitalization of public housing in Atlanta began with the announcement that the city would be the host of the 1996 Summer Olympics. At the time of the announcement, city officials set goals that included increasing business activity and enhancing the host city's image. In order to reach these goals low-income areas near the venue sites suffered the loss of available housing, increased noise, congestion, and traffic (Newman, 1999). Before the Olympics, the Atlanta Housing Authority relocated 1,576 families from six public housing developments located in the communities adjacent to the Olympic venues. One hundred and fourteen families from Techwood Homes, 558 from Clark Howell Homes, 340 from Eagan Homes, 470 from East Lake Meadows,

64 from John Hope Homes, and 30 from Martin Street Plaza were forced to move to other locations (Newman, 2002). Figure 1 shows the sites of public housing that were demolished for the Olympics and the venues that were constructed near or at the sites. As illustrated, six different public housing locations were demolished in preparation for the 1996 Olympics in order to construct venues and enhance the city's image.

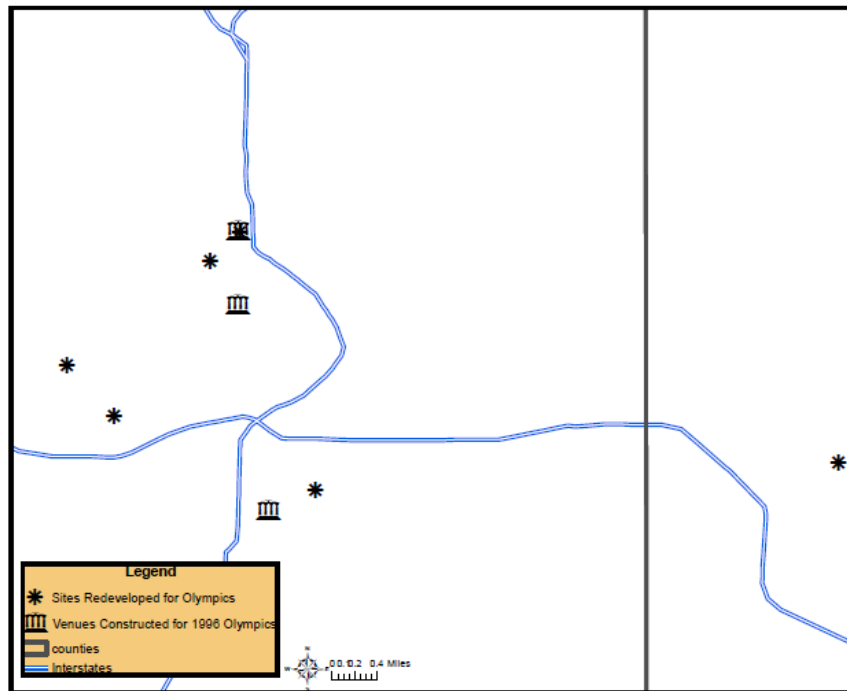


Figure 1.1 Sites of Venues and Redeveloped Public Housing for the 1996 Olympics in Atlanta

Many of the original 42 public housing sites in Atlanta were demolished before the creation of the HOPE VI program; replacement housing was not required to be built at that time (HUD, 2008a). Atlanta has a goal of razing the majority of the remaining public housing sites with use of HOPE VI funding by 2010. A few senior high rises and small complexes will undergo remodeling with residents being allowed to remain. By 2005, Atlanta Housing Authority had completely demolished six public housing complexes and rebuilt mixed-income developments in their place and four more were under construction (Boston, 2005). In total, 15 mixed-income developments have or will be constructed on the sites where public housing once stood. Some



mixed-income developments occupy the land where two or more public housing developments once existed. As of 2005, the newly constructed mixed-use developments consisted of 3,404 rental apartments. Approximately 41% were reserved for public-housing-eligible residents, 23% for low-income households and 36% at market rates (Boston, 2005). Developments that are currently being constructed will offer fewer units to public-housing-eligible residents. McDaniel Glen is scheduled to be completed in March 2009 with 25% of its units available for public housing. Grady Homes is slated for completion by June 2010 with just 23% of its units reserved for public housing (Georgia Department of Planning, 2007). The Atlanta Housing Authority has torn down more than 10,000 units and plans to rid the city of most public housing sites by 2010.

Many residents displaced in Atlanta do not return to the original sites because of the lack of affordable units that are made available. For example, the East Lake Meadows public housing development was replaced by the Village at East Lake, which has 3,000 people on a waiting list for its 271 affordable units (Brooks et al., 2005). Buron, Popkin, Levy, Harris, and Khadduri (2002) found that 14% of original residents live in revitalized developments and 37% are relocated to other public housing developments. That leaves almost half of all families that have been displaced having to find affordable housing on their own.

There are not enough “affordable” housing units in Atlanta to meet the demand of current residents. According to HUD, the definition of “affordability” is for a household to pay no more than 30% of its annual income on housing. Families who have to pay more than this are considered cost burdened and may have a difficult time managing to pay for necessities such as food, clothing, transportation and medical care (HUD, 2008d). Nationally there is a shortage of approximately 137,000 housing units available for families with incomes at \$40,000 and under, and a deficit of 81,000 units of housing for families with incomes under \$22,000 (Keating, 2000). The limited availability of affordable housing for residents displaced from public housing means

that they are often forced to move outside of their familiar communities to find accommodations, or worse. One concern of public housing advocates is that the lack of affordable accommodations for people being forcibly relocated from public housing will lead to homelessness. Social service organizations could help the residents avoid this fate, but relocation often means moving away from the resources that residents rely upon to meet the challenges of daily life.

### *Location of Social Service Organizations*

Many residents of public housing rely on the assistance of social service agencies in order to pay bills, buy food, and to obtain childcare and other essential services. Most agencies that provide such services for low-income people are located in neighborhoods or areas that are viewed by the larger metropolitan area as particularly needy (Allard, 2004). These areas are typically anchored by large public housing areas that provide the agencies with clients. Locating in high-poverty communities helps service agencies not only reach a large percentage of the potential clientele via proximity, but also helps agencies collect donations, win grant competitions, and attract volunteers (Edin & Lein, 1998). When a community is revitalized as part of HOPE VI, what happens to the clientele of these organizations? Buron et al. (2002) found that residents who are displaced from revitalized areas are not clustered in a few communities, but rather tend to be dispersed across a wider range of neighborhoods that have lower poverty rates.

While a goal of HOPE VI is to deconcentrate poverty, the effect may actually be a reconcentration of poverty in other communities that currently lack the needed social service organizations. Kingsley, Johnson and Pettit (2003) found that large numbers of displaced residents end up being clustered in a small number of less poor, but still unstable neighborhoods. The authors raise the concern that the influx of new poor residents would increase social difficulties in the receiving neighborhood and eventually lead to physical destruction of the built environment and the withdrawal of social capital. This is particularly problematic because the new

areas are often unprepared for the influx of new poor residents. Allard (2004) found that areas of Los Angeles that had slowly transformed from low poverty to high poverty had access to 70% fewer service providers than areas that remained consistently high in poverty over time. In Chicago, high poverty areas that transitioned from high poverty to low poverty (a goal of HOPE VI) had 30% more social service agencies than areas that had subsequently transitioned from low to higher poverty rates. These findings illustrate that a likely consequence of poverty deconcentration efforts is the reconcentration of poverty into new locations that lack the social services that residents rely on to reach goals in their daily lives.

Newman (2002) found that 80% of people displaced from public housing have stayed within the city of Atlanta. This suggests that the overall concentration of impoverished people living in the city has not been drastically reduced, but that the areas of need have likely shifted. This shift in impoverished areas does not only defeat the intended deconcentration goal of HOPE VI, but also pulls residents away from valuable resources. As people are relocated to different areas across the city, the safety net of social service organizations may not be designed to meet the challenge of serving increasingly diffused needs (Allard, 2004). A social service safety net fills the gaps between what government programs can provide and what people need to live at a level above poverty.

Once residents and clients of service agencies are displaced to other locations, they may have trouble locating the kinds of services they need. The housing voucher program, called Housing Choice (formally Section 8), allows original residents to move to private homes/apartments and helps with a portion of the rent. In order to maintain the voucher, recipients must be employed or in a job training program or they will be evicted and their voucher taken away. Between 1995 and 2001, almost half (47%) of voucher users from three demolished complexes in Atlanta lost their vouchers (Boston, 2005). Allard et al. (2003) found that low

income people and welfare recipients often face structural barriers to employment because of isolation from labor market opportunities, poor physical health, food insecurity, and children with higher than average rates of poor physical health.

Residents must also pay for their utilities if they use a voucher. However, since they often have not had to worry about a separate utility bill in public housing, residents may not properly budget their money and end up losing their voucher for not paying their utility bills. In communities around public housing, social service agencies are prepared to assist with these very problems. Edin and Lein (1998) found that government assistance-reliant mothers depend heavily on assistance from community groups, charities, and other nonprofit organizations. Programs that offer job training, GED courses, and job search assistance can be found in the same communities and would be of great use to the displaced residents. Displacement to areas outside of their original community may pull people further away from their jobs and a lack of transportation can mean that they have to find a new job closer to their new place of residence. Ninety percent of public housing residents depend on public transit (Brooks et al., 2005). Not having a car is a significant barrier for displaced residents who move further from jobs, social services, and public transit.

Along with displacement from the social services that could help them, residents are also removed from their social support networks that may provide other forms of assistance. Residents of public housing often offer low cost daycare options to their neighbors. Greenbaum (2008) studied the effects of displacement as the HOPE VI program was introduced in Tampa, Florida. She found that parents had a hard time finding safe, affordable daycare in their new locations that could be reached in time to drop off children and still make it to work. In Tampa, neighborhoods into which HOPE VI families moved had the fewest affordable daycare and after school care options. Prior to HOPE VI, the Tampa Housing Authority had provided these services onsite at

public housing making it easier for parents to leave children and make it to work on time (Greenbaum, 2008).

In a survey of residents who were forced to relocate from a public housing complex in Atlanta, Brooks et al. (2005) found that residents felt the neighborhood, proximity to medical care, and convenience to jobs was better at their original site than where they were relocated. While HOPE VI projects are required to provide supportive services to residents such as childcare, transportation, job training, job placement and retention services, and parenting classes, something in the process is not working. According to HUD, only half of residents who had enrolled in a job skills training program had completed it (US General Accounting Office, 2003). HOPE VI projects must submit to HUD a community and supportive services plan that contains a description of the supportive services that will be provided to residents, proposed steps and schedules for establishing arrangements with service providers, plans for actively involving residents in planning and implementing supportive services, and a system for monitoring and tracking the performance of the supportive services programs, as well as resident progress. Brooks et al. (2005) found that so few people participated in the programs offered through the HOPE VI projects that meaningful analysis of these interventions was not possible.

Thousands of people across the United States who will be affected by HOPE VI renovations rely on the services of these organizations. The way that organizations respond to the relocations can have great impact on how the displaced residents fare in their new locations and increase the likelihood that they will be able to adjust to meet the demands of the voucher program and develop and maintain stable lives.

As stated previously, many prior studies of HOPE VI have concentrated on the impact of the relocations on the residents of public housing. This study will instead look at the concentrations of social service organizations located in the proximity of public housing, and

investigate the role of those organizations in the HOPE VI process. The findings will hopefully influence organizations facing similar population changes to be active in the process and be proactive in retaining contact with clients and target audiences.

The next chapter focuses on the theoretical framework in which this study is situated. It focuses on the aspects of media systems dependency and communication infrastructure theory that are particularly relevant in this research. Applicable aspects of the strategic planning process of organizations are also discussed.

## CHAPTER 2.

### THEORETICAL FRAMEWORK: THE ROLE OF COMMUNITY CONNECTIONS

In order to examine the relationships between organizations and residents being displaced from public housing, a traditional theory of organizational communication would not be useful; instead, an ecological approach that focuses on the relationship between these parts and how they would be affected by the uncertainty involved in relocation will be employed. Media Systems Dependency offers a way to look at the dependency relationship between residents and organizations and how these relationships are impacted by environmental uncertainty and the Communication Infrastructure Theory (CIT) places both parties within the larger communication ecology. Organizations play a pivotal role within the communication infrastructure and can use strategic planning to connect public housing residents to other service organizations beneficial to their move through the use of other neighborhood storytellers (e.g., local media). The key aspects of organizational strategic planning are also discussed.

#### *Media System Dependency (MSD) Theory*

Media system dependency theory was developed to explain the relationship between individuals, media, and society from an ecological perspective and works to answer why, when, and how media are powerful and with what consequences. While this theory concentrates on the relationships between individuals, media organizations, and society, the concepts can also be used to explore the relationships between community and/or service organizations and individuals<sup>1</sup>. Here, the goal is to introduce the concept of dependency relationships, the goals that drive these dependency relationships, and the conditions under which dependency relationships become stronger. Ball-Rokeach and DeFleur (1976) define dependency as the relationship in which the satisfaction of needs or the realization of goals by one party is dependent upon the resources of

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<sup>1</sup> The communication infrastructure theory, discussed in the next section, expands upon MSD and includes these types of organizations as an integral part of the theory.

another party. Dependency relationships can exist between individual-level actors (e.g., between peers or family members), meso-level actors (e.g., between community leaders and community media), or macro-level actors (e.g., between mainstream media and advertisers) or across ecological levels (e.g., between the individual and media). The individual can be dependent upon media to reach their goals, while the media are simultaneously dependent upon individuals to reach their goals, namely audience ratings to appeal to advertisers and receive money.

Individuals look to media in order to accomplish goals of *understanding* (understanding one's self and social world), *orientation* (the need to act meaningfully and effectively in that world), and *play* (the need for fantasy-escape from daily problems and tensions) (Ball-Rokeach & DeFleur, 1976). While all three goals are significant to the theory, this research will concentrate on goals of *understanding* and *orientation*. MSD describes understanding goals as how individuals gain self-understanding and make sense of what is happening in their social environment. This goal is divided into two types—self and social. Self-understanding is the development of understanding about oneself from information gathered from the media, family, and peers. Social understanding is the deliberate attempt to know how society and its institutions function at a given time. Goals of understanding will be important to residents and organizations before and during the relocation process as well as a period of time once residents have moved to new locations. Understanding what is happening in their communities and how the relocation process works can potentially decrease feelings of stress and anxiety among residents being displaced from public housing. Organizations can help ease anxieties by understanding the process and designing a communication plan that keeps connections with residents open and strong during uncertain times.

Orientation goals are divided into action orientation (getting to know how to behave in society) and interaction orientation (attaining knowledge that is essential and suitable for



interactions with other people) (Ball-Rokeach, 1985). Orientation goals are also important to this study. Displaced residents will have to orient themselves in their new locations. Organizations can decide how to be situated in the relocation process in order to make it smoother for residents and also maintain a client base that enables them to continue receiving funding. By staying connected to clients during the relocation process, organizations may be able to more quickly adapt to changes in their clientele's living situation and help ease stress and uncertainty either by offering services or connecting relocated clients to services in their new communities. By staying connected during the relocation process the organization also has a better chance of having updated contact information for clients. This will allow them to continue to be connected to the relocated clients in the future, and help to ensure the organization's future.

According to MSD, a media system locates itself as a vital part of society where individuals and institutions must connect in order to adapt to the changing social environment (Ball-Rokeach, 1998). As the need or goal becomes greater, the dependency relationship grows stronger. While individuals can be dependent upon the media for meeting goals, the media are also dependent upon the individuals in order to stay in business. Dependency relationships also exist between the media and ownership, advertisers, etc. Similar dependency relationships exist between individuals and service organizations. This study will examine these relationships from the side of the organization. In terms of the social services that will be studied, instead of advertising dollars, social services are often dependent upon the government, grants and other funders. Most nonprofit social services rely on grants, government contracts, and private giving for their funds (Edin & Lein, 1998). The reception of these funds often depends on the location of the organization and the needs of the clients the organizations serve. The ability to garner funds is jeopardized if organizations lose track of clients during the relocation process or if the poverty level in the area the organization is located in becomes deconcentrated. The organization may no

longer be seen as serving an in-need population. The importance of the relationship between the organizations and their clients strengthens the dependency for both parties.

When developing the theory, Ball-Rokeach and DeFleur (1976) offered two theoretical hypotheses: (1) “the greater the number and centrality of the specific information-delivery functions served by a medium, the greater the audience and societal dependency on that medium” and (2) “audience dependency on media information increases as the level of structural conflict and change increases” (p. 7). As both hypotheses are important to the development of the theory, the second hypothesis is particularly poignant and relevant to this research and attention will therefore be focused on it. When challenges to established institutions, beliefs, or practices occur, individuals’ dependence on media information intensifies. When conflicts and social changes arise, the already established social arrangements become inadequate constructions in which people can situate themselves in order to cope (Ball-Rokeach & DeFleur, 1976).

As media dependencies strengthen in times of stress and uncertainty, similarly dependency relationships with social services should increase when people who need the services are faced with increased uncertainty. The organizations should recognize that displacement will cause their clientele to experience high levels of stress and therefore they will be seeking information. It is up to the organizations to have a strategic plan to reach out to the residents – potentially through the media that resident’s will turn to – for their mutual benefit. Displacement not only increases the theoretical need for residents to connect to the services, but for the organizations to reach out to residents because of the potential of losing them and thereby losing funding and the ability to provide their services. The organizations could actually use the time to their benefit if they recognize the increased needs of residents and adequately provide services to meet their needs. The communication infrastructure theory incorporates dependency relationships between organizations and residents as well as those between individuals and media and between media

and organizations. The next section demonstrates the organizations' role within the communication infrastructure theory and how the theory will be applied for this study.

### *Communication Infrastructure Theory (CIT)*

Communication infrastructure theory (CIT) grew out of MSD and is more inclusive of various communication modalities. CIT incorporates the role of mainstream, local and ethnic media, interpersonal communication channels, and community-based organizations in residents' everyday lives. This theory "provides a specific way of understanding an ecological relationship between a communication environment and communicative actions by articulating and empirically unveiling the communication infrastructures of diverse urban environments" (Kim & Ball-Rokeach, 2006a, p. 176). Ball-Rokeach et al. (2001) define a communication infrastructure as "a neighborhood storytelling network (NSN) set in its communication action context (CAC)" (p. 396). The NSN is made up of the residents and their social networks, media, and community-based organizations the stories and everyday conversations produced. When a community has a strong NSN, where residents, local and ethnic media, and community organizations work together to tell neighborhood stories, residents have higher levels of belonging, collective efficacy, and political participation (Kim & Ball-Rokeach, 2006b). The CAC consists of tangible and intangible resources of residential areas that promote (or make difficult) communication between neighborhood storytellers such as residential stability and the availability of locations for people to gather and talk such as parks and safe streets (Kim & Ball-Rokeach, 2006b). These structures are usually invisible until something happens to impair their functioning. Connecting to a community resource is critical because it leads to connections to other resources including social, political and cultural services (Ball-Rokeach et al., 2001). Some community environments make it easy to access necessary resources while others make it more difficult (Kim & Ball-Rokeach, 2006b).

Instability of a person's residence makes communication difficult. People being relocated

from public housing are often leaving locations they have lived in for many years, sometimes their entire lives. Being relocated means being removed from social networks and away from services on which residents had come to rely. Residents who were once used to a feeling of belonging in their public housing complexes may feel a sense of disconnect in their new locations. The disengagement from other residents, local media and new local community organizations lowers levels of belonging and collective efficacy. Organizations from the resident's former locations can help increase those concepts by staying connected to residents and linking them to new services and neighborhood storytellers.

Figure 2.1 illustrates the elements of the storytelling network and how they fit within the components of a community's communication action context. The inner triad shows the elements that make up of the neighborhood storytelling network (NSN): geo-ethnic media, residents and organizations. The figure shows that the relationships between each of these are interdependent and the strength of these relationships can change according to what is taking place in the communication action context (CAC). The outer ring of Figure 2.1 illustrates the components of the CAC that can enhance or constrain the communication relationships within the NSN. For example, a community that has a low police presence may have a higher crime rate, these unsafe conditions cause community members to stay in areas they believe are safer which limits their interactions with other community members-- the NSN is constrained. Just as MSD shows the dependency on media increases in a time of crisis or instability, CIT posits similar relationships within the storytelling network when there is a change or shift in the normal stability of the communication action context. This study aims to look at how the relationship between residents and community organizations changes during the relocation process from the perspective of the organization.



Figure 2.1 Communication Infrastructure: (Kim & Ball-Rokeach 2006a)

Based upon CIT, it is posited that as people are forcibly relocated from their homes, the relationship between them and the community organizations they rely on would change. The stress of being forcibly removed from one's home would presumably cause a feeling of uncertainty; as would the ensuing time of figuring out new bills, finding a job, and navigating the family/resident's new community. Removing people from their NSN removes them from the community organizations upon which many rely<sup>2</sup>. When residents are removed from the community, it will constrain their ability to connect to the organizations in a time that they will need the organizations more than ever. This makes it a crucial time for the organizations to find ways to strengthen that connection since things like transportation (another CAC element) mentioned previously may make it more difficult for residents to have direct contact with the organizations.

#### *The Role of Organizations within the Communication Infrastructure Theory*

<sup>2</sup> Note that residential stability is an aspect of the CAC that can either enable or constrain communication through the NSN. The closing of public housing locations can end up causing a sudden shift in residential stability affecting the ability of people to connect to the NSN and for the storytellers to reach out to residents.

Organizations rely on the needs of the clients they serve in order to continue to receive grant funding, garner donations and attract volunteers. In this time when residents' may become more reliant upon them, but unable to reach them, the organizations have an incentive to try to adapt to continue to help. Continued contact with residents will be necessary after displacement for both the residents and the organizations. The NSN is comprised of three nodes: Geo-ethnic media (media geared toward a community and/or ethnic group, including newsletters), residents and community organizations. This study will look at how the change in the CAC affects the relationship between residents and community organizations from the standpoint of the organizations. This study will also examine the extent to which the geo-ethnic media is included in the strategic planning processes of the organizations.

As neighborhood storytelling is constrained by the various elements in the CAC, it may also become increasingly important for people to access resources. In the case of relocations, the pressure falls mostly on the organization to keep the pathways of communication strong so residents can maintain their connections during the stressful time. Wilson (2001) considers the exchange of ideas that are of significance to the neighborhood and identified talking about problems facing the community as the most important role of organizations. By using their connections to residents or clients, community organizations can relay stories of pressing issues, threats and opportunities. Individuals can then pass the information along in neighbor-to-neighbor conversations (Wilson, 2001). In the case of relocations, an organization can share information with a client about how to find voucher housing, or how to connect to new services close to their new residence. This information can then be spread among the residents and could potentially reduce some of the stresses affecting individuals. Kim and Ball-Rokeach (2006a) found that there is overlap of the stories that residents and organizations tell, the greatest overlap being with "organizations that have grassroots or neighborhood-focused missions" (p. 180). By being the

ones to pass along valuable information about the relocation process, organizations can set the agenda about what will be discussed among community members (Clark, 1999).

The CAC operates along a continuum that ranges from closed to open according to how much members of the community are able to talk and interact in the community. For example, a location with unsafe streets prohibits people from getting out and chatting with neighbors and meeting at public places such as parks. Locations that do not have resources like schools, parks or stores would be considered more closed because they do not afford residents the opportunity for connecting. As residents are forcibly relocated from their homes they will most likely move to an area with a different communication infrastructure, with different elements in the CAC enabling or constraining their ability to connect to a neighborhood storytelling network. For example, transportation or work conditions may make connecting to social services and other community storytellers more difficult. This change may mean moving from a highly open CAC to a more closed CAC that does not offer occasions for communicating and building networks. Because it is unknown what kind of community residents will relocate to, their connections to organizations from their previous community will be especially vital for accessing the services they will need in their new location. This study will examine the extent to which organizations recognize the changes to the CAC that will influence their ability to connect to residents they have been serving and are making an active effort to maintain connections with displaced residents. The issue of residents relocating to areas away from the services they utilize will be explored from the role of the organizations to see what they are doing to help families in this transition. In order to examine the response of the organizations, it is important to explore the strategic planning process organizations often utilize.

### *The Strategic Planning Process of Organizations*

Strategic thought and planning is vital to the continued effectiveness of service

organizations. Failure to do so often results in an inability to take on challenges that face them. Organizations need to develop good strategies to deal with potential changes in circumstances. With organizations facing a potential loss of clients because of HOPE VI redevelopment, strategic planning becomes increasingly important to their survival. Organizations need to address the situation head on as planning can only be effective if it is tailored to the specific situation in which it is used (Bryson & Delbecq, 1979). Strategic planning is used to discover what problems the organization is likely to face over the next several years, and how they might be addressed (Smith, 2002). Bryson (1988) defines strategic planning as a process “designed to help public and non-profit organizations (and communities) respond effectively to their new situations” (p. 74). Ristino (2001) identifies a 10-step approach for how strategic communication best works. The steps he identifies are: 1) establish an overall campaign objective, 2) identify target audiences, 3) select desired target audience behaviors, 4) identify the information that will influence those behaviors, 5) determine how to package those behaviors, 6) identify target audience contact points, 7) select the best means for delivering the message, 8) deliver the message frequently and consistently 9) change the message as necessary and 10) evaluate the plan. By following a strategic communications plan, organizations can prepare for challenges that they may face and remain accountable to their clients. Organizations are ultimately successful only to the extent that they have high performance and can effectively serve their clients (Smith, 2002).

During the relocation process, a mutually beneficial relationship between the organization and the clients can be fostered by the use of strategic planning. An external environment assessment allows the organization to find out the challenges facing both the organization and the clients and allows time to plan tactics to successfully overpower those problems. Organizations can use this time to assess political, economic, social and technological trends and events along with the status of their clients. This external assessment also allows for the identification of



opportunities the organization may be able to take advantage of in order to strengthen themselves and their relationship with their clients (Bryson, 1988). Smith (2002) states that the most productive organization operates with proactive, two-way communication, in which the organization plans for and initiates relationships with the people crucial to their success by using various techniques to interact with their clients and target audiences. Organizations can take the opportunity created by the forced relocations to form partnerships and connections with other organizations in different parts of the city. These partnerships will help the organization to connect clients to new services as well as serve as opportunities for joint fundraising and collaborative programs.

After conducting an assessment of the external environment, organizations should identify the fundamental issues they are facing. Referred to as the strategic issues, these are the questions affecting aspects of the organization's mission, service level, financing, organizations design and clients (Bryson, 1988). It is important for organizations to identify these issues and face them directly in order to prevent damage from a potential threat. This aspect of strategic planning is important for organizations that are facing a potential loss of clients due to forced relocations. By identifying the potential threat early, organizations can plan ways to assist clients, keep them connected, and potentially reconnect them to other services in their new locations.

Bryson (1988) identifies three basic approaches to identifying strategic issues—the direct approach, the goals approach, and the scenario approach. The direct approach is employed when the environment in which the organization is located is so turbulent that development of goals seems unwise, and it is considered more important to take partial actions in response to immediate issues. The goals approach is in line with conventional planning theories. Detailed goals and objectives are set that should lead to the identification of key issues and the development of strategies to deal with those issues. This approach is likely to work in an organization that has a

strict hierarchical structure with decision makers who can pass down and enforce the goals and objectives for the organizations. Finally, the scenario approach is used when an organization develops a vision of the “ideal” way it wants to look in the future. Issues then concern what it would take to move into the new vision. This approach is used when the organization is having trouble identifying strategic issues directly and if drastic change to the organization is likely to be necessary (Bryson, 1988).

In this study, it is expected that organizations could be operating using any of these approaches depending on the public housing situation in their area or on how the organization typically handles communication activities. An organization with clients or target audiences not yet affected by the demolitions may not be aware of the potential threats to the people they serve, and therefore may not be planning strategies to meet the forthcoming challenges including staying connected to residents during the relocation process. By operating with a direct approach, the organization would have to pass over the process of setting goals and objectives and instead move directly from realizing the issue at hand (relocation of clients and target audience) to figuring ways to address the issue.

If an organization is aware of the changes taking place in the community due to HOPE VI, or is aware that changes stemming from future demolitions may affect their clients and target audience, then it would have time to plan appropriate communication strategies. By operating with a goals approach, they would be prepared to meet the issue directly, whether it is by assisting clients with the relocation process, connecting clients to new resources, or keeping lines of communication with clients afloat to ease stress during relocation.

Once an organization has faced losing clientele due to relocations in its immediate area, they may have to make sweeping changes to their goals, mission, and communication strategies. At this point they may operate with a scenario approach. By determining how the organization

wants to be operating in the future, they can set goals and strategies of how to reach that point.

Organizations use many key neighborhood storytellers to connect to their target audiences including mass media such as newspapers, radio and television; geo-ethnic media (local newspapers, posters, flyers and brochures); and internet connections such as web sites and email; and distributed materials like posters, flyers, newsletters and brochures (Wilson, 2001). Each of these neighborhood storytellers must be considered during the strategic planning process. Organizations will have a better chance of successfully retaining connections to clients and target audiences by carefully planning and designing their communication materials.

### *Research Questions*

Based on the reviewed literature, I pose the following research questions to explore how the communication action context might be changed by the shifting of the public housing population in relation to resources (RQ1-3) and how organizations are working to maintain connections with the resident's who are displaced (RQ4):

RQ1a: How are support services spatially distributed in relation to current public housing developments in Atlanta?

RQ1b: How are support services spatially distributed in relation to areas of voucher housing?

RQ2: How is public transportation spatially distributed in relation to areas of voucher housing compared to public housing locations?

RQ3: How is voucher housing spatially distributed in relation to concentrations of poverty?

RQ4a: How do social service organizations serving residents of public housing in Atlanta maintain or plan to maintain relationships with clients being forcibly relocated by HOPE VI redevelopment?

RQ4b: Do social service organizations have a strategic plan that incorporates other neighborhood storytellers? E.g., Are they connecting residents to other organizations that can help them

in their transition? Do they utilize the media resident's connect to as part of their strategic plan to reach and maintain connections to them?

## CHAPTER 3.

### METHODS

This study utilizes both GIS mapping and interviews to explore the questions about how organizations and their relationships to public housing residents are affected by HOPE VI redevelopment. Through the use of maps, the change in the communication infrastructure that may take place as a result of residential displacement will be illustrated visually. The interviews explore how organizations are responding to the change in infrastructure.

#### *GIS Mapping*

The goal of this part of the project is to explore the impact of HOPE VI on the spatial relationship between residents, organizations, and the transportation needed to utilize organizational resources. Research has shown that residents of public housing turn to resources for assistance with health, substance abuse and mental health, food assistance, job training, and financial support most often (Allard et al., 2003; Brooks et al., 2005; Edin & Lein, 1998; Greenbaum, 2008). Based on this research, organizations that fall into these categories were included in the mapping portion of this study. Organizations that were mapped were divided into categories of Health (including community-based health centers and clinics, substance abuse and mental health services), Job Resources (including job readiness, job search, job training, and job placement services), Food Assistance, Rent and Utility Support, and services that assist with paying public transportation fare for people going to doctor's appointments and job searches. Resource guides compiled by the United Way of Metropolitan Atlanta were used to identify the services that were mapped. The United Way guides have been developed to provide assistance in the same areas this study seeks to examine. The United Way's Job Resource Guide (assists people in finding services including job readiness, job search, job training, and job placement), Critical Needs Guide (assists people in finding financial assistance, shelter and basic needs) and Where to

Turn Guide (assists people in financial crisis) were used to identify resources in Atlanta that people in public housing may utilize. Using the resource guides and Global Information Systems (GIS) software, locations of all of these services located within the city of Atlanta were mapped.

The public housing information used for mapping came from the U.S. Department of Housing and Urban Development, which provides geographically detailed information on the location of public housing complexes within the cities. Both existing and already demolished public housing communities were mapped in order to draw comparisons between proximity of services to these sites.

Census data were used to map poverty concentrations in relation to current public housing, organizations, voucher housing availability, and public transportation. Data for public transportation is from the Atlanta Regional Commission's Info Center (Atlanta Regional Commission, 2009).

Data showing the concentrations of voucher housing in Atlanta were used to determine where public housing residents were likely to relocate. Voucher housing data came from HUD's "A Picture of Subsidized Housing" data set (HUD, 2009).

### *Qualitative Interviews*

Four semi-structured interviews were conducted with leaders of social service organizations in Atlanta in order to look at the responses of organizations in Atlanta to the demolition of public housing in their immediate vicinities. The semi-structured interviews were conducted with community organization communication strategists. Interviewees were selected on the basis of their knowledge of the organization's mission and purpose in the community as well as its communication activities. Interviews were chosen as a method because it allowed for thoughtful elaboration on the part of interviewees about how they have made efforts to maintain or to describe how they plan to maintain relationships with clients being forcibly relocated by

HOPE VI redevelopment. The semi-relaxed structure of the interview questions allowed for follow up questions and for the interviewer to probe for more information on topics brought up that may not have previously been addressed by the researcher or other interviewees.

### *Sampling*

Since it would not be possible to interview all of the organizations mapped, a purposive sample of the plotted community organizations that provide services to the communities affected by public housing demolition was selected. Only organizations falling into the social services category (health, financial assistance, job programs, and food assistance) were mapped and sorted for interviewing. The organizations were divided according to whether they are located adjacent to a current public housing development or to a site whose residents have already been relocated. This allowed for the definite inclusion of organizations that serve either current or former public housing sites in order to allow for before and after relocation comparisons. Allard et al. (2003) found that clients of service organizations would commute no more than 1 to 2 miles to a provider whenever possible. Because of this, a 1.5 mile radius was drawn around the public housing sites and only services captured within this area were examined. Figures 3.1 and 3.2 show the locations of current and former public housing and the social service organizations from which the sample was drawn.

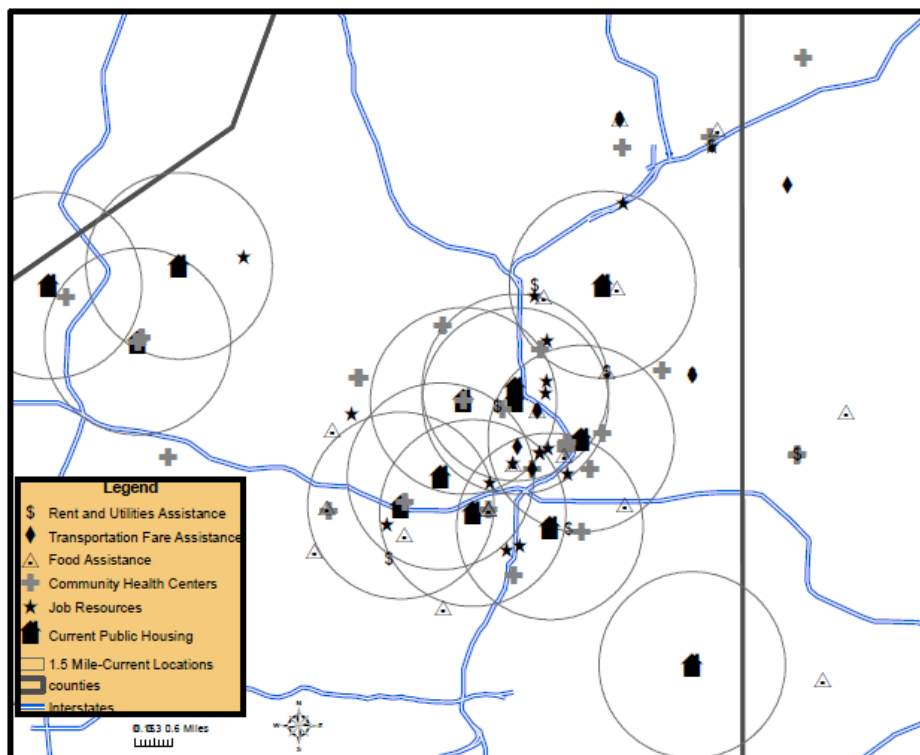


Figure 3.1 Locations of Current Public Housing and Social Service Organizations in Atlanta

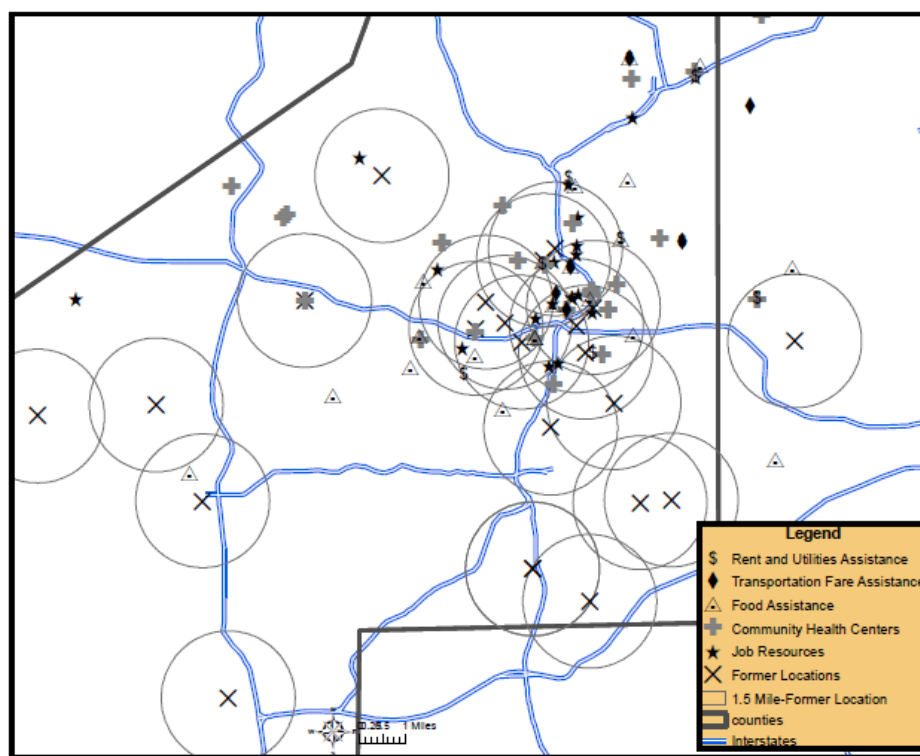


Figure 3.2 Locations of Former Public Housing and Social Service Organizations in Atlanta

Two community health clinics and two job assistance programs were selected to serve as



case studies. The categories of community health centers and job resources were chosen because both are particularly important for displaced residents who are hoping to maintain vouchers. Residents of public housing are at a much higher risk of developing a chronic disease than members of the general public. The prevalence of obesity (which can lead to other diseases such as hypertension, heart disease and diabetes) is higher among lower income individuals, minorities, women and persons with disabilities than among the general population (Garcia, 2008). A survey conducted in Boston, MA, found that 31% of residents of public housing reported ever being diagnosed as obese as compared with 18% of the residents from the general population in Boston (Digenis-Bury, E. C., Brooks, D. R., Chen, L., Ostrem, M., & Horsburgh, C. R., 2008). If these conditions (and any other chronic disease or condition) go untreated they can become even more serious of a problem that can lead to increased medical costs and missed days at work.

Voucher holders are required to sustain employment or be actively enrolled in job training program working toward employment in order to keep a voucher. Caring for any chronic disease, remaining healthy, and gaining the skills necessary to obtain and keep a job are very important. It was also decided that the different categories allows for comparisons of organizations that have different funding sources. Federally funded organizations, like the two community health centers chosen, may have goals differing from organizations that rely heavily on donations or grants. As a result, these two types of organizations may not feel the same sort of dependency relationships with public housing residents and may not be affected by HOPE VI redevelopment in a similar fashion.

One of each type of organization is located in an area that has already been affected by HOPE VI redevelopment. The remaining two services are located in areas that have not yet experienced the demolitions and redevelopment of public housing sites. The particular selection of organizations will allow for comparisons across types of services and the locations will allow for a

sort of before and after analysis. The services were matched as closely as possible. Both community health centers are federally funded and accept payment from Medicaid, Medicare, as well as private insurance. Clients without insurance are allowed to pay along a sliding fee scale according to their level of income. Both centers offer adult medicine, pediatrics, women's health, dental care, labs and prescriptions. Each center has a main location and several branches located throughout the Atlanta and metro Atlanta area.

Two job assistance programs were also selected based on their matching characteristics from a location near current public housing and from a location where public housing once stood. Both programs target disadvantaged populations and offer job skills training and job placement as well as empowerment and asset building. One organization is located within a 1.5-mile buffer from current public housing, but was chosen because it receives funding for serving a specific group of neighborhoods in Atlanta. Since the beginning of HOPE VI these neighborhoods have seen four of the public housing complexes in the area redeveloped. This organization was chosen because it has experienced the relocation of many of its potential clients, unlike the other chosen organization that has yet to experience the redevelopment of adjacent public housing.

### *Interview Guide*

The goal of the interviews was to 1) discover the organization's mission, what services they provide the community, and what clientele they currently serve; 2) learn how they communicate their services to their clients and potential clients; 3) assess how the organization has dealt with or plans to deal with the relocation of many of its clients and discovering how the organization plans to stay connected to their clients once they relocate; 4) determine if organizations located in areas where public housing has already been destroyed have seen a change in the clientele and what problems they may have faced in maintaining relationships with their previous clientele; 5) discover if the organization has plans to connect their clients to new

services once they relocate; and 6) determine if the type of organization plays a role in how it sees its connection to the community and if it sees itself as responsible for maintaining a connection with clients once they have been displaced.

Interview topics included:

- Goals, mission, purpose of organization
- Scope of activities
- Issues of governance and leadership
- Self-identification of its role in the community
- Client eligibility requirements
- Target population
- Avenues used to communicate with clients and the public
- Knowledge of forced relocation process of public housing residents
- Plans to assist clients in relocation process

Previous research was consulted to draft an interview guide (Matsaganis, 2008; Wilson, 2001). The complete interview protocol can be found in appendix A

The use of multiple methods in this study allows a deeper analysis of the issue of spatial proximity and access to social service organizations for displaced residents and also permits examination into what is being done by organizations to address the issues illustrated in the mapping portion.

## CHAPTER 4.

## RESULTS

*GIS Mapping*

Research questions 1-3 were addressed through the use of GIS mapping in order to compare how health and social service organizations, public transportation, and concentrations of poverty are spatially distributed in relation to former and current public housing developments and the locations of voucher housing in Atlanta.

Figure 4.1 shows the locations of current public housing complexes in Atlanta. The loop created by the interstate indicates that the majority falls within the city limits. More specifically, most of the current complexes are located in a cluster in the central part of the city and form a circle around the site where the major interstates of the city intersect. This area of downtown Atlanta serves as the governmental, financial, entertainment, and retail center of the city.

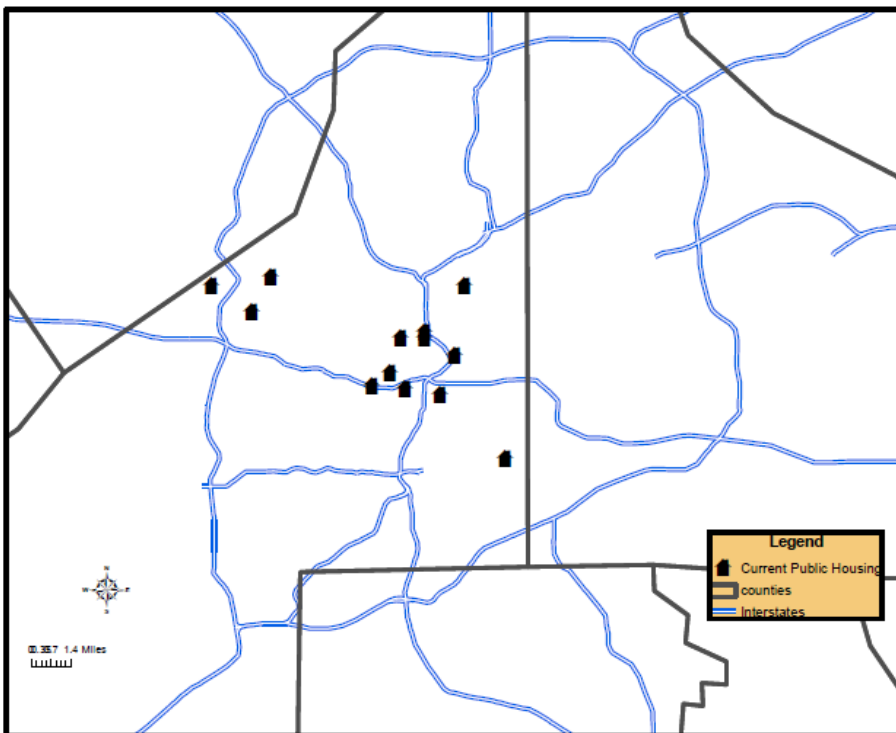


Figure 4.1 Locations of Current Public Housing in Atlanta  
*Spatial Distribution of Social Services and Public Housing*

The first research question asked how support services are spatially distributed in relation to current public housing developments in Atlanta. Social service organizations in Atlanta that belong in the categories of Community Health Centers, Job Resources, Rent and Utility Assistance, Food Assistance, and Transportation Fare Assistance were mapped. Of the social service organizations mapped, 76% were located within a 1.5-mile radius of current locations of public housing complexes (Figure 4.2). This is consistent with the literature that suggests that service providers locate in areas of potential need where they can deliver assistance as efficiently as possible.

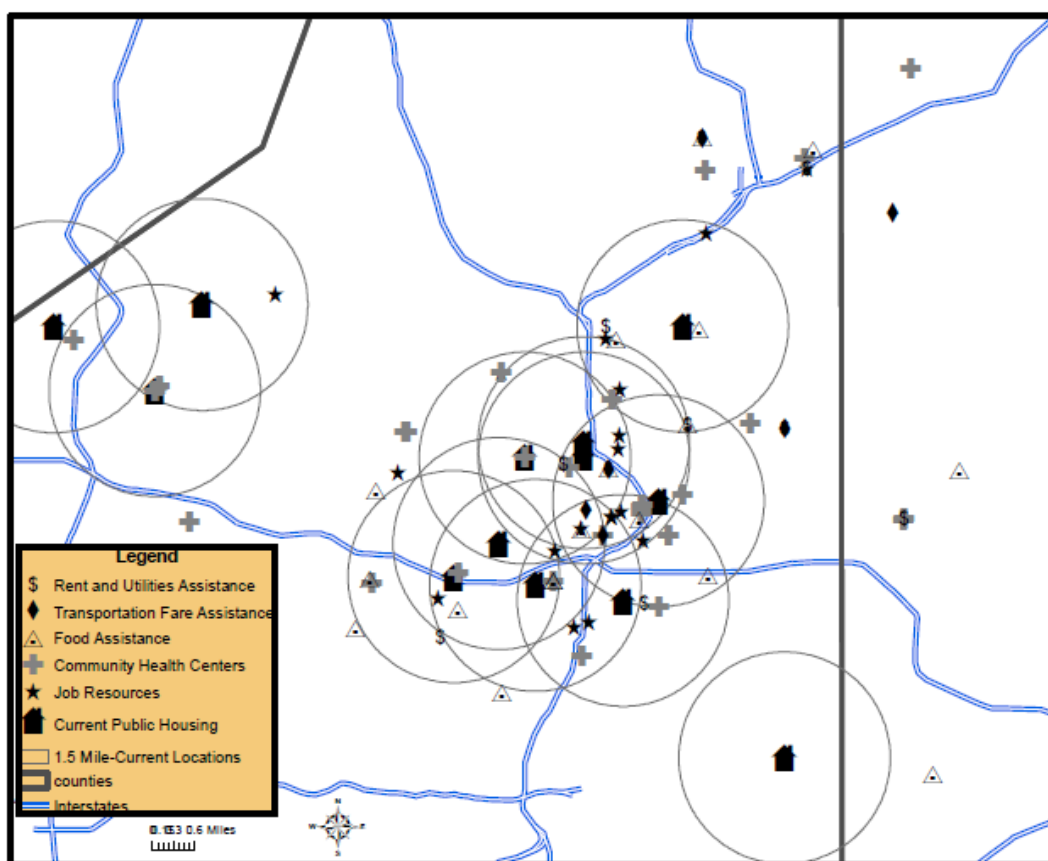


Figure 4.2 Social Service Organizations in Atlanta

Private market homes and apartment complexes that take vouchers are located in the outer areas of the city. The majority of the organizations are located in the central part of the city, which leave the outer areas of voucher housing with limited access to services. Nineteen percent

of services mapped are located in areas of where it is expected voucher recipients will move.

Figure 4.3 shows locations of social services in relation to concentrations of voucher housing.

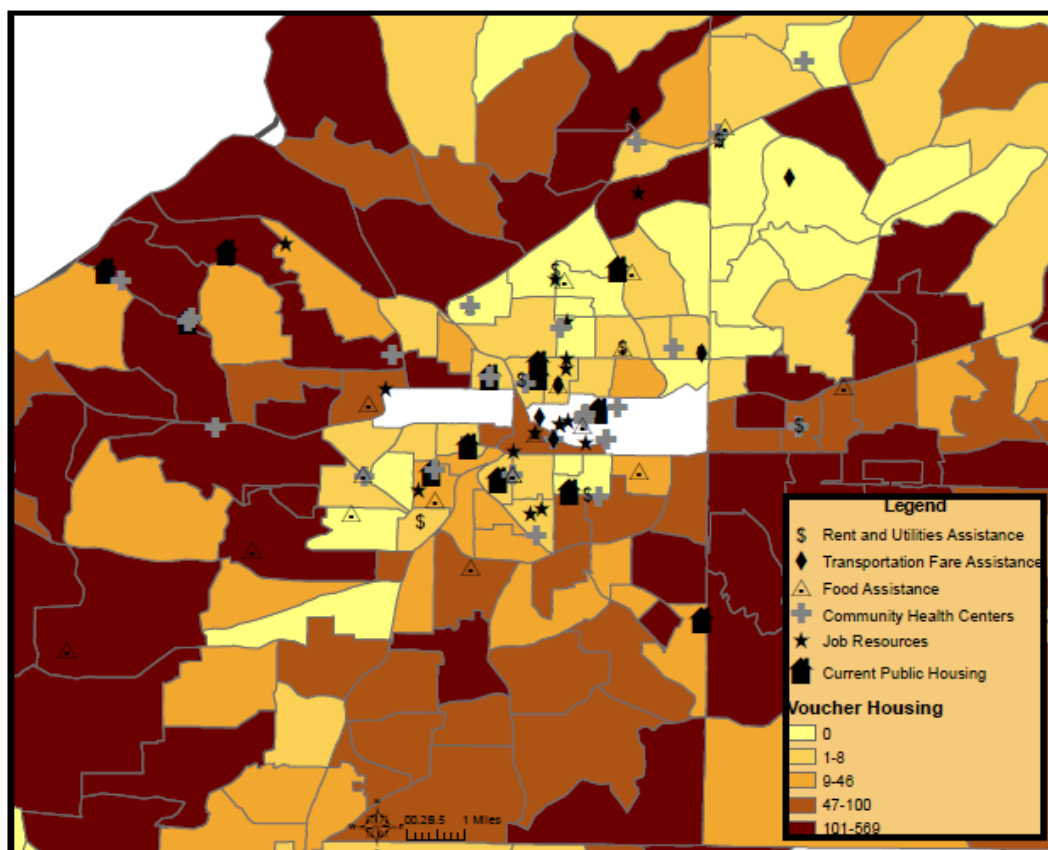


Figure 4.3 Locations of Social Services in Relation to Voucher Housing in Atlanta

In order to allow for a closer examination of the location of each organization type, individual maps were created. Figure 4.4 shows the locations of community health centers in Atlanta. The majority of these centers appear to be located in the central part of the city and close to current public housing. With the addition of 1.5-mile radius buffers (Figure 4.5) it is possible to see how many community health centers are located within a range that a resident of public housing is expected to travel in order to obtain services. Seventy-five percent of community health centers in the city of Atlanta are located within a 1.5-mile buffer of current public housing communities. Two public housing complexes have clinics located within the complex and only one development does not have a health clinic located within a 1.5-mile radius.

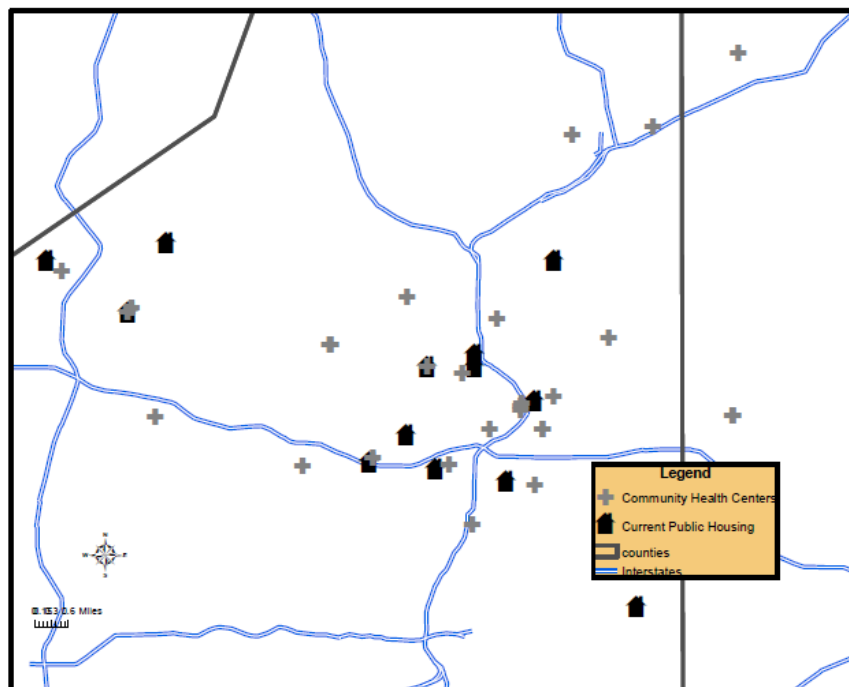


Figure 4.4 Locations of Community Health Centers and Public Housing in Atlanta

Once residents are displaced from the public housing complexes, they may not encounter the same access to medical care as they did as public housing residents. This becomes problematic when it comes to caring for chronic diseases and for receiving primary health care. Figure 4.6 shows the spatial distribution of community health centers in relation to areas of concentrated voucher housing. In comparison to where public housing residents are currently located, their access to community health centers will be greatly diminished once they are displaced into voucher housing. Only 7 of the 28 community health centers mapped are located in an area where voucher housing is concentrated. Two of these centers are located inside public housing complexes, so it is reasonable to assume they will no longer be located in that area once the public housing has been demolished. That means that displaced residents will go from being able to access<sup>3</sup> 75% of health centers to just 20%.

<sup>3</sup> For purposes of this study, “access” is determined by service organizations being located within 1.5 miles of a public housing location. The analysis is presented at a macro-level (i.e., all organizations located near any one public housing location in the entire city are included) rather than at a micro-level (i.e., considering the percentage of service organizations any individual resident of specific public housing has within 1.5 miles).

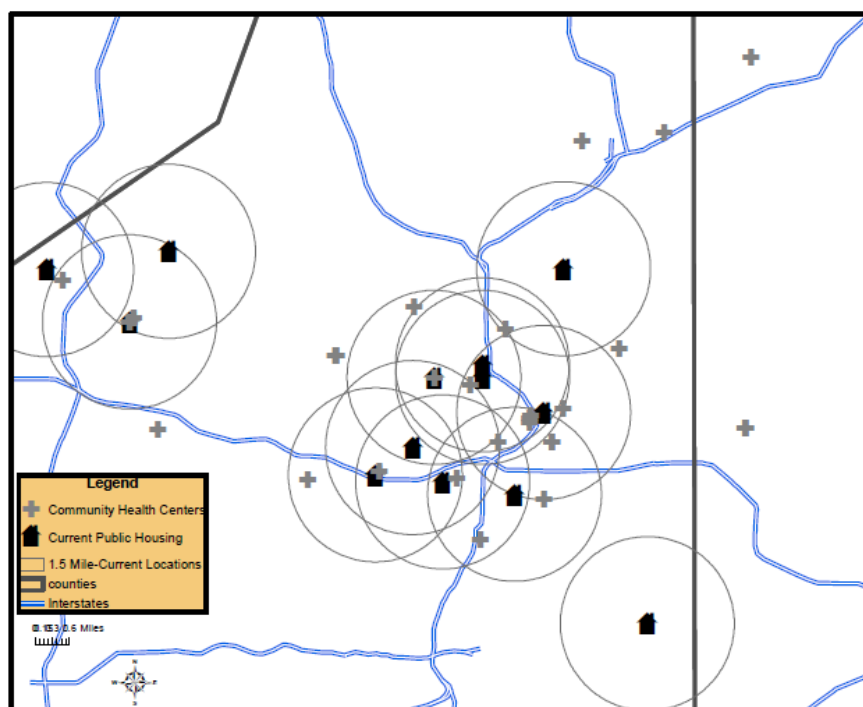


Figure 4.5 Community Health Centers and 1.5-Mile Radius Buffers around Public Housing in Atlanta

Some areas of concentrated voucher housing do not have any health centers located anywhere near them. The southwest and east sides of the city (see Figure 4.6) show high concentrations of voucher housing, but there are no community health centers. Greater travel distance decreases the likelihood that a resident will utilize the services.

Another crucial service for public housing residents to access, especially after they are displaced, is job resource organizations. Figure 4.7 shows the locations of job resources in the city of Atlanta within the 1.5 mile radius around existing public housing illustrated. Ninety percent of job resources are located within a distance that a resident of public housing can be expected to travel in order to obtain services.



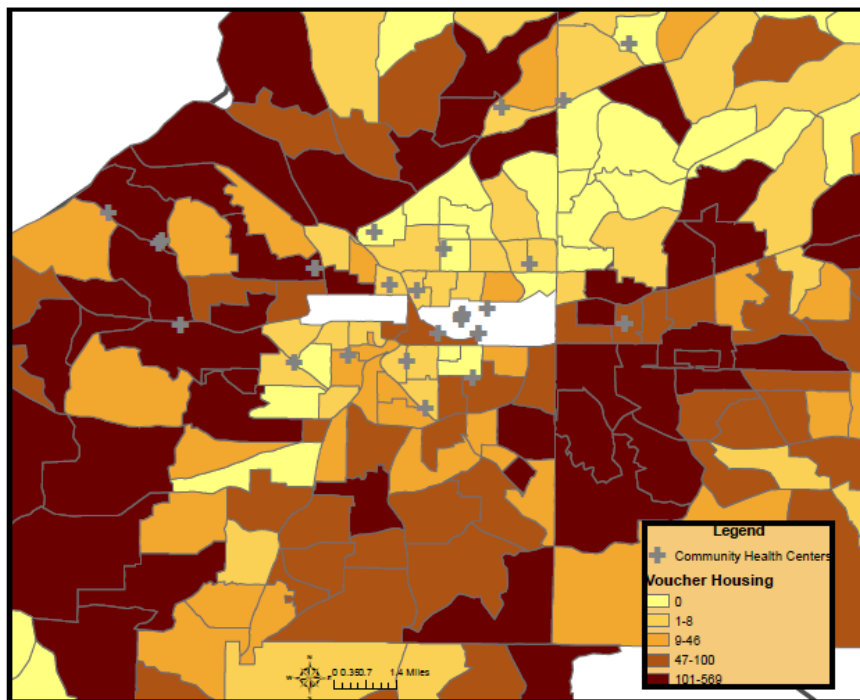


Figure 4.6 Community Health Centers and Areas of Concentrated Voucher Housing

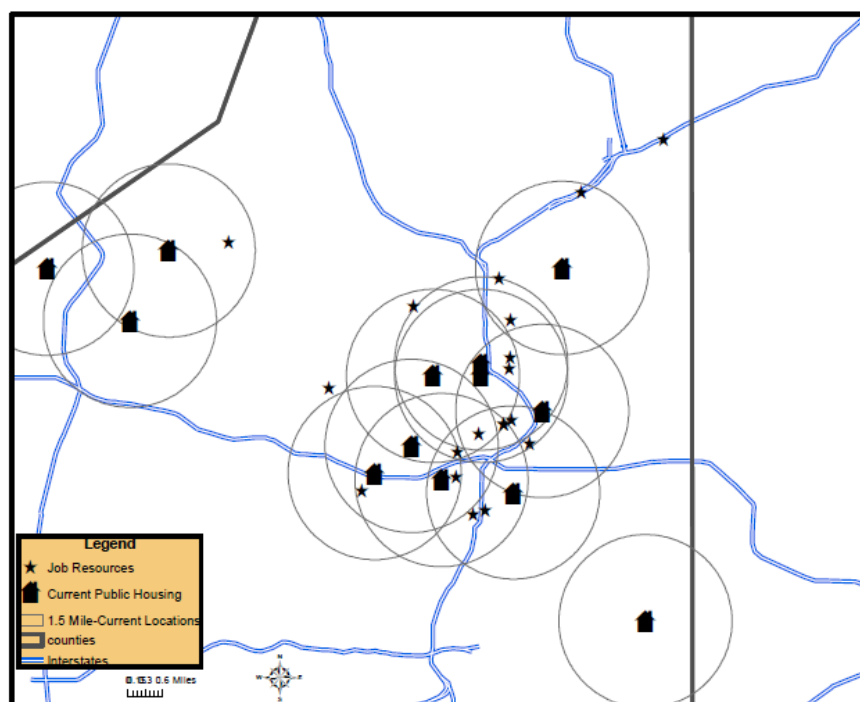


Figure 4.7 Locations of Job Resource Organizations and Current Public Housing

In order to maintain a federal housing voucher, displaced residents of public housing must be employed or in a job training program working toward employment. Residents who are not

employed or in a job-training program lose their vouchers and therefore lose their housing. With few alternative housing options and the lack of affordable housing available in Atlanta, it is imperative that voucher users retain employment. Access to job resources can be essential in attaining and maintaining steady employment for displaced residents. These resources help clients with job readiness, search, training, and job placement services. Figure 4.8 shows the proximity of job resource organizations to areas with concentrated voucher housing. Only 13% of the job resource centers mapped are located in areas of concentrated voucher housing. These three organizations are located in the northern part of the city. Areas of voucher housing in the west, southwest, south, east, and southeast are completely void of access to any organization that provides job resources.

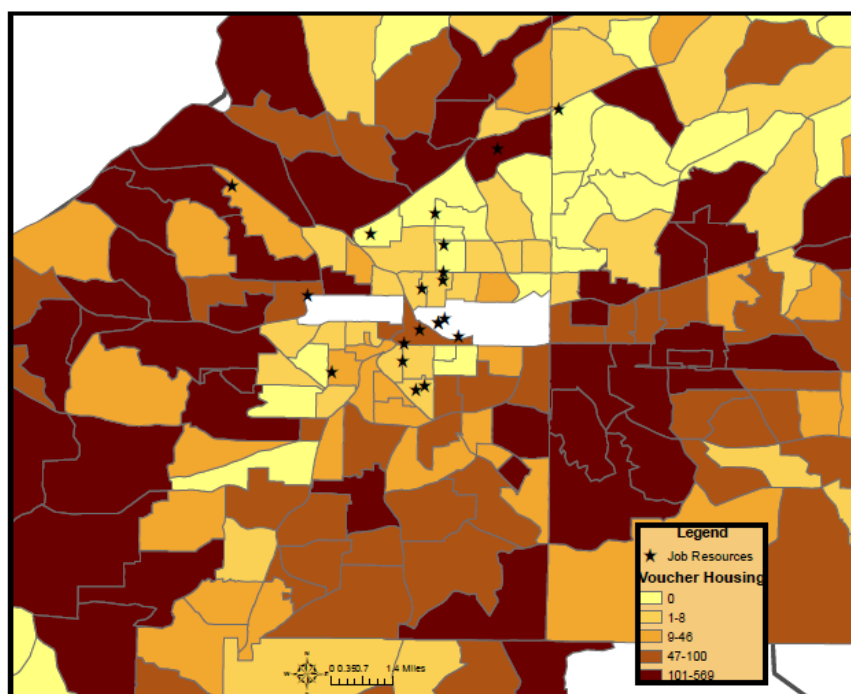


Figure 4.8 Locations of Job Resource Organizations and Concentrations of Voucher Housing

When times are difficult economically and budgets are tight, accessing services like food pantries are important to residents' health and well-being. Sixty-five percent of organizations that provide food assistance are located within the 1.5-mile radius around public housing (Figure 4.9).

Almost half of the remaining organizations are located right outside of the buffer area. This illustrates that these organizations locate in areas where the need for their service is the greatest and where they can provide food assistance to the largest number of people.

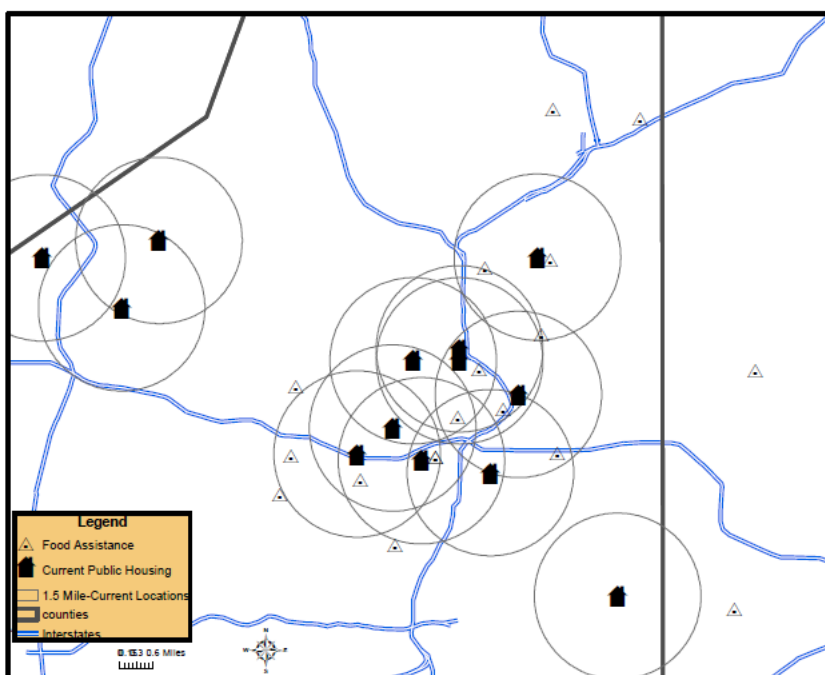


Figure 4.9 Locations of Organizations Providing Food Assistance

Once people are displaced to voucher housing, the ability to access organizations that provide food assistance will continue to be important. Figure 4.10 shows the spatial proximity of food assistance services to areas of concentrated voucher housing. A quarter of the food assistance organizations mapped are located in areas of concentrated voucher housing and most areas (along the northwest, west, and southwest) have only one or no organizations within their proximity. Former residents will also be faced with expenses for which they have never had to budget (e.g., utilities). Services that assist with increasing costs and additional bills were mapped to show their spatial proximity to public housing as well as areas of voucher housing.

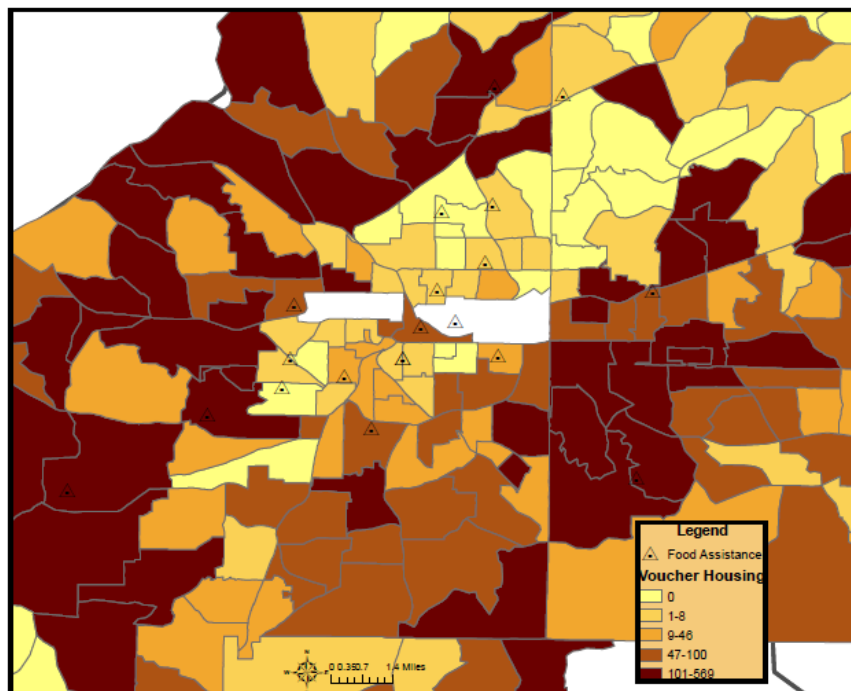


Figure 4.10 Locations of Food Assistance Organizations and Concentrated Voucher Housing

Residents of public housing do not have to worry about separate housing and utility bills because the bills were combined and each month the resident paid the same amount. This is not generally the case in voucher housing. With new concerns over making ends meet and being able to pay all bills, accessing services that can alleviate some budgeting stress by providing rent and utility assistance may become increasingly important to displaced residents. While living in public housing they had easy access to such services. That access is questionable once residents are displaced to voucher housing.

The ability to pay for rent and utilities will be crucial to displaced residents of public housing. If voucher holders fail to pay either of these on time, their vouchers will be revoked and they will lose their housing. This need makes the ability to access services that provide assistance in paying for rent and utilities essential. The locations of services that provide assistance with paying rent and utilities are shown in Figure 4.11. In Atlanta, 63% of these services are located within 1.5 miles of current public housing complexes but, as figure 4.12 shows, just 18% percent

are located in areas of voucher housing where access this type of service will be most crucial. The entire northwest, west, southwest, south and southeast portions of the city are completely lacking access to services that will assist displaced residents with rent and utility bills. These areas have the highest rate of concentrated voucher housing and therefore an area where it would be expected that residents would need access to such services.

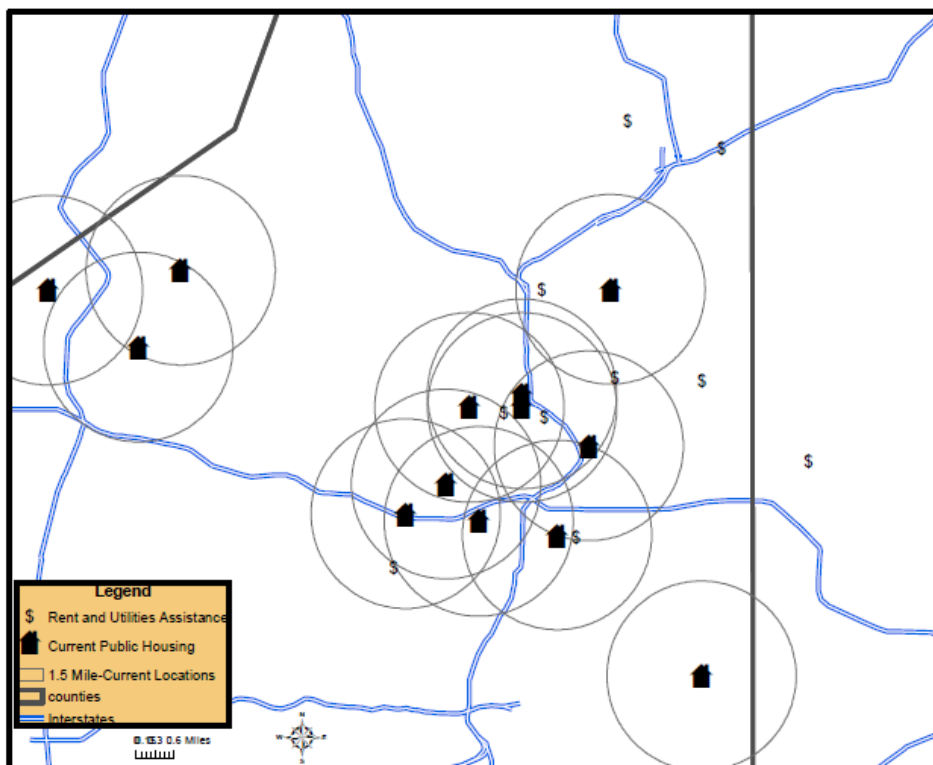


Figure 4.11 Locations of Organizations Providing Assistance with Rent and Utilities

Half of the services in Atlanta that assist clients with public transportation fare in order to get to doctor's appointments or job interviews are located within one and a half miles of public housing (Figure 4.13). Ninety percent of residents of public housing do not own a car and therefore tend to rely upon public transportation (Brooks et al., 2005).

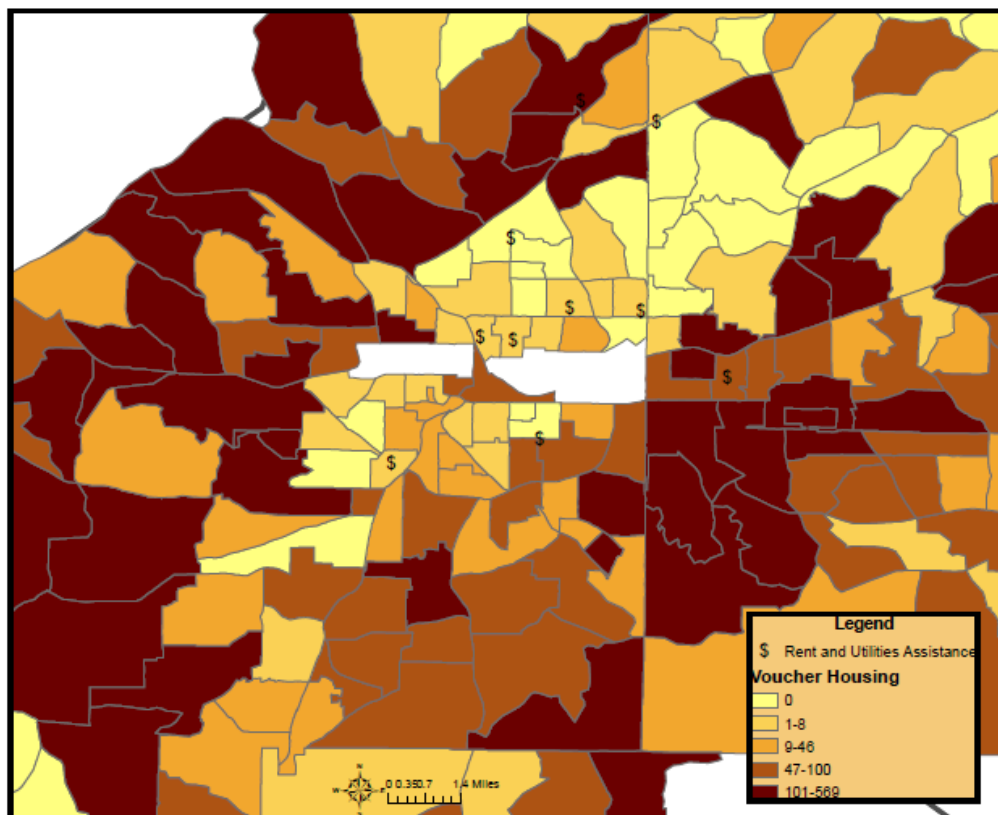


Figure 4.12 Concentrations of Voucher Housing and Locations of Organizations Providing Assistance with Rent and Utilities

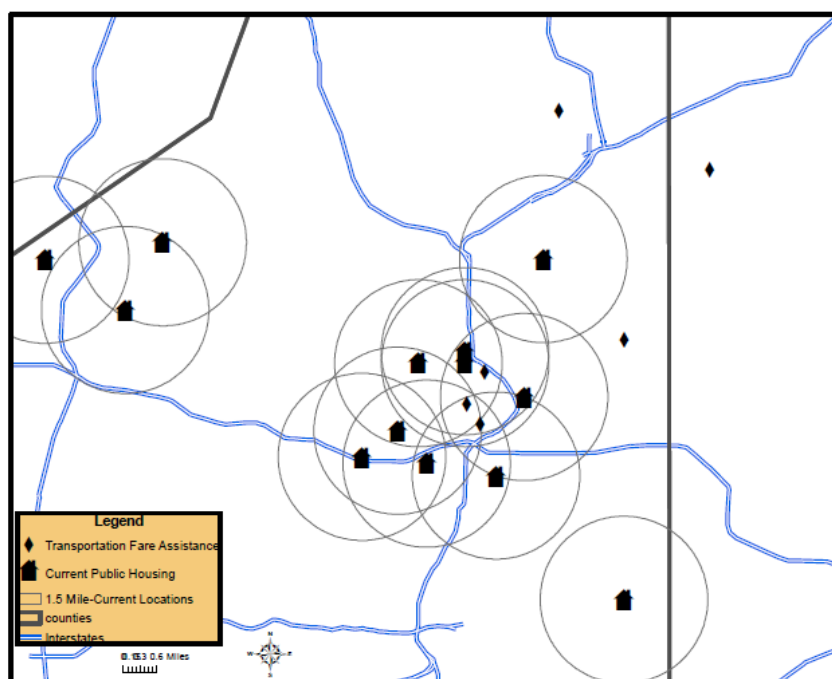


Figure 4.13 Locations of Organizations Providing Assistance with Public Transportation Fare

Being within a reasonable distance from a service that will assist them with the cost of utilizing public transportation allows residents of public housing to look for jobs, go on job interviews, and get to doctors appointments--which are crucial for managing conditions such as asthma, diabetes and high blood pressure. Only one such organization is located in an area of voucher housing (Figure 4.14). Being located away from services that ease the burden of paying for transportation, or being located away from public transportation could negatively affect the lives of the residents in terms of their ability to manage chronic diseases, get to work (or find work) and obtain other needed services. It may also contribute to increasing their monthly living expenses.

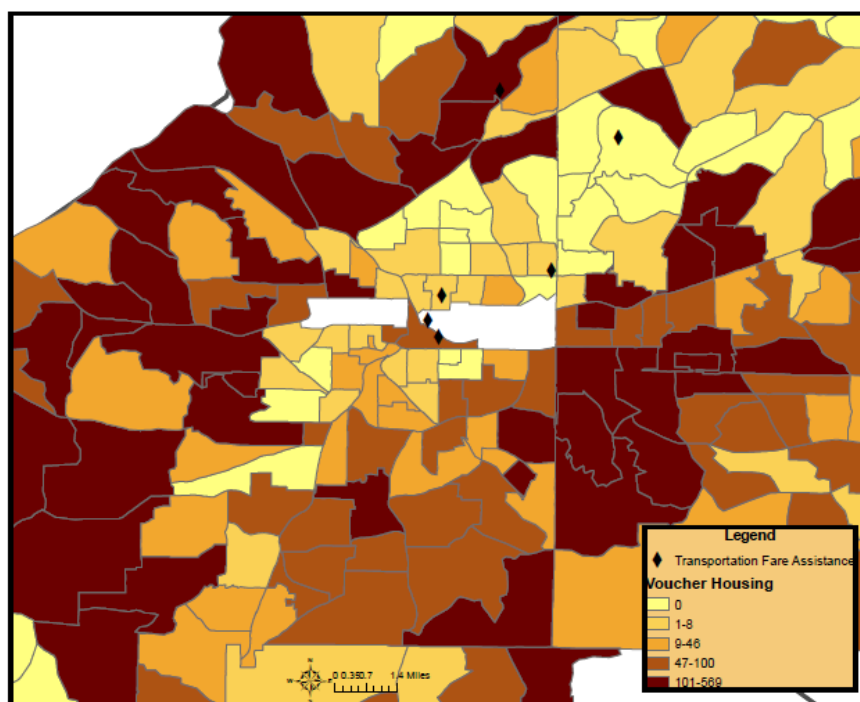


Figure 4.14 Concentrations of Voucher Housing and Locations of Organizations Providing Assistance with Public Transportation Fare

In summary, five types of services were mapped in relation to location of public housing and concentrations of voucher housing. Table 4.1 compares the percent of each service located within a 1.5-mile radius of public housing to the percent of each service located within an area of concentrated voucher housing. All of the services have at least 50% of their locations within a

1.5-mile radius of public housing. Eighty percent of the service categories (community health centers, job resources, food assistance, and rent and utilities assistance) have 63% or more of their locations within that buffer. All services have a quarter or less of their locations within areas of concentrated voucher housing. The ability of displaced residents to access services they are accustomed to utilizing will be dramatically reduced once they move to voucher housing.

Table 4.1 Proximity of Services to Public Housing Compared to Voucher Housing

Type of Service	Percent within 1.5 Mile Radius of Public Housing	Percent within Areas of Concentrated Voucher Housing
Community Health Centers	75%	20%
Job Resources	90%	13%
Food Assistance	65%	25%
Rent and Utilities Assistance	63%	18%
Public Transportation Fare Assistance	50%	16%
All Services	76%	19%

#### *Access to Public Transportation*

Research question 2 asked how public transportation is spatially distributed in relation to areas of voucher housing compared to public housing locations. This question was answered by mapping Atlanta's major public transportation system and examining it in relation to locations of public housing and concentrations of voucher housing. Atlanta has a public transit system called MARTA that is made up of a rail and bus system. Figure 4.15 shows that the rail lines tend to follow the major interstates of the city, which places residents of public housing close enough to access the rail services on a regular basis.

Seventy percent of current public housing complexes in the city are located within 1.5 miles of a rail station. Even the complexes that are not located within close proximity of rail stations have easy access to the bus system which can connect them to other bus lines or to a rail station. Figure 4.16 shows the MARTA bus lines. All of the current public housing locations are located on a bus line. The more concentrated the lines are, the more often a bus comes along that



route and the quicker passengers can get to their destinations.

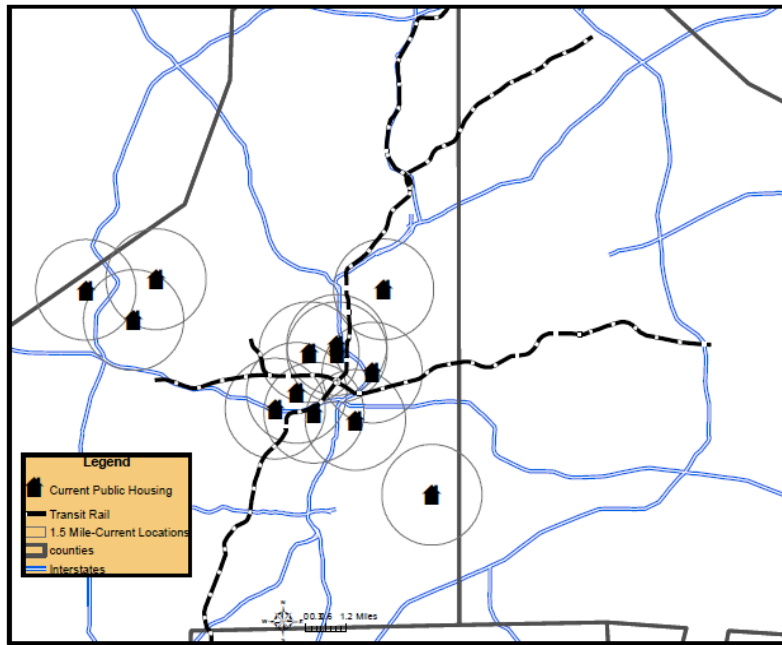


Figure 4.15 Proximity of Current Public Housing to Rail Transit

The population shift to the outer areas of the city will remove displaced public housing residents from areas of easy access to public transportation. The bus lines are concentrated in the center of the city and begin to spread out as they move away from the downtown area, particularly as they move north and east. If residents are forced to move away from the downtown area, they face longer commute times to jobs and services. These longer commute times may affect their ability to get to work on time, to access services they need on a regular basis (such as health services) and may take away time spent with their families.

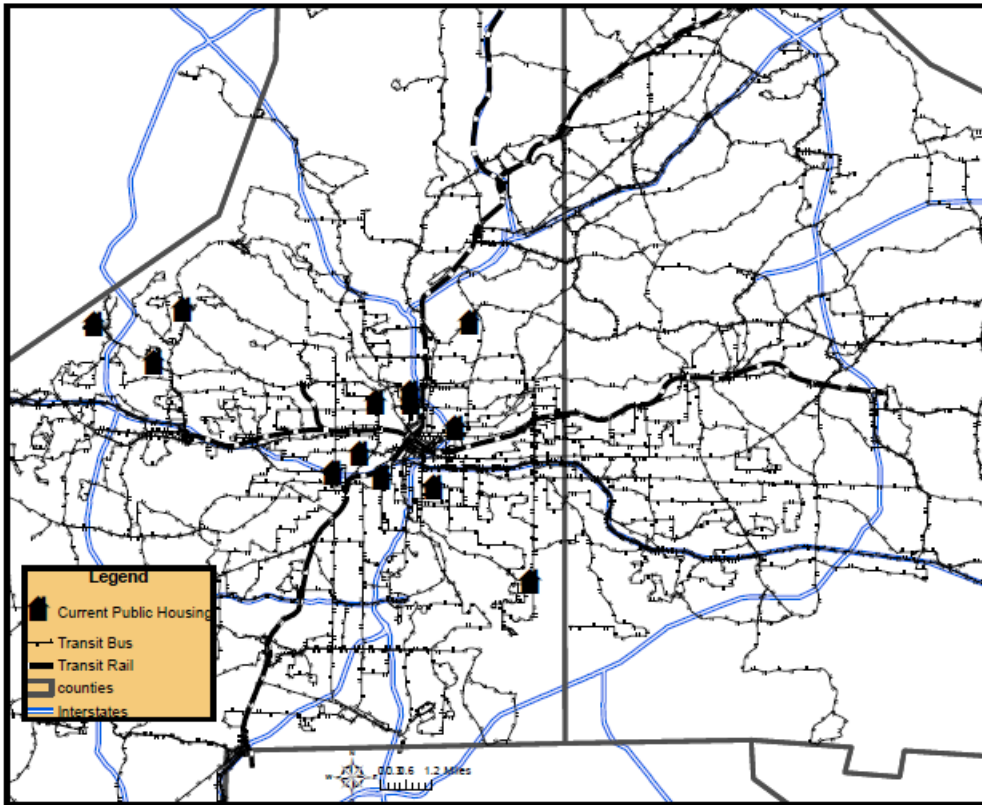


Figure 4.16 Transit Bus Lines and Current Public Housing

Parents may have to seek out childcare that opens earlier in order to drop off their child and still have time to get to work on time. This possibly limits their options of accessing affordable childcare. Figure 4.17 shows the MARTA rail line in relation to locations of voucher housing. Areas with higher concentrations of voucher housing are not in locations with easy access to the rail line.

The previous sections have illustrated that when residents of public housing are relocated to areas of concentrated voucher housing, their access to social service organizations and public transportation will be greatly reduced. By mapping poverty data, it is possible to see if displaced residents will at least be in less impoverished areas which may indicate lower rates of crime and violence and opportunities for movement toward economic self-sufficiency.

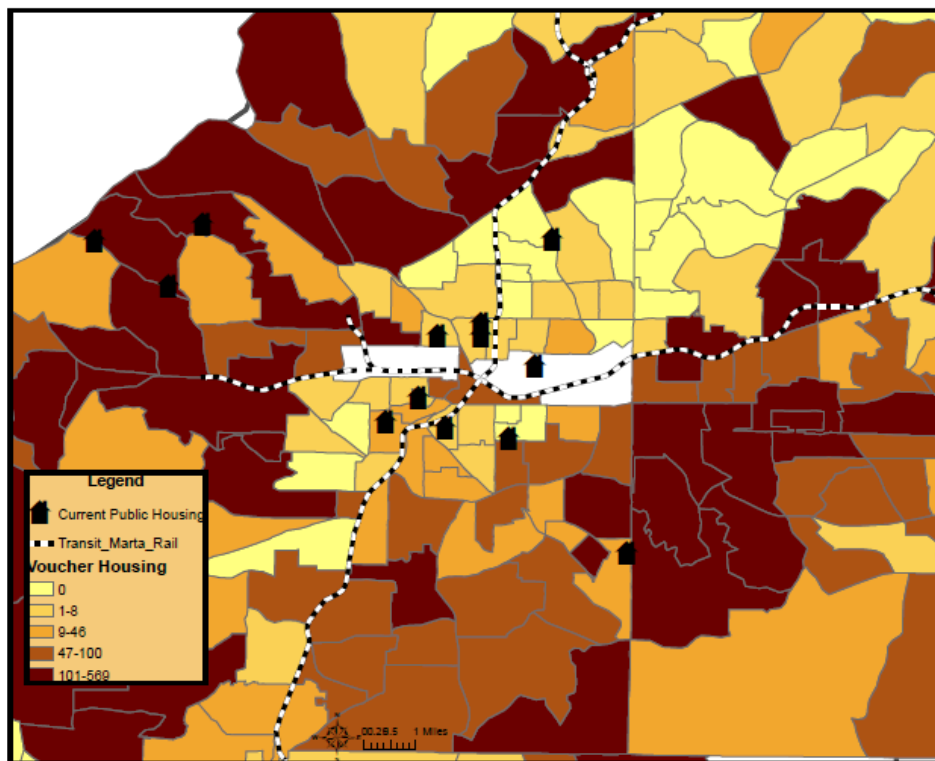


Figure 4.17 Proximity of Voucher Housing to Rail Transit

### *Poverty*

The primary goal of HOPE VI is to deconcentrate poverty by enabling residents of public housing to use vouchers to move into the private housing market and increasing mixed-income housing availability in the areas of current public housing, thereby spreading out where low-income residents live. Using census data, Figure 4.18 shows the percent of poverty in Atlanta by census tract. The darker areas indicate a higher concentration of households below the poverty level. As illustrated, public housing tends to be located within the census tracts with the highest levels of poverty. By demolishing public housing and giving residents vouchers, HUD hopes the levels of poverty will lower as people move into voucher housing.

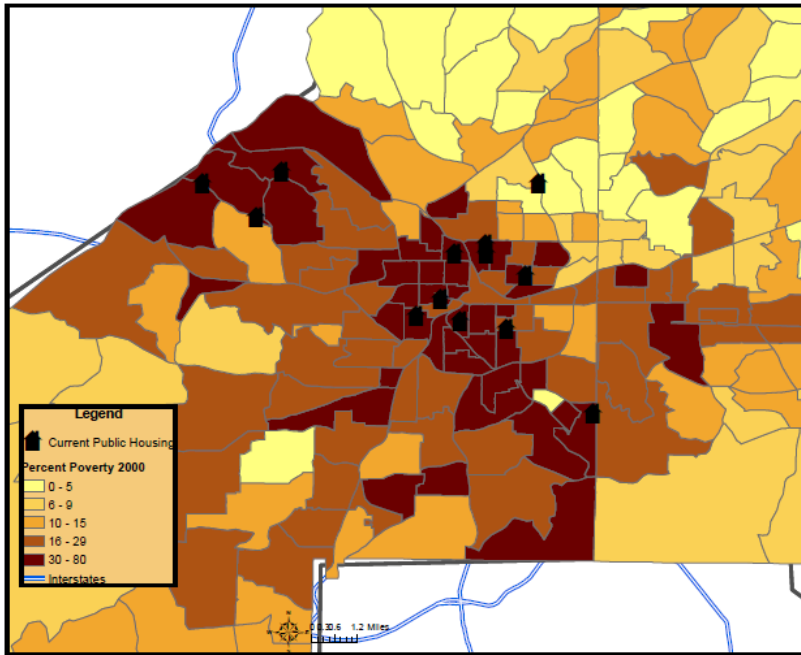


Figure 4.18 Public Housing and Concentrations of Poverty

Research question 3 explored whether moving to voucher housing does indeed deconcentrate poverty. In order to answer this research question, it is necessary to examine the locations of homes and apartment complexes that take vouchers to see if they are located in areas of lower poverty. Figure 4.19 shows a side-by-side comparison of concentrations of poverty and concentrations of voucher housing in Atlanta. While the central part of town with the highest concentrations of poverty has less voucher housing, most areas that accept vouchers are still concentrated around public housing complexes in the northwest and southeast parts of the city, which are also areas of highly concentrated poverty.

Very little voucher housing is available in the northern part of the city which is much more affluent. So, while HOPE VI appears as though it will deconcentrate poverty in the central, downtown part of the city it is only moving people out to areas that already have high (30-80% living at or below the 200% poverty level) or fairly high (16-29% living at or below the 200% poverty level) concentrations of poverty. People displaced from public housing will be forced to move away from their networks and to the outer areas of the city.

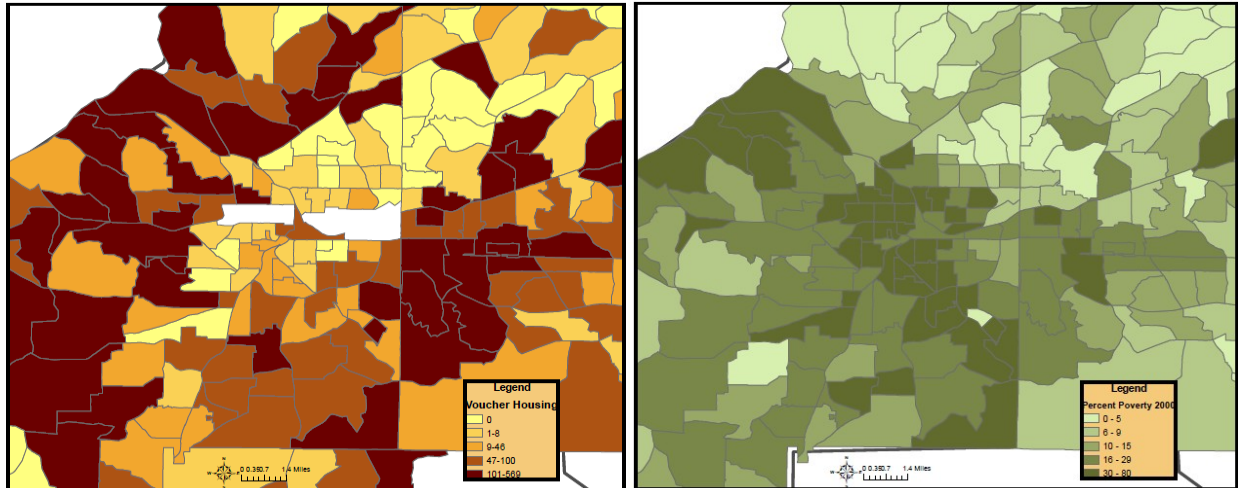


Figure 4.19 Concentrations of Voucher Housing and Poverty in Atlanta

The home and apartment complexes that allow vouchers are concentrated in areas where many former public housing complexes stood (Figure 4.20), which are still areas of concentrated poverty. This shows that by removing public housing, the poverty concentration will not necessarily lessen. By shifting people into voucher housing located in areas of high concentrations of poverty, the goal of deconcentrating poverty seems ineffective.

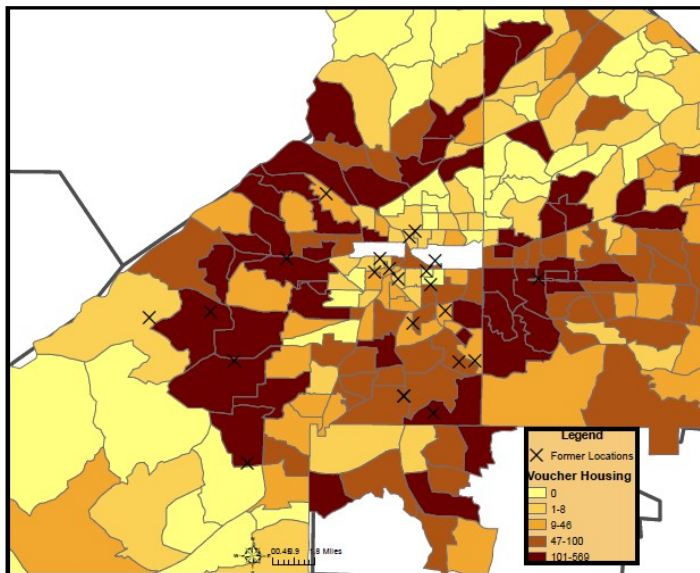


Figure 4.20 Former Public Housing Locations and Concentrations of Voucher Housing

Social service organizations tend to locate in high poverty areas where their services can be best utilized. Figure 4.21 shows the spatial distribution of social service organizations in

relation of concentrations of poverty. The majority of the services are located in the central part of the city, which is currently a highly impoverished area. If HOPE VI's goals of deconcentrating poverty are attained, the area with the highest concentration of social services will no longer be an area of concentrated poverty and the people these organizations once served will no longer have access to their services. People will just be shifted from one area of concentrated poverty (with access to services) to another area of concentrated poverty (but without access to services).

The results of the mapping portion of this study illustrate the importance of organizations being able to remain connected to residents as they move. Displaced residents will be relocating to areas that are very similar socio-economically to their former locations but they will not have the access to services they need. The interview portion of this study examines how social service organizations have or will address the needs of their displaced clients.

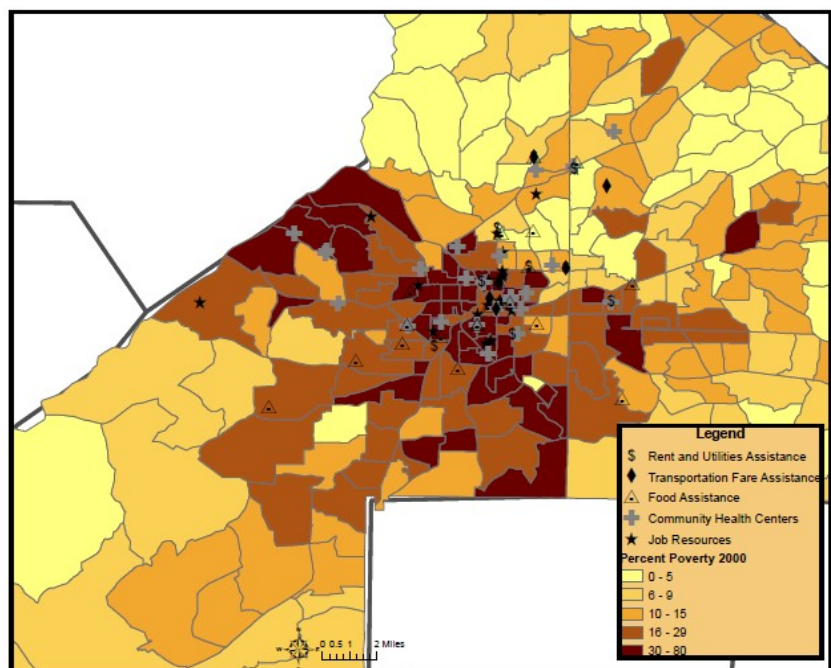


Figure 4.21 Concentrations of Poverty and Spatial Distribution of Social Services

### *Interviews*

Interviews were conducted with representatives of four organizations – two job resource organizations and two community health centers—that served/currently serve residents of public

housing. In order to protect the identities of the organizations, false names will be used throughout the results and discussion sections of this paper. Organization A (JOBable) is a job resource organization that is yet to be affected by the public housing relocations. The organization is located within a 1.5 mile radius of one public housing community, but it is also the only organization of its type located anywhere near the cluster of three public housing complexes in the Northwest corner of the city (see Figure 4.7). The Director of Communication was interviewed for this study in order to give insight into how JOBable's staff may be planning for the relocation of some of its potential clients. Organization B (The Job Center) is a job resource organization that has been affected by the relocation of its clients who resided in public housing. The Job Center receives grant money for serving a specific group of neighborhoods in south Atlanta. These particular neighborhoods have seen the redevelopment of three public housing complexes and the subsequent relocation of those residents. The Managing Director was interviewed to discover what measures (if any) the organization undertook in order to remain connected to displaced clients.

Organizations C and D are both Federally Qualified Community Health Centers, which means that they receive federal funding for providing health care services to medically underserved low-income populations. Both clinics have a main center and satellite branch clinics located throughout the city and Metro Atlanta. Organization C (Atlanta West Community Health Center) is located on the southwest side of Atlanta and is located within 1.5 miles of current public housing. Three of the organization's satellite locations are located within public housing complexes. The Director of Marketing was interviewed to gauge how the community health center is planning to deal with the relocations of many of its clients. To serve as a sort of before and after comparison, Organization D (South Atlanta Community Health Center) was selected to be interviewed. South Atlanta is a community health center located on the south side of the city in



a community that has already seen the relocation of many of its residents due to the demolition of public housing complexes. A marketing representative was interviewed in order to learn how the organization planned and dealt with the relocation of its public housing clients.

These interviews were conducted in order to answer research questions 4a and 4b.

Research question 4a asks: How do social service organizations serving residents of public housing in Atlanta maintain or plan to maintain relationships with clients being forcibly relocated by HOPE VI redevelopment? 4b examines the role of other neighborhood storytellers (as described in Communication Infrastructure Theory) and asks: Do social service organizations have a strategic plan that incorporates other neighborhood storytellers? Are they connecting residents to other organizations that can help them in their transition? Do they utilize the media resident's connect to as part of their strategic plan to reach and maintain connections to them?

*Case A: Job Resource Organization Located within 1.5 miles of Current Public Housing*

The mission of JOBable is to help people with mental and physical disabilities and people who are disadvantaged maximize their potential by securing economic self-sufficiency and independence. They also work with returning war veterans—all people who can be found in public housing. Clients rarely (almost never) come to the organization through private referrals; the majority is referred through the state. According to JOBable's Director of Marketing, "Folks who can afford to pay might be going somewhere else. So the overwhelming amount of our people are coming through the state and therefore do not have the funds to go somewhere else... and we see in our case, in this city that that groups tends to be African American."<sup>4</sup>

JOBable's clients are people on Social Security Disability Insurance (SSDI) or other forms of government assistance who are referred to the Department of Labor. The Department of Labor assigns each client a case number and manager. The case manager is then in charge of

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<sup>4</sup> According to 2008 census data, African Americans make up the largest ethnic group in the Atlanta at 54%.



referring the client to job programs throughout the city. Due to this organizational referral structure, JOBable is primarily concerned with maintaining connections with case managers more so than with potential clients because the managers are the ones who refer the clients to the organization.

In 2008, the organization assisted 606 people with job skills evaluation, job training and job placement. Companies in Atlanta outsource packing of their products and collating work to JOBable's facility. Clients are able to learn job skills hands on at the facility filling these companies' orders. One hundred and eight of the clients were employed at the facility doing packing and collating work in 2008. The organization also has contracts with the state that allow them to place clients into state jobs throughout the city. For example, several clients of JOBable staff the mailroom of a major university in the city. One hundred and seventy one clients were placed in contract positions with the state in 2008.

According to the Director of Marketing, JOBable goes through a very detailed formal strategic communication planning process for each fiscal year. They have identified nine target audiences, including stakeholders and the board of directors, for their communication outreach efforts. The community and potential clients are combined into one target audience and JOBable does not devote much of their resources to this group. Outreach efforts for potential clients tends to be in the form of increasing brand recognition (i.e., awareness of the organization) through marketing on public transportation and by placing fliers throughout the city with the hopes that potential clients may be exposed to the organization and ask their case managers to connect them to JOB able. The majority of their action plan to attract clients is focused on forming relationships with the case managers. There are other similar organizations in the city, so JOBable tries to keep ties with the case managers so that they will connect people to their organization instead of another one. Steady referrals from the state ensure that the funding received from the state will

also continue. Once a person becomes a client with the organization there is no attempt to stay connected with them through communication activities. However, information on the organization's programs is located in the break room and other areas throughout the facility.

Of the three strategic communication approaches discussed in the literature review, JOBable operates with a goals approach. They have very detailed goals and objectives that are set each fiscal year after discussing with vice presidents of each department what did and did not work from the previous year's plan. They decide how each audience prefers to be communicated with, either through email newsletters or tangible mailings. They then identify key issues and develop strategies to deal with those issues.

The majority of JOBable's funding comes from the state. They also have contracts with companies around the Southeast and in Atlanta with whom they place clients. Fundraising typically makes up about 16% of their funds each year. "Most nonprofits raise most of their budgets. We are fortunate that we are not in that position. But we are still vulnerable to state budget cuts."

The state of the economy and the slowing of the work that companies outsource to the organization were both identified as future concerns. The economy's affect on the rising unemployment rate is a very hefty concern. "That is a huge issue for us," the Director of Marketing stated, "People with disadvantages and disabilities are the last hired, first fired and it makes what was already a hard task—getting into the work world—*hugely* difficult." Because it is crucial for a person moving into voucher housing to keep a job in order to maintain a voucher, identifying and staying connected with displaced clients to make sure they are able to access their jobs or access the facility for training and resources is important.

Given that the state provides most of their clientele, is JOBable making any strategic plans in anticipation of future public housing closures? While JOBable does have a detailed planning

process, they have not recognized the redevelopment of public housing and the displacement of its residents as a potential threat to the organization. This may be because they rely on the state for referring the clients to them, so they do not see the relocation of current and future clients as a threat to the organization. The Director of Marketing is not aware of whom, if any, of their clients are residents of public housing, but assumes that they must have many clients who are. They are, however, trying to put together a process that will collect data upfront on client background (SSDI, public housing, housing choice voucher recipients, etc.) in order to measure the ability of the organization to help people move to self-reliance.

The Director of Marketing stated that because they have not collected data that would help them identify clients as residents of public housing and were not aware of the relocations taking place, there is no plan in place to stay connected once any affected clients are displaced. Because JOBable is located on the Northwest side of the city, if a client is displaced to an area with a high concentration of voucher housing like in the South/Southwest side of town, then they may have a more difficult time accessing the facility or be faced with a longer commute. Both of these obstacles may be discouraging for someone who is just learning about the concepts of timeliness and work ethic. Relocation for clients and potential clients is also problematic for accessing the organizations because transportation has been identified as a huge obstacle. Many of the clients do not have cars or driver's licenses. Cuts to MARTA funding that reduces bus access or an inability to access public transportation influences the client's ability to get to the facility. According to JOBable's Director of Marketing, "Many of the people with disabilities or disadvantages do not have their own transportation. They rely on MARTA. So, cuts to MARTA are a big deal. It means everything for our clients to be able to get here for job training and also to eventually get to work." Even though they recognize this might be problematic, they are not taking any steps as an organization to do anything about it.

The fourth research question also asked whether the strategic plans other neighborhood storytellers. For example, are they connecting residents to other organizations that can help them in their transition? JOBable does not connect clients to other organizations. Since transportation was identified as a large obstacle to accessing services and jobs, connecting clients to organizations that provide assistance with transportation fare could be helpful and mutually beneficial to JOBable and their clients. While the organization places materials about their programs in the break room and different areas around the facility, clients could also benefit from the placement of information about other organization's materials that may be helpful to them. Meeting with staff members to discuss services available through other organizations could also be beneficial to clients.

JOBable's strategic plan does not concentrate on the clients, but for the portion that does attempt to build brand recognition, is JOBable utilizing the media resident's connect to? As part of their strategic planning process, JOBable hired a public relations firm in December of 2004 and now have a media clippings file a few inches thick. They tend to work with larger media such as the *Atlanta Journal-Constitution* and WSB-TV. They do not work with local community newspapers or newsletters (except for their own organization newsletter).

JOBable is a job resource organization that has yet to experience the redevelopment of the public housing where many of their clients may be residents. JOBable's strategic plans do not concentrate on individual clients and the interview revealed that staff members of the organization are not making plans to deal with the potential loss of clients due to relocations. The next interview examined the strategic plans of another job resource organization that was located within 1.5 miles of public housing that has been redeveloped.

*Case B: Job Resource Organization Located within 1.5 Miles of Redeveloped Public Housing*

The Job Center is a job resource organization located on the south end of Atlanta that provides clients with a combination of job skills, job development, and asset-building programs. According to the Managing Director, The Job Center was created in 2003 based upon a perceived need for economic resources to be bundled together and made accessible to community members. The Job Center works specifically with the six neighborhoods clustered around Turner Field—a complex that was constructed for the 1996 Olympics—that have seen a fair share of redevelopment due to the demolition of two large public housing complexes. In addition, a third public housing complex located just outside the boundary of the service area was redeveloped for the 1996 Olympics. The neighborhoods have 15,700 residents, of whom the largest majority is African American. The overwhelming majority (close to 98%) of The Job Center's clients are African American. According to the Managing Director, The Job Center was located in this community because it is home to the city's most vulnerable children—"if we can uplift the children and get them on track and the families on track we can uplift the entire community." The Managing Director provided some of the statistics that led to the selection of the six neighborhoods. For instance, 59% of the children in these six neighborhoods live in poverty as compared to 38% of children in the city of Atlanta as a whole. The unemployment rate (in 2004) was 13%, higher than Atlanta's 7%, "and we have certainly seen a rise in those numbers," stated the Managing Director. The center's goals are to build residents' and the community's capacity and social capital. They have two pathways in order to reach these goals. The first is aimed at the individual residents. Their strategic plan regarding residents involves three strategies: 1) helping unemployed and underemployed residents secure and maintain jobs; 2) advising employed residents about how to build savings and assets; and 3) providing coaching and mentoring to help reconnect fathers to their families and their community. The second pathway is geared toward improving community-level empowerment. The strategies The Job Center uses to increase

community capacity include nurturing leadership among residents, encouraging them to become the agents and, consequently, the beneficiaries of community change.

The Job Center is a nonprofit organization that receives its funding through grants and private donations. The organization was originally funded by a larger, nationwide community development foundation and that foundation now provides at least half of The Job Center's current funding. "We try to match what [the foundation] provides. Sometimes that is difficult because it is tough to find granting agencies that will give us money." The Managing Director attributes these challenges to the fact that the organization is "place-based." This means that the organization receives funding for serving the six neighborhoods described earlier, and any residents who have been displaced from these neighborhoods. According to the Managing Director, "Many granting agencies do not want to give money to place-based initiatives. Now, if we were providing the same services, but to all of the city of Atlanta, they would be more willing to give us grants."

Given its community-based focus, The Job Center is in a position to connect residents to other neighborhood storytellers (local/ethnic media and other organizations), but do they have a strategic plan that incorporates them? The center does not undergo a formal strategic planning process and they do not have a communication department or a staff member who is in charge of communication activities. According to the Managing Director, there is a communication committee that convenes periodically to review the messages that are being disseminated by the organization and on the organization's behalf via its many partnerships. "We want to make sure the message getting out is what we actually *do*, not what people *think* we do, stated the Managing Director. "We do not want people thinking you come here to get a job. 'Go there, they give you a job.' It is not like that, and we want to make sure that people know it is a process of skill building and commitment. We make sure our partners put that message out too." The Managing Director

described the organization as a “hub” because of its number of partnerships with other community organizations, service providers and government entities. The Job Center provides many services in-house, but also connect clients to services and opportunities they may need. The Managing Director said, “We are almost like UPS. Many things are here, but we also disperse people to programs that will benefit them.” Representatives from The Job Center attend community meetings hosted by each of the six neighborhoods every month and maintain strong connections to other community organizations. “We have the same goals of uplifting this community,” stated the Managing Director. “It just makes sense for us to partner to benefit the clients.” The center also partners with government entities like the Atlanta Mayor’s Office and the Atlanta Housing Authority (AHA). The partnership with the AHA began prior to the displacement of close to 600 public housing residents. Because of the requirements to maintain housing vouchers include that a person must be either employed or in a job development program working toward employment, the AHA contacted job resource programs in the city and brought them together into a service provider network. The AHA then set up meetings for residents to attend and get information on the job resources available to them and learn how to access these services. Due to its community-based funding, The Job Center is not able to provide services to everyone, but they can continue to provide services to residents of the public housing developments that were located in their service area. The relationship-building process with these residents began before the relocations took place. According to the Managing Director, “We invited the families in, and also had a housing consultant on staff. We worked with the families in whatever way they needed. If they needed employment that is what we worked on. Some needed asset building and help finding affordable housing.” While the organization does not undergo a formal communication planning process, they do seem to operate with a goals approach (as described in the literature review) when it comes to key issues that relate to their public housing clients. The Job Center developed

strategies to connect to residents before their relocation and set plans to stay connected to them once they moved to new locations. They worked with the AHA to make sure that the needs of their clients were met in order to ease the transition and ensure that displaced residents could comply with employment guidelines and maintain their vouchers.

The Managing Director recognized that this population would be difficult to maintain contact with. Each resident who worked with the center created an email address because “that is much more permanent than any mailing address.” Each time a client comes in they make another appointment for two weeks from that date. They either call in to speak with their job coach or go to the organization for a meeting. “Of the 300 or so people we helped in the relocations, we are still connected to 40 to 50 percent of them. Others are steady and not needing our services. Some just moved out of voucher housing and did not need our services—either moved in with someone or moved away.”

Since they have so many partnerships as an organization, did The Job Center utilize these resources in order to connect residents to other organizations that could assist in the relocations? The Managing Director indicated that the center had a goal of making the transition of displaced residents smooth. “We mapped out services. Some seniors really did not want to leave; they did not want to work. Some people were climbing back over the fence [after the relocations] to get in the complex where they had lived for 30 years. We had to connect them sometimes to mental health services, health services. Anything they needed in order to transition.”

The Job Center excels at connecting residents to community organizations, but does the center also use the media residents connect to (another component of the storytelling network) as part of their outreach to maintain connections to them? According to the Managing Director, marketing the organization is a slippery slope. “We have to be careful with marketing ourselves and getting our message out. Because we are place-based, we do not want too many people that



are not associated with the neighborhoods we work in to come in for services. We hate to turn them away, but we have to. We do access their needs and refer them to other agencies and services though.” People usually find out about The Job Center through word of mouth. Representatives from the center attend monthly neighborhood organization meetings to talk about their services and other neighborhood organizations will refer clients.

The Job Center is a job resource organization that is tightly connected to the neighborhood storytelling network of the community it is located within and has directly addressed the issues that come with the relocations of many of its clients. The next two interviews focused on how community health centers have or plan to address the same issues. The first is a community health center with satellite clinics located within 1.5 miles of current public housing.

*Case C: Community Health Center (with Satellite Clinics) Located within 1.5 miles of Current Public Housing*

Atlanta West Community Health Center is a federally funded community health center that consists of a main center and four satellite centers. The main center is located on the west side of Atlanta, one satellite clinic is in a city adjacent to Atlanta, and three are located within current public housing—two on the northwest side of town and one in the central part of the city. Its mission is to provide comprehensive, preventive care to medically underserved populations in Atlanta while remaining affordable and accessible. Atlanta West finds that its greatest obstacle is money. It is a Federally Qualified Community Health Center (FQHC), which means that it receives one third of its funding through the federal government by serving the low-income community. The rest of their funding comes from self-pay and private insurance. The organization is one of 26 such health centers in Georgia. The designation of FQHC allows the organization to offer a sliding fee pay scale based on federal poverty guidelines. Uninsured [and underinsured] clients fall along this scale according to their level of income. For instance, in 2009 the base cost

of a doctor's visit for a family of four making less than \$22,000 a year is \$40, those who make between \$29,400 and \$36,600 pay 50% of their appointment costs, and above \$44,101 pay full costs. This system is designed to make health care much more affordable for clients.

Atlanta West is the recipient of a public housing primary care grant, which allows them to operate three of their satellite branches within public housing communities. The organization has been located inside these public housing complexes for close to 10 years. Two of these communities have begun the relocation process for its residents. The third is a senior high rise with all residents still living there. The city has not yet decided when this complex will be relocated. The ease of access to a community health center located within a public housing complex is undeniable. The two centers that are located within the complexes undergoing the relocation process are in the process of shutting down. Residents and members of the surrounding community who relied on those clinics for health care services must now travel further for their medical care.

Given that Atlanta West serves a large population of public housing residents, do they have a strategic plan in place to assist in the relocations of their clients and keep them connected to their health services? Atlanta West operates with a very thorough plan to stay connected to their clients who will be relocated from public housing. Their plan can be categorized according to the literature as a goals approach. They identified key issues (the redevelopment of the public housing where their satellite branch locations are housed and the displacement of many of their clients) and have set detailed goals and objectives to maintaining the relationships they have formed. In order to deal with the relocation of public housing residents, and to help in the displaced residents' transitions, all the medical records from the two clinics that are scheduled to be demolished will be moved to the main center of Atlanta West. Residents were told where their new clinic location will be and were given information cards with the location and contact

information. Residents were asked to mail in a separate card once they relocated with their new contact information. If the residents do not mail in the card, there is no other way for Atlanta West to find their forwarding address -- the housing authority is not allowed to release resident's information due to privacy issues. However, the housing authority can provide information about Atlanta West's main locations to residents who ask where their doctor has relocated.

Atlanta West's relationship with their clients is changing in a way predicted by Communication Infrastructure Theory. As the communication action context they are operating within is disrupted by the relocations of close to 8,000 of their public housing clients, their relationship with those clients is strengthening. The organization knows how important continued care is for their clients, so they are trying to keep them aware of where they need to go now for their healthcare through phone calls before the relocations and postcards the clients are to send in with new contact information to keep their files updated. Clients who live in complexes with clinics located within them are used to receiving healthcare within walking distance and may not have had a reason to look for a healthcare provider for the past 10 years. Not only are the clients being relocated, but the clinic branch in the complex is closing and clients will need to be informed of where they will need to go for their healthcare needs. Atlanta West receives federal funding for serving this population, and it will be beneficial for them to demonstrate that they are retaining their same numbers of clientele and providing services at a steady rate.

A future goal of Atlanta West is to find new locations for satellite branches that make it easier for displaced residents to access their services. In order to maintain their status as a Federally Qualified Community Health Center (FQHC), Atlanta West must remain accessible to the low income and medically underserved community. "Our goal is to stay accessible to the needs of those people," said Atlanta West's Marketing Director, "They are now no longer in a cluster of housing they are spread out. So that means that we have to rethink how they access us.

They are going to be mixed into communities and apartments that you do not normally think of as public housing. People think of community health centers as being inside of impoverished areas, but our new locations may not sit in a concentrated impoverished area, but in an area that is still accessible to that population.” In order to access Atlanta West, clients typically ask a friend or family member for a ride or use public transportation. “As long as there is a MARTA stop outside we are considered accessible, but if we can reduce a burden of getting here then we want to do that.” By building new locations in areas that have high concentrations of displaced residents the organization hopes to maintain their goal of providing continued preventive care. Atlanta West is relying on their continued connection with clients to help suggest where good location for new clinic branches will be. Updated contact information from clients will be used to inform the organization of locations that will be accessible to displaced residents.

Does Atlanta West Community Health Center have a strategic plan that incorporates other neighborhood storytellers? Are they connecting residents to other organizations that can help public housing in their transition? People tend to learn of Atlanta West’s services via word of mouth or referrals from other organizations. Health centers that do not have sliding fee scales will refer clients to Atlanta West so they are better able to afford services. Other agencies may refer clients for services available at Atlanta West that the referring organization does not provide. The referral system is reciprocated -- Atlanta West will also refer clients to other health centers and organizations that may be closer to their residence or specialize in a service that Atlanta West does not (e.g., HIV/AIDS management and care, providing shelter for homeless clients). “The most important thing in our minds is the continuity of patient care,” says the Director of Marketing. “We want to make sure that whatever that patient came in, and we saw, that we refer to them appropriate place that can serve them if it is not one of our specialties.” Atlanta West has a social services department that assigns case managers to clients who may need services outside

of what the organization provides. “If we see abuse, or that a person is about to be homeless, or doesn’t have money for food or clothes...if there are mental health issues, our case managers step in and make sure they are referred to a group that can assist them with those needs. Our mission is health, but all those needs have to be met for a person to have good health.”

Atlanta West obviously has a detailed plan to stay connected to clients once they are relocated to voucher housing. Do they have goals of utilizing the media that residents currently connect to in order to maintain their relationship with those clients? Atlanta West has a long-standing relationship with the media and plans to sustain this connection in order to reach potential clients as well as displaced clients. “We invited the media to every event that we put on,” stated the Director of Marketing. “We get the most coverage in community papers or newsletters. During National Health Centers Week we invited elected officials and the press covered the fact that they came out to our events.” According to the Director of Marketing, budget restrictions constrain their ability to buy advertising space in the larger newspapers, but that community-based media cover their events “in order to keep people in tune with what is going on in the neighborhood.”

Similar to The Job Center, Atlanta West has strong connections to the community it is located in and to the people it serves. This likely stems from the location of their satellite clinics within public housing and the connection that gave them to those residents before they were affected by relocations. The final interview focuses on a community health center that has already been affected by the redevelopment of several public housing complexes located within its vicinity. The interview will allow an examination into how a clinic very similar to Atlanta West dealt with the relocations that Atlanta West is currently facing.

*Case D: Community Health Center (with Satellite Clinics) Located within 1.5 miles of Redeveloped Public Housing*

South Atlanta Community Health Center is a health center located on the south side of Atlanta. The organization has been in the same community for over 40 years. Like Atlanta West, South Atlanta is a Federally Qualified Community Health Center (FQHC), which means they receive most of their funding from the federal government for serving the uninsured and underinsured population of Metro Atlanta. Their organization consists of the main center, two satellite branches located in the city of Atlanta and two branches located in other cities within the greater metropolitan area. Their mission is to provide affordable and accessible quality healthcare to the uninsured, underinsured and insured people of Atlanta and utilize a sliding pay scale similar to the one described above with a base cost of \$35 for a person falling at the bottom of the pay scale. An obstacle to their mission that South Atlanta is facing is that the community they are located in has drastically changed. The community began experiencing redevelopment in the area due to the Olympic renovations. The organization is located within a 1.5-mile radius of three former public housing sites and was the closest community health center to four other former public housing complexes. South Atlanta Community Health Center currently serves people in Metro Atlanta, but has the goal of expanding to locations in Savannah and Athens, GA. The organization typically sees between 1,500 and 2,000 people a month, mostly African American, then Hispanics, followed by Caucasians.

As a community health center that has experienced the relocation of many of their clients due to public housing redevelopments, has South Atlanta undergone a strategic communication process to maintain relationships with relocated clients? As these public housing complexes have been redeveloped, the residents who were once clients of South Atlanta were displaced. In order to retain their federal funding South Atlanta must remain accessible to their clients. Since they are located on a MARTA line, South Atlanta meets the federal definition of accessible. They also have a van that will provide clients in the community with transportation to and from the clinic for

a small fee (or free for clients with Medicare). Perhaps because of this perceived accessibility, South Atlanta's strategic planning did not include any efforts to maintain connections with displaced residents or to connect clients to other organizations during their relocation.

Having already experienced the public housing redevelopment, did South Atlanta have a strategic plan that incorporated other neighborhood storytellers? South Atlanta's strategic plan includes outreach to current clientele through direct mailings. According to their marketing representative, they periodically send mailings out to their entire client base about upcoming events and workshops on specific diseases (e.g., diabetes, hypertension, etc.). However, they have found that often 50% or more of the mailings come back marked as undeliverable "because either our clients have been displaced or they do not have long term addresses or they are staying with someone. By the time we do a mailing that is no longer a good address for them," stated the marketing representative. "They've been foreclosed upon, or their apartment where they lived has been completely destroyed and they've been displaced. It is really hard keeping good numbers and addresses for them." Each time clients come to the organization they are asked to update their contact information. This effort helps keep contact information correct and up-to-date for clients who continue to connect to the organization and attend to their healthcare needs, but displaced clients who have not been back for health services are falling through the cracks and not receiving this information.

Since direct contact does not always work, does South Atlanta utilize the media residents connect to as part of their strategic plan to reach and maintain connections to them? In order to advertise events such as their annual Back to School Immunization Drive where they provide necessary grade school immunizations at no cost, South Atlanta purchases advertisement space in local community newspapers as opposed to the larger outlets such as the *Atlanta Journal Constitution* because those larger outlet efforts are cost prohibitive. Other than advertising events,

the health center does not utilize the media to connect to residents about services the center provides. They also do not take advantage of community newsletters, newspapers or the bulletins and newsletters of community organizations and churches. South Atlanta does have community health workers affiliated with other projects who conduct community outreach (e.g., door-to-door outreach, announcements of services and clinics available at the center during community meetings). With a goal to increase the awareness of the center in their community and even increasing private insurance clients, South Atlanta could benefit from partnering with the community-level media and other neighborhood storytellers to spread information about their available services.

Based on their future goals, it appears that South Atlanta is operating within a scenario approach—an approach used when an organization develops a vision of the way it wants to look in the future. A goal of the organization is to increase the numbers of people with private insurance that are enrolling in their services and to be seen as a comprehensive medical center that anyone can come to—not as a free clinic. According to a marketing representative, the obstacle South Atlanta now faces is not to connect or reconnect with the displaced population, but to reach out to the remaining and new residents of their surrounding community and inform them of their location and services. While displacement to other communities may have suggested a large loss in clientele, South Atlanta has actually seen only a slight decrease in the number of clients who are uninsured over the last few years. According to a marketing representative, “A lot of people are working they just don’t have insurance. It [client population] is changing [because of displacement of residents] but it is kind of staying the same because the economic situation people just don’t have insurance.” Since the health center’s numbers of uninsured are actually remaining pretty constant, South Atlanta may not see a need to reach out to displaced clients as they are still serving an in-need population of uninsured clients in their community. Goals of the organization



now center on what it takes to move into their new visions. Strategies of outreach are focusing on attracting new residents of the surrounding neighborhoods and increasing insured clients.

### *Interview Findings Summary*

Each of the interviews allowed for an examination of how social service organizations maintain or plan to maintain relationships with clients who are forcibly relocated due to public housing redevelopment. Table 4.2 shows major findings of each interview that may affect their perceived responsibility for maintaining a connection to clients once they have been displaced. Three of the organizations function with a goals approach, meaning they identify key issues that the organization is facing and develop strategies to deal with those issues. Even though JOBable operates with this approach, the interview revealed that the displacement of clients who are residents of public housing was not recognized by the organization and therefore no steps were being taken to remain connected to clients. This disconnect from what is going on in the community could result from JOBable relying on the state to refer clients to them and therefore does not feel they need to conduct outreach. The interviews also revealed that the two organizations that both recognized the displacement of residents and had strategic plans in place to maintain connections had a relationship with the Atlanta Housing Authority, which often connected public housing residents to those organizations. The implications of the findings presented in table 4.2 will be discussed in the next chapter.

Table 4.2 Summary of Interview Data

<b>Organization</b>	<b>Strategic Communication Approach Utilized</b>	<b>Source of Funding</b>	<b>How Clients Learn of Services</b>	<b>Recognition of Public Housing Clients' Displacement</b>	<b>Is the Organization Doing Anything About the Relocation of Public Housing Clients?</b>
JOBable	Goals	State, Business	Referred from the	No	No

		Contracts	State		
The Job Center	Goals	Place-based grant, some fundraising	Word of mouth, AHA	Yes	Yes
Atlanta West Community Health Center	Goals	Federal grant, private insurance	Word of mouth, AHA	Yes	Yes
South Atlanta Community Health Center	Scenario	Federal grant, private insurance	Word of mouth, community outreach	Yes	No

This chapter utilized GIS mapping and interviews to explore how the communication action context may be changing by the shifting of the public housing population in relation to resources and if organizations have or are recognizing this shift and if they have or are preparing a strategic plan to deal with it. Implications of these findings will be discussed in the next chapter.

## CHAPTER 5.

### DISCUSSION

Housing Opportunities for People Everywhere (HOPE) VI implementation involves the demolition of public housing complexes that have been deemed “severely distressed” and redeveloping the land into mixed-income developments—resulting in residents being displaced, often to voucher housing, which is not located in the same part of town. Past studies have concentrated on the effects of this redevelopment on the individual, but this study aimed to explore the impact of the displacement of public housing residents from the perspective of service organizations. First, I explored how service organizations could potentially be affected by analyzing the spatial distribution of service organizations compared to locations of public housing, voucher housing, poverty concentrations and public transportation. Second, I examined how organizations react when the large populations of current and future clients are or will be relocated away from their service area and explored if they were prepared to deal with the potential loss of clients due to the relocation and the issues that may come with it.

The study utilized two methodologies: geospatial mapping – comparing service organization locations to public housing locations, voucher housing locations, public transportation and poverty concentrations – and interviews with key communication staff working at selected organizations. The four organizations interviewed were selected based upon their proximity (within 1.5 miles) to either current or former housing (two each) and an effort was made to select organizations (located in pre- and post-redevelopment areas) that were similar. Two job resource organizations and two federally funded community health clinics were interviewed after deciding that accessing these organizations was critical to displaced residents maintaining vouchers. Voucher holders are required to sustain employment in order to keep a voucher. Treating chronic diseases, remaining healthy, and gaining the skills necessary to obtain

and keep a job are therefore very extremely important for displaced public housing residents to maintain vouchers. Interviewing people at both job resource centers and community health centers also enabled for comparisons of how organizations with different funding structures may react to the loss of public housing clients. Federally funded organizations may have goals differing from organizations that rely on donations or grants. The selection of different types of organizations allowed for analysis of these potential differences.

The first three research questions were designed to examine the spatial distribution of social service organizations in relation to current and former public housing, areas of concentrated voucher housing, public transportation, and concentrations of poverty. About three fourths of the social services mapped are within 1.5 miles of current public housing locations, making them more accessible to current residents. In contrast, only 19% of organizations are located in communities that have a high concentration of voucher housing, suggesting that access will be much more limited once residents are displaced.

Displaced residents will suffer a large decrease in the number of community health centers that are easily accessible from voucher housing locations. Currently 75% of the community health centers mapped are conveniently located for public housing residents. These organizations are likely to see a decrease in public housing clientele when they are relocated and public housing clientele may have more difficulty getting to a doctor as only 20% of the city's community health centers are located within areas of concentrated voucher housing. In addition, hundreds of residents will be forced to move away from the two public housing complexes that have health centers located on their property and those two clinics will be forced to close. This means that even if residents of these locations were able to return to their current "healthcare home" where they might be most comfortable receiving care, they will not be able to receive care at these locations. These residents will see a dramatic change in their ability to access health services.

When people cannot access health services, there is a greater likelihood that they will allow health problems to get worse, and therefore eventually more expensive. These expenses will fall into the responsibility of taxpayers if people are uninsured or underinsured (which is likely in this population) and eventually turn to emergency rooms for treatment of health problems. Having access to public transportation in order to get to a health center is also crucial. Each interviewee mentioned public transportation as being imperative to getting clients accessing services. If a person is relocated to a voucher location that does not offer easy access to public transportation centers (e.g., requiring transfers and up to four hours on a bus round trip), then he/she may be reluctant to access health services for routine care of medical issues. Lack of primary care can cause health problems such as high blood pressure, diabetes and asthma to become out of control and lead to complications that require the use of 911 and/or a trip to the emergency room. The emergency room costs involved in treating serious medical problems are high. Charges for non-urgent emergency visits range in the billions of dollars; a 1993 study estimated between \$5 and \$7 billion for the cost of non-emergency visits to the emergency room (Baker & Baker, 1994). From 1995 to 2005, visits increased by 31% (Nawar, Niska et al. 2007; The Henry J. Kaiser Family Foundation, 2006). Lowering barriers to accessing primary health care services can reduce the potential for emergency room visits and save considerable money.

The results show that 90% of job resource organizations that provide clients with job readiness, search, training, and placement services are located within 1.5 miles of a current public housing location as compared to 13% of job resource centers in areas of concentrated voucher housing. Remaining connected to these services is crucial for residents of public housing. In order to maintain their housing voucher residents are required to be employed or be in a job-training program with an organization such as the ones mapped in this study. Both representatives from the job resource organizations interviewed listed access to public transportation as a barrier to

accessing their services. This potential barrier to utilizing services will be increased significantly when residents are displaced to areas of concentrated voucher housing. These areas allow less access to public transportation and involve increased wait and commute times. Increased barriers only place more burden and stress on the displaced residents. By ensuring that connections to residents are in place and by reducing barriers, organizations, and specifically job resource centers, can make sure that residents can access the services they need in order to maintain their housing voucher.

The goals of HOPE VI do not include removing people from service organizations; rather the idea is to deconcentrate poverty, thereby reducing crime and violence, and to increase social capital. The third research question addressed whether or not the way HOPE VI is being deployed within Atlanta is likely to achieve those goals. The mapping section of this study revealed that areas of voucher housing are also in areas of concentrated poverty; therefore displaced residents of public housing are still going to be in poor areas, but outside the inner city and without resources they need. Low-income people facing employment issues or health issues in areas without access to services face additional barriers to attaining self-sufficiency. People will be worse off and less likely to be able to move into autonomy if they are left to deal with problems without resources to help combat them. If policy makers want to deconcentrate poverty and move people to self-sufficiency then perhaps this is not the best plan.

If the government plans to continue to support programs like HOPE VI that have the intentions of moving people to self-sufficiency, services need to anticipate the displacement of residents and be equipped to handle the needs of displaced people. The fourth research question asked how social service organizations were maintaining or planning to maintain connections they have with clients who were residents of public housing or already displaced due to relocations. The results found that two organizations were not addressing the displacement of their clients at

all, and one did not even recognize that relocations were taking place. Organizations that are not aware of the geographic shift of their target population and are relying on their clients to retain connections allow people to fall through the cracks. Organizations work within limited budgets and sometimes location restrictions (as shown with The Job Center's place-based funding) that may limit their ability to expand services to underserved locations where people are being displaced. The government should take some responsibility to connect residents to services they will need before the relocations take place and follow up to ensure that people are taking advantage of the services. HUD requires that programs are established for each public housing community before residents are relocated, but as I described in the literature review, so few people participated in the programs that meaningful analysis could not be conducted (Brooks et al., 2005) Housing authorities should make sure that people are connecting to services before relocations, and once the relocations have taken place. The interviews revealed that both of the organizations that were connecting to displaced clients or had plans to remain connected once relocations take place (The Job Center and Atlanta West) were receiving assistance from the Atlanta Housing Authority (AHA). Housing authorities maintain data about where people relocate with their vouchers. Without releasing data of specific clients to organizations, the housing authorities can use that contact information to make sure that displaced residents are successfully transitioning and to connect them to services they may need. This would protect against the contact information of displaced residents from being distributed, and allow the housing authority would serve as a sort of go-between to make sure that residents are thriving in their new locations.

#### *Implications for the Communication Infrastructure Theory*

According to Communication Infrastructure Theory, when the communication action context is being disrupted, the three nodes (organizations, residents, and geo-ethnic media) within

the neighborhood storytelling network will experience a shift in the strength of the relationships between particular nodes. Atlanta West showed that their relationship was growing stronger with their soon-to-be displaced clients because the organization understands that their clients are about to undergo a potentially stressful event and they are stepping in to take over the responsibility of staying connected. South Atlanta's relationship with their clients is not currently changing nor did they experience significant change since their community underwent the redevelopment of public housing. The organization seems to be relying on the displaced clients to reconnect to the health center and at that point the organization works on their connection by updating contact information. This causes all the effort of maintaining a connection to fall upon the displaced resident who may be facing stressful situations like locating affordable housing and maintaining employment. Staying connected to their health care center and receiving routine medical care may be low on their list of priorities.

Before conducting the interviews, I expected to find that South Atlanta Community Health Center, having already dealt with the redevelopments of public housing and being a very similar clinic to Atlanta West Community Health Center, would show the results of the types of efforts that Atlanta West is making to stay connected to their public housing clients. Instead, South Atlanta is adapting to its now more mixed-income surroundings by attempting to attract residents with health insurance and to dispel myths surrounding the image of the organization as a free clinic. Atlanta West is facing similar obstacles of working to revitalize the image of the community in which it is located and the image of the clinic itself. Both community health centers that were interviewed have the goal of increasing the numbers of people with private insurance who use their services, but only Atlanta West is continuing to focus on their residents of public housing clients who will be displaced by the redevelopments. This could be due to the fact that having to close health clinics currently located within public housing means that Atlanta West is



more likely to face a substantial loss of clients as opposed to South Atlanta who may have not foreseen the closing of public housing locations to have a significant impact on their overall numbers. By not implementing measures similar to Atlanta West years ago before their community was affected by the relocations, South Atlanta has likely seen a decrease of former public housing residents because they made no effort to maintain contact with these individuals. However, due to health information privacy protection laws, it is not possible to track how many former public housing residents are still current patients at South Atlanta and therefore how many were lost in the displacement. Atlanta West and South Atlanta are both FQCHC with the same mission of providing affordable, accessible and quality healthcare to the medically underserved population in Atlanta. One recommendation for the organizations is that they work more closely together. The organizations can share ideas on how to connect to displaced residents. Atlanta West has plans in place to remain connected to their clients who are being relocated. They may be able to connect these clients to South Atlanta if their locations are more easily accessed from their new residence.

I also expected both health centers to be taking measures to stay connected to displaced residents in order to continue to serve the population they receive funding to serve, but found that one was taking these measures and one was not. Both community health centers rely on federal funding and that funding is contingent on remaining “accessible” to in need populations. More research should be done to investigate whether the FQCHC’s accessibility requirement can realistically be fulfilled by simply being located on a MARTA line. The mapping data indicate just being located on a bus line is not enough to be considered accessible when residents may be forced to travel for long periods of time from their new locations.

So while South Atlanta may seem to remain accessible to patients by being on the public transportation line, this is not necessarily the case and they should have had goals in place to

continue serving the displaced population. During the interview, the ability of displaced residents to access to MARTA was not brought up as an obstacle for clients being able to access services at South Atlanta. West Atlanta's Director of Marketing acknowledged that the center was on a MARTA line and that meant it was accessible, but she also recognized that accessing public transportation was burdensome to some because of cost and the inconvenience of commute time. She felt it was the responsibility of West Atlanta to increase their definition of accessibility and relocate satellite branch locations to areas where displaced residents relocated. If the goals of HOPE VI are attained, and the areas where community health centers are become deconcentrated of poverty, requirements of showing the methods of reaching in need populations and how many people are actually being served by each community health center may need to be implemented on the federal level in order to ensure that clinics are still serving the need of the population for whom they receive funding to serve.

Transportation is one of the factors within the Communication Action Context (CAC) that can enable or constrain the Neighborhood Storytelling Network (NSN). West Atlanta Community Health Center recognizes the potential constraint and is planning strategies to do address it while South Atlanta Community Health Center acknowledges that transportation is a potential barrier but is not recognizing that the relocations of residents may cause this transportation barrier to strain their connections to these residents.

The Job Center and Atlanta West both make efforts to connect clients to other organizations. The Job Center even became a part of a job resource network at the time of the public housing relocations. At a time of uncertainty within the CAC, The Job Center's role within the NSN strengthened. Atlanta West has also taken steps to strengthen their role within the NSN by helping residents stay connected to their services during the relocation process. Both organizations appear to have a more intimate connection to the communities they are located

within—which may contribute to their relationships strengthening while the relationships of the other organizations remained constant. The Job Center has funding that is place-based, meaning they must serve the members of the community, a large number of whom were public housing residents, and Atlanta West operates clinics within public housing complexes—allowing a deeper connection to the community. While the interviewees’ perception of the organizations’ connections to the community was not explicitly explored during the interviews, the findings do seem to show that The Job Center and Atlanta West’s connections and relationships within the NSN to other storytellers are stronger than other organizations interviewed.

Atlanta West and The Job Center utilize the geo-ethic media more than South Atlanta and JOBable. This may also stem from the connection to the community that each organization may feel that it has. JOBable relies on the state to provide clients through referrals and therefore do not have to have a connection to the community they are located within. Their public relations efforts gain exposure in larger media, but they are not connecting at the community level. South Atlanta is also not taking advantage of local media that can increase the awareness of the center among the new residents of a highly transient community.

### *Limitations and Future Studies*

The data used for mapping the locations of the social service organizations came from help guides compiled by the United Way. This study does not claim that the organizations mapped provide an exhaustive picture of all social service organizations in Atlanta, but the sample that is mapped does show that the organizations are clustered in areas adjacent to current public housing and are absent in areas of concentrated voucher housing. Based on the results of this study, and results from other literature, similar results can be expected from mapping every social service location in the city.

The data used in this study for concentrated voucher housing shows the locations of

private market homes and apartments that accept vouchers as payment. This may not accurately reflect where people are actually moving with their vouchers. Many more may be moving out of the city, or into extended stay motels because of the lack of available housing. A future study should use HUD data of where each displaced family moved after relocations and map those locations in relation to services and concentrations of poverty. These results will also allow policy makers to evaluate if the public housing redevelopment process has been successful in moving people out of poverty. Census data providing poverty numbers are limited by the fact that they are collected only every 10 years. However, follow up studies can be conducted using 2010 census data to examine if there has been a shift in poverty to determine if the HOPE VI program has been successful in deconcentrating poverty. Future studies may also be able to demonstrate whether poverty has not been deconcentrated, but rather reconcentrated in areas where people do not have access to services that will assist them in moving to self-sufficiency, as is suggested by the location of voucher housing options in areas of higher poverty with lower access to services.

Further research of displaced residents should be conducted to learn how they are faring after relocations. These future studies can determine what, if any, resources people connected to during the relocation process and if they have connected to any new resources in their new locations. Research of social service organizations should also be conducted to learn if the completed relocations have affected them in anyway—if they have seen a drop in their numbers of clients or if they have lost any sources of funding.

While HOPE VI efforts aim to deconcentrate poverty, decrease crime, and improve the images of communities in Atlanta, further attention should be paid to how residents who are being displaced from their homes in order to achieve these goals are handling their transition. It is possible that the redevelopment of public housing will succeed in the goal of deconcentrating poverty from the central areas of the city, but by shifting it and reconcentrating it in other parts of

the city, the same problems of crime, violence and low social capital will still exist. Simply shifting their geography cannot solve the problems. A network of services and connections need to be in place to help people work through the problems, not just displace them to different locations.

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## APPENDIX A: INTERVIEW PROTOCOL

**Thank you for allowing me to come talk to you today. As I told you on the phone, I'm interested in learning more about your organization—its clients and its communication processes. I'd like to begin by asking some questions about the organization.**

### ORGANIZATION BACKGROUND

What is your position in the organization? How long have you worked with this organization?

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What are the current goals of the organization?  
[e.g. social, professional/business, political, environmental, recreation, community related.]

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What are primary obstacles to achieving the organization's goals?

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What are the organization's goals for the future? [*Seeking to diversify Involvement, reach other constituencies?*]

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How many people work for the organization? Do you have mostly volunteers or paid employees? Do they tend to live in the area or commute?

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How is the organization funded? [*Grants, donations, fundraising, etc*]

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Is the funding contingent upon the location of the organization or the people that it serves? *If YES*—To what extent is that limitation a problem?

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Are there any problems that the organization is likely to face in the next several years?

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Is the organization local or more regional in scope/goals? Are you in partnership or alliance with any other organizations?

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Do you share issues, and actions with other organizations? *[Do you find you are addressing similar problems or trying to produce similar types of change?]*

## CLIENT BACKGROUND

**Now I'd like to ask you a little about the people your organization serves.**

What community are you looking to serve? Who are the organization's customers or target groups? *[Who do you serve, and how? Are there eligibility requirements, income, residence, any restrictions?]*

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How do people learn about your services?

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Do you ever refer clients to other organizations? Which ones? What is the process for doing so?

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Would you say that the people you serve are located...  
 Across the nation?  
 In Georgia?  
 In Metro Atlanta?  
 In Fulton County?  
 In the City of Atlanta?

Particular areas or neighborhoods of Atlanta?

Other? \_\_\_\_\_

Does the organization have any plans to reach out to people in other locations? Where?

Across the nation?

In Georgia?

In Metro Atlanta?

In Fulton County?

In the City of Atlanta?

Particular areas or neighborhoods of Atlanta?

Other? \_\_\_\_\_

What ethnic groups do you currently serve?

African American

Asian American

Latino/Hispanic

Caucasian/White

Of some other ethnic background

Everyone living in the area(s) we serve, regardless of ethnic background

Are there any plans to expand your client base to reach other ethnic groups? *[If so, what groups?*

*How do they plan to reach those groups?]*

\_\_\_\_\_

How many clients does your organization typically see in a month?

\_\_\_\_\_

Have you noticed any changes in your clients/target audience in the past 3 years?

\_\_\_\_\_

## COMMUNICATION STRUCTURE/ STRATEGIC PLANNING PROCESS

**Now I'd like to ask you about your organization's outreach efforts.**

Who makes communication decisions for the organization?

\_\_\_\_\_

What is the planning process for any communication activities? *[Does the organization undergo a formal strategic planning process?]*

\_\_\_\_\_

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Do you have a phone number people can call to report problems, talk about concerns or request information?

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How many calls would you say you received in the past 3 months?

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Do you have an email address for people to write you?

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How many emails would you say you received in the past 3 months from your target population/clients?

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What percentage of those e-mails would you say you are able to respond to?

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What types of information does the organization provide to the community?  
*[Local programs, recreation, arts, entertainment, calendars of events, local news, sports, clubs, activities, local businesses, jobs, community history, stories, general community promotion]*

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Do the media support the efforts of the organization? Do you send out press releases? Do you ever get media coverage that is good or bad?

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Do you tend to work with local media *[community newspapers, newsletters]* or larger media? *[The AJC, WSB, etc]*

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Do you ever sponsor or co-sponsor events for residents in the area to attend?

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How frequently do you sponsor or co-sponsor such events?

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What is the purpose of the events you sponsor usually?

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Who have you co-sponsored events with?

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Does your organization have a board of directors?

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Do you have representatives of your clients/audience on your board of directors?

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Do you ever host public forums, open houses or other events that residents in the area can attend?

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What have been the topics discussed at such forums in the past 1-2 years?

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How often do you host these forums?

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Every neighborhood or community has issues it is dealing with. What do you think are the **most** pressing issues facing the area \_\_\_\_\_ [*organization's name*] is in?

Adequate Childcare Services

Crime/Gangs

Drugs

Environmental Issues

Governmental Services

Health Services

Homelessness

Housing/Loss of Housing/Affordable Housing

Immigrants/New Immigrants

Juvenile Delinquency/Problems with Young People

Maintenance of Streets, etc/Poor City Services

Political Corruption

Racial/Ethnic Tensions  
 Schools/Quality of the Schools  
 Traffic Congestions/Parking Problems  
 Transportation/Public Transportation  
 Unsafe Driving  
 Job Availability  
 Other

Do you send your clients/target audience information about issues that you think may be of interest to them?

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How frequently do you send out such information?

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How do you disseminate this information?

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Does your organization get involved in initiatives and projects that are focused on the health and well-being of people in your local area?

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What specific projects have you been involved in, in the past year?

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Are brochures, other publications, videos, etc that talk about issues available for people that visit your organization?

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Do you provide people with information for other organizations that could assist them? (e.g., provide brochures, contact information, hang posters, etc.)

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### **HOPE VI questions**

Do you know if any of your clients are residents of public housing?

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How is it that you become aware of clients who are residents of public housing?

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Has the number of clients who are public housing residents changed in the last 3 years?

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Are you aware of Atlanta's plans to eliminate public housing (called HOPE VI)?

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Have you noticed any changes in your client populations that you would attribute to this program?

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Have you ever heard clients discussing the changes taking place due to the demolitions of public housing and the relocations of the residents?

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Is there any plan to assist in the relocation process of these residents? What is that plan?

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Ideally, to help in this transition, what would you have? *[more personnel, technology, funds, etc]*

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Do you help connect these residents to other social services? If so, which one's?

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**The following questions will only be asked if the information could not previously be gathered from publications, organizations' Web sites, etc.**

For how many years (or months) has this organization been in operation?

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What were the original goals/ mission of the organization?

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In the last few years, was there any major event (or events) that impacted the organization? [*e.g. opening or closing of stores, housing complexes or schools; influx of a new population, etc.*]  
Were any changes made to the goals/mission of the organization as a result?

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What are the current goals of the organization?  
[*e.g. social, professional/business, political, environmental, recreation, community related.*]

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What do you call the neighborhood you are located in?

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Has this organization always been located in this area?

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How long has the organization been in this area (in years?)

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Does the organization have a web site? Do you connect to any other organizations through the web site? [*Do you refer/connect clients to other organizations via your web site?*]

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## APPENDIX B: CONSENT FORM

Georgia State University  
Department of Communication

### **Informed Consent**

Title: Communication Strategies of Atlanta's Service Organizations

Faculty Advisor: Holley Wilkin  
Student Principal Investigator: Kimberly Stringer

#### I. Purpose:

You are invited to participate in a research study. The purpose of the study is to investigate the strategic communication processes for service organizations in Atlanta, GA. You are invited to participate because you are a staff member of a selected organization. A total of 4 participants will be recruited for this study. Participation will require approximately 60 minutes of your time during one interview.

#### II. Procedures:

If you decide to participate, you will be interviewed at a location and time convenient to you. You will be asked if you can be audio taped during the interview. This decision to be audio recorded is optional.

#### III. Risks:

In this study, you will not have any more risks than you would in a normal day of life. The information you share will be used as part of group data. Neither your name nor your organization's name will be revealed in the write up of the research. Your answers will not be associated with you or the organization. The researcher will be non-judgmental and respectful of everyone who participates in the interviews.

#### IV. Benefits:

Participation in this study may not benefit you personally. Overall, we hope to gain information about how Atlanta's service organizations reach, serve, and stay connected to their target populations. This information may lead to improving communication strategies of organizations.

#### V. Voluntary Participation and Withdrawal:

Participation in research is voluntary. You do not have to be in this study. If you decide to be

in the study and change your mind, then you have the right to drop out at any time. You may skip questions or stop participating at any time.

VI. Confidentiality:

We will keep your records private to the extent allowed by law. We will use a code rather than your name or organization's name on study records. Only the researchers will have access to the information you provide. It will be stored in a locked cabinet in the office of the researcher. If you agree to be audio-taped digital files will be kept in a password-protected file on the researcher's computer. They will be stored until completion of the project at which time the researcher will destroy them. The code sheet to identify the organization will be stored separately from the data to protect privacy. The code will be destroyed at the time of completion of the project. Your name, organization's name, and other facts that might point to you or your organization will not appear when we present this study or publish its results. The findings will be summarized and reported in group form. You will not be identified personally.

VII. Contact Persons:

Contact Holley Wilkin at (404) 413-5657 (email: hwilkin@gsu.edu) or Kimberly Stringer at (770) 354-0227 (email: KAString@gmail.com) if you have questions about this study. If you have questions or concerns about your rights as a participant in this research study, you may contact Susan Vogtner in the Office of Research Integrity at 404-413-3513 or svogtner1@gsu.edu.

VIII. Copy of Consent Form to Subject:

We will give you a copy of this consent form to keep.

If you are willing to volunteer for this research and be audio recorded, please sign below.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

If you are willing to volunteer for this research and not be audio recorded, please sign below.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Investigator or Researcher Obtaining Consent

\_\_\_\_\_  
Date