

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

**Appendix D: Interview Guide for Wellness Nurses at Treatment Properties**

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*Respondent is Wellness Nurse. Items in italics are instructions for the interviewer, not to be read aloud.*

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### **Introduction**

Thank you very much for taking the time to speak with me. Abt Associates and its subcontractor L&M Policy Research has been contracted by HUD to conduct an evaluation of the IWISH program and your feedback is an important component of this process. We are speaking with Wellness Nurses at all the properties that are implementing the program.

Today's discussion is the second conversation we've had about the IWISH program in [PROPERTY NAME]. In [MONTH YEAR] we spoke to [RWD NAME] to gather some basic information on how the IWISH program works at your property. Now we are also speaking to wellness nurses in order to delve more deeply into how the IWISH program works, including 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.

Your participation in this interview is purely voluntary and you are free to skip any questions you do not wish to answer. The interview questions 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 150 minutes per response, but we expect this conversation will take about an hour and a half. The OMB control number is XXXX-XXXX, expiring XX-XX-XXXX.

We will be taking notes during our discussion but will not be recording the discussion. At the end of the study, after we complete our interviews, we will provide the interview notes to HUD with individuals' names, property names, and location names removed. We will also provide summary reports on the interviews to HUD but will not use your name or the name of the property in those summary reports. The information that we collect will be used for research purposes only, not for any audit or compliance purposes.

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?

### **Background and Prior Experience**

*[RQ5, Factors contributing to variation in IWISH implementation]*

Before we start discussing IWISH, I'd like to understand your background and how you came to be the wellness nurse for the program.

1. How long have you been employed as the WN for this property?
2. Who is your supervisor? (*Title and organization, not name.*)
3. What type of nursing license do you have? Did you specialize at all in your nursing degree?

4. Before starting as WN, did you have any prior work experience as a nurse, or working with older or low-income adults? How many years of experience? Have you previously served in a role that is similar to the WN in IWISH in any way?

*If the interviewee previously served in a role similar to WN:*

5. Is there anything that you did or could do in your previous position that you are not able to do as WN?
6. Is there anything you have wanted to do in the IWISH program, based on your previous service coordinator role, but are not able to do? Explain.
7. Do you think residents and property staff have a clear understanding of your role and what you can and cannot do as a WN? Have there been any issues resulting from misunderstanding your role?

### **Training and Technical Assistance**

#### ***[RQ5, Factors contributing to variation in IWISH implementation]***

I'm now going to ask a series of questions about the training and technical assistance that you may have received as a WN – from the time you started in your role as a WN to the present.

8. What training have you participated in or accessed through the Lewin Group and HUD? (Examples: in-person training in Crystal City, VA; webinars; office hours; site liaison calls, etc.) *(Interviewers will bring a checklist with them to ensure that we gather the information systematically.)*
9. Besides what has been offered by the Lewin Group and HUD, have you participated in any other training, or received any other technical assistance, related to your position as WN since becoming the WN? *(Probe for what the training was and who paid for it.)*
10. What training or support have you found most useful for your role as WN? What has been least helpful?
11. Is there additional training or support that you feel would be useful? Explain.

### **Role in IWISH Implementation**

#### ***[RQ1, Implementation experience; RQ2, Strengths and weaknesses of the IWISH model; RQ5, Factors contributing to variation in IWISH implementation]***

12. I'd like to start by asking you a simple question about how you spend your time overall. On average, about how much of your time do you spend...? *(Note to interviewers: If respondent has a hard time imaging an average, obtain ranges for the amount of time spent on each activity. Interviewers will provide this table to respondents in advance so they can prepare.)*

Working directly with residents?	_____ %
Working with the families or caregivers of residents?	_____ %
Coordinating with the resident wellness director?	_____ %

Coordinating with property manager or other property staff?	_____%
Meeting or talking with medical service providers?	_____%
Coordinating programming on site?	_____%
Working on paperwork, data entry, and other administrative functions?	_____%
Other: _____	_____%
Other: _____	_____%
<b>Total</b>	<b>100%</b>

13. Are your roles and responsibilities as the WN about what you expected them to be when you first started in this position? If not, how are they different?

14. Have your roles and responsibilities shifted over time? If so, how and why?

15. IWISH has about 115 residents per half-time WN. Would you recommend a different ratio of staff to residents?

16. Is there aspect of your work that you feel is really important that you don't have enough time to do? If so, what?

**Working Relationship with Resident Wellness Director**

*[RQ1, Implementation experience; RQ5, Factors contributing to variation in IWISH implementation]*

17. I understand that there are currently X RWDs on staff here. Is that correct?

18. What does a typical week look like in terms of how often you meet with the RWD(s) and what kinds of things you meet about? *(If the respondent has trouble imaging a typical week, ask for the range.)*

19. In your opinion, how important is the role of the RWD in meeting IWISH's goals of helping residents to improve their health and wellness and remain in their homes? Can you provide concrete examples of times where the presence of the RWD made a difference?

20. In your opinion, do you perform any activities that would ordinarily be the primary responsibility of the RWD, based on the guidance you have received from the implementation team? Do you think the RWD performs any activities that would normally be done by the WN?

21. Do you think the caseload for the RWD is appropriate? Why or why not?

22. *[If there has been vacancy or turnover in the RWD position]* I understand that the RWD position *[was not filled for X months/turned over X times]* since you have been WN? How did the turnover or vacancy impact IWISH implementation?

## **Other Supports for IWISH Implementation**

*[RQ1, Implementation experience; RQ5, Factors contributing to variation in IWISH implementation]*

23. Do you have the equipment and supplies to do your work? How is the office space working? Is it accessible for residents? Private enough? Does the IT work?
24. What about support from other staff on the property? Do you get the support that you need from the property manager and other staff to do your job effectively?
25. How frequently do you meet with the other property staff? (For example, the property manager, maintenance person, janitorial staff, etc.) What are the most common issues that you meet about?
26. For what parts of your job do you feel you really need the support of other property staff? For example, recruiting and enrolling residents, learning about challenges residents may be happening, developing programming or partnerships. Which areas and from which staff?
27. Are there areas where you feel support from other property staff or the owner or management organization is lacking or something could be changed to better support your work with residents? Which areas? What would this support look like?
28. *(If not already mentioned)* How (if at all) does your employer (*contracting organization named in Q2*) support you in your work?

## **Resident Outreach and Engagement**

*[RQ1, Implementation experience, and RQ5, Factors contributing to variation in IWISH implementation]*

I wanted to talk a little bit about resident outreach and engagement. I know that is typically the responsibility of the RWD, but in some places the WNs get involved too.

29. Were you involved at all with reaching out to residents about enrolling in IWISH? If so, what was your role?

*[If WN was not involved in outreach and enrollment skip to the next section of the interview.]*

30. From your vantage point, which outreach methods were most effective at encouraging residents to enroll in the program?
31. What have been the main challenges to resident enrollment in IWISH? What reasons have residents given you for why they are not interested in enrolling?
32. Can you describe the current level of residents' engagement with IWISH? What does being engaged with the program look like from your point of view? How does engagement vary across residents? *(If needed, prompt: For example, older or younger residents, more or less frail residents, people who have lived here for a long time or recently moved, people with strong family supports, non-English speakers.)*
  - *(If the property has a large percentage of LEP residents.)* How do language barriers affect enrollment in the program or ongoing engagement? What steps have you taken to address language barriers?

33. Has the level engagement changed over time? What approaches or activities have you found to be most effective in keeping residents engaged? What has been most challenging to maintaining engagement?

34. My records show that [X] residents have asked to be dis-enrolled from the program. Can you talk a little more about any reasons for dis-enrolling that you may have heard?

Thank you. Now I'd like to briefly run through your role in the different components of IWISH – person-centered interviews, the health and wellness assessments, IHAPs, PHL, etc. Then I am going to ask more specifically about the work that you do to promote resident wellness.

### **Person-Centered Interviews**

*[RQ1, Implementation experience; RQ4, Implementation fidelity]*

Let's start with person-centered interviews, which are an optional component of the resident assessment process in IWISH.

35. Person-centered interviews are a component of the resident assessment process in IWISH. What has been your role in administering health and wellness assessments?

*[If WN has not been involved in person-centered interviews skip to the next section of the interview.]*

36. What do you find most useful about the person-centered interview? What is less useful?

37. How do you see the purpose or value of the person-centered interview as compared to the individual health and wellness assessment?

### **Health and Wellness Assessments**

*[RQ1, Implementation experience, and RQ4, Implementation fidelity]*

38. What has been your role in administering health and wellness assessments?

*[If WN has not conducted assessments skip to the next section.]*

39. What have been the biggest barriers, if any, to completing individual assessments?

40. What do you find useful about the assessment? What is less useful?

41. Are there any questions that you would recommend adding to the assessment? Removing from the assessment?

### **Individual Healthy Aging Plans**

*[RQ1, Implementation experience, and RQ4, Implementation fidelity]*

42. What has been your role in working with residents to prepare and implement individualized healthy aging plans (IHAP)?

*[If WN has no involvement with IHAPs, skip to next section.]*

43. What, in your view, is the primary value of the IHAP to residents?

### **Community Healthy Aging Plan**

*[RQ1, Implementation experience, and RQ4, Implementation fidelity]*

44. *(If property has completed a CHAP)* Were you involved in preparing the community healthy aging plan (CHAP)? If not, are you familiar with it?

*[If WN has no involvement or familiarity with CHAP, skip to next section.]*

45. What, in your view, is the primary value of the CHAP?

### **Experience with the Population Health Logistics (PHL) System**

*[RQ1, Implementation experience, and RQ4, Implementation fidelity]*

46. I'd like to understand how well PHL is working for you. What are the main ways that you use PHL?

47. What aspects of the PHL system work well for you? What aspects do not work well for you? Are there aspects of the system that you would change if you could?

48. Do you use other systems for tracking or storing resident data? If so which systems and how?

### **Activities to Promote Resident Wellness**

*[RQ1, Implementation experience, and RQ4, Implementation fidelity]*

Let's talk now about the work that you do to promote resident wellness. I am going to ask about different types of activities that you could be doing, and you can let me know if you are doing that type of work and what specifically you do.

49. Let's start with educating and coaching residents on understanding and managing their chronic health conditions. If this is something that you do, please describe the key activities you do in this area. Would you like to do more in this area? If so, what is preventing you from doing more?

50. Let's talk about communicating with residents' health care providers and helping to coordinate their health-related services. If this is something that you do, please describe the key activities you do in this area. Would you like to do more in this area? If so, what is preventing you from doing more?

51. Let's talk about monitoring vital signs. How often do you do this for residents? For how many residents are you regularly monitoring vital signs? Would you like to do more in this area? If so, what is preventing you from doing more?

52. Let's talk about assisting residents with medication management. Tell me about what you do in this area. *(Probe for what the different activities are, both day-to-day and in a health event, and whether the WN communicates directly with the pharmacist or the resident's doctors.)* How many residents do you help with medication management? Would you like to do more in this area? If so, what is preventing you from doing more?

53. Let's talk about hosting health and wellness group activities, such as blood pressure clinics. Do you host group activities? How often? On what topics? Would you like to do more in this area? If so, what is preventing you from doing more?
54. Let's talk about providing nursing expertise for residents returning from a hospital or nursing facility. If this is something that you do, please describe the key activities you do in this area. Would you like to do more in this area? If so, what is preventing you from doing more?
55. Is there something else that you do for residents that we have not talked about? If so, what is preventing you from doing that?

### **Effects and Benefits of IWISH**

#### ***[RQ2, Strengths and weaknesses of the IWISH model]***

56. What changes have you actually observed in the health and well-being of IWISH participants that in your opinion are a result of the program? Please describe the changes and provide concrete examples. What about the IWISH program do you think prompted these changes?
57. Have you observed changes in residents' use of health care services? For example, have you seen an increase or decrease in the use of certain types of medical care, such as emergency department visits, primary care, specialty health, or planned hospitalizations? Please describe the changes and provide concrete examples. What about the IWISH program do you think prompted these changes?
58. *(If respondent has not observed changes)* Is it surprising to you that you have not observed any changes? Why do you think you haven't observed any changes?
59. Can you think of any examples where something that you or the RWD did helped a resident to avoid an unnecessary 911 call, trip to the ER, or stay in a nursing home (including readmissions)? Please describe those scenarios. For each scenario, describe: What precipitated the crisis? When and how did you get involved? What do you think would have happened had you not been there?
60. Can you think of any examples where the IWISH program helped a resident stay in their housing or decrease tenancy issues? For example, something that you or the WN did to help a resident pay rent on time, or improve their housekeeping, improve relationships with other residents or property staff?
61. Do residents who are not enrolled in IWISH participate in or benefit from the program? If yes, how?  
*Prompt for how and why non-enrolled residents are served.*

### **Improvements to the IWISH Model**

#### ***[RQ1, Implementation experience, RQ2, Strengths and weaknesses of the IWISH model]***

62. Do you have any suggestions for how the initial rollout of the program could have been modified?
63. Are there additional resources that HUD or the Lewin team could be providing now that would facilitate your work as a WN? For example, additional staffing, training, office space, computer equipment, and funding to pay for programming. What would you do differently if you had those resources?



64. Is there anything you could change about the IWISH program design if you could?

That's all I have. Thank you very much for your time. Is there anything else you'd like to add?

Thank you very much for your time.