Fewer Public Housing Units and a Greater Spatial Concentration of Housing Choice Voucher Households in the Tampa Metropolitan Statistical Area

Alexander Din
U.S. Department of Housing and Urban Development, Office of Policy Development and Research

Abstract

Between 2012 and 2022, most of the 50 most populous metropolitan statistical areas (MSAs) experienced increases in the concentration of households participating in the Housing Choice Voucher (HCV) Program locating into fewer census tracts. Examining a map for changes in HCV households for the Tampa, Florida, MSA, which saw the largest increase in concentration during that period, revealed that the decline in HCV program households by census tract was widespread, and increases occurred in only about one-third of census tracts, particularly near where public housing used to be.

Concentration of Housing Choice Voucher Program Households into Few Census Tracts

The potential for neighborhood choice and the spatial deconcentration of poverty has been a goal of the Housing Choice Voucher (HCV) Program since its inception, although the program has struggled to achieve either objective (Seicshnaydre, 2016). The program is not without its successes, however: households receive housing and are protected from homelessness (Ellen, 2020). Results are mixed regarding whether HCV households have better life outcomes if they participate in the spatial deconcentration of poverty and move to new neighborhoods (de Souza Briggs, Popkin, and Goering, 2010), but interest remains in HCV households accessing new neighborhoods—particularly households with children (Chetty, Hendren, and Katz, 2015).

Great effort has gone into measuring the spatial locations of HCV households. Analysts typically measure neighborhood access by describing the number of census tracts—neighborhood-level geographic units defined by the Census Bureau—although not all spatial patterns of clustering and dispersion may be captured through this simple method. Previous work (Devine et al., 2003; McClure, Schwartz, and Taghavi, 2015) has found, however, that HCV households are more concentrated than similarly low-income, non-assisted households (Metzger, 2015).

Analysis

Inequality of HCV Concentration by Census Tract by Metropolitan Statistical Area, 2012–22

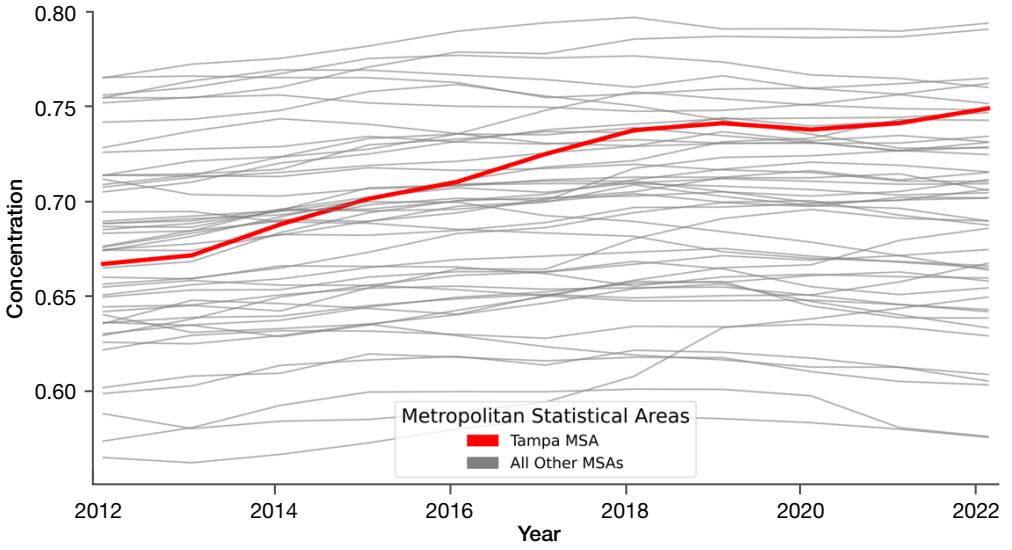
In this article, the author analyzes the Tampa–St. Petersburg–Clearwater Metropolitan Statistical Area (hereafter, Tampa MSA) because it was the metropolitan statistical area (MSA) with the greatest change in concentration of HCV households by census tract from 2012 to 2022 among the 50 most populous MSAs. The concentration and inequality of share of HCV households by census tract was measured for each MSA using the Gini coefficient. The Gini coefficient typically measures wealth inequality—how much wealth is concentrated among how many people—whereas, in this analysis, it measures how many HCV households are concentrated into how many census tracts. Metzger (2015) used a similar inequality index and found that, among similarly large MSAs, HCV households concentrate into fewer census tracts than do similarly low-income non-assisted renter households.

HCV household data between 2012 and 2022 in the 50 most populous MSAs in 2020 were geocoded to 2020 census tracts. The Gini coefficient produces values between 0.0, which would indicate equal dispersion of HCV households in all census tracts, and 1.0, which would indicate that one census tract contains all of the HCV households in an MSA. For each year and each MSA, the Gini coefficient was calculated describing the concentration of HCV households by census tract. Exhibit 1 displays Gini coefficients for each MSA by year as a line graph. Most (40 of 50) MSAs had increased Gini coefficients between 2012 and 2022, indicating that HCV households were in fewer census tracts. Using the Gini coefficient to measure HCV household inequality by census tract can help identify and compare areas where HCV households concentrate or disperse. Further analysis could employ more sophisticated spatial methods and statistics that are not directly comparable across different geographies due to a reliance on distances and spatial weights to inform those metrics.

In 2012, the Tampa MSA had an HCV Gini coefficient of 0.67 and ranked 30th among other large MSAs. However, by 2022, the Tampa MSA experienced the largest HCV Gini coefficient increase (0.08)—to 0.75—and ranked 8th among those same MSAs.

Exhibit 1

Demographic and Neighborhood Characteristics for Housing Choice Voucher Program Households in the Tampa MSA, 2012–22



MSA = metropolitan statistical area
Sources: HUD administrative tenant data; analysis by the author

Tampa, Florida Metropolitan Statistical Area

Households participating in the HCV Program are known to be clustered within the Tampa MSA (Walter and Wang, 2017). Critics of the HCV Program have noted that assisted households often move to similarly low-opportunity neighborhoods, where public housing was located (Greenbaum, Rodriguez, and Ward, 2008). Hillsborough County, which contains about one-half the Tampa MSA's population, has a high share of HCV households locating in Low-Income Housing Tax Credit properties, which may influence the concentration of HCV households into few census tracts (Williamson, Smith, and Strambi-Kramer, 2009).

The overall number of HCV households in the Tampa MSA grew by 18.1 percent between 2012 and 2022 (exhibit 2). The demographics of who was served by the HCV Program in the Tampa MSA also changed: fewer households have a female head-of-household, have children, or have a disabled head-of-household. By the end of the study period, the program had more project-based voucher (PBV) households, more specialty voucher types, and more elderly heads-of-household. Most of the PHAs in the Tampa MSA participate in the Rental Assistance Demonstration,[1] which may explain the increase in PBV households. Nearly 2,300 more specialty vouchers were in use, primarily Tax Credit Union (TCU) and Veterans Affairs Supportive Housing (VASH) vouchers. Few HCV households in the Tampa MSA lived in low-poverty census tracts before the beginning of the study period (McClure, 2013), and the average neighborhood poverty rate for an HCV household increased by 6.5 percentage points.

[1] See PHA Data at RAD Resource Desk, then view data using Extract Data to Excel: https://www.radresource.net/pha_data.cfm.

Exhibit 2

Change in Demographic and Neighborhood Characteristics for Housing Choice Voucher Program Households in the Tampa MSA, 2012–22

Variable	2012	2022
HCV Households	17,336	20,655
Project-Based Vouchers	1.3%	19.4%
Female Head-of-Household	84.6%	79.9%
Household with Children	44.3%	43.0%
Elderly Head-of-Household	17.1%	32.1%
Disabled Head-of-Household	26.4%	21.5%
Specialty Vouchers	3,172	5,458
Neighborhood Poverty Rate	16.4%	22.9%

HCV = housing choice voucher.

Sources: HUD administrative tenant data; HUD Picture of Subsidized Households; American Community Survey data; analysis by the author

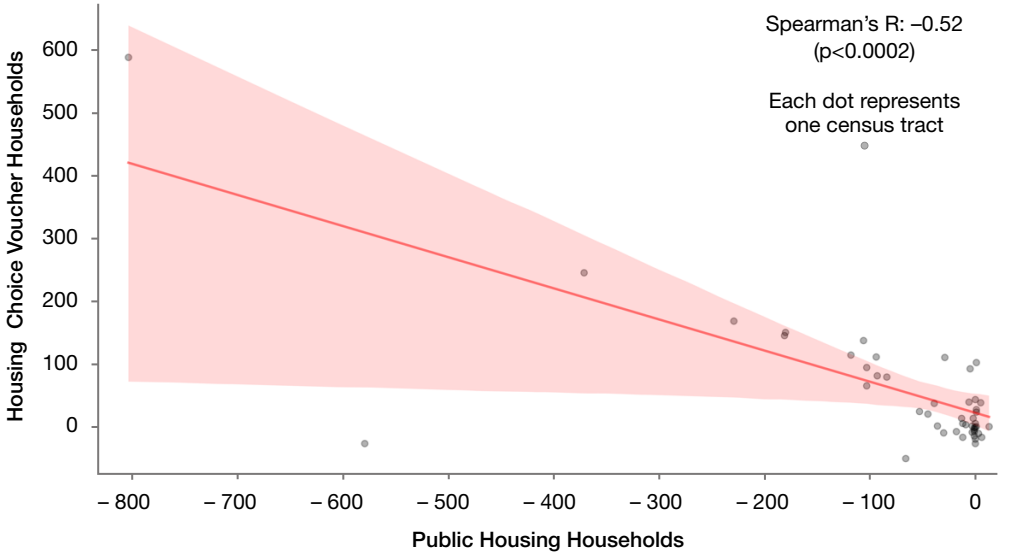
During that period, the number of HUD-assisted households participating in the public housing (PH) program declined from more than 4,500 to approximately 1,100—similar to the increase in the number of HCV households in the Tampa MSA during the same period. The analysis in this article did not track whether specific households moved from PH to the HCV Program, but the Tampa Housing Authority—the largest PHA in the Tampa MSA—participated in the Rental Assistance Demonstration (RAD) program,[2] and a feature of that program was the conversion of PH households to HCV households, including by way of PBVs.

In 2012, more than 4,500 households were served by the public housing program across 48 census tracts; by 2022, that number declined to approximately 1,100 households in only 24 census tracts. The census tracts that had at least one PH household in 2012 gained more than 2,800 HCV households, and, as shown in exhibit 3, there was a strong relationship between them losing PH households and gaining HCV households.

[2] For information on the RAD program in the Tampa MSA, please see: https://www.tampaha.org/rad-program.

Exhibit 3

Change in Public Housing and Housing Choice Voucher Households by Census Tract in the Tampa MSA, 2012–22



MSA = metropolitan statistical area

Note: Only census tracts with at least one public housing household are shown in the visualization (48 census tracts).

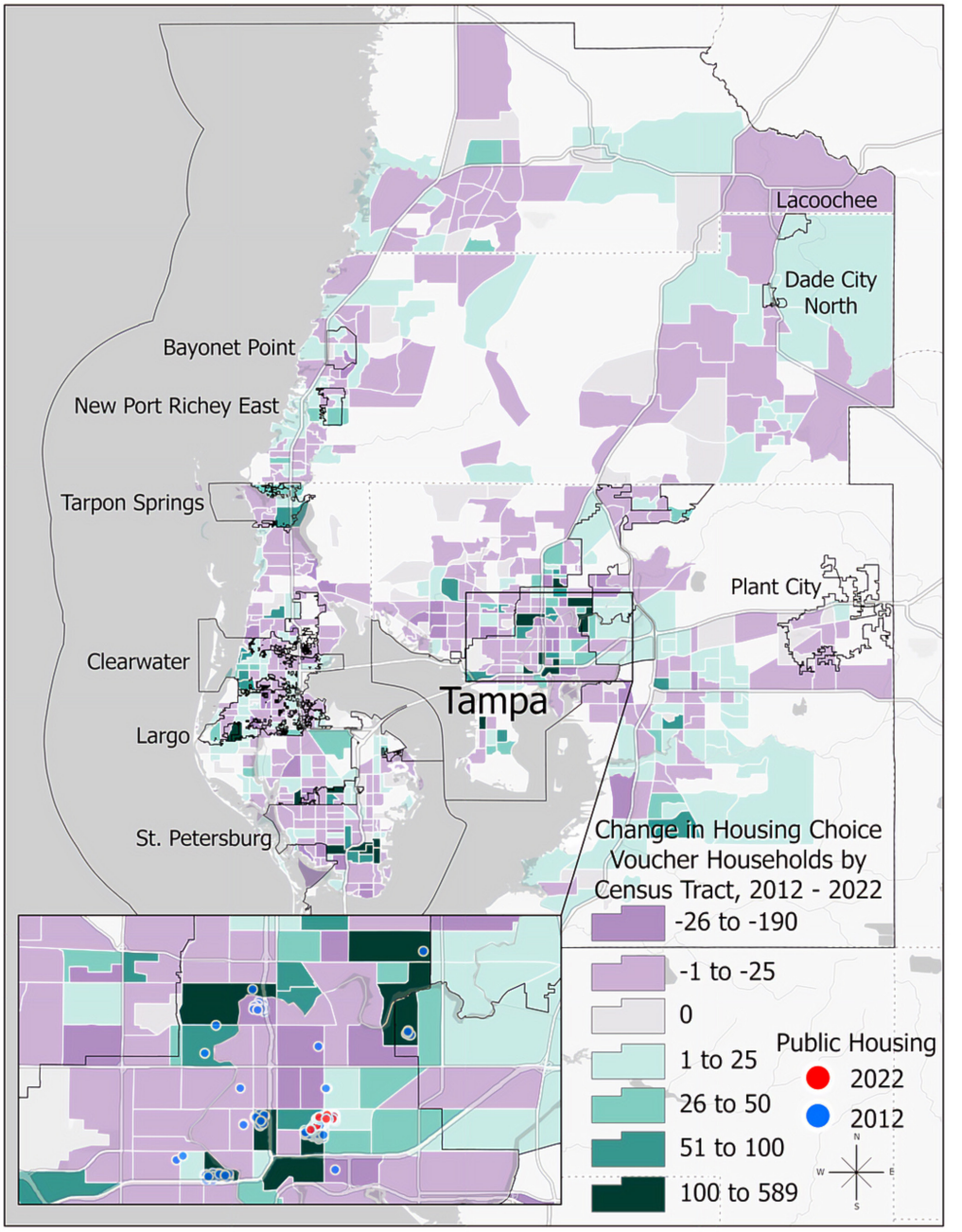
Sources: HUD administrative tenant data; analysis by the author

The map in exhibit 4 shows census tract-level changes in the number of HCV households in the Tampa MSA and includes an inset map around downtown Tampa that also shows public housing households in 2012 and 2022. Throughout the Tampa MSA are census tracts that lost at least one HCV household. Declines in the number of HCV households by census tract were widespread. One-half of the census tracts in the Tampa MSA that had at least one HCV household in 2012 had fewer in 2022, representing an overall loss of about 4,300 fewer HCV households. Increases in the number of HCV households were concentrated into about one-third of census tracts and totaled more than 7,600 more HCV households.

The inset map shows downtown Tampa, which had many census tracts with declining numbers of HCV households but also multiple census tracts with large increases. Overlaid are PH households in 2012 in 2022. Census tracts with high increasing numbers of HCP households in downtown Tampa tend to be located near where many PH households were in 2012 that were no longer present by 2022. Many PH developments existed throughout the downtown Tampa neighborhoods in 2012, but by 2022, only a cluster of PH households remained at Belmont Heights Estates. The map shows that census tracts that gained HCV households were typically located near where PH households used to live.

Exhibit 4

Census Tract-Level Change in the Housing Choice Voucher Program in the Tampa MSA, 2012–22



MSA = metropolitan statistical area

Note: Only Census-defined places that had Public Housing sites in 2012 are displayed on the map.

Sources: HUD administrative tenant data; analysis by the author

Is Further Spatial Concentration of Housing Choice Voucher Households a Fact of Program Changes?

The spatial deconcentration of poverty has long been a goal of HUD, and much analysis has been performed measuring the spatial concentration of HCV households. Examining the inequality of HCV households by census tracts revealed that most MSAs are experiencing further concentration of HCV households. The map of the Tampa MSA illustrates that most census tracts throughout the MSA were declining in the number of HCV households, and the census tracts gaining in HCV households tended to be near where PH households used to live. Despite changes in program type, when considering all HUD-assisted households regardless of program type, little change may have occurred in the concentration of low-income assisted rental households.

Further research should consider the effect of programmatic changes to HUD assistance programs and the impact of those changes on the spatial concentration of HUD-assisted households, particularly HCV households. For example, public housing authorities (PHAs) have so far expressed great interest in converting PH units to PBVs (Mast and Hardiman, 2017). Although changes to how low-income renter households are served may be necessary—whether due to insufficient funding for capital needs to the PH program (Hanlon, 2017) or tight rental markets (Galvez et al., 2020)—programmatic changes must be considered when measuring the spatial concentration of HCV households. Policymakers and stakeholders should also evaluate how changes to rental assistance programs may affect the goal of spatial deconcentration of poverty and whether the changes interrupt patterns of historic segregation and unequal fair housing practices. Further research also should identify success cases and best practices when program changes resulted in HCV households accessing new neighborhoods, not just neighborhoods near where public housing used to be.

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Author

Alexander Din is a social science analyst in the Office of Policy Development and Research at the U.S. Department of Housing and Urban Development.

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