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Title

Notice of Retraction and Replacement: Kessler RC, et al. Associations of Housing Mobility Interventions for Children in High-Poverty Neighborhoods With Subsequent Mental Disorders During Adolescence. JAMA. 2014;311(9):937-947.

Permalink

<https://escholarship.org/uc/item/5mj5329n>

Journal

JAMA, 316(2)

ISSN

0098-7484

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Publication Date

2016-07-12

DOI

10.1001/jama.2016.6187

Peer reviewed

Letters

COMMENT & RESPONSE

Notice of Retraction and Replacement: Kessler RC, et al. Associations of Housing Mobility Interventions for Children in High-Poverty Neighborhoods With Subsequent Mental Disorders During Adolescence. *JAMA*. 2014;311(9):937-947.

To the Editor In the Original Investigation entitled “Associations of Housing Mobility Interventions for Children in High-Poverty Neighborhoods With Subsequent Mental Disorders During Adolescence” published in the March 5, 2014, issue of *JAMA*,¹ we inadvertently reported incorrect confidence intervals and a *P* value in 2 tables. This study explored the associations between 2 types of vouchers given to volunteer public housing families to encourage them to move out of high-poverty neighborhoods (when children were age 0-8 years) and no intervention and subsequent mental disorders in 2872 adolescents (at age 13-19 years).

The errors were due to failure to update results from an earlier set of models. These errors were discovered in the course of rechecking the code in conjunction with a secondary analysis. We have corrected these errors and confirmed that there are no other errors after reviewing our original analysis and findings. The corrections for these errors have changed 1 of the major findings of the study: the previously reported statistically significant reduction in major depressive disorder in girls was not statistically significant. Thus, we have requested that the original article be retracted and replaced.

In Table 4, incorrect 95% CIs were reported for major depressive disorder for each of the groups; the absolute risks (ARs) and absolute risk reductions (ARRs) have not changed. For the AR in the low-poverty voucher group (n = 1424), the correct data are AR 6.8%, 95% CI 4.9%-8.7% (not 6.8%, 95% CI -12.0% to 25.6%); and the correct data for the ARR are 0.3%, 95% CI -1.8% to 2.3% (not 0.3%, 95% CI, -27.0% to 27.6%). For the AR in the traditional voucher group (n = 1074), the correct data are AR 6.1%, 95% CI 4.5% to 7.7% (not 6.1%, 95% CI -20.1% to 32.4%) and for the ARR, the correct data are 1.0%, 95% CI -1.0% to 3.0% (not 1.0%, 95% CI -30.7% to 32.7%). For the AR in the control group (n = 1173), the correct data are AR 7.1%, 95% CI 5.8% to 8.4% (not 7.1%, 95% CI -21.8% to 35.9%). An incorrect CI was also reported in Table 5 for the AR of conduct disorder among girls in the traditional voucher group (n = 533). The correct data are AR 0.3%, 95% CI -0.1% to 0.7% (not 0.3%, 95% CI 0.0% to 0.7%). An incorrect *P* value was also reported in Table 5 for the effect of the traditional voucher intervention on major depressive disorder among girls. The correct *P* value is .06 (not .04). None of the other findings in Tables 4 or 5 were affected by the errors.

The corrections for these errors indicate that the previously reported statistically significant reduction in major depressive disorder in girls was not statistically significant, and

this result has been removed from the conclusion of the article. The article now concludes: “Interventions to encourage moving out of high-poverty neighborhoods were associated with increased rates of depression, PTSD, and conduct disorder among boys and a reduced rate of conduct disorder among girls. Better understanding of interactions among individual, family, and neighborhood risk factors is needed to guide future public housing policy changes.”

We regret these errors as well as the confusion caused to *JAMA*, readers, and potentially to public housing policy planners. The abstract, text, and Tables 4 and 5 of the original article have been corrected and replaced online.¹ An additional online supplement has been added that includes a version of the original article with the errors highlighted and a version of the replacement article with the corrections highlighted.

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Published Online: June 17, 2016. doi:10.1001/jama.2016.6187

Conflict of Interest Disclosures: All authors have completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Dr Kessler reported that he has been a consultant for AstraZeneca, Analysis Group, Bristol-Myers Squibb, Cerner-Galt Associates, Eli Lilly, GlaxoSmithKline, HealthCore, Health Dialog, Hoffman-LaRoche, Integrated Benefits Institute, J & J Wellness & Prevention, John Snow, Kaiser Permanente, Lake Nona Institute, Matria, Mensante, Merck, Ortho-McNeil Janssen Scientific Affairs, Pfizer, Primary Care Network, Research Triangle Institute, sanofi-aventis, Shire US, SRA International, Takeda Global Research & Development, Transcept Pharmaceuticals, and Wyeth-Ayerst; has served on advisory boards for Appliance Computing II, Eli Lilly, Mindsite, Ortho-McNeil Janssen Scientific Affairs, Johnson & Johnson, Plus One Health Management, and Wyeth-Ayerst; has had research support for his epidemiological studies from Analysis Group Inc, Bristol-Myers Squibb, Eli Lilly & Company, EPI-Q, GlaxoSmithKline, Johnson & Johnson Pharmaceuticals, Ortho-McNeil Janssen Scientific Affairs, Pfizer, sanofi-aventis, Shire US, and Walgreens; and owns 25% share in DataStat. Dr Gennetian reported that he has served on advisory boards for Family Self Sufficiency TWG, Administration for Children and Families, and National Opinion Research Center, University of Chicago. Dr Katz reported that he has served on advisory boards for Manpower Demonstration Research Corporation and the Russell Sage Foundation. Dr Ludwig reported that he serves on advisory

Letters

boards (uncompensated) for UChicago Children's Advantage Network (Chicago), and the Board on Children, Youth and Families Institute of Medicine/National Academy of Sciences; and has served as a consultant for the MacArthur Foundation Network on Children and Housing and the MDRC Early Childhood Institute. The remaining authors report no conflicts of interest.

1. Kessler RC, Duncan GJ, Gennetian LA, et al. Associations of housing mobility interventions for children in high-poverty neighborhoods with subsequent mental disorders during adolescence. *JAMA*. 2014;311(9):937-948.