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Supporting Aging in Place Through IWISH: Second Interim Report from the Evaluation of the Supportive Services Demonstration

Background on IWISH Demonstration and HUD's Ongoing Evaluation

Launched in 2017, HUD's Integrated Wellness in Supportive Housing (IWISH) demonstration provides funding for two health and wellness staff positions in HUD-assisted multifamily properties. These two positions are intended to work together to support residents' health and wellness. HUD states that the purpose of IWISH program is "to better address the health, housing, and social service needs of elderly households (adults ages 62 and older). A full-time Resident Wellness Director coordinates health and wellness programming for the property and connects residents to supportive services in the community. An onsite Wellness Nurse monitors residents' health and wellness and facilitates access to primary and preventive health care. The demonstration provided funding for onsite services staff that goes beyond the resources usually available to HUD-assisted multifamily properties."

HUD states they are currently conducting a comprehensive evaluation of the IWISH demonstration. This evaluation consists of "a cluster randomized controlled trial design, in which HUD randomly assigned 124 HUD-assisted properties that predominantly or exclusively serve seniors aged 62 or older to one of the following three groups:

1. **40 treatment group properties** received funding to support the Resident Wellness Director and Wellness Nurse positions for 3 years, plus supplemental funding to support health and wellness programs for residents and training and technical assistance for staff.
2. **40 active control group properties** did not implement the IWISH model and form part of the overall control group for the impact analysis; and
3. **44 passive control group properties** did not implement the IWISH model and form the other part of the overall control group for the study's impact analysis, along with the active control group.

The control group properties serve as a comparison for the IWISH properties in measuring the impact of the IWISH model on residents and provide context to inform those findings. The study will compare outcomes for residents living in the 40 treatment

group properties with outcomes for residents living in the 84 active and passive control group properties. The evaluation consists of two main analyses: an implementation analysis of the extent to which the 40 treatment properties implemented the demonstration with fidelity to the IWISH model and to identify model strengths and weaknesses, and an impact analysis to assess the effect of IWISH on resident tenancy and healthcare use outcomes compared with resident outcomes in the 84 control group properties that did not implement IWISH. This Second Interim Report (The Report) presents the results of the implementation analysis; the impact analysis will be the subject of the Final Comprehensive Report.”

IWISH Properties and Their Residents

HUD stated that the First Interim Report presented the characteristics of 4,274 residents living at the IWISH properties (the evaluation treatment sample) in October 2017, which can be found below in both exhibit 1-2 (property locations) and exhibit 1-4 (resident characteristics). The reports states that the “typical HUD-assisted resident of an IWISH property as of October 2017 was a 76-year-old woman who lived alone and had resided at the property for about 7 years. Most residents were between 65 and 84 years old; the number of residents was about evenly divided between those from 65 through 74 and those from 75 through 84.”

Exhibit 1-2. Map of Demonstration Properties

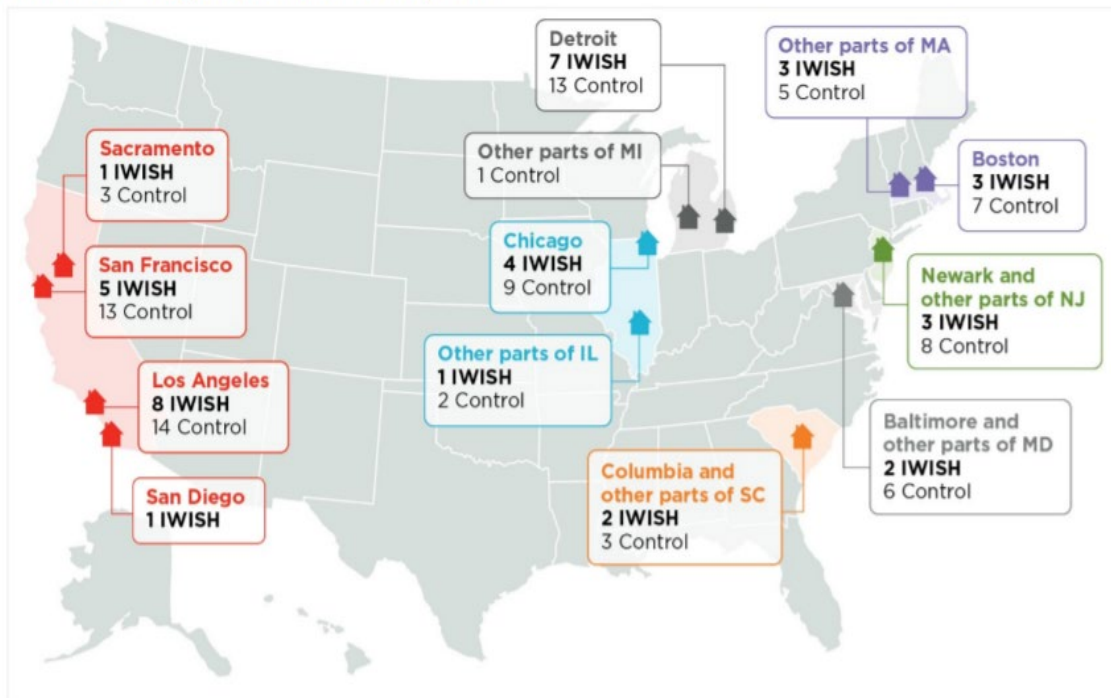
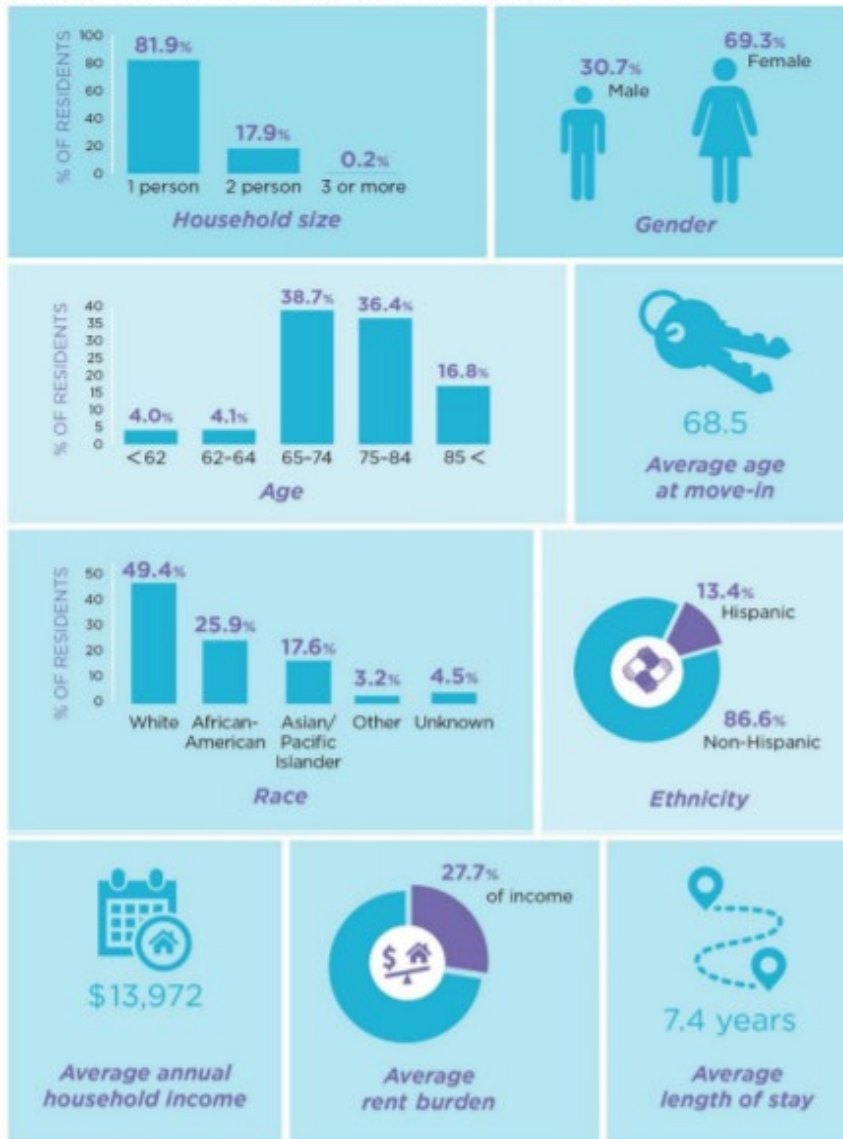


Exhibit 1-4. Characteristics of Residents Living at IWISH Properties, October 2017



Notes: N = 4,274 residents in 40 properties. Age calculated as of October 1, 2017. Average rent burden calculated as rent as a percentage of adjusted income and capped at 100 percent. Average length of stay calculated from move-in date until October 1, 2017.

Key Findings from the Second Interim Report

HUD primarily utilizes qualitative research at the IWISH and active control group properties to produce their Second Interim Report. The report “draws mainly from in-person site visits and in-depth interviews conducted with property and services staff and from focus groups with residents in the summer and fall of 2019, with follow up telephone interviews conducted in late 2020. The interview data are supplemented with resident and property data from HUD’s administrative data system, IWISH program data collected in Population Health Logistics (PHL), and data collected directly from the demonstration properties and resident focus groups....Although the demonstration

officially operated through September 30, 2020, HUD chose to end the analysis of IWISH program data for this report in March 2020, as the work of IWISH staff with residents changed substantially and data entry was less reliable as a result of the COVID-19 pandemic.”

This NAHMA analysis consolidates key findings, as provided in each chapter in HUD’s Second Interim Report. This provides members a quick overview of relevant findings/information, as a guide, so members can take a deeper dive on any aspect of this IWISH evaluation.

Chapter 2. Key Findings on IWISH Staffing and Support

- Across all sites, IWISH properties were fully staffed with Resident Wellness Directors for most of the demonstration period.
- Across all sites, the Wellness Nurse position was at least partially staffed for most of the demonstration period.
- Overall, property managers were minimally involved in implementing the IWISH program, with most spending less than 5 hours a week on IWISH activities. Despite the limited time commitment, IWISH staff reported the relationship with property management staff to be important in helping to identify and meet resident needs.
- Overall, IWISH staff reported satisfaction with the training and technical assistance provided by the implementation team.
- All but two active control sites had a full-time service coordinator who performed a role similar to the Resident Wellness Director in IWISH.
- No active control site had onsite healthcare services comparable to those provided by the Wellness Nurse. One-third of active control sites had regular visiting healthcare providers—such as nurses, podiatrists, elder care specialists, dentists, and physical therapists—but they did not provide the same type of services as the Wellness Nurse. Two-thirds of active control sites did not offer these services.

Chapter 3. Key Findings on Enrollment and Engagement

- Almost 3,000 residents enrolled in IWISH at the 40 treatment sites, or 70 percent of eligible residents. At three sites, 100 percent of eligible residents enrolled.
- On average, residents enrolled in IWISH met with one or both IWISH staff a little less frequently than once per month. The number of visits per participant varied widely, ranging from a single visit to enroll in the program to 14 visits per month.
- Privacy concerns were named by IWISH staff as the most significant reason for residents to not participate in IWISH or in the health and wellness assessments.
- Language barriers may have hindered program engagement, with non-English speakers meeting slightly less frequently with IWISH staff compared with English speakers. Hiring delays and confusion over allowable costs exacerbated this challenge.

- Engagement in service coordination at the active control sites was less formal than in IWISH properties, and participation in service coordination varied more widely in the active control sites than in IWISH properties. At one-fourth of active control properties, service coordinators reported meeting with fewer than 40 percent of residents at their property

Chapter 4. Key Findings on Interviews, Assessments, and Goal Setting

- IWISH staff were successful in completing the two-part assessment process with most IWISH participants. By March 2020, some 96 percent of IWISH participants had participated in a person-centered interview, and 89 percent had completed their health and wellness assessments.
- Fewer participants set goals related to health and wellness than completed the assessment process or participated in the person-centered interview. As of March 2020, just 61 percent of residents enrolled in IWISH had one or more goals recorded.
- Although staff appreciated the benefits of a centralized system for resident health and wellness data, they reported technical challenges using PHL, the specific system selected for the Supportive Services Demonstration.
- Resident participation in assessments and goal setting in the active control properties was similar to that in IWISH properties. Service coordinators conducted resident assessments at three-fourths of the active control properties and helped residents develop IHAPs at slightly more than one-half. The assessment tools in the active control properties typically included health and wellness assessment questions and tools similar to those in IWISH.

Chapter 5. Key Findings on Enhanced Service Coordination

- Staff at all IWISH properties reported providing some level of transitional care to their residents. IWISH staff at 33 IWISH properties conducted in-home visits with residents after in-patient stays. About one-half reported coordinating in-home services for residents when they returned home, and about one-half reported visiting residents during their in-patient stay.
- IWISH staff at most treatment properties reported playing a role in resident emergency events, including providing support during those that occur at the property, providing support and service coordination after an emergency event, and educating residents on how to prevent future emergency events. Staff from one-third of IWISH properties gave examples of when their support averted the unnecessary use of emergency care or services.
- Wellness Nurses at most IWISH properties helped IWISH participants manage their medications. Wellness Nurses most commonly assisted residents with their medication by directly communicating with doctors and pharmacists and by educating residents about the purpose of medication, the appropriate dosage, and potential interactions.

- In contrast to IWISH, most service coordinators in the active control properties had little involvement in helping residents self-manage their medication. IWISH staff reported greater interaction with families and caregivers on behalf of residents than did service coordinators in the active control group.

Chapter 6. Key Findings on Health and Wellness Programming and Partnerships

- IWISH staff reported that exercise, health education, and fall prevention programs are most beneficial to residents' health and well-being.
- Staff at a few IWISH properties reported difficulty accessing the supportive services funding provided under the demonstration grant.
- Although staff at many properties reported relationships with social service and health agencies in their areas, IWISH staff reported challenges in trying to develop property-wide partnerships with healthcare providers.
- Service coordinators at the active control properties did not report using resident data to develop programming to the same extent as staff at IWISH properties. In addition, services programming at active control properties included fewer health and wellness programs that have been shown to be evidence based.

Chapter 7. Key Resident and Staff Perceptions of IWISH

- Staff at more than three-fourths of IWISH properties said that the presence of an onsite Wellness Nurse was one of the features of IWISH that had the most impact on residents' health and well-being. The second most cited feature was the programming available as a result of the supportive services funds.
- Staff perceived that the IWISH model reduced unplanned hospitalizations and increased the use of preventive and nonacute care by residents.
- Residents said that IWISH contributed to improvements in their health and overall well-being. Residents reported feeling that they had more control over their health in terms of both chronic and acute needs. They also said that they felt more secure and safe, emotionally supported, more positive, and more prepared to advocate for themselves.
- Residents attributed positive improvements in their health and well-being to IWISH staff and programming. They appreciated the counseling of the Resident Wellness Director and having the Wellness Nurse as a medical professional and designated point of contact for health and wellness at the property. They described how programming provided an opportunity for social interaction as well as education.

Chapter 8. Conclusion

In their conclusion, HUD states “the treatment properties implemented the Supportive Services Demonstration with fidelity to the IWISH model. Thirty-three of the 40 sites were rated as having medium or high levels of implementation overall. Still, staff at the IWISH properties reported some challenges in meeting the intentions of the IWISH

model. Not all the 40 properties implemented all the core components of IWISH or implemented them fully. The components for which certain IWISH properties had the lowest levels of implementation were developing partnerships with healthcare providers beyond helping individual residents, developing IHAPs, enrolling residents, keeping the onsite Wellness Nurse position fully staffed throughout the demonstration period, and conducting medication self-management. Of those components, Wellness Nurse staffing was considered by study participants to be the most significant indicator of successful implementation. Seven properties were rated as having low levels of implementation in that component. Such vacancies were considered by IWISH staff, property managers, and residents to create challenges for meeting the intended goals of IWISH. Across all 40 IWISH properties, 7 properties were rated as having low levels of implementation in at least three core IWISH components.”

Appendix A. How the COVID-19 Pandemic Affected IWISH Implementation

- The onset of the pandemic had drastic effects on every facet of IWISH at the demonstration properties. IWISH staff had to change not only the way they implemented health and wellness activities but how they engaged with residents. COVID-19 restrictions were similar across properties, but IWISH properties’ responses to the pandemic varied. In some instances, IWISH staff reported that the pandemic helped reinforce the value of IWISH for residents.
- Overall, active control and IWISH properties responded to the onset of the pandemic in similar ways. The pandemic led staff in both groups to adjust their work to address residents’ most immediate needs, such as obtaining food and other essentials, applying for social programs, and coping with the effects of isolation. The main difference between the active control and IWISH properties during COVID-19—as well as at other times throughout the demonstration—was the presence of the Wellness Nurses and the specialized skills and knowledge they brought to residents.

Concluding Takeaway

The intersection of housing and health is closely linked, particularly amongst elderly households. The success and lessons learned from the IWISH demonstration can prove pivotal to obtain additional funding in affordable housing investments for programs like the Section 202 program or onsite health-related services. The Biden administration has taken some early policy steps that signal their focus in the area. In early December, the U.S. Department of Health and Human Services (HHS) and HUD [announced](#) the expansion of a partnership “to improve access to affordable, accessible housing and the critical services that make community living possible. The partners also announced the launch of a national Housing and Services Resource Center (HSRC) as the hub of this coordinated federal effort.” NAHMA expects the Biden Administration and Congress to continue their focus on this policy area.