**Supporting Statement for Paperwork Reduction Act Submissions**

**Evaluation of the Supportive Services Demonstration**

**(OMB# xxxx-xxxx)**

**Appendix H: Moderator Guide for Focus Groups with IWISH Participants**

###### H.1. Written Consent Form for IWISH Participants

**Privacy and Consent Terms**

**Integrated Wellness in Supportive Housing (IWISH) Focus Group**

The United States Department of Housing and Urban Development (HUD) funded the Integrated Wellness in Supportive Housing (IWISH) program to help you stay healthy and live safely in your home. Your Resident Wellness Director [INSERT NAME(S)] and Wellness Nurse [INSERT NAME(S)] are part of IWISH.

HUD is sponsoring an evaluation study to understand residents’ experiences in properties that have an IWISH program. HUD has hired an independent research firm, Abt Associates Inc., to conduct the study. **You are invited to take part in this important study.** Your participation will help us learn what HUD can do to help residents of HUD-assisted housing improve their health and stay in their homes as they age.

The questions in this focus group have been reviewed by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. Public reporting burden for this collection of information is estimated at up to 105 minutes per response, including up to 90 minutes of discussion and an additional 15 minutes to complete the consent process. HUD may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collection displays a valid OMB control number XXXX-XXXX, expiring XX-XX-XXXX.

**What does it mean to be part of the study?**

* Taking part in this study is completely voluntary.
* Taking part in the study means participating in a focus group with other residents of [INSERT PROPERTY NAME].
* The focus group will last between 60 and 90 minutes.
* You can choose not to answer any question.
* You can leave the focus group at any time. All you have to do is get up and walk out.
* You will receive a $40 Visa gift card to thank you participating in the focus group.

**What type of information will the study collect?**

* The researcher will ask you questions about your experiences with your housing, the Wellness Nurse, Resident Wellness Director, and programs offered at your property and in the community.
* You may consider some of these questions personal and sensitive. The study team has taken many steps to protect your privacy.

**Why do we need to audio-record the focus group?**

* We are audio-recording the focus group.
* Audio-recording means the facilitator can focus on listening to you and asking questions.
* Audio-recording the focus group means we have an accurate record of what you say.

**What are the risks and benefits of participating in this study?**

* The research team has taken careful steps to reduce the risks to you associated with participating in this study. Even so, you may still face some risks.
* These risks may include giving information that you consider to be personal and sensitive.
* We will ask all focus group participants to not share information they hear in the focus group. However, we cannot guarantee that someone else in the focus group will not share things you said.
* Although you may not benefit directly from this study, your input will help us understand the issues faced by people like you. This allows the government to improve programs for older adults in HUD-assisted housing.
* Any services you or your family may receive **will NOT be affected** in any way by taking part or choosing not to take part in this study.

**Will my information be kept private?**

The research team is committed to keeping your personal information private to the extent allowed by law. However, there is a small risk of a loss of privacy. We will take strong precautions to make sure this does not happen.

* Any piece of paper that includes your name or other identifying information will be kept in a locked storage area and destroyed after the study ends.
* Any computer files with your name or other identifying information will be protected by a password and stored on a secure network.
* HUD will receive notes and summary reports from the focus groups, but neither the notes nor the reports will include your name, the name of this property, or the location of this property.
* If during the course of the focus group you report that you or someone else is at risk of harm, we may need to tell someone.
* Our reports will combine your responses with responses from others and will not use your name. People who read the reports will not be able to identify responses you give.

For questions or concerns about the research, call Abt Associates toll-free at [insert number]. For questions or concerns about your rights as a research participant, call the Abt Associates Institutional Review Board toll-free at 877-520-6835. If you have questions, you may contact the study director, Jennifer Turnham, at Jennifer\_Turnham@abtassoc.com or (301)-347-5289.

**Consent to Participate in this Study**

I have read the information in this consent form. I have discussed my questions with a member of the research staff. I voluntarily agree to participate in this interview. I have received a copy of this signed and dated consent form.

|  |  |  |
| --- | --- | --- |
|  |  | **I give my permission to be audio-recorded for this focus group.**  |

Participant Name (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Researcher obtaining this Authorization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Documentation of Receipt of Visa gift card***

I have participated in the focus group and received a gift card in the amount of \_\_\_\_\_\_\_\_\_\_\_

Gift Card number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Study ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Abt Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### H.2. Moderator Guide for IWISH Participants

Informed Consent Discussion

Thank you all for participating in the focus group today. We really appreciate this opportunity to hear about your experiences with the IWISH program. The [Resident Wellness Director [INSERT NAME(S)] and Wellness Nurse [INSERT NAME(S)] are part of IWISH. My name is [INSERT NAME] and I’ll be leading our discussion today.

The first thing I’ll do is obtain your formal consent to take part in the discussion today. Everyone has in front of them a document that explains the purpose of the focus groups and your rights as a participant. We’d like you to read the document, ask questions, and if you feel comfortable, sign the document.

Our conversation today will last about an hour and a half. If you wish to leave at any time during the focus group, please feel free to get up and go. With your permission, we will audio record this focus group so that we make sure we capture everything that is said today. We will use what we learn from you and others across the country to prepare several reports for HUD about how residents and their caregivers experience the IWISH program and what improvements could be made.

We will be including quotes from this focus group in our reports, but we will not use your name in our reports. We will not share the audio recording from this session with anyone outside the study team, but at the end of the study we will provide our notes from this group to HUD. The notes will not include anyone’s names or the property’s names. The audio recordings will be destroyed at the end of the project. We will not share what you say with staff on the property here and we ask that you not repeat what others say outside this room. We want everyone to feel comfortable speaking openly and candidly in today’s group.

*[Moderator collects a signed informed consent document from each participant.]*

I work for an independent research company called Abt Associates. We have been hired by the U.S. Department of Housing and Urban Development (HUD) to evaluate the IWISH program. IWISH is a new program being tested in 40 senior housing properties across the country. IWISH funds a Residential Wellness Director and a Wellness Nurse to work with residents and bring in services and programming to help improve their health and well-being. The overall goal of IWISH is to help residents be able to live independently in their homes for as long as they want to. The IWISH program started here at [PROPERTY NAME] in March 2018.

As someone who is enrolled in the IWISH program, we want to understand your experiences with the program. The information that you provide will help improve programs like IWISH for older adults living in HUD-assisted housing.

We want to keep the discussion informal and relaxed. My role is to raise topics we’re interested in hearing about from you, and to keep the conversation flowing. Before we begin, let me go over a couple of ground rules.

* Please feel free to get up and get food or drinks any time you would like and use the restrooms as needed.
* Please also feel free to leave the discussion at any time, for example if you find yourself getting tired.
* During the discussion, please ask questions if something is not clear.
* You do not have to answer any specific questions you do not want to answer.
* There are no right answers or wrong answers. We are interested in everyone’s experience, good or bad.
* Please don’t share what is said today outside this room.
* Finally, please turn off your cell phones or put them on vibrate. If you need to take a cell phone call, please do so outside of this room.

Before we start, does anyone have any questions?

Let’s start by getting to know each other a little bit. Let’s go around the room, and each of us share your first name and how long you have been living here at [PROPERTY].

Topic 1: Housing and Community

We are going to first talk a little about what it’s like to live at this property and in this community.

1. What are some of the features of this place that make it easy for you to live here?
2. What are some the features of this place that make it hard for you to live here?

Topic 2: IWISH Experiences

Now let’s talk about your experiences with the IWISH program. IWISH is the program that funds your Resident Wellness Director(s), [INSERT NAME(S)], and your Wellness Nurse(s), [INSERT NAME(S)].

1. What made you sign up for IWISH?
2. What are some of the ways that you work with [INSERT RWD NAME(s)]? Without going into anything too personal, can you tell me about the types of assistance that she provides?
3. How did you feel about the assessment that [RWD] completed with you when you enrolled in the program? By assessment I am referring to the long set of questions about your health, medications, and how you are feeling.
	* (*If the issue of privacy comes up*) Are you comfortable with people on the property asking about your health issues?
4. What are some of the ways that you work with [INSERT WN NAME(S)]? Without going into anything too personal, can you tell me about the types of assistance that she provides?
5. Do you think that [RWD] and [WN] are responsive to your needs? Do they provide enough help? If not, what other help would you like?
6. Before [WN] started working here, did you have someone to go to if you had concerns about your health or needed help with a specific issue? How is [WN’s] job here different?
7. Do you feel the program has had any impact on your health or well-being? If so, how?
8. Has the program changed how you feel about living at [PROPERTY]? If so, how?
	* Have you noticed any changes around the property since IWISH started? This could include changes in residents’ attitudes or physical changes to the building or property.

Topic 3: Programs and Services

Now I’d like for us to talk a bit about the programs and services that are available to you.

1. Has the number of programs and services available to you, either here on the property or in the community, changed since the IWISH program came along?
2. What about the type of programs and services? Are different kinds of programs and service available to you now, compared to before IWISH?
3. Do you feel like there are enough programs and services on the property in order for you to be able to stay here as you get older? How about in the community?
4. Are there other programs or services you’d like to have on the property? In the community?

Wrap up

Before we end this group, let’s go around the room one more time, and each of us share one sentence to describe your experience with the IWISH program.

Thank you so much for your time.