

## Interview Guide for Wellness Nurses (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

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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 input is an important component of this process. We spoke to you [OR PREDECESSOR] in 2018 and 2019 about your role and how the IWISH program works at your property. This is our final interview for the evaluation and an opportunity for you to provide input on your overall experience in 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.

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 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. 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?

### Background and Prior Experience – for new WN's only

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*These questions will only be asked of WNs that started after the 2019 interview.*

1. I understand you started working here in [MONTH/YEAR]. Is that accurate?
2. Before starting as Wellness Nurse, did you have any prior work experience as a nurse, working with older or low-income adults? How many years of experience?
3. What interested you about the Wellness Nurse position?

### Effects of COVID-19 (Coronavirus)

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I imagine the past few months have been a very challenging time for you. I'd like to hear about how COVID-19 affected your work with residents.

4. Did you work with residents all remotely, partly remotely, or were you still coming to the office? Did that change over time?
5. Did the focus on what you were working with residents on change? If so, how?
6. What about programming? Did all group programming stop? Did some programs stop and others continue?
7. Has going through the pandemic highlighted anything for you about the strengths and weaknesses of the IWISH program to support residents' health and wellness?

### **IWISH Activities**

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Let's talk about the specific elements of IWISH and the value of each. (*Interviewers will be prepared to define each term if the respondent is confused. Note that the Wellness Nurse might not have strong opinions on some of these program components if he/she was not very involved with conducting them.*)

8. Let's start with the person-centered interview. If IWISH were to continue, would you recommend that the PCI be a required part of the program? It could be either the way it is now, with some changes, or not at all? If you recommend any changes, what are they?
9. What about the health and wellness assessment? If IWISH were to continue, should the health and wellness assessment be a required component, either the way it is now, with some changes, or not at all? If you recommend any changes, what are they?
10. What about the IHAP? If IWISH were to continue, should the IHAP be a required component, either the way it is now, with some changes, or not at all? If you recommend any changes, what are they?
11. Let's talk about PHL. Has working with PHL gotten easier over time?
  - a. Are there parts of how you work with residents that are not well represented in PHL? (*If needed, add: For example, activities that you do with residents that you don't enter into PHL, either because there isn't a spot for it or because it's too time consuming to enter the data?*)
  - b. If IWISH were to continue, do you think PHL, or a revised version of PHL should be a part of it? Why or why not?

### **Supporting Residents' Health and Wellness**

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Now I would like to ask a few questions about how you support residents with their health and wellness.

12. Of the people enrolled in IWISH, can you estimate how many meet with you once a week, every few weeks, or less frequently? [*Send the table to the WN in advance for them to complete.*]

How frequently the WN meets with residents	Estimated # of residents	Estimated % of residents
Once a week or more often		%
Every few weeks or monthly		%
Every few months		%
Less than every 6 months		%
Have not seen them since they signed up		%
<b>TOTAL</b>		<b>100%</b>

13. What have you learned about the best ways to support residents' health and wellness in your role as a Wellness Nurse?

- a. What do you see as the most valuable services you provide?
- b. What more would you like to be doing? What stands in the way?

14. Overall, what have you learned about what works best for getting residents to work with you? What gets them motivated to take advantage of your help?

15. What are the main barriers for residents taking advantage of what you and the RWD have to offer?

16. Have you changed any of your procedures for how you work with residents returning from a hospital or nursing home stay or how you handle sentinel events? [*Review prior interview notes.*]

17. Have you made any changes in how you work with healthcare providers such as hospitals and primary care physicians? [*Review prior interview notes.*] If so, how?

18. Do any of your interactions with healthcare providers go beyond dealing with specific residents? For example, have you worked with any providers to develop procedures or programs for the residents as a whole?

19. Has the way you work with the RWD changed at all? Do you feel you work together more closely, less closely, or about the same? Describe any changes. [*If new WN, ask how do they work with the RWD. If the RWD position is vacant, ask how that has impacted their work.*]

20. Are you satisfied with the level of support you receive from property management?

- a. Can you provide an example of how property management supports your work?
- b. What could property management could better support your work?

## Programs and Partnerships

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Now let's talk about programs and partnerships that support residents' health and wellness.

21. Which programs are most popular with residents?
22. Which programs do you feel have the most impact on residents' health and wellness?
23. Were there programs or services that you wanted to offer under IWISH but couldn't? Why couldn't you?
24. Have you been able to develop partnerships with health care providers and other organizations that directly benefit residents? If so, briefly describe those partnerships. [*Interviewers should review the information on partnerships from the last interview*]
25. Were there partnerships that you wanted to develop under IWISH but couldn't? Why couldn't you?

## Effects and Benefits of IWISH for Residents

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Let's talk now about the effects and benefits of IWISH for residents.

26. What do you see as the main benefits of IWISH for residents?
27. Do you think residents that did not enroll in IWISH have benefitted from the program? Describe.
28. *Send the table in advance for the WN to complete. They can complete it on their own or collaborate with the WN. Review the information on the call or ask about such changes if not completed in advance.*

Type of Change That Could Result from IWISH	Have you observed this type of change in your residents? (Yes/No)	Please provide a brief written example, if you have one.
Changes in how often or how residents use primary or specialty health care		
Evidence of previous unmet medical needs that are now being met		
Residents better connected to public benefits (such as Medicaid, SNAP, cash assistance)		
Residents managing their medications better		
Residents having more successful transitions back from hospitals or		

Type of Change That Could Result from IWISH	Have you observed this type of change in your residents? (Yes/No)	Please provide a brief written example, if you have one.
nursing homes		
Residents avoiding an unnecessary 911 call or trip to the ER		
Residents avoiding premature transition to a nursing home		
Residents avoiding a potential eviction		

### **Experience of Being a Wellness Nurse**

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Now I just have a few final questions about IWISH and your experience being a Wellness Nurse.

29. What has been your favorite part of being a WN?
30. What has been your least favorite part of being a WN?
31. Did you ever feel limited in what you could do in your support for residents? Why?
32. How would you grade the technical assistance, training, and support you received from the Lewin Group? (*If needed: A, B, C, etc.*)
33. What was most helpful in that training and what was least helpful?
34. What other training or support would have been helpful to you as a WN? Please describe.
35. In your opinion, what parts of the IWISH model were most impactful for residents in helping them age in place?
36. What would you say are the biggest weaknesses of the IWISH model?
37. Is there anything about this particular property or community that you think made it easier or harder for a program like IWISH to be successful?
38. If you could redesign IWISH, what would you change?
39. Is there anything I have missed asking about your experiences?

**Thank you very much for your time and for all of your valuable input into the IWISH evaluation. Thank you also for all that you do for your residents.**