

Appendix to

Long-Term Neighborhood Effects on Low-Income Families: Evidence from Moving to Opportunity

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I. Extensions

The MTO findings about the effects of changes in neighborhood environments on key outcomes like economic self-sufficiency and children’s schooling outcomes run counter to much of what previous theories and observational research have suggested. One common explanation for this discrepancy is that MTO generates too small of a “treatment dose” on neighborhood environments to provide a meaningful test of “neighborhood effects” theories. This section discusses that issue and also provides some additional results showing MTO’s effects on various behavioral outcomes.

A. Impacts on neighborhood environments

In this section we provide more details on the nature and magnitude of MTO’s effects on the neighborhood conditions in which families were living during our study period.

A1. MTO effects on neighborhood poverty

Appendix Table 2 shows that one year after random assignment, the average control group family was living in a neighborhood that had a poverty rate of 50 percent or 2.92 standard deviations (SD) above the national average in the 2000 census nationwide tract-poverty distribution. The ITT effect on neighborhood poverty was 17 percentage points for the Experimental group and 13 percentage points for the Section 8 group at one year after random assignment. Actually moving with an Experimental-group voucher reduced average tract poverty rates by 35 percentage points, or 2.85 SD – moving families almost down to the national average poverty rate. The effect of moving with a regular Section 8 voucher that did not have the mobility restriction was smaller but still sizable – equal to 21 percentage points or 1.73 SD in the national distribution.

Over time the MTO effect on neighborhood conditions declined, due partly to secondary moves by MTO families after their initial MTO-assisted voucher moves but mostly to declines over time in the average tract poverty rate of families in the control group. For example, the Experimental-voucher TOT effect on tract poverty rates was 35 percentage points measured 1 year after baseline and about 8 percentage points measured 10-15 years after baseline, a decline of 27 percentage points. Much of this attenuation of the MTO effect on neighborhood poverty rates came from the fact that the average tract poverty rate for control families declined from 50 percent one year after baseline down to 31 percent 10-15 years after baseline, a drop of 19 percentage points. Most of the decline in neighborhood poverty rates among families in the control group was due to mobility rather than to gentrification of the neighborhoods in which control families were living. This conclusion came from results (not shown) that re-estimated MTO impacts on neighborhood conditions at different points in time since randomization but holding the poverty rates of all tracts constant at their levels in the 2000 census.

Whatever the cause, it is clear that the neighborhood conditions of the MTO treatment and control groups partially converged over time. Because behavioral change may require accumulated exposure to neighborhood environments, however, we also examined the average neighborhood conditions that families experienced over the entire post-randomization period. Appendix Table 2 shows that over the course of the study period the average control group family lived in a census tract with a poverty rate of 40 percent. Moving with an Experimental voucher reduces average tract poverty rates for families by 18 percentage points. This decline is quite large, amounting to nearly one-half the control mean and 1.48 standard deviations in the 2000 national tract poverty distribution, and much larger than poverty reductions that might be accomplished with almost any place-based neighborhood policy.

Another way to consider the size of the MTO “treatment dose” on neighborhood conditions is to ask how much larger such a dose could possibly be from a large-scale mobility program. The answer is not much. A common measure of residential segregation is the “dissimilarity index,” defined as the share of people who would need to be moved across census tracts within a given area in order to have the share of poor people in each tract equal the share of the larger area that is poor. The five MTO demonstration cities have poverty rates right now around 20 percent.¹ The average tract poverty rate of MTO Experimental group movers (about 21 percent) roughly corresponds to the dissimilarity-index benchmark of perfect poverty integration in these MTO cities. The national poverty rate in the U.S. as a whole right now is 15 percent, so even if a residential mobility program were to move inner-city families at random across neighborhoods all over the country, there is scope for achieving more economic integration than was achieved in the MTO Experimental group when the overall poverty rate is 15 or 20 percent.

A2. MTO effects on other neighborhood conditions

Although MTO focused explicitly on reducing economic rather than racial segregation for participating families, one might have expected important changes in neighborhood racial segregation as a byproduct of the MTO moves, given that residents of high-poverty neighborhoods are very disproportionately likely to be Hispanic or African-American (Jargowsky 1997; Jargowsky 2003). Appendix Table 2 makes clear, however, that MTO’s impacts on racial segregation for participants were fairly modest and much smaller than impacts on economic segregation. The average control group family spent the study period living in a census tract that was 88 percent minority. The tract share minority for those who moved with an

¹ Data from the Census Bureau’s American Community Survey for 2006 through 2010 show the poverty rates for the five MTO cities are: Baltimore (21.3 percent); Boston (21.2); Chicago (20.9); Los Angeles (19.5); and New York (19.1). See www.census.gov.

Experimental voucher was lower by a statistically significant amount, but the TOT effect of about 12 percentage points means that, over the study period, even the Experimental-group movers were living in census tracts in which fully three-quarters of all residents were members of racial and ethnic minority groups.

Despite the lack of MTO impact on neighborhood racial composition, MTO moves led to sizable changes in neighborhood social processes that a growing body of sociological research suggests might be particularly important in affecting people's life outcomes (see for example Sampson, Morenoff, and Gannon-Rowley 2002; Sampson 2012). For example Appendix Table 2 shows that in survey self-reports 10 to 15 years after baseline – after the partial convergence in neighborhood poverty rates between treatment and control groups had occurred – the Experimental-voucher TOT effect on the chance of having at least one college-educated friend was nearly 15 percentage points, or about a third of the control mean of 53 percent. The Experimental-voucher TOT effect on the likelihood that neighbors would do something if local youth were spraying graffiti (intended to measure what Sampson, Raudenbush, and Earls (1997), call “collective efficacy” – the willingness of neighbors to work together to enforce shared social norms) was over 16 percentage points, more than a quarter of the control mean of 59 percent.

MTO also changed safety – the neighborhood condition that was the main reason most MTO families originally signed up for the program. Moving with an Experimental voucher reduced the local violent-crime rate (as measured by police data) by 833 violent crimes per 100,000 residents, over one-third of the control mean of 2,317.² Self-reported data about neighborhood safety showed similarly large effects. The Experimental-voucher TOT effect on the likelihood that adults reported feeling unsafe in their neighborhood during the day equaled 8

² The results reported here for local-area crime rates are slightly different from those reported in Ludwig (2012) due to corrections and updates to the available administrative crime records used for analysis.

percentage points, over one-third of the control group's rate of 20 percent. The likelihood of having seen drugs used or sold in the neighborhood over the past month was 13 percentage points lower in the Experimental group than the control group value of 31 percent.

Because moving itself is part of the MTO treatment and could have independent effects on people's life outcomes, it is important to keep in mind that the control group averaged about 2.2 moves over the course of the 10-15 year follow-up study period. Treatment assignment increased the average number of moves over 10 to 15 years by about half a move.

B. Additional Impacts on Behavioral Outcomes

The results presented in Table 1 above provide a broad summary of the effects of MTO-assisted moves on the behavioral outcomes of adults, while the results in Table 2 summarize the effects on youth. In this section we provide more details about impacts on the individual outcomes that underlie these broad outcome indices.

B1. MTO impacts on adult outcomes

Given the widely held view that living in a disadvantaged neighborhood depresses earnings and employment, due to peer norms or lack of access to informal job referrals or some other reason, one of the most surprising findings shown in Table 1 is that moving to a less-distressed area with a regular Section 8 voucher seems to have *reduced* economic self-sufficiency. As noted above, we believe that this is most likely a spurious result – a consequence of having secured funding to survey the Section 8 adults later in the research project and therefore interviewing them later in calendar time, when labor market conditions were weaker as a result of the economic recession, than when we interviewed the control group.

The top of Appendix Table 4 shows that MTO impacts on survey reports of adult economic outcomes are not statistically significant for the Experimental group, but for the

Section 8 group tend to be in the direction of worse economic outcomes. However the bottom panel of Appendix Table 4 shows MTO impacts on adult employment rates and earnings as measured by quarterly administrative records obtained from state unemployment insurance (UI) systems, which we can use to measure outcomes at a common point in time across groups. We found no signs of a negative effect on economic outcomes in the Section 8 group with administrative data. We can also see this in Appendix Figure 2, which shows quarter-by-quarter employment rates for all three randomized MTO groups. Experimental group employment rates increased dramatically in the early years of the program, which coincided with welfare reform and very low unemployment, but the control group employment rates tracked these employment rate changes very closely during these as well as later years of the study period.

Although Table 1 shows that the overall MTO impacts on our broad physical and mental health outcome indices were not quite statistically significant, MTO did significantly improve several important individual indicators of health as described in Appendix Table 5. For example, the top panel shows that moving with an MTO Experimental group voucher reduced an indicator of short-term psychological distress (the K6 index) by one-fifth of a standard deviation, with impacts of moving with a regular Section 8 voucher roughly half as large.

MTO had no detectable effects on overall self-reported health status, but we found sizable impacts on a variety of specific health conditions. Moving with an Experimental voucher reduced the chances that MTO adults had difficulty lifting groceries by about 10 percentage points or one-fifth the control mean. Appendix Table 5 also shows MTO impacts on diabetes and measures of obesity and extreme obesity– based on different cut-points in the BMI distribution – taken from Ludwig et al. (2011). Although the interim MTO study found that MTO reduced obesity prevalence, defined as $BMI \geq 30$, we found no impact on this outcome in the long-term

data – perhaps because nearly three in five MTO adults are obese in those data. We did find sizable impacts at higher BMI cut points. Moving with either an Experimental or regular Section 8 voucher reduced the likelihood of having $BMI \geq 35$ by about 9 or 10 percentage points, over a quarter of the control mean of 35 percent. The Experimental-voucher TOT effect on extreme obesity ($BMI \geq 40$) was 7 percentage points, 40 percent of the control mean of 18 percent. We used blood samples to measure diabetes, since nearly a third of all diabetes cases are undiagnosed (Cowie et al. 2006) and the likelihood of diagnosis could vary across areas. The Experimental-voucher TOT effect on diabetes was a reduction of 10 percentage points, about half the control-group mean of 20 percent.

Because economic outcomes and particularly health outcomes are expected to vary by age, it is possible that MTO's effects on adult outcomes could also have varied by age. Appendix Table 6 presents results for economic outcomes and individual health outcomes separately for adults who were under 33 years of age versus 33 years and older at the time of random assignment. We found little consistent evidence that there were detectable differences in long-run MTO impacts on adults by age.

Although MTO has overall a mixed pattern of impacts on the sort of traditional measure of objective outcomes that dominate the neighborhood-effects literature, Appendix Table 7 (reproduced from the supplemental appendix to Ludwig et al. (2012)) shows that MTO moves nonetheless generated very sizable gains in adult self-reports of subjective well-being (SWB). The long-term MTO data included the standard SWB measure that has been used as part of the General Social Survey (“Taken all together, how would you say things are these days – would you say that you are very happy, pretty happy, or not too happy?”) The proper interpretation of SWB measures remains the topic of some debate. Previous studies have shown different

measures of self-reported SWB to be correlated in expected ways with objective indicators of well-being such as life events, biological indicators, and reports by other people about the person's happiness (see for example Kahneman and Krueger (2006) and Oswald and Wu (2010)). The TOT effects on SWB equaled 0.16SD for the Experimental group and 0.19SD for the Section 8 group.

Appendix Figure 3 (taken from Ludwig et al. (2012)) suggests that adult SWB was more strongly affected by neighborhood economic segregation than by racial segregation. The analysis estimates the relationship between SWB and duration-weighted neighborhood characteristics measures by using interactions of MTO treatment assignment and city indicators as instrumental variables to deal with the endogeneity of neighborhood location. Panel A shows that there was a negative relationship between SWB and average tract poverty rates when that is the only neighborhood measure included as an explanatory variable in the model. Panel B shows the same was true for the relationship between SWB and tract minority share. When tract poverty and tract minority share are included in the model at the same time, SWB had an even more pronounced negative relationship with tract poverty (Panel C) but SWB had a *positive* relationship with tract minority share (Panel D). A qualitatively similar pattern held for our broad indices for outcomes in the physical and mental health domains as well (see Appendix Tables 8 and 9 for details).

This pattern is important because while racial segregation has been declining in the U.S. since 1970, to levels not seen since 1970 (Glaeser and Vigdor 2012), income segregation has been increasing since 1970 (Watson 2009; Reardon and Bischoff 2011). Our results suggest the adverse effect of disadvantaged neighborhood environments on the well-being of poor families has been getting worse over time, and that trends over time in growing inequality in family income may understate the growth over time in the inequality of overall well-being.

B2. MTO impacts on youth outcomes

Appendix Table 10 shows that the long-term data are qualitatively consistent with the interim MTO study in showing a gender difference in MTO impacts on youth – with female youth having had positive impacts on some outcomes, while males had negative impacts – although the youth impacts were generally more muted in the long-term than interim data.³ For female youth MTO moves with either an Experimental or regular Section 8 voucher reduced the share overweight (which for youth is defined as BMI \geq 95th percentile), with an ITT effect equal to about five percentage points or a fifth of the control mean.⁴ The Experimental-voucher moves also improved mental health, as indicated by declines in the K6 measure of short-term psychological distress. For male youth most of the impacts were either not statistically significant or tended to indicate worse outcomes as a result of MTO moves, for example with respect to injury prevalence, smoking, or likelihood of being educationally on track. We found no signs of the large declines in youth violence rates found among both male and female youth in the interim MTO data (Kling, Ludwig, and Katz 2005).

We note that the set of youth we surveyed for the long-term MTO study, ages 10-20 at the end of 2007, overlaps very little with youth analyzed in the interim MTO study, who were 10-20 at the end of 2001. Our long-term results thus help confirm the previous (surprising) results for the gender difference in MTO impacts among a different group of MTO children.

³ These youth estimates for MTO ITT and TOT effects come from a set of regressions that have a similar specification to those for the MTO adult sample, but now cluster standard errors at the baseline-household level to account for the non-independence of observations for children drawn from the same family, and control for a slightly different set of baseline covariates (see Appendix Table 1B).

⁴ Our main results define childhood obesity using the Centers for Disease Control definition – body mass index above the 95th percentile for a given age-sex group as estimated from a set of national health studies collected in the 1960s through 1990s (www.cdc.gov/nchs/data/ad/ad314.pdf). This result (and hence the results for the overall physical health index for female youth) is somewhat sensitive to using alternative definitions of childhood obesity; for example the result is not quite statistically significant when we instead use the definition developed by the International Obesity Task Force, which uses a different set of age-sex BMI cut points derived from international data; for additional details see Sanbonmatsu et al. (2011).

We found few statistically significant MTO impacts on educational outcomes in the long-term data, either with respect to measures of school persistence or achievement test scores (Panel C of Appendix Table 10).⁵ The standard errors around our estimates indicate that impacts on achievement test scores larger than about 0.10 or 0.15 SD were very unlikely.

One of the main motivations for following up with youth in the long-term study was the possibility that youth who were very young at baseline may have experienced particularly pronounced gains from MTO moves. After all, children who were pre-school age at baseline did not yet really have social networks or a sense of social identity before they moved. Moreover they experienced massive changes in neighborhood poverty (up to 3SD in the national distribution one year after randomization) during the life stage when children are thought to be most developmentally malleable. Yet Appendix Table 11 shows that even for children who were under age 6 at baseline we found no signs of any detectable changes in achievement test scores.

The MTO effects that we do observe among youth – health impacts on female youth – seem to be driven more by neighborhood economic disadvantage than neighborhood minority composition. Appendix Tables 12 and 13 present the results of using interactions of indicators for MTO treatment-group assignment and baseline demonstration site as instruments for duration-weighted tract poverty or tract minority share, and show little evidence of a ‘dose-response’ relationship between either measure and any outcomes when we look at all youth together. The same is true when we look at male youth (Appendix Tables 16 and 17). However

⁵ Our in-person interviews with MTO youth included a 45-minute achievement assessment in math and reading as designed for the 5th and 8th grade follow-up waves of the U.S. Department of Education’s Early Childhood Longitudinal Study- Kindergarten Cohort (ECLS-K). Youth ages 10-12 were administered the 5th grade test, while youth ages 13-20 at the end of 2007 were administered the 8th grade test. To guard against the possibility that some 13-20 year olds would find the items on the 8th grade test too easy and answer every item correctly, in which case the assessment would lose its ability to provide information about which youth in the study know more than others (a “ceiling effect”), we supplemented the ECLS-K 8th grade test with a small set of math and reading items from the U.S. Department of Education’s National Educational Longitudinal Survey-1988 (NELS). The results presented in our table here report just on youth who were 13-20 at the end of 2007 who took the 8th grade test; results are similar for the 10-12 year olds.

Appendix Table 14 shows that the MTO effect on physical health of female youth is more strongly related to tract poverty than tract minority share when each is included one at a time as the endogenous explanatory variable in our instrumental variables model. When both are included in the same IV model simultaneously, we can reject the null hypothesis that the coefficients on tract poverty and tract minority share are the same (Appendix Table 15). The data provide some suggestive indication that mental health for female youth might also be more strongly related to tract poverty than tract minority share; when both are included in the same IV model at the same time the coefficient is much larger in absolute value for tract poverty, although given the standard errors around our estimates we cannot reject the null hypothesis that the coefficients on tract poverty and minority share are the same.

II. Discussion

The MTO long-term results did not provide support for the view that high rates of school failure and non-employment in central city neighborhoods are due to the direct adverse effects of living in a poor neighborhood. The pattern of findings was consistent with the results from the 4-7 year interim follow-up of MTO adults and youth (Kling, Liebman, and Katz 2007). Our long-term data also showed no detectable impacts on academic achievement for children of pre-school age at baseline even though MTO led to very large changes in their neighborhood conditions at a life stage when they may be most developmentally malleable.

One obvious question involves generalizability: Do neighborhood changes have no impact on earnings or educational achievement outcomes here because the MTO study sample is somehow unusual? MTO families were drawn from extremely distressed communities. The baseline census tracts for MTO families were fully 3 standard deviations above the national

average in the 2000 census tract-poverty distribution. On the other hand much of the scientific and policy concern about “neighborhood effects” is precisely with families living in the most distressed areas. And previous observational studies report finding impacts on samples similar to the MTO sample.

Looking at broad indices of outcomes that were pre-specified for the interim MTO data, we found suggestive (but not always statistically significant) signs that physical and mental health outcomes improved for adult women and female youth. We found very large MTO impacts on specific health measures, particularly those related to extreme obesity and diabetes. Although we acknowledge that measuring candidate mechanisms like diet, exercise and access to health care is intrinsically challenging, and that our available data on these factors are quite limited, it is noteworthy that MTO moves reduced extreme obesity and diabetes by fully 40-50% for adults while generating almost no detectable changes in our measures of these candidate mediators. One hypothesis for why MTO improved physical health is because of MTO’s beneficial impacts on neighborhood safety, and subsequent gains in mental health – including psychological distress. This safety-stress-health hypothesis is also consistent with our finding that the majority of MTO households signed up to move to new neighborhoods through MTO because of concerns about crime and violence.

The long-term MTO data did not show any signs of the large drop in violent-crime arrests that were found in the 4-7 year MTO follow-up among both male and female youth (Kling, Ludwig, and Katz 2005). However the long-term data did echo the interim data to some extent in showing female youth may benefit from MTO moves in other outcome domains like mental health or risky behaviors, but male youth tended to do no better (or do worse) as a result of such

moves. The reason for these gender differences remains unclear; they do not seem to be due merely to gender differences in the prevalence of these outcomes or behaviors.

The magnitudes of these gender differences in MTO impacts were smaller in the long-term than interim data, just as the difference across MTO groups in neighborhood conditions was smaller at the time of the long-term surveys than interim surveys. These patterns suggest youth outcomes may be more affected by contemporaneous neighborhood conditions than accumulated exposure to neighborhood environments, or what Sampson (2012) calls “situational” neighborhood effects as opposed to “developmental” neighborhood effects.

The MTO data make clear that neighborhood environments have important impacts on the overall quality of life and well-being of low-income families despite the mixed pattern of impacts on traditional “objective” outcome measures, including null effects on earnings and education. Ludwig et al. (2012) showed that a 1 standard deviation decline in census tract poverty rates (about 13 percentage points) was associated with an increase in SWB that is about the same size as the difference in SWB between households whose annual incomes differ by \$13,000 – a very large amount given that the average control group family’s annual income in the long-term survey was just \$20,000.

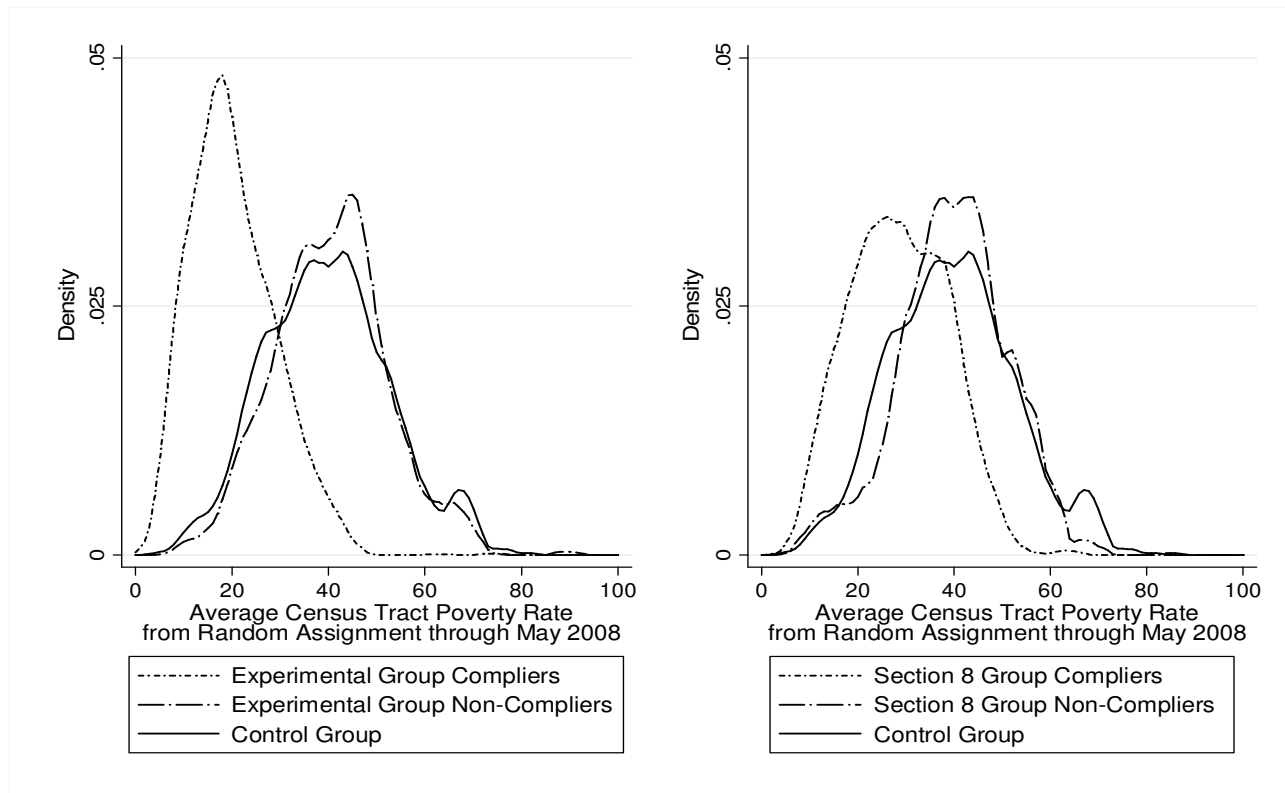
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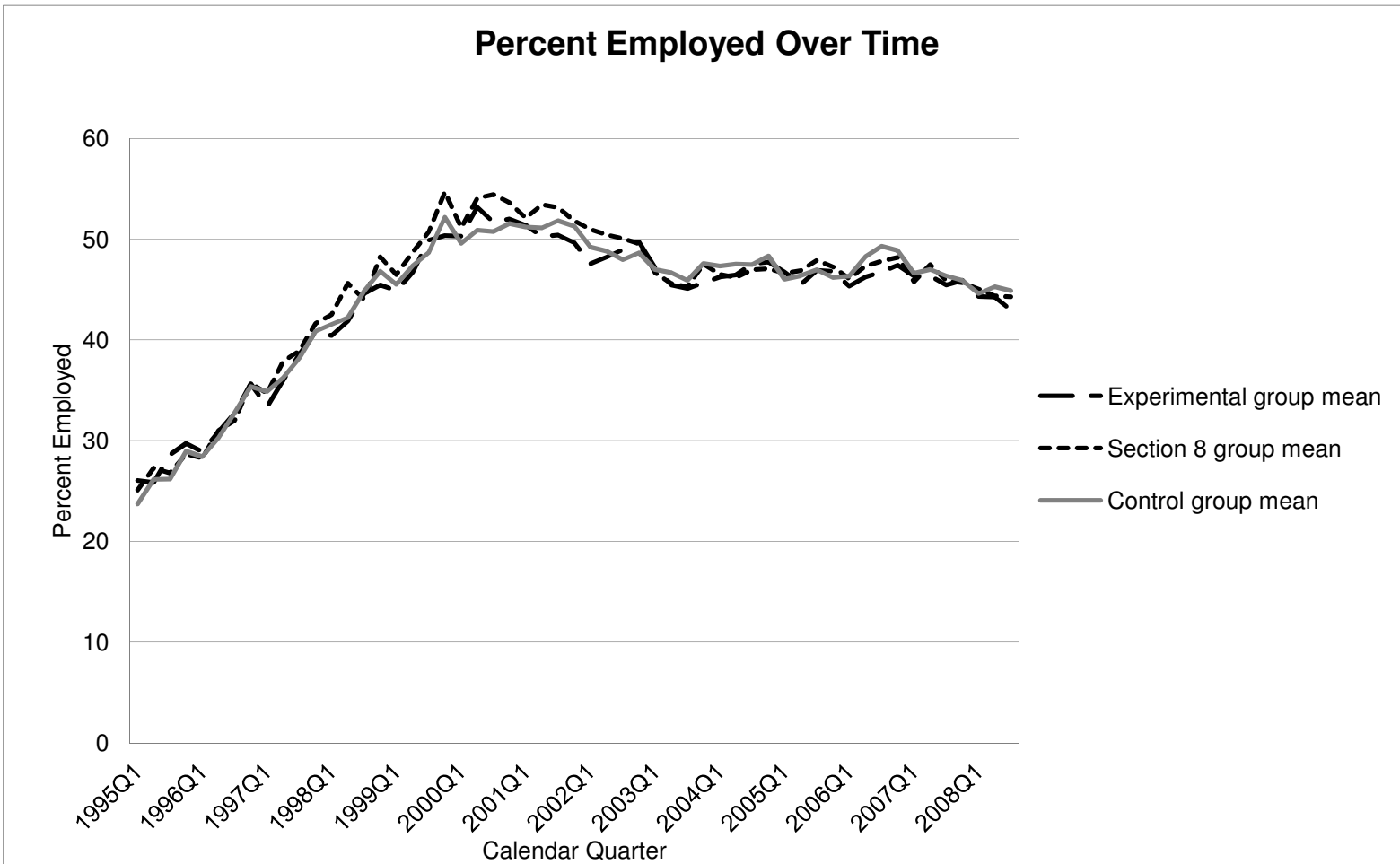
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APPENDIX FIGURE 1. DENSITIES OF AVERAGE POVERTY RATE BY TREATMENT GROUP

Notes : Duration-weighted average of census tract poverty at all addresses from random assignment through May 2008 (just prior to the long-term survey fielding period), based on linear interpolation of 1990 and 2000 decennial census and the 2005-09 American Community Survey data. Density estimates used an Epanechnikov kernel with a half-width of 2.

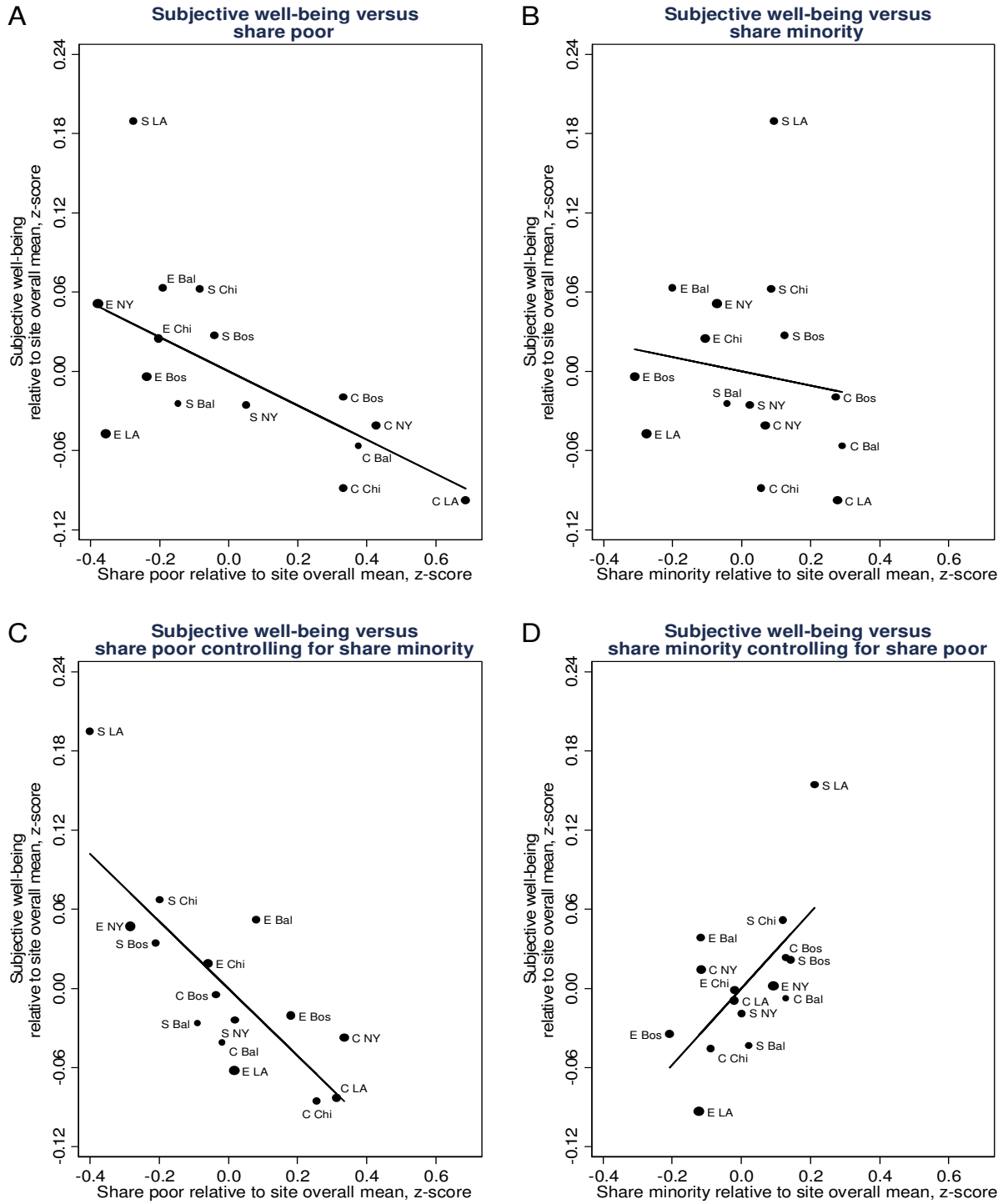
Source and Sample : The sample is all adults who were interviewed as part of the long-term survey. Sample sizes in the Experimental, Section 8, and control groups are 1,456, 678, and 1,139.



APPENDIX FIGURE 2. EMPLOYMENT RATES OVER TIME BY TREATMENT GROUP

Notes: Employment is the fraction with positive earnings per quarter.

Source and Sample: Data are from administrative Unemployment Insurance (UI) records. The analysis uses individual-level data from UI records from Maryland, Illinois, California, and Florida for individuals whose random assignment site was Baltimore, Chicago, or Los Angeles and aggregate-level UI data from Massachusetts and New York, representing individuals whose random assignment site was Boston or New York City. The sample is adults from all MTO households for whom consent to administrative data collection was available (N=4,194).



APPENDIX FIGURE 3. INSTRUMENTAL VARIABLE ESTIMATION OF THE RELATIONSHIP BETWEEN SUBJECTIVE WELL-BEING AND TRACT POVERTY RATE AND TRACT SHARE MINORITY

APPENDIX FIGURE 3. (continued)

Notes: The figure shows the instrumental variable estimation of the relationship between subjective well-being and average (duration-weighted) tract poverty rate (panel A), tract share minority (panel B), tract poverty controlling for share minority (panel C), and tract share minority share controlling for tract poverty (panel D). The y-axis is a 3-point happiness scale (1=not too happy, 2=pretty happy, 3=very happy) expressed in standard deviation units relative to the control group. Share poor is the fraction of census tract residents living below the poverty threshold. Share minority is the fraction of census tract residents who are members of racial or ethnic minority groups. Tract shares are linearly interpolated from the 1990 and 2000 decennial census and 2005-09 American Community Survey and are weighted by the time respondents lived at each of their addresses from random assignment through May 2008. Share poor and minority are z-scores, standardized by the control group mean and standard deviation. The points represent the site (Bal = Baltimore, Bos = Boston, Chi = Chicago, LA = Los Angeles, NY = New York City) and treatment group (E = Experimental group, S = Section 8 group, C = control group). The slope of the line is equivalent to a 2SLS estimate of the relationship between subjective well-being and the mediator shown in each panel, using interactions of indicators for MTO treatment group assignment and demonstration site as instruments for the mediator (controlling for site indicator main effects). The estimated impact of 1sd decrease in poverty (Panel A) is a 0.129sd increase in SWB (SE=0.054, P=0.017), and The estimated impact of 1sd decrease in poverty controlling for minority share (Panel C) is a 0.255sd increase in SWB (SE=0.095, P=0.008), and the estimated impact of 1sd decrease in minority share controlling for poverty (Panel D) is a 0.289sd decrease in SWB (SE=0.176, P=0.101). The p-value from an F test of whether the coefficients on poverty and minority share are the same (that is, whether the slope in panel C equals the slope in panel D) is 0.036. Source and Sample: The sample is all adults who were interviewed as part of the long-term survey with non-missing subjective well-being and duration-weighted census tract characteristics data (N=3,263).

APPENDIX TABLE 1
BASELINE CHARACTERISTICS (1994-98) CONTROLLED FOR IN THE MAIN ANALYSIS

	Control	Experimental	Section 8
	N=1139	N=1456	N=678
Female	0.978	0.988 *	0.978
Age as of December 31, 2007			
≤ 35	0.143	0.145	0.132
36-40	0.229	0.212	0.236
41-45	0.234	0.236	0.223
46-50	0.175	0.184	0.203
> 50	0.249	0.251	0.240
Race and ethnicity			
African-American (any ethnicity)	0.660	0.648	0.629
Other non-white (any ethnicity)	0.270	0.283	0.283
Hispanic ethnicity (any race)	0.304	0.314	0.340
Other demographic characteristics			
Never married	0.637	0.623	0.624
Parent before age 18	0.246	0.249	0.277
Working	0.245	0.271	0.269
Enrolled in school	0.167	0.161	0.174
High school diploma	0.361	0.381	0.347
Certificate of General Educational Development (GED)	0.199	0.159 **	0.183
Receiving Aid to Families with Dependent Children (AFDC)	0.763	0.763	0.736
Household characteristics			
Own car	0.170	0.190	0.190
Disabled household member	0.148	0.145	0.168
No teens in household	0.646	0.608 *	0.610
Household size			
Two	0.194	0.223	0.210
Three	0.330	0.302	0.291
Four or more	0.221	0.233	0.238

APPENDIX TABLE 1 (continued)

	Control	Experimental	Section 8
Site			
Baltimore	0.135	0.134	0.140
Boston	0.205	0.201	0.207
Chicago	0.205	0.205	0.209
Los Angeles	0.226	0.233	0.214
New York	0.229	0.227	0.231
Neighborhood characteristics			
Household member was crime victim in last six months	0.416	0.434	0.414
Streets unsafe at night	0.512	0.493	0.517
Very dissatisfied with neighborhood	0.467	0.478	0.477
Lived in neighborhood 5+ years	0.606	0.599	0.616
Moved more than 3 times in past 5 years	0.108	0.093	0.090
No family in neighborhood	0.639	0.640	0.611
No friends in neighborhood	0.409	0.396	0.400
Chatted with neighbors at least once per week	0.549	0.524	0.486 **
Very likely to tell neighbor about child getting into trouble	0.555	0.556	0.521
Confident about finding a new apartment	0.456	0.477	0.499
Had Section 8 voucher before	0.426	0.400	0.379 *
Primary or secondary reason for wanting to move			
To get away from gangs and drugs	0.779	0.786	0.749
Better schools for children	0.481	0.491	0.553 ***

Notes : All values represent shares. Values are calculated using sample weights to account for changes in random assignment ratios across randomization cohorts, for survey sample selection, and for two-phase interviewing. Missing values were imputed based on randomization site and whether randomized through 1997 or in 1998. The baseline head of household reported on the neighborhood characteristics listed here. Analysis control variables not listed include whether the adult was part of the first survey release and whether education level is missing. An omnibus F-test fails to reject the null hypothesis that the set of baseline characteristics presented above is the same for both the control group and the randomly assigned housing voucher treatment groups (p-value for the Experimental vs. control comparison is P=0.442; and p-value for the Section 8 vs. control comparison is P=0.229).

Source and Sample : Baseline survey. The sample is all adults interviewed as part of the long-term survey (N=3,273).

*** Significant at the 1 percent level on an independent group t-test of the difference between the control group and the Experimental group or the Section 8 group.

** Significant at the 5 percent level.

* Significant at the 10 percent level.

APPENDIX TABLE 1B
ADDITIONAL BASELINE CHARACTERISTICS CONTROLLED FOR IN THE YOUTH ANALYSIS

	Control	Experimental	Section 8
	N=1153	N=1437	N=1031
Male	0.513	0.480	0.495
Age as of December 31, 2007			
15	0.150	0.166	0.161
16	0.183	0.180	0.169
17	0.182	0.189	0.162
18	0.160	0.191 **	0.167
19	0.172	0.138 **	0.155
20	0.154	0.135	0.185 *
Age 6 or over at baseline	0.562	0.534	0.566
Older youth characteristics			
Gifted student or did advanced coursework	0.145	0.123	0.129
Suspended or expelled from school in past two years	0.032	0.031	0.041
School called about behavior in past two years	0.196	0.200	0.218
Behavioral or emotional problems	0.061	0.051	0.059
Learning problems	0.134	0.101	0.137
Younger youth characteristics			
In hospital before first birthday	0.201	0.169	0.179
Weighed less than 6 pounds at birth	0.153	0.116	0.152
Adult read to youth more than once per day	0.236	0.241	0.184
All youth characteristics			
Health problems that limited activity	0.058	0.060	0.057
Health problems that required special medicine or equipment	0.081	0.081	0.096

Notes : All values represent shares. Values are calculated using sample weights to account for changes in random assignment ratios across randomization cohorts, for survey sample selection, and for two-phase interviewing. Missing values were imputed based on randomization site and whether randomized through 1997 or in 1998. The baseline head of household reported on all youth characteristics listed here. At baseline, older youth were ages 6 to 11 and younger youth were ages 0 to 5. The youth analysis includes all control variables listed in Appendix Table 1 (except for the survey release flag) as well as those listed in this table and flags for missing data for several characteristics listed above (gifted student, suspended/expelled, behavioral problems, learning problems, hospitalization, low birth weight, read to by household member, activity-limiting health problems).

Source and Sample : Baseline survey. The sample is all youth ages 15-20 as of December 2007 interviewed as part of the long-term survey (N=3,621).

** Significant at the 5 percent level on an independent group t-test of the difference between the control group and the Experimental group or the Section 8 group.

* Significant at the 10 percent level.

APPENDIX TABLE 2 – EFFECTS ON EXPANDED SET OF HOUSING AND NEIGHBORHOOD CONDITION MEASURES

	CM	Experimental vs. Control				Section 8 vs. Control			
		ITT	TOT	CCM	N	ITT	TOT	CCM	N
<i>Tract share poor</i>									
At baseline									
Share poor	0.531	-0.004 (0.005)	-0.009 (0.009)	0.539	2555	-0.003 (0.006)	-0.004 (0.010)	0.544	1797
Share poor, z-score on U.S. tracts	3.172	-0.036 (0.037)	-0.074 (0.076)	3.241	2555	-0.021 (0.049)	-0.034 (0.079)	3.280	1797
Share poor, z-score on MTO controls	0.000	-0.030 (0.031)	-0.062 (0.063)	0.057	2555	-0.018 (0.041)	-0.028 (0.065)	0.089	1797
1 year post-random assignment									
Share poor	0.499	-0.169 *** (0.008)	-0.352 *** (0.013)	0.507	2552	-0.134 *** (0.009)	-0.213 *** (0.013)	0.505	1793
Share poor, z-score on U.S. tracts	2.916	-1.372 *** (0.062)	-2.853 *** (0.102)	2.982	2552	-1.085 *** (0.073)	-1.728 *** (0.102)	2.965	1793
Share poor, z-score on MTO controls	0.000	-1.043 *** (0.047)	-2.168 *** (0.077)	0.050	2552	-0.825 *** (0.056)	-1.313 *** (0.077)	0.037	1793
5 years post-random assignment									
Share poor	0.399	-0.098 *** (0.007)	-0.202 *** (0.014)	0.390	2544	-0.065 *** (0.010)	-0.104 *** (0.016)	0.392	1785
Share poor, z-score on U.S. tracts	2.109	-0.793 *** (0.060)	-1.634 *** (0.110)	2.030	2544	-0.526 *** (0.083)	-0.842 *** (0.131)	2.052	1785
Share poor, z-score on MTO controls	0.000	-0.594 *** (0.045)	-1.225 *** (0.083)	-0.059	2544	-0.394 *** (0.062)	-0.631 *** (0.098)	-0.042	1785
10-15 years post-random assignment (May 2008)									
Share poor	0.311	-0.037 *** (0.007)	-0.076 *** (0.014)	0.285	2549	-0.021 ** (0.010)	-0.034 ** (0.016)	0.276	1778
Share poor, z-score on U.S. tracts	1.396	-0.298 *** (0.057)	-0.618 *** (0.115)	1.183	2549	-0.171 ** (0.080)	-0.275 ** (0.127)	1.108	1778
Share poor, z-score on MTO controls	0.000	-0.220 *** (0.042)	-0.456 *** (0.085)	-0.157	2549	-0.126 ** (0.059)	-0.203 ** (0.094)	-0.212	1778

APPENDIX TABLE 2 (continued)

	CM	Experimental vs. Control				Section 8 vs. Control			
		ITT	TOT	CCM	N	ITT	TOT	CCM	N
<i>Tract share poor (continued)</i>									
Duration-weighted									
Share poor	0.396	-0.088 *** (0.006)	-0.183 *** (0.010)	0.383	2592	-0.062 *** (0.007)	-0.099 *** (0.011)	0.384	1817
Share poor, z-score on U.S. tracts	2.082	-0.716 *** (0.046)	-1.482 *** (0.080)	1.974	2592	-0.501 *** (0.058)	-0.800 *** (0.088)	1.985	1817
Share poor, z-score on MTO controls	0.000	-0.702 *** (0.045)	-1.454 *** (0.078)	-0.107	2592	-0.491 *** (0.057)	-0.785 *** (0.086)	-0.095	1817
Duration-weighted poverty rate is...									
Less than 20%	0.054	0.233 *** (0.015)	0.483 *** (0.026)	0.076	2592	0.104 *** (0.019)	0.165 *** (0.030)	0.066	1817
Less than 30%	0.242	0.268 *** (0.019)	0.555 *** (0.035)	0.310	2592	0.148 *** (0.027)	0.236 *** (0.043)	0.317	1817
Less than 40%	0.512	0.199 *** (0.020)	0.412 *** (0.038)	0.568	2592	0.207 *** (0.028)	0.331 *** (0.043)	0.532	1817
<i>Tract share minority</i>									
At baseline									
Share minority	0.912	0.001 (0.007)	0.003 (0.014)	0.909	2555	0.007 (0.010)	0.011 (0.016)	0.895	1797
Share minority, z-score on U.S. tracts	1.898	0.005 (0.021)	0.010 (0.045)	1.889	2555	0.023 (0.032)	0.036 (0.051)	1.845	1797
Share minority, z-score on MTO controls	0.000	0.008 (0.035)	0.016 (0.073)	-0.015	2555	0.037 (0.052)	0.059 (0.084)	-0.088	1797
1 year post-random assignment									
Share minority	0.904	-0.111 *** (0.009)	-0.230 *** (0.017)	0.897	2552	-0.031 *** (0.011)	-0.049 *** (0.018)	0.881	1793
Share minority, z-score on U.S. tracts	1.875	-0.356 *** (0.028)	-0.740 *** (0.054)	1.852	2552	-0.098 *** (0.036)	-0.156 *** (0.057)	1.802	1793
Share minority, z-score on MTO controls	0.000	-0.574 *** (0.045)	-1.194 *** (0.086)	-0.036	2552	-0.158 *** (0.058)	-0.252 *** (0.092)	-0.118	1793

APPENDIX TABLE 2 (continued)

	CM	Experimental vs. Control				Section 8 vs. Control			
		ITT	TOT	CCM	N	ITT	TOT	CCM	N
<i>Tract share minority (continued)</i>									
5 years post-random assignment									
Share minority	0.886	-0.056 *** (0.009)	-0.116 *** (0.017)	0.868	2544	-0.014 (0.012)	-0.023 (0.019)	0.868	1785
Share minority, z-score on U.S. tracts	1.815	-0.181 *** (0.028)	-0.374 *** (0.055)	1.760	2544	-0.046 (0.038)	-0.074 (0.061)	1.759	1785
Share minority, z-score on MTO controls	0.000	-0.285 *** (0.043)	-0.588 *** (0.086)	-0.086	2544	-0.072 (0.060)	-0.116 (0.096)	-0.088	1785
10-15 years post-random assignment (May 2008)									
Share minority	0.844	-0.036 *** (0.010)	-0.075 *** (0.021)	0.856	2549	0.004 (0.015)	0.007 (0.024)	0.812	1778
Share minority, z-score on U.S. tracts	1.681	-0.115 *** (0.032)	-0.239 *** (0.066)	1.719	2549	0.013 (0.048)	0.022 (0.077)	1.578	1778
Share minority, z-score on MTO controls	0.000	-0.157 *** (0.043)	-0.325 *** (0.090)	0.051	2549	0.018 (0.065)	0.029 (0.104)	-0.140	1778
Duration-weighted									
Share minority	0.880	-0.060 *** (0.007)	-0.123 *** (0.013)	0.873	2592	-0.010 (0.010)	-0.016 (0.015)	0.857	1817
Share minority, z-score on U.S. tracts	1.798	-0.191 *** (0.022)	-0.396 *** (0.043)	1.775	2592	-0.033 (0.031)	-0.052 (0.049)	1.723	1817
Share minority, z-score on MTO controls	0.000	-0.368 *** (0.042)	-0.763 *** (0.083)	-0.044	2592	-0.063 (0.059)	-0.100 (0.094)	-0.143	1817
<i>Other tract characteristics</i>									
10-15 years post-random assignment (May 2008)									
Concentrated disadvantage index	1.128	-0.104 *** (0.018)	-0.215 *** (0.036)	1.077	2549	-0.053 ** (0.025)	-0.085 ** (0.039)	1.047	1778
Concentrated disadvantage index, z-score on MTO controls	0.000	-0.245 *** (0.042)	-0.508 *** (0.085)	-0.119	2549	-0.125 ** (0.058)	-0.201 ** (0.093)	-0.190	1778
Share college graduates	0.220	0.021 *** (0.006)	0.043 *** (0.012)	0.211	2549	0.003 (0.009)	0.005 (0.014)	0.241	1778

APPENDIX TABLE 2 (continued)

	CM	Experimental vs. Control				Section 8 vs. Control			
		ITT	TOT	CCM	N	ITT	TOT	CCM	N
<i>Other tract characteristics (continued)</i>									
Duration-weighted									
Concentrated disadvantage index	1.389	-0.235 *** (0.016)	-0.487 *** (0.028)	1.345	2592	-0.171 *** (0.020)	-0.273 *** (0.030)	1.362	1817
Concentrated disadvantage index, z-score on MTO controls	0.000	-0.637 *** (0.042)	-1.319 *** (0.075)	-0.122	2592	-0.462 *** (0.053)	-0.738 *** (0.081)	-0.073	1817
Share college graduates	0.161	0.042 *** (0.004)	0.087 *** (0.008)	0.159	2592	0.014 ** (0.005)	0.022 ** (0.009)	0.172	1817
Residential mobility									
Number of moves after random assignment	2.165	0.555 *** (0.073)	1.152 *** (0.146)	2.276	2595	0.588 *** (0.103)	0.940 *** (0.158)	2.511	1817
Local area violent crime rate (per 100,000 residents)									
At baseline	4,082.4	-62.0 (91.0)	-128.7 (189.2)	4,314.9	2579	9.2 (124.4)	14.7 (198.8)	4,201.6	1810
1 year after random assignment	3,603.0	-1,035.7 *** (84.3)	-2,258.9 *** (178.5)	3,711.1	2506	-718.9 *** (105.5)	-1,154.4 *** (164.5)	3,687.9	1800
5 years after random assignment	2,480.4	-486.1 *** (59.9)	-1,044.3 *** (125.2)	2,443.9	2495	-301.6 *** (76.2)	-485.9 *** (123.0)	2,645.2	1776
10-15 years post-random assignment (May 2008)	1,458.4	-95.4 *** (35.4)	-203.8 *** (75.1)	1,342.8	2436	-13.1 (53.6)	-21.1 (86.7)	1,461.2	1746
Duration-weighted	2,317.2	-401.9 *** (40.4)	-833.2 *** (81.1)	2,317.9	2594	-277.3 *** (54.9)	-443.1 *** (87.4)	2,454.8	1817
Local area property crime rate (per 100,000 residents)									
At baseline	7,021.1	200.3 (243.2)	415.7 (504.6)	6,739.8	2577	37.3 (226.6)	59.6 (362.1)	7,342.0	1809
1 year after random assignment	6,376.8	-666.6 *** (247.5)	-1,424.9 *** (527.1)	5,984.8	2537	-618.7 *** (203.7)	-993.6 *** (325.5)	6,732.6	1803
5 years after random assignment	5,134.1	-276.9 ** (124.2)	-588.2 ** (262.2)	4,700.7	2514	-270.7 (169.4)	-434.2 (271.3)	5,491.3	1780

APPENDIX TABLE 2 (continued)

	CM	Experimental vs. Control				Section 8 vs. Control			
		ITT	TOT	CCM	N	ITT	TOT	CCM	N
<i>Local area property crime rate (per 100,000 residents) (continued)</i>									
10-15 years post-random assignment (May 2008)	3,747.5	62.0 (80.3)	131.8 (171.1)	3,354.6	2472	38.2 (124.3)	61.6 (200.1)	3,991.7	1754
Duration-weighted	4,821.2	-207.6 ** (89.0)	-430.3 ** (183.4)	4,544.4	2593	-239.1 ** (106.4)	-382.1 ** (170.4)	5,205.9	1817
<i>Safety, housing and neighborhood problems, and social networks</i>									
Feel unsafe during day	0.196	-0.036 ** (0.016)	-0.076 ** (0.034)	0.200	2587	-0.047 ** (0.023)	-0.075 ** (0.036)	0.181	1812
Saw drugs used or sold in last 30 days	0.310	-0.062 *** (0.019)	-0.128 *** (0.039)	0.316	2583	-0.027 (0.027)	-0.042 (0.043)	0.249	1798
Number of housing problems (0-7)	2.051	-0.359 *** (0.080)	-0.745 *** (0.166)	2.186	2593	-0.395 *** (0.115)	-0.626 *** (0.181)	1.932	1812
Likely or very likely to report kids spraying graffiti (collective efficacy)	0.589	0.078 *** (0.021)	0.162 *** (0.043)	0.541	2581	0.018 (0.030)	0.028 (0.048)	0.611	1807
One or more friends with college degree	0.532	0.071 *** (0.021)	0.146 *** (0.044)	0.481	2543	-0.018 (0.031)	-0.028 (0.050)	0.583	1778

Notes : CM, control mean; ITT, intent-to-treat, from ordinary least squares regression; TOT, treatment-on-treated, from two-stage least squares regression instrumenting treatment compliance; CCM, control complier mean. The estimated equations all include treatment indicators and the baseline covariates listed in Appendix Table 1. Robust standard errors are in parentheses. The concentrated disadvantage index is a weighted combination of census tract percent [i] poverty, [ii] on welfare, [iii] unemployed, [iv] female-headed family households, and [v] under age 18, with loading factors developed using 2000 Census tracts in Chicago by Sampson, Sharkey, and Raudenbush (2008), but does not include percent African-American. The local area crime rate data were refined after the publication of Ludwig (2012), but these results do not substantively differ from those in the earlier publication. The safety measure reflects whether the respondent felt unsafe or very unsafe (vs. safe or very safe) in the neighborhood during the day. Housing problems include peeling paint, broken plumbing, rats, roaches, broken locks, broken windows, and broken heating system. *Source and Sample* : Self-reported measures come from the adult long-term survey. Census tract characteristics are interpolated data from the 1990 and 2000 decennial censuses as well as the 2005-09 American Community Survey. The sample is all adults interviewed as part of the long-term survey (N=3,273).

*** Significant at the 1 percent level.

** Significant at the 5 percent level.

APPENDIX TABLE 3 – INTENT-TO-TREAT EFFECTS ON SUMMARY MEASURES OF OUTCOMES

	All Adults		All Youth		Female Youth		Male Youth		M – F Youth	
	E – C (i)	S – C (ii)	E – C (iii)	S – C (iv)	E – C (v)	S – C (vi)	E – C (vii)	S – C (viii)	E – C (ix)	S – C (x)
Index for all outcomes	0.037 (0.040)	-0.010 (0.059)	0.034 (0.046)	-0.019 (0.050)	0.079 (0.062)	0.077 (0.065)	-0.016 (0.062)	-0.116 * (0.069)	-0.096 (0.084)	-0.193 ** (0.089)
Economic self-sufficiency	-0.029 (0.040)	-0.112 * (0.059)								
Absence of physical health problems	0.055 (0.042)	0.062 (0.058)	0.025 (0.047)	0.025 (0.052)	0.109 * (0.061)	0.124 * (0.065)	-0.075 (0.068)	-0.058 (0.078)	-0.184 ** (0.088)	-0.182 * (0.100)
Absence of mental health problems	0.069 (0.042)	0.063 (0.062)	0.089 ** (0.044)	-0.006 (0.049)	0.160 *** (0.058)	0.039 (0.065)	0.008 (0.064)	-0.062 (0.071)	-0.151 * (0.085)	-0.101 (0.095)
Absence of risky behavior			0.009 (0.047)	-0.035 (0.049)	-0.001 (0.065)	0.007 (0.066)	0.027 (0.061)	-0.069 (0.067)	0.028 (0.085)	-0.076 (0.090)
Education			-0.024 (0.045)	-0.021 (0.053)	-0.043 (0.061)	0.027 (0.072)	-0.006 (0.061)	-0.082 (0.069)	0.037 (0.082)	-0.109 (0.094)

Notes : E – C denotes Experimental vs. control; S – C denotes Section 8 vs. control. Estimates are the intent-to-treat effect sizes from an ordinary least squares regression of each outcome on treatment indicators and the baseline covariates listed in Appendix Tables 1 and 1B. In columns (v)–(x), gender is interacted with the treatment indicators and baseline covariates described above. M – F Youth is male – female difference. Robust standard errors (adjusted for household clustering in the youth analysis) are in parentheses. Index components are as follows (positive outcomes (+) were included as is, while the signs for negative outcomes (–) were reversed so that higher index values indicate "better" outcomes): Adult economic self-sufficiency: + adult employed and not on TANF + employed + 2009 earnings – on TANF – 2009 government income. Adult mental health: – distress index – depression – Generalized Anxiety Disorder + calmness + sleep. Adult physical health: – self-reported health fair/poor – asthma attack past year – obesity – hypertension – trouble carrying/climbing. Youth physical health: – self-reported health fair/poor – asthma attack past year – overweight – nonsports injury past year. Youth mental health: – distress index – depression – Generalized Anxiety Disorder. Youth risky behavior: – marijuana past 30 days – smoking past 30 days – alcohol past 30 days – ever pregnant or gotten someone pregnant. Youth education: + graduated high school or still in school + in school or working + Early Childhood Longitudinal Study-Kindergarten cohort study (ECLS-K) reading score + ECLS-K math score. For adults, the index for all outcomes includes the 15 measures in the self-sufficiency, physical health, and mental health indices. For youth, the index for all outcomes includes the 15 measures in the physical health, mental health, risky behavior, and education indices.

Source and Sample : The sample is all adults and youth aged 15-20 (as of December 2007) who were interviewed as part of the long-term survey. Sample sizes in the E, S, and C groups are 1,456, 678, and 1,139 for adults and 1,437, 1,031, 1,153 for youth.

*** Significant at the 1 percent level.

** Significant at the 5 percent level.

* Significant at the 10 percent level.

APPENDIX TABLE 4 – EFFECTS ON ADULT ECONOMIC SELF-SUFFICIENCY

	CM	Experimental vs. Control				Section 8 vs. Control			
		ITT	TOT	CCM	N	ITT	TOT	CCM	N
A. Survey data									
Employed and not receiving TANF	0.499	-0.020 (0.021)	-0.041 (0.043)	0.560	2585	-0.066 ** (0.030)	-0.106 ** (0.048)	0.577	1809
Employed	0.525	-0.007 (0.021)	-0.014 (0.043)	0.576	2586	-0.068 ** (0.030)	-0.108 ** (0.048)	0.606	1813
Earnings	\$12,289	293 (576)	613 (1208)	\$12,625	2493	-251 (883)	-399 (1403)	\$12,717	1736
Receiving TANF	0.158	0.011 (0.015)	0.022 (0.031)	0.147	2590	0.037 * (0.022)	0.059 * (0.035)	0.102	1806
Government income	\$3,543	255 (217)	530 (451)	\$2,902	2493	191 (318)	300 (500)	\$3,169	1737
B. Administrative data									
Employed	0.465	-0.004 (0.017)	-0.009 (0.036)	0.495	2980	0.000 (0.019)	0.000 (0.030)	0.482	2526
Earnings	\$11,325	-348 (524)	-732 (1102)	\$12,441	2980	113 (581)	181 (982)	\$11,542	2526

Notes: CM, control mean; ITT, intent-to-treat, from ordinary least squares regression; TOT, treatment-on-treated, from two-stage least squares regression instrumenting treatment compliance; CCM, control complier mean. The estimated equations all include treatment indicators and the baseline covariates listed in Appendix Table 1. Robust standard errors are in parentheses. Rows shown in the table are the components of the economic self-sufficiency index described in the notes to Table 1. TANF denotes Temporary Assistance for Needy Families. The administrative data effects were calculated using a slightly different estimation approach, pooling all three groups and including indicators for both treatments (whereas the survey data effects were estimated via separate regressions for the two treatments). Differences between estimation approaches are minimal.

Source and Sample: The survey data sample is all adults interviewed as part of the long-term survey (N=3,273). The administrative data sample is adults from all MTO households for whom consent to administrative data collection was available (N=4,194).

** Significant at the 5 percent level.

* Significant at the 10 percent level.

APPENDIX TABLE 5 – EFFECTS ON ADULT MENTAL AND PHYSICAL HEALTH

	CM	Experimental vs. Control				Section 8 vs. Control				
		ITT	TOT	CCM	N	ITT	TOT	CCM	N	
A. Mental health										
Psychological distress, K6 z-score	0.000	-0.106 ** (0.042)	-0.219 ** (0.087)	0.058	2595	-0.081 (0.060)	-0.130 (0.096)	-0.014	1817	
Calm and peaceful	0.487	0.015 (0.022)	0.032 (0.045)	0.502	2594	-0.039 (0.031)	-0.063 (0.050)	0.552	1816	
B. Physical health										
Fair or poor self-rated health	0.436	-0.004 (0.020)	-0.007 (0.042)	0.433	2591	0.017 (0.030)	0.028 (0.048)	0.369	1814	
Slept 7-8 hours last night	0.291	0.014 (0.020)	0.029 (0.042)	0.285	2569	0.015 (0.029)	0.024 (0.047)	0.291	1800	
Has trouble climbing stairs or carrying groceries	0.510	-0.050 ** (0.021)	-0.104 ** (0.043)	0.514	2592	-0.026 (0.030)	-0.041 (0.048)	0.476	1815	
Asthma attack in past year	0.293	-0.017 (0.019)	-0.036 (0.040)	0.285	2593	-0.037 (0.028)	-0.058 (0.044)	0.303	1811	
Hypertension	0.315	0.007 (0.020)	0.015 (0.042)	0.268	2462	-0.023 (0.029)	-0.036 (0.045)	0.304	1719	
BMI ≥ 30	0.584	-0.011 (0.021)	-0.023 (0.045)	0.589	2550	-0.010 (0.031)	-0.017 (0.050)	0.581	1788	
BMI ≥ 35	0.351	-0.044 ** (0.020)	-0.092 ** (0.042)	0.404	2550	-0.061 ** (0.029)	-0.098 ** (0.047)	0.389	1788	
BMI ≥ 40	0.175	-0.036 ** (0.016)	-0.074 ** (0.032)	0.213	2550	-0.038 * (0.023)	-0.060 * (0.037)	0.215	1788	
Blood test detected diabetes (HbA1c ≥ 6.5%)	0.204	-0.050 *** (0.018)	-0.103 *** (0.038)	0.255	2130	-0.015 (0.026)	-0.023 (0.041)	0.229	1554	

Notes : CM, control mean; ITT, intent-to-treat, from ordinary least squares regression; TOT, treatment-on-treated, from two-stage least squares regression instrumenting treatment compliance; CCM, control complier mean. The estimated equations all include treatment indicators and the baseline covariates listed in Appendix Table 1. Robust standard errors are in parentheses. Panel A and the first five rows in panel B are the components of the mental and physical health indices in Table 1 (effects on the depression and Generalized Anxiety Disorder components of the mental health index are withheld). The effects on body mass index (BMI) and diabetes represent key findings from earlier work. Psychological distress consists of 6 items (sadness, nervousness, restless, hopelessness, feeling that everything is an effort, worthlessness) scaled on a score from 0 (no distress) to 24 (highest distress) and then converted to a z-score using the mean and standard deviation for control group adults. Hypertension is high blood pressure based on systolic ≥ 140 mm Hg or diastolic ≥ 90 mm Hg. BMI is weight in kilograms divided by height in meters squared (BMI ≥ 30 indicates obesity, ≥ 35 indicates severe obesity, ≥ 40 indicates extreme obesity). Glycosylated hemoglobin (HbA1c) level is from a blood sample, and a level ≥ 6.5% indicates diabetes.

Source and Sample : The sample is all adults interviewed as part of the long-term survey (N=3,273).

*** Significant at the 1 percent level.

** Significant at the 5 percent level.

* Significant at the 10 percent level.

APPENDIX TABLE 6 – INTENT-TO-TREAT EFFECTS ON ADULT ECONOMIC SELF-SUFFICIENCY AND HEALTH BY AGE AT BASELINE

	Under Age 33 at Baseline			Age 33 and Over at Baseline			Difference by Age	
	CM	E – C	S – C	CM	E – C	S – C	E – C	S – C
A. Economic self-sufficiency								
Employed and not on TANF	0.564	-0.032 (0.029)	-0.066 * (0.040)	0.421	-0.005 (0.029)	-0.068 * (0.040)	0.027 (0.041)	-0.002 (0.052)
Employed	0.599	-0.017 (0.028)	-0.070 * (0.040)	0.439	0.005 (0.029)	-0.066 * (0.040)	0.023 (0.040)	0.004 (0.052)
Earnings in 2009	\$14,232	815 (839)	-572 (1198)	\$10,037	-312 (772)	49 (1117)	-1126 (1138)	621 (1501)
On TANF	0.187	0.003 (0.022)	0.022 (0.030)	0.122	0.020 (0.021)	0.053 * (0.028)	0.017 (0.030)	0.031 (0.038)
Government income in 2009	\$3,066	274 (293)	-308 (385)	\$4,112	232 (318)	763 (476)	-42 (430)	1071 * (579)
B. Mental health								
Psychological distress, K6 z-score	-0.031	-0.162 *** (0.054)	-0.150 ** (0.075)	0.037	-0.040 (0.065)	0.000 (0.084)	0.122 (0.085)	0.149 (0.104)
Calm and peaceful	0.480	0.019 (0.029)	-0.008 (0.040)	0.495	0.010 (0.032)	-0.075 * (0.042)	-0.009 (0.043)	-0.067 (0.054)
C. Physical health								
Fair or poor self-rated health	0.357	-0.015 (0.027)	-0.009 (0.038)	0.529	0.009 (0.030)	0.046 (0.041)	0.024 (0.041)	0.055 (0.051)
Slept 7-8 hours per night	0.277	0.013 (0.027)	0.015 (0.037)	0.309	0.016 (0.030)	0.016 (0.040)	0.003 (0.040)	0.001 (0.049)
Has trouble climbing stairs or carrying groceries	0.415	-0.074 *** (0.028)	-0.042 (0.039)	0.624	-0.023 (0.030)	-0.005 (0.040)	0.051 (0.041)	0.037 (0.051)
Asthma attack in past year	0.294	-0.056 ** (0.026)	-0.081 ** (0.036)	0.293	0.027 (0.029)	0.013 (0.038)	0.083 ** (0.039)	0.094 ** (0.047)
Has hypertension	0.253	-0.002 (0.026)	-0.051 (0.034)	0.389	0.017 (0.032)	0.012 (0.042)	0.019 (0.041)	0.063 (0.050)

APPENDIX TABLE 6 (continued)

	Under Age 33 at Baseline			Age 33 and Over at Baseline			Difference by Age	
	CM	E – C	S – C	CM	E – C	S – C	E – C	S – C
C. Physical health (continued)								
BMI \geq 30	0.576	0.022 (0.029)	-0.020 (0.041)	0.594	-0.050 (0.032)	0.000 (0.041)	-0.072 * (0.043)	0.021 (0.053)
BMI \geq 35	0.381	-0.063 ** (0.028)	-0.099 *** (0.038)	0.315	-0.023 (0.029)	-0.021 (0.039)	0.040 (0.040)	0.079 (0.050)
BMI \geq 40	0.194	-0.039 * (0.022)	-0.062 ** (0.030)	0.153	-0.033 (0.022)	-0.010 (0.031)	0.006 (0.031)	0.052 (0.039)
Blood test detected diabetes (HbA1c \geq 6.5%)	0.132	-0.047 ** (0.021)	-0.023 (0.030)	0.294	-0.053 * (0.031)	-0.006 (0.040)	-0.006 (0.037)	0.017 (0.046)

Notes: E – C denotes Experimental – control; S – C denotes Section 8 – control; CM, control mean. Estimates are the intent-to-treat effect sizes from an ordinary least squares regression of each outcome on treatment indicators and the baseline covariates listed in Appendix Table 1. Impacts by age at baseline were estimated as an interaction with treatment status. Difference by age is age 33 and over – under age 33. Robust standard errors are in parentheses. Panels A and B and the first five rows in panel C are the components of the economic self-sufficiency, physical health, and mental health indices in Table 1 (effects on the depression and Generalized Anxiety Disorder components of the mental health index are withheld). The effects on body mass index (BMI) and diabetes represent key findings from earlier work. Psychological distress consists of 6 items (sadness, nervousness, restless, hopelessness, feeling that everything is an effort, worthlessness) scaled on a score from 0 (no distress) to 24 (highest distress) and then converted to a z-score using the mean and standard deviation for control group adults. Hypertension is high blood pressure based on systolic \geq 140 mm Hg or diastolic \geq 90 mm Hg. BMI is weight in kilograms divided by height in meters squared (BMI \geq 30 indicates obesity, \geq 35 indicates severe obesity, \geq 40 indicates extreme obesity). Glycosylated hemoglobin (HbA1c) level is from a blood sample, and a level \geq 6.5% indicates diabetes.

Source and Sample: The sample is all adults interviewed as part of the long-term survey (N=3,273).

*** Significant at the 1 percent level.

** Significant at the 5 percent level.

* Significant at the 10 percent level.

APPENDIX TABLE 7 – EFFECTS ON ADULT SUBJECTIVE WELL-BEING

	CM	Experimental vs. Control				Section 8 vs. Control			
		ITT	TOT	CCM	N	ITT	TOT	CCM	N
Very happy (vs. pretty happy or not very happy)	0.228	0.010 (0.018)	0.022 (0.037)	0.242	2593	0.050 * (0.027)	0.079 * (0.043)	0.192	1811
Very happy or pretty happy (vs. not very happy)	0.725	0.045 ** (0.018)	0.094 ** (0.038)	0.712	2593	0.034 (0.027)	0.054 (0.042)	0.730	1811
Happiness 3-point scale	1.953	0.056 * (0.029)	0.116 * (0.061)	1.954	2593	0.084 * (0.043)	0.133 * (0.069)	1.922	1811
Happiness 3-point scale, z-score	0.000	0.079 * (0.042)	0.163 * (0.086)	0.001	2593	0.119 * (0.061)	0.187 * (0.097)	-0.045	1811

Notes: CM, control mean; ITT, intent-to-treat, from ordinary least squares regression; TOT, treatment-on-treated, from two-stage least squares regression instrumenting treatment compliance; CCM, control complier mean. The estimated equations all include treatment indicators and the baseline covariates listed in Appendix Table 1. Robust standard errors are in parentheses. Subjective well-being is from a 3-point happiness scale (1=not too happy, 2=pretty happy, 3=very happy), and the z-score was standardized using the control group mean and standard deviation.

Source and Sample: The sample is all adults interviewed as part of the long-term survey (N=3,273).

** Significant at the 5 percent level.

* Significant at the 10 percent level.

APPENDIX TABLE 8
INSTRUMENTAL VARIABLES ESTIMATES OF THE RELATIONSHIP BETWEEN ADULT OUTCOMES
AND DURATION-WEIGHTED TRACT POVERTY RATE OR TRACT SHARE MINORITY

Outcome and Single Mediator Included in Model	Model					First Stage Statistics	
	2SLS	LIML	Fuller (c=1)	Fuller (c=2)	Fuller (c=4)	Partial R-Sq.	Angrist- Pischke F-stat
Outcome=Economic self-sufficiency index							
Share poor (duration-weighted)	0.043 (0.054)	0.048 (0.056)	0.047 (0.056)	0.047 (0.055)	0.046 (0.055)	0.097	29.827
Share minority (duration-weighted)	0.028 (0.095)	0.033 (0.108)	0.032 (0.107)	0.032 (0.106)	0.031 (0.104)	0.035	10.493
Outcome=Physical health index							
Share poor (duration-weighted)	-0.105 * (0.055)	-0.110 * (0.058)	-0.110 * (0.058)	-0.109 * (0.057)	-0.109 * (0.057)	0.096	29.648
Share minority (duration-weighted)	-0.086 (0.096)	-0.104 (0.120)	-0.103 (0.118)	-0.102 (0.117)	-0.100 (0.115)	0.035	10.509
Outcome=Mental health index							
Share poor (duration-weighted)	-0.104 * (0.057)	-0.106 * (0.058)	-0.105 * (0.058)	-0.105 * (0.058)	-0.105 * (0.058)	0.096	29.648
Share minority (duration-weighted)	-0.151 (0.101)	-0.161 (0.110)	-0.160 (0.109)	-0.159 (0.108)	-0.156 (0.106)	0.035	10.509
Outcome=Subjective well-being scale							
Share poor (duration-weighted)	-0.141 *** (0.054)	-0.143 ** (0.056)	-0.143 ** (0.056)	-0.143 ** (0.055)	-0.142 *** (0.055)	0.098	30.265
Share minority (duration-weighted)	-0.069 (0.098)	-0.073 (0.115)	-0.073 (0.114)	-0.073 (0.113)	-0.072 (0.111)	0.035	10.697

Notes : Coefficient estimates for the various instrumental variable regressions shown use site and treatment group interactions as instruments. Each regression also controlled for the baseline covariates presented in Appendix Table 1 and for field release and was weighted. Columns labels are as follows: 2SLS columns report results for two-stage least squares, LIML is an unmodified limited information maximum likelihood (LIML) model, and columns labeled Fuller present Fuller-modified LIML models with constants 1, 2 and 4, respectively. Robust standard errors are in parentheses. All measures were converted to z-scores using the control group mean and standard deviation. See the notes to Table 1 for a description of the indices. Subjective well-being (SWB) scale refers to the 3-point happiness scale (1=not too happy, 2=pretty happy, 3=very happy). Share poor is the fraction of census tract residents living below the poverty threshold, and share minority is the fraction of census tract residents who are members of racial or ethnic minority groups. Both share poor and share minority are average measures weighted by the amount of time respondents lived at each of their addresses between random assignment and May 31, 2008 (just prior to the start of the long-term survey fielding period).

Source and Sample : SWB and the index components were self-reported or measured on the MTO long-term survey. Share poor and share minority come from interpolated data from the 1990 and 2000 decennial census as well as the 2005-09 American Community Survey. The sample is all adults interviewed as part of the long-term survey (N=3,273).

*** Significant at the 1 percent level.

** Significant at the 5 percent level.

* Significant at the 10 percent level.

APPENDIX TABLE 9

INSTRUMENTAL VARIABLES ESTIMATES OF THE RELATIONSHIP BETWEEN ADULT OUTCOMES AND DURATION-WEIGHTED TRACT POVERTY RATE AND TRACT SHARE MINORITY IN ONE MODEL

Outcome and Both Mediators Included in Model	Model					First Stage Statistics		
	2SLS	LIML	Fuller (c=1)	Fuller (c=2)	Fuller (c=4)	Partial R-Sq.	Angrist-Pischke F-stat	Cragg-Donald F-stat
Outcome=Economic self-sufficiency index								
Share poor, controlling for share minority (duration-weighted)	0.073 (0.087)	0.088 (0.103)	0.086 (0.101)	0.085 (0.100)	0.082 (0.097)	0.052	14.126	6.132
Share minority, controlling for share poor (duration-weighted)	-0.068 (0.155)	-0.093 (0.196)	-0.091 (0.192)	-0.088 (0.188)	-0.084 (0.181)	0.019	4.484	
P-value of test that coefficients are equal	0.539	0.530	0.530	0.531	0.532			
Outcome=Physical health index								
Share poor, controlling for share minority (duration-weighted)	-0.155 * (0.089)	-0.183 (0.116)	-0.181 (0.114)	-0.179 (0.112)	-0.175 (0.108)	0.053	14.210	6.220
Share minority, controlling for share poor (duration-weighted)	0.118 (0.159)	0.170 (0.230)	0.166 (0.224)	0.162 (0.219)	0.155 (0.210)	0.019	4.546	
P-value of test that coefficients are equal	0.247	0.292	0.289	0.287	0.281			
Outcome=Mental health index								
Share poor, controlling for share minority (duration-weighted)	-0.089 (0.091)	-0.090 (0.100)	-0.090 (0.098)	-0.090 (0.097)	-0.090 (0.095)	0.053	14.210	6.220
Share minority, controlling for share poor (duration-weighted)	-0.034 (0.160)	-0.036 (0.183)	-0.036 (0.179)	-0.036 (0.176)	-0.035 (0.170)	0.019	4.546	
P-value of test that coefficients are equal	0.817	0.842	0.838	0.835	0.829			
Outcome=Subjective well-being scale								
Share poor, controlling for share minority (duration-weighted)	-0.261 *** (0.093)	-0.279 *** (0.102)	-0.276 *** (0.100)	-0.273 *** (0.099)	-0.268 *** (0.096)	0.052	14.246	6.077
Share minority, controlling for share poor (duration-weighted)	0.279 * (0.169)	0.316 * (0.191)	0.310 * (0.187)	0.304 * (0.184)	0.293 * (0.177)	0.019	4.552	
P-value of test that coefficients are equal	0.030	0.035	0.034	0.033	0.032			

Notes: Coefficient estimates for the various instrumental variable regressions shown use site and treatment group interactions as instruments. Each regression presents coefficients for the respective neighborhood measure controlling for the other mediator listed. Each regression also controlled for the baseline covariates presented in Appendix Table 1 and for field release and was weighted. Columns labels are as follows: 2SLS columns report results for two-stage least squares, LIML is an unmodified limited information maximum likelihood (LIML) model, and columns labeled Fuller present Fuller-modified LIML models with constants 1, 2 and 4, respectively. Robust standard errors shown in parentheses; * = p-value < 0.05, ~ = p-value < 0.10. All measures were converted to z-scores using the control group mean and standard deviation. See the notes to Table 1 for a description of the indices. Subjective well-being (SWB) scale refers to the 3-point happiness scale (1=not too happy, 2=pretty happy, 3=very happy). Share poor is the fraction of census tract residents living below the poverty threshold, and share minority is the fraction of census tract residents who are members of racial or ethnic minority groups. Both share poor and share minority are average measures weighted by the amount of time respondents lived at each of their addresses between random assignment and May 31, 2008 (just prior to the start of the long-term survey fielding period).

Source and Sample: SWB and the index components were self-reported or measured on the MTO long-term survey. Share poor and share minority come from interpolated data from the 1990 and 2000 decennial census as well as the 2005-09 American Community Survey. The sample is all adults interviewed as part of the long-term survey (N=3,273).

*** Significant at the 1 percent level.

* Significant at the 10 percent level.

APPENDIX TABLE 10 – INTENT-TO-TREAT EFFECTS ON YOUTH OUTCOMES

	Female Youth			Male Youth			M – F Difference	
	CM	E – C	S – C	CM	E – C	S – C	E – C	S – C
A. Mental health								
Psychological distress, K6 z-score	0.000	-0.143 ** (0.062)	-0.032 (0.070)	0.000	0.039 (0.063)	0.081 (0.070)	0.182 ** (0.085)	0.113 (0.094)
B. Physical health								
Fair or poor self-rated health	0.149	-0.014 (0.022)	-0.017 (0.024)	0.110	-0.003 (0.020)	-0.008 (0.023)	0.011 (0.029)	0.009 (0.032)
Asthma attack in past year	0.217	-0.016 (0.025)	-0.025 (0.026)	0.159	0.022 (0.024)	-0.011 (0.027)	0.038 (0.034)	0.014 (0.037)
Non-sports injury in past year	0.128	-0.013 (0.020)	-0.019 (0.022)	0.107	0.024 (0.020)	0.050 ** (0.023)	0.037 (0.029)	0.069 ** (0.032)
Overweight, BMI > 95th percentile	0.269	-0.059 ** (0.028)	-0.050 * (0.030)	0.196	0.015 (0.025)	0.008 (0.028)	0.074 ** (0.036)	0.058 (0.039)
C. Education								
Educationally on track	0.827	-0.004 (0.023)	0.012 (0.024)	0.801	-0.018 (0.025)	-0.061 ** (0.029)	-0.014 (0.032)	-0.073 ** (0.036)
Currently idle (neither in school nor working)	0.194	0.030 (0.024)	0.025 (0.027)	0.235	-0.019 (0.027)	0.025 (0.030)	-0.049 (0.035)	0.000 (0.040)
Reading assessment, z-score	0.000	-0.019 (0.062)	0.080 (0.069)	0.000	0.016 (0.060)	-0.033 (0.066)	0.035 (0.083)	-0.113 (0.092)
Math assessment, z-score	0.000	-0.026 (0.065)	0.007 (0.075)	0.000	-0.057 (0.061)	0.014 (0.067)	-0.031 (0.084)	0.007 (0.097)
D. Risky behavior								
Used marijuana in past 30 days	0.186	-0.021 (0.025)	-0.019 (0.028)	0.274	0.003 (0.030)	0.012 (0.033)	0.024 (0.038)	0.031 (0.043)
Used alcohol in past 30 days	0.427	-0.034 (0.029)	0.001 (0.033)	0.474	-0.044 (0.031)	0.003 (0.033)	-0.010 (0.041)	0.002 (0.045)
Smoked in past 30 days	0.163	0.044 * (0.024)	0.024 (0.026)	0.250	0.047 * (0.027)	0.089 *** (0.031)	0.003 (0.034)	0.066 * (0.039)
Ever pregnant or gotten someone pregnant	0.343	0.002 (0.028)	-0.017 (0.031)	0.273	-0.047 * (0.026)	-0.025 (0.031)	-0.049 (0.038)	-0.009 (0.044)

APPENDIX TABLE 10 (continued)

Notes : E – C denotes Experimental – control; S – C denotes Section 8 – control; CM, control mean. Estimates are the intent-to-treat effect sizes from an ordinary least squares regression of each outcome on treatment indicators and the baseline covariates listed in Appendix Tables 1 and 1B. Impacts by gender were estimated as an interaction with treatment status. M – F difference is male – female difference. Robust standard errors adjusted for household clustering are in parentheses. Rows shown in the table are the components of the mental health, physical health, education, and risky behavior indices in Table 2 (effects on the depression and Generalized Anxiety Disorder components of the mental health index are withheld). Psychological distress consists of 6 items (sadness, nervousness, restless, hopelessness, feeling that everything is an effort, worthlessness) scaled on a score from 0 (no distress) to 24 (highest distress) and then converted to a z-score using the mean and standard deviation for control group youth ages 15-20 (with male and female youth standardized separately). Body mass index (BMI) values greater than the 95th percentile indicate overweight for youth. Educationally on track indicates the youth was currently in school or had received a high school diploma or certificate of General Educational Development (GED). Assessment scores are from Early Childhood Longitudinal Study-Kindergarten (ECLS-K) cohort study assessments adapted for the MTO study. The math and reading achievement assessment measures were converted to z-scores as described above for the psychological distress index. The overweight finding is sensitive to the measure used: the intent-to-treat effects for females presented above and those for the overall physical health index presented in Table 2 and Appendix Table 3 are not quite statistically significant when using cutoffs from the International Obesity Task Force as presented in Sanbonmatsu et al. (2011).

Source and Sample : The sample is youth ages 15-20 as of December 2007 interviewed as part of the long-term survey (N=3,621).

*** Significant at the 1 percent level.

** Significant at the 5 percent level.

* Significant at the 10 percent level.
