

**Supporting Statement for Paperwork Reduction Act Submissions  
Evaluation of the Supportive Services Demonstration  
(OMB# xxxx-xxxx)**

**Appendix A: Initial Questionnaire for Treatment Properties**

## **Appendix A. Initial Questionnaire for Treatment Properties**

Respondent is **Resident Wellness Director (RWD)**. If there are questions that the respondent cannot answer or refuses to answer, we will seek the answer from the property manager (or other site staff identified during the course of the interview). Items in italics are instructions for the interviewer, not to be read aloud. Items in CAPS are response categories that are not read aloud.

### **Introduction**

Thank you very much for taking the time to speak with me. Abt Associates has been contracted by HUD to conduct an evaluation of the IWISH program. The evaluation will help HUD improve programs that provide housing and services for elderly people. We are speaking with Resident Wellness Directors at all the properties implementing the IWISH program.

Your participation in this interview is voluntary and you are free to skip any questions you do not wish to answer. The questions in the interview have been reviewed by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. Public reporting burden for this information collection is estimated at up to 90 minutes per response, including preparation and follow-up. The OMB control number is XXXX-XXXX, expiring XX-XX-XXXX.

Today's call is the first of several conversations we'll have over the next two years. We expect today's call to take 45 minutes to an hour. The purpose of this call is to gather basic information about your property and the implementation of IWISH at your property. In subsequent interviews we will have an opportunity to delve more deeply into some of the challenges that you face in trying to support residents and your opinions on what is working well and what could be improved.

We will make every effort to protect your privacy in this study. The information we collect will be used for research purposes only, not for any audit or compliance purposes. We will be taking notes but will not be recording this call. Only members of the research team will see your individual responses. Our reports to HUD will summarize all the results from the interviews and will not name individuals or properties.

There may be some questions you may not be able to answer or that are more appropriate for other staff. If you are unable to answer a question or would prefer not to answer, just let me know. You are free to skip any question you do not wish to answer.

Do you have any questions about the evaluation or today's discussion before we begin?

### **Respondent Background**

I'd like to start by learning a little bit about your background with this property.

1. When did you start working at this property, either as the Resident Wellness Director or as a service coordinator?
  - MONTH/YEAR: \_\_\_\_\_
  - DON'T KNOW
  - REFUSED

2. Did you work as a service coordinator at another property before this one?

- YES
- NO → SKIP TO Q4
- DON'T KNOW → SKIP TO Q4
- REFUSED → SKIP TO Q4

3. For how many years did you work as a service coordinator at that property?

- LESS THAN 1 YEAR
- 1 YEAR TO UP TO 3 YEARS
- 3 YEARS TO UP TO 5 YEARS
- 5 YEARS OR MORE
- DON'T KNOW
- REFUSED

### Property Characteristics

Next I'd like to learn about the residents of this property, starting with the languages spoken at the property and the level of English proficiency. We plan to conduct focus groups with residents later in the study and we want to plan for whether we will need to hold focus groups in languages other than English.

4. Can you estimate what percent of your residents have limited English proficiency? By limited English proficiency I mean, for example, that they would benefit from having an interpreter for a visit to a doctor who only speaks English or would need written materials translated into English. Would you say . . . (*Check one.*)

- |   |   |
|---|---|
| <input type="checkbox"/> Less than 10% have LEP | <input type="checkbox"/> 75% to 90% have LEP    |
| <input type="checkbox"/> 10% to 25% have LEP    | <input type="checkbox"/> More than 90% have LEP |
| <input type="checkbox"/> 25% to 50% have LEP    | <input type="checkbox"/> DON'T KNOW             |
| <input type="checkbox"/> 50% to 75% have LEP    | <input type="checkbox"/> REFUSED                |

5. What languages do the residents with limited English proficiency speak? (*Check all that apply.*)

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> SPANISH       | <input type="checkbox"/> TAGALOG      |
| <input type="checkbox"/> RUSSIAN       | <input type="checkbox"/> VIETNAMESE   |
| <input type="checkbox"/> CHINESE       | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> KOREAN        | <input type="checkbox"/> DON'T KNOW   |
| <input type="checkbox"/> FRENCH CREOLE | <input type="checkbox"/> REFUSED      |

6. What is the most common language among the residents with limited English proficiency? (*Check one.*)

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> SPANISH       | <input type="checkbox"/> TAGALOG      |
| <input type="checkbox"/> RUSSIAN       | <input type="checkbox"/> VIETNAMESE   |
| <input type="checkbox"/> CHINESE       | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> KOREAN        | <input type="checkbox"/> DON'T KNOW   |
| <input type="checkbox"/> FRENCH CREOLE | <input type="checkbox"/> REFUSED      |

7. How do you accommodate residents with limited English proficiency? Do you... (Check all that apply.)

- Have staff on the property who are proficient in the language(s)? If so, which staff and which languages:\_\_\_\_\_
- Use professional interpreters
- Use family or caregivers to help translate
- Use other residents to help translate
- Translate written materials. If so, which materials and which languages:\_\_\_\_\_
- Some other method:\_\_\_\_\_
- DON'T KNOW
- REFUSED

Now I'd like to talk a little bit about the features of the property that may present a challenge to residents' ability to age in place. By aging in place I mean: "The ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level."

8. I'm going to read a list of features of the units, building, and grounds that could present a challenge for aging in place. For each one, I'd like you to tell me if it is an issue at this property.

	YES	NO	DK	REF
Living spaces too small to navigate with walker or wheelchair				
Inaccessible kitchen cabinets or appliances				
Inadequate or poorly placed electrical outlets in unit				
Accessibility issues in the bathroom				
No peepholes or closed circuit video for identifying visitors, or peepholes not at the right height for people in wheelchairs				
Uneven flooring in the units, halls, or common spaces				
Entryways or halls too small to navigate with walker or wheelchair				
Inadequate lighting in hallways or common spaces				
Not enough inside common spaces or recreational spaces				
Inaccessible or inadequate laundry facilities				
Inaccessible or inadequate elevators				
Inadequate exterior lighting				
Not enough outside common spaces				

9. Are there other features of the units, building, or ground that, in your view, present a challenge to aging in place?

	YES	NO	DK	REF
OTHER:_____				
OTHER:_____				
OTHER:_____				
OTHER:_____				

10. Thinking about the neighborhood or community where this property is located, I'd like to talk about possible features that present a challenge for aging in place. Again, I am going to read a list and you can tell me if you see this as an issue in this community.

	YES	NO	DK	REF
Lack of public transportation options				
No sidewalks or poorly maintained sidewalks				
Lack of safe walking routes				
Lack of access to nutritious food				
Area is isolated (e.g. not close to churches, shopping, etc.)				
Area is difficult for family and friends to get to for visits				
Lack of quality medical facilities in the community				
Lack of social services in the community				

11. Are there other features of the neighborhood or community that, in your view, present a challenge to your residents' aging in place?

	YES	NO	DK	REF
OTHER: _____				
OTHER: _____				
OTHER: _____				
OTHER: _____				

12. I'd like to understand a little bit more about how this property is staffed, other than the Resident Wellness Director(s) and Wellness Nurse(s). Can you walk me through the other people who work at the property, including who they work for, what they do, how often they are on site, and how often you meet with them, including informal meetings? *(Complete table with the respondent by walking through each person with them. One row for each person. Add rows as needed. Interviewer will provide table to respondents in advance.)*

Name	Title	Organization	Roles/Responsibilities	Hours per week on site	How often meet with
			<input type="checkbox"/> LEASING <input type="checkbox"/> RENT COLLECTION <input type="checkbox"/> JANITORIAL <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED	<input type="checkbox"/> _____HRS/WK <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> SEVERAL TIMES A MONTH <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED

Name	Title	Organization	Roles/Responsibilities	Hours per week on site	How often meet with
			<input type="checkbox"/> LEASING <input type="checkbox"/> RENT <input type="checkbox"/> COLLECTION <input type="checkbox"/> JANITORIAL <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED	<input type="checkbox"/> _____HRS/WK <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> SEVERAL TIMES A MONTH <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED
			<input type="checkbox"/> LEASING <input type="checkbox"/> RENT <input type="checkbox"/> COLLECTION <input type="checkbox"/> JANITORIAL <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> OTHER: _____  <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED	<input type="checkbox"/> _____HRS/WK <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED	<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> SEVERAL TIMES A MONTH <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> REFUSED

13. (If not mentioned above) Do you work with a service coordinator supervisor or quality assurance person, either on site or off-site?

- YES
- NO → SKIP TO Q15
- DON'T KNOW → SKIP TO Q15
- REFUSED → SKIP TO Q15

14. What organization does that person work for?

- THE PROPERTY MANAGEMENT OR OWNER ORGANIZATION.  
NAME: \_\_\_\_\_
- OTHER ORGANIZATION: \_\_\_\_\_
- DON'T KNOW
- REFUSED

**Property's History with Service Coordination and Wellness Nurse**

15. [IF RWD STARTED AT THE PROPERTY SEPTEMBER 2017 OR LATER] Did this property have a service coordinator before the IWISH program (that is, before September 2017)?

- YES
- NO → SKIP TO Q17
- DON'T KNOW → SKIP TO Q17
- REFUSED → SKIP TO Q17

16. How long had the service coordinator been working at the property?

- LESS THAN 1 YEAR
- 1 TO 3 YEARS
- 3 TO 5 YEARS
- 5 YEARS OR MORE
- DON'T KNOW
- REFUSED

17. Before the start of IWISH, did the property have a nurse or other healthcare practitioner who visited the property?

- YES
- NO → SKIP TO Q20
- DON'T KNOW → SKIP TO Q20
- REFUSED → SKIP TO Q20

18. Can you tell me what type of healthcare professional this person was, who employed them, how often they came on site, and for what purposes?

19. Did this person become the wellness nurse under IWISH?

- YES
- NO
- DON'T KNOW
- REFUSED

**Resident Engagement and Assessment**

Let's turn to your experiences with the IWISH program.

20. *[Ask only if RWD started before March 2018. Else start with Q22.]* First I'd like to learn more about the period before you were able to enroll residents, that is, from the time you were hired through late March 2018. What activities did you undertake during this period, before the start of enrollment, to make residents aware of the program? *(Allow respondent to answer. Do not read response categories. Only prompt if needed. Check all that apply.)*

	YES	NO	DK	REF
ONE ON ONE MEETINGS WITH RESIDENTS				
GROUP MEETINGS WITH RESIDENTS ABOUT IWISH				
COFFEE HOURS OR INFORMAL MEET AND GREETINGS				
TALKING ABOUT IWISH AT OTHER RESIDENT MEETINGS OR GATHERINGS				
LETTERS, MAILERS, OR WELCOME PACKET				
FLYERS OR POSTERS				
MEETINGS WITH RESIDENT ADVISORY GROUP OR RESIDENT "CHAMPIONS"				
RESIDENT SURVEY				
RAFFLES/INCENTIVES/PRIZES				
OTHER: _____				
OTHER: _____				
OTHER: _____				

- DON'T KNOW
- REFUSED

21. Have you tried any other types of outreach activities since enrollment started?

- YES
- NO → SKIP TO Q23
- DON'T KNOW → SKIP TO Q23
- REFUSED → SKIP TO Q23

22. What types of outreach activities did you do once enrollment was underway? [Or, if RWD was not in place until after March 2018: What activities have you undertaken to encourage residents to participate in the IWISH program?] (Allow respondent to answer. Do not read response categories. Only prompt if needed. Check all that apply.)

	YES	NO	DK	REF
ONE ON ONE MEETINGS WITH RESIDENTS				
GROUP MEETINGS WITH RESIDENTS ABOUT IWISH				
COFFEE HOURS OR INFORMAL MEET AND GREETINGS				
TALKING ABOUT IWISH AT OTHER RESIDENT MEETINGS OR GATHERINGS				
LETTERS, MAILERS, OR WELCOME PACKET				
FLYERS OR POSTERS				
MEETINGS WITH RESIDENT ADVISORY GROUP OR RESIDENT "CHAMPIONS"				
RESIDENT SURVEY				
RAFFLES/INCENTIVES/PRIZES				
OTHER: _____				
OTHER: _____				
OTHER: _____				

- DON'T KNOW
- REFUSED

23. Can you estimate what percentage of all residents at the property you provide service coordination or other assistance to? This could include people enrolled in IWISH and other residents of the property who have not enrolled. (If necessary, read response categories.)

- 90% or more
- 75% to 89%
- 50% to 74%
- 25% to 49%
- 10% to 24%
- Fewer than 10%
- DON'T KNOW
- REFUSED

24. What percentage of the residents you assist are not enrolled in IWISH? (If necessary, read response categories.)

- 90% or more
- 75% to 89%
- 50% to 74%
- 25% to 49%
- 10% to 24%
- Fewer than 10%
- DON'T KNOW
- REFUSED



**Programs for Residents**

25. I'd like to develop a list of the programs or services offered to residents at the property to support the health and wellness of residents aged 62 and older. Please tell me about the different programs offered to residents, including programs and services that may be offered by outside partners. Please include programs that are paid for through IWISH funds as well as other programs. I'd like to know the program's name, generally what it does, who provides the program, whether it is provided on the property or in the community, and when you started offering the program. *(Interviewer will provide the table to respondents in advance of the interview.)*

**Note to interviewer:** Allow the interviewee to list programs first then probe for programs in the following areas (if not mentioned): vital signs clinics, nutrition, fitness, fall risk, medication management, mental health, cognitive health, support groups, transportation. Add more rows as needed.

Program Name	Brief Description	Who Provides	Where Provided	When Started

- DON'T KNOW
- REFUSED

**Partnerships**

Now I'd like to get a list of the organizations that you partner with to help address residents' needs. Some of them might be the same organizations we just discussed who provide the programming and services. My goal today is just to get a list of the organizations that you see as partners. We'll spend more time talking about these partnerships when we meet with you again next year.

26. Please tell me about your partners, including the name of the partner, a very brief description of what the partner does, and when the partnership started. *(Interviewer will provide the table to respondents in advance of the interview.)*

**Note to interviewer:** Allow the interviewee to list partners first then probe for the following types of partners (if not mentioned):

- Do you have any partnerships with hospitals, nursing homes, inpatient rehab facilities, or other healthcare facilities?
- Do you have any partnerships with independent physicians or group practices or other community-based care providers?

Partner Name	Brief description of what partner does	When did the partnership start? (MONTH/YEAR)

- DON'T KNOW
- REFUSED

27. Do individual volunteers play any role in delivering programming or services to residents? *(If asked: This can include resident volunteers as well as volunteers from the community.)*

- YES
- NO → SKIP TO Q30
- DON'T KNOW → SKIP TO Q30
- REFUSED → SKIP TO Q30

28. What role do the volunteers play in programming or services?

- ROLE 1: \_\_\_\_\_
- ROLE 2: \_\_\_\_\_
- ROLE 3: \_\_\_\_\_
- DON'T KNOW
- REFUSED

29. Where do the individual volunteers come from? From a partner organization, a local church or synagogue, or something else?

- PARTNER ORGANIZATION (NAME; \_\_\_\_\_)
- CHURCH/SYNAGOGUE/FAITH COMMUNITY
- RESIDENTS
- OTHER: \_\_\_\_\_
- DON'T KNOW
- REFUSED

**Population Health Logistics (PHL) System**

Let's talk a little bit about the Population Health Logistics (or PHL) system.

30. How often do you go into the PHL system, either to enter data into the system or to look up information on a resident? *(Read response categories if needed.)*

- DAILY → SKIP TO Q32
- A FEW TIMES A WEEK → SKIP TO Q32
- WEEKLY → SKIP TO Q32
- A FEW TIMES A MONTH
- MONTHLY
- OTHER: \_\_\_\_\_
- DON'T KNOW
- REFUSE

31. [If respondent uses PHL less often than weekly] What are the reasons that you do not go into PHL more often? (Check all that apply.)

- HARD TO LOG IN
- CONNECTION IS SLOW / COMPUTER ISSUES
- NOT AT MY COMPUTER VERY OFTEN
- TOO BUSY WITH OTHER WORK
- PREFER TO WORK ON PAPER FIRST THEN ENTER DATA
- DON'T TRUST THE SYSTEM / PREFER PAPER FILES
- USE ANOTHER SYSTEM THEN TRANSFER TO PHL
- PHL IS NOT HELPFUL / DOESN'T CAPTURE INFORMATION THAT IS USEFUL TO ME
- OTHER: \_\_\_\_\_
- DON'T KNOW
- REFUSED

32. Do you enter data into another system other than PHL? If yes, what is the name of the system?

- YES (NAME OF SYSTEM: \_\_\_\_\_)
- NO → SKIP TO Q34
- DON'T KNOW → SKIP TO Q34
- REFUSED → SKIP TO Q34

33. Which residents do you use this other system for? Do you use it for...?

- IWISH participants
- Residents not participating in IWISH
- Both IWISH participants and residents not participating in IWISH
- Some other group: \_\_\_\_\_
- DON'T KNOW
- REFUSED

### **IWISH Implementation Challenges**

34. Which part(s) of your job as RWD have you found most rewarding? (Do not read list. Check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> PERSON-CENTERED INTERVIEWS / GETTING TO KNOW RESIDENTS | <input type="checkbox"/> WORKING WITH PROPERTY MGT.    |
| <input type="checkbox"/> INDIVIDUAL ASSESSMENTS                                 | <input type="checkbox"/> WORKING WITH THE SITE LIAISON |
| <input type="checkbox"/> OTHER WORK WITH RESIDENTS                              | <input type="checkbox"/> RECEIVING TRAINING AND TA     |
| <input type="checkbox"/> WORKING WITH THE WELLNESS NURSE                        | <input type="checkbox"/> OTHER: _____                  |
| <input type="checkbox"/> BRINGING IN PROGRAMMING                                | <input type="checkbox"/> DON'T KNOW                    |
| <input type="checkbox"/> FORMING COMMUNITY PARTNERSHIPS                         | <input type="checkbox"/> REFUSED                       |

35. What would you say has been your biggest challenge in your role as Resident Wellness Director? (Do not read list. Check one.)

- |   |   |
|---|---|
| <input type="checkbox"/> HEAVIER WORKLOAD                     | <input type="checkbox"/> MOTIVATING RESIDENTS       |
| <input type="checkbox"/> NEW RESPONSIBILITIES                 | <input type="checkbox"/> DEVELOPING PARTNERSHIPS    |
| <input type="checkbox"/> INTEGRATING IWISH INTO EXISTING WORK | <input type="checkbox"/> IHAP                       |
| <input type="checkbox"/> WORKING WITH NEW STAFF               | <input type="checkbox"/> CHAP                       |
| <input type="checkbox"/> USING THE PHL                        | <input type="checkbox"/> WORKING WITH PROPERTY MGT. |
| <input type="checkbox"/> ENROLLING RESIDENTS                  | <input type="checkbox"/> OTHER: _____               |
| <input type="checkbox"/> COMPLETING INDIVIDUAL ASSESSMENTS    | <input type="checkbox"/> DON'T KNOW                 |
|   | <input type="checkbox"/> REFUSED                    |

36. What other challenges have you experienced as Resident Wellness Director? (*Do not read list. Check all that apply.*)

- |   |   |
|---|---|
| <input type="checkbox"/> HEAVIER WORKLOAD                     | <input type="checkbox"/> MOTIVATING RESIDENTS       |
| <input type="checkbox"/> NEW RESPONSIBILITIES                 | <input type="checkbox"/> DEVELOPING PARTNERSHIPS    |
| <input type="checkbox"/> INTEGRATING IWISH INTO EXISTING WORK | <input type="checkbox"/> IHAP                       |
| <input type="checkbox"/> WORKING WITH NEW STAFF               | <input type="checkbox"/> CHAP                       |
| <input type="checkbox"/> USING THE PHL                        | <input type="checkbox"/> WORKING WITH PROPERTY MGT. |
| <input type="checkbox"/> ENROLLING RESIDENTS                  | <input type="checkbox"/> OTHER: _____               |
| <input type="checkbox"/> COMPLETING INDIVIDUAL ASSESSMENTS    | <input type="checkbox"/> DON'T KNOW                 |
|   | <input type="checkbox"/> REFUSED                    |

Thank you very much for your time today. We look forward to coming on site to meet with you and the other staff next year. We will be back in touch with you in early 2019. Before we end, do you have any final comments or questions for me?