Interview Guide – Owners (IWISH)

*Items in italics are instructions for the interviewer, not to be read aloud. Information to be filled in ahead of the interview is highlighted in yellow.*

## **Introduction**

Thank you very much for taking the time to speak with me. HUD has contracted with Abt Associates to evaluate the Supportive Services Demonstration (also known as IWISH). We have been studying the demonstration properties since 2018. Now that the Demonstration is nearing its end, we are interested in hearing your perspectives on how it has gone and what you see as the pros and cons of IWISH.

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, including preparation and follow-up. The OMB control number is XXXX-XXXX, expiring XX-XX-XXXX.

I’ll be taking notes during our discussion but will not be recording the discussion. At the end of the study, we’ll provide summaries of what we learn through the interviews to HUD but will not use your name or the name of the property in those summaries or in our other reports. The information that we collect will be used for research purposes only.

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. Your participation in this interview is purely voluntary and you are free to skip any questions you do not wish to answer.

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

## **Respondent Background**

1. Can you tell me a little bit about your role in the organization?
2. I understand that [ORGANIZATION] has X properties in the demonstration – X in the IWISH group and Y in the control group. [*List the properties*.] Is that accurate?
3. What has been your personal involvement so far with the Demonstration? How long have you been aware of the demonstration?
4. Where you part of the decision to apply for the demonstration? If so, what motivated you to apply?

## **Effects of COVID-19 (Coronavirus)**

I imagine the past few months have been a very challenging time for you. Before we talk about IWISH, I’d like to hear about how COVID-19 affected your properties.

1. Can you tell me a little bit about your organizations’ response to COVID-19?
	1. What changes were made to staffing?
	2. What changes were made to programming?
	3. Which properties were affected?
	4. When were the changes implemented?
	5. How long did the changes last? When were they reversed?
2. Are there any changes that you made in response to the COVID-19 that will result in permanent changes to how you work with older adults?

## **Strengths and Weaknesses of IWISH**

1. What is your opinion of the IWISH program based on what you have heard about or experienced?
2. What do you see as the benefits of the program for residents?
3. Does IWISH benefit property management? If so, how?
4. Are there weaknesses with the model? If so, what are they?
5. Has going through the pandemic highlighted anything for you about the strengths and weaknesses of the IWISH program to support residents’ health and wellness?

## **Experiences with IWISH Implementation**

1. What went well with the implementation of the program? What did not go so well or could have been better?
2. What kinds of things have you heard from your properties over the course of the demonstrations
3. What adjustments would you suggest for the IWISH model were HUD to be able to provide this type of funding in the future?
4. Are there other comments you’d like to make about your experiences with the IWISH demonstration?

## **Future Plans Related to Aging in Place**

1. Are you planning to retain any elements of IWISH in your properties after the demonstration ends?
	* If so, which elements, and why? How do you plan to fund these elements?
	* If not, why not? Do you not see the value or are the financial or other barriers?
2. Are there other approaches that you have taken or plan to take in your properties to support residents’ health and wellness as they age? If so, what are they?

## **Input into the Evaluation**

1. Are there any questions that you have about IWISH that you’d like the evaluation to be able to answer? If so, what are they?

**Thank you very much for your time**.