

HUD's Supportive Services Demonstration and Evaluation: Overview of the IWISH Model and Evaluation Approach



Leah M. Lozier, PhD
Social Science Analyst



Program Evaluation Division
Office of Policy Development & Research
U.S. Department of Housing and Urban Development
August 20, 2018

Overview

- Introductions
- Context and Background
- Development of the Demonstration Model
- Components of IWISH and Implementation Approach
- Development of the Evaluation Design
- Components of the Evaluation

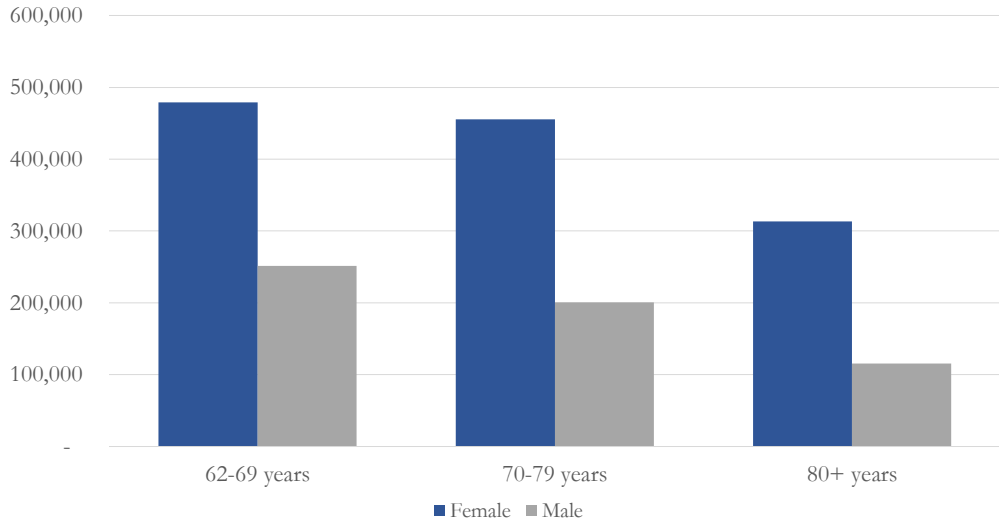


HUD serves 9.65 million people living in 4.65 million
HUD-assisted households

1.8 million persons (19%) are elderly

The elderly population in the United States is projected to more than
double between 2010 and 2050 due in large part to the aging of the Baby
Boomer generation

Age and Gender of HUD-Assisted Elderly Persons

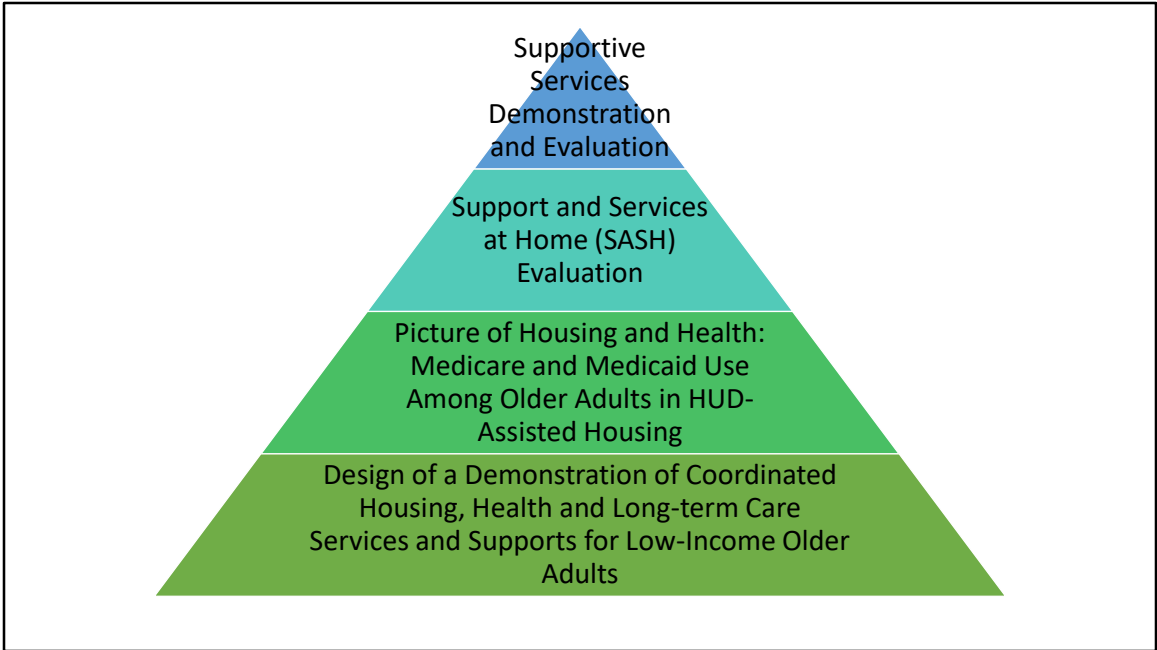


Housing as a Platform



We know that housing can be a platform for driving other outcomes—that housing is not just a typical market good, but a place to anchor services and where different policies central to opportunity can be overlaid.





QUESTION



BREAK



U.S. Department of Housing and Urban Development

Housing

Supportive Services Demonstration for Elderly Households in HUD-Assisted Multifamily Housing
FR-5900-N-22



Nani A. Coloretti
Deputy Secretary



Date



Edward Golding
Principal Deputy Assistant Secretary
for Housing



Date

Published January 2016, and made available up to \$15M in grants to owners of HUD-assisted Multifamily housing owners

Housing must be elderly targeted or designated (such as Section 202), with at least 50 assisted units; could have a current service coordinator program or not

Grants to be used to implement the demonstration and participate in the evaluation

Supportive Services Demonstration and Evaluation

Purpose

Test and evaluate an enhanced supportive services model in affordable senior housing that facilitates aging in place by helping residents proactively address their social and health care needs

Supportive Services Demonstration and Evaluation

Goals

Expand and support residents' self-care management capacity

Enhance access and use of health and social services

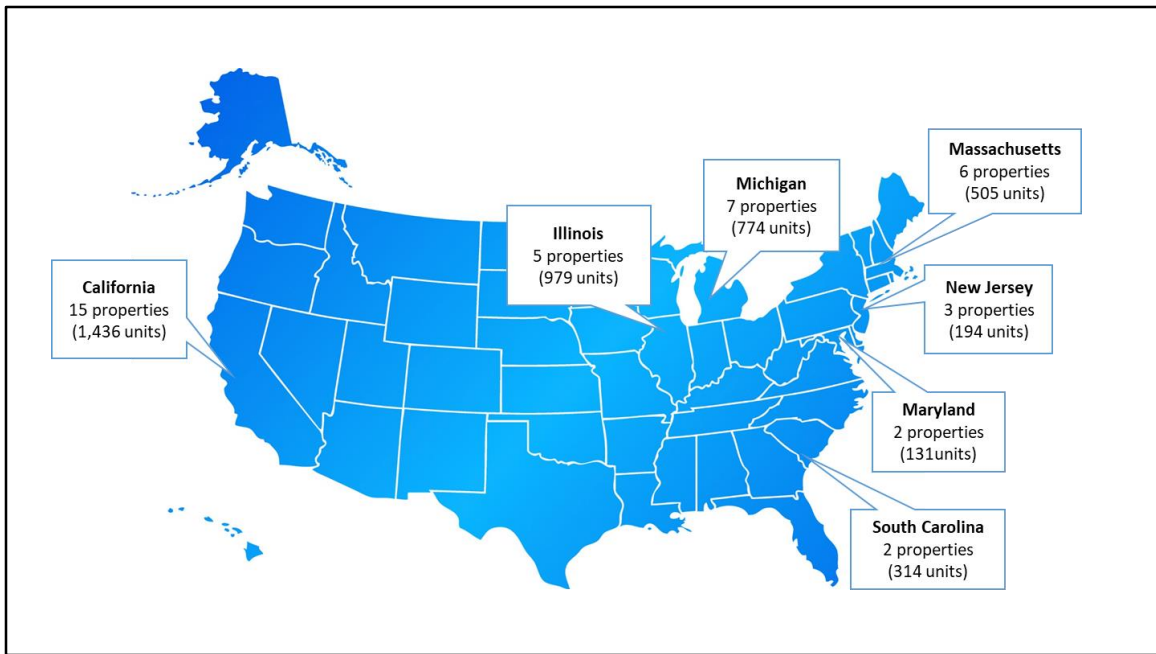
Improve housing stability

Improve resident wellbeing and quality of life

Outcomes

Reduce unnecessary or avoidable healthcare utilization

Reduce unnecessary transitions to institutional care



IWISH Model

Full-time **resident wellness director (RWD)**

Part-time **wellness nurse (WN)**

Six core elements:



IWISH Model

Full-time **resident wellness director (RWD)**

Part-time **wellness nurse (WN)**

Six core elements:

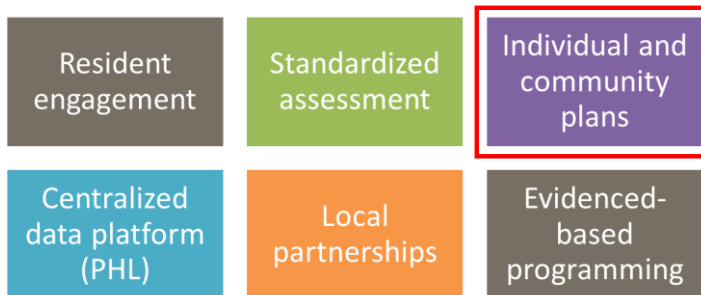


IWISH Model

Full-time **resident wellness director (RWD)**

Part-time **wellness nurse (WN)**

Six core elements:



IWISH Model

Full-time **resident wellness director (RWD)**

Part-time **wellness nurse (WN)**

Six core elements:



IWISH Model

Full-time **resident wellness director (RWD)**

Part-time **wellness nurse (WN)**

Six core elements:



“As a nurse with experience working in nursing homes, I know that the quality of nursing homes can vary so I pay attention to the CMS 5-Star Rating when entering into an IWISH partnership agreement with a nursing home. Having permission to share health information with those nursing homes, and other providers allows me to advocate for my IWISH participants with hospitals, primary care providers and rehab facilities. Because IWISH gives me the tools to collect detailed medication and health information on our participants, I can support residents to achieve their Healthy Aging Plan goals and collaborate with the nursing homes during the discharge planning process to ensure a safe discharge.”



PeiShan Tan, IWISH Wellness Nurse, Palm Terrace I Co-op, California

IWISH Model

Full-time **resident wellness director (RWD)**

Part-time **wellness nurse (WN)**

Six core elements:





CATHOLIC STAR HERALD

SOUTH JERSEY'S OFFICIAL
CATHOLIC NEWSPAPER



CatholicStarHerald.org

May 11, 2018

Vol. 68, No. 2 • \$27 a year

Graduation Day for Stonegate at Saint Stephen Senior Housing residents

PENNSAUKEN — Stonegate at Saint Stephen is celebrating the graduation of 15 residents who participated in the Chronic Disease Self-Management program.

Disease management programs are based on the concept that individuals who are better educated about how to manage and control their condition receive better care. The program focuses on self-monitoring and medical management, decision-making, and adoption and maintenance of health-promoting behaviors to minimize disability and delay the progress of chronic disease.

The program helps people with chronic conditions overcome daily challenges and maintain an active life. The residents who participated attended workshops once a week for six weeks.



Fifteen residents of Stonegate at Saint Stephen, Pennsauken, recently participated in a Chronic Disease Self-Management program.

The residents range in age from 68-88. Stonegate at Saint Stephen Senior Housing was developed by The Diocesan Housing Services Corporation of the Diocese of Camden in 2007 and provides affordable housing to more than 86 senior residents.

The building was awarded a three year grant from the United States Department of Housing and Urban Development (HUD). The Integrated Wellness in Supportive Housing Demonstration grant aims to implement a housing-based, person-

tered, integrated supportive services and wellness model.

The next program to be launched will be the Diabetes Self-Management Program, a six-week group program for people with type 2 diabetes. Developed by Stanford University, this program can help participants deal with the symptoms of diabetes — including tiredness, pain, and emotional issues — by helping participants learn how to eat and sleep better, and manage the day-to-day activities more effectively.

Applications for residency at Stonegate at Saint Stephen are available. Eligible applicants should be 62 years of age and have qualifying income. For more information, contact the property management office at 856-486-7877.



“I learned how to take care of my feet, making sure you keep your feet dry, to do exercise and eat healthy.”

“I didn’t know diabetes can affect your whole body.”

“I am not a diabetic but there might be a time that it may happen. There were many things I didn’t know about. It was a great class to come to. I hope there will be many more classes.”

“I loved it and I’m going to tell my son in law all about it”

“These classes are quite informative. The reference materials are excellent. We learned a lot about food, meds, exercise and stress and how they affect your blood sugar. After having diabetes for 15 years I still learned a lot.”

“It was very interesting and I learned a lot from it.”

QUESTION



BREAK

What is program
evaluation?

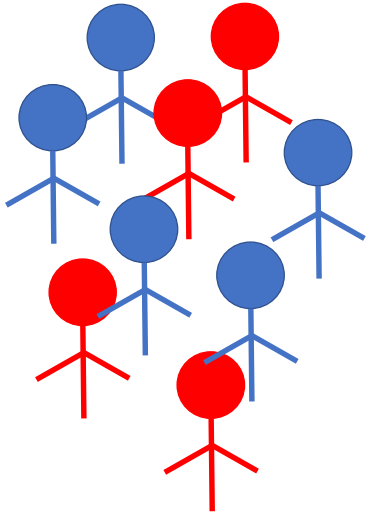


And why is it important?

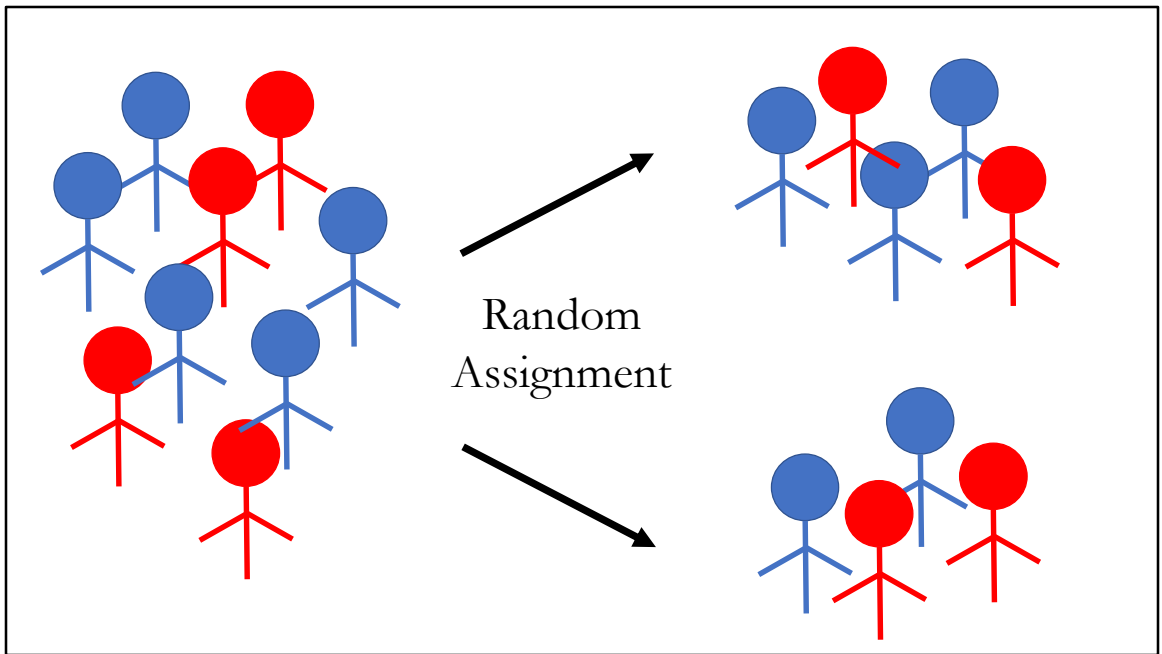
Random assignment is the **GOLD STANDARD** in evaluation methods

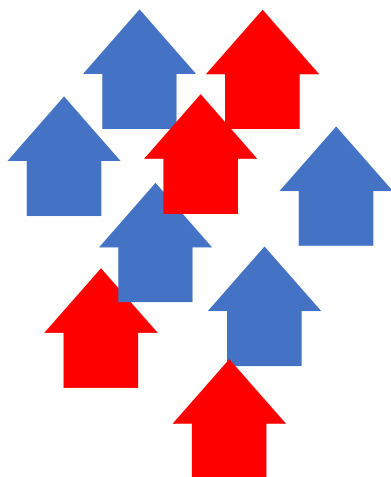
Allows us to make causal inferences about the impacts of a program on a specific set of outcomes



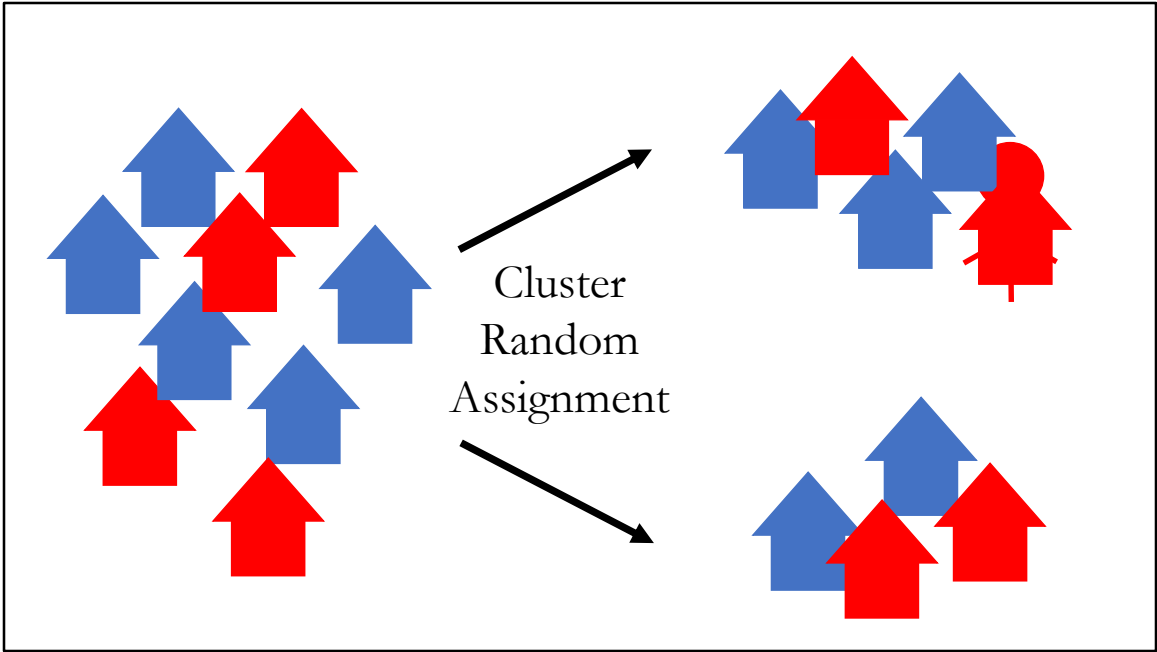


Study
Sample

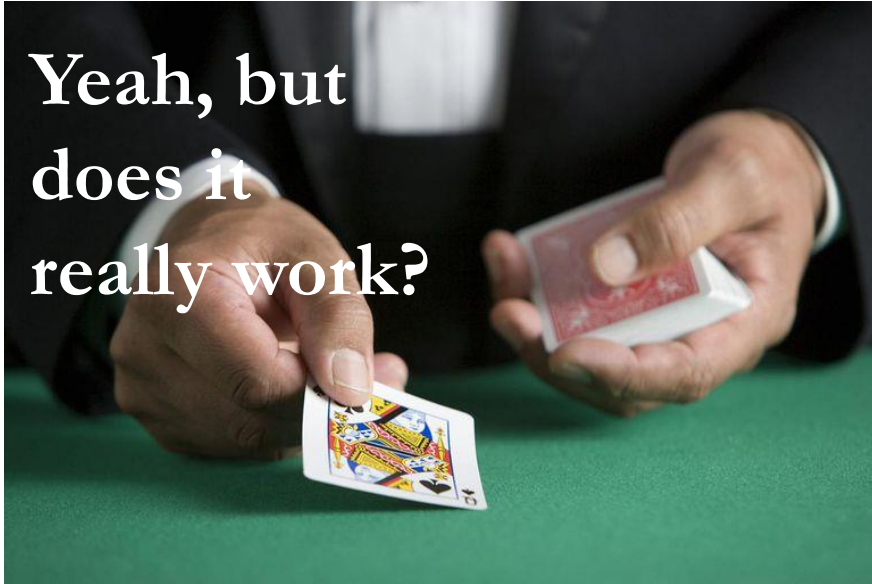




Study
Sample



Yeah, but
does it
really work?



Process Study

What are the experiences of resident wellness and property management staff with implementing the IWISH model?

What are the perceived benefits, strengths, and weaknesses of the IWISH model?

Within the treatment group, were there any changes in residents' perceptions of their health, well-being, and satisfaction with housing and services?

Was the demonstration implemented with fidelity to the IWISH model across the treatment sites?

What factors explain or contribute to the observed variation in fidelity to the IWISH model across the treatment sites?

How does the service coordination and health and wellness programming provided at the IWISH sites differ from that provided at the active control properties?

Impact Study

What is the impact of IWISH on utilization of Medicare and Medicaid covered unplanned hospitalizations and other emergent care?

What is the impact of IWISH on utilization of Medicare and Medicaid covered primary care and other non-emergent health care services?

What is the impact of IWISH on housing exits and resident tenure?

Does IWISH delay transitions to long-term institutional care?

FINAL



QUESTIONS?