



2-Year Extension of HUD's IWISH Demonstration

The Integrated Wellness in Supportive Housing (IWISH) demonstration, testing how HUD-assisted older adults can be supported to live safely and independently in their homes and communities, is set to sunset on September 30, 2020. Cooperative Agreements were entered into on July 18, 2017, however OMB approval for implementation occurred on March 19, 2018, a delay of eight months. Today, the IWISH sites are in the last year of the three-year demonstration.

The demonstration is built on research on housing-based service models and best practices from service coordination in HUD-assisted housing.

Congress should extend this demonstration for two years.

The IWISH Model has just been ramped up to full capacity is at risk of winding down rapidly as hired staff and partnerships must look for new opportunities.

Given the significant investment in the demonstration and the unanimous research pointing to the demonstration's ultimate success, the IWISH demonstration should be extended from its current sunset of September 30, 2020 to September 30, 2022.

Background

In 2014, Congress committed \$15 million for the three-year IWISH demonstration to fund a full-time Resident Wellness Director and a part-time Wellness Nurse at 40 Section 202 Housing for the Elderly communities. More than 700 communities applied to be a demonstration site.

Today, thousands of residents of HUD's Section 202 program have volunteered to participate in the IWISH program in these 40 communities.

The demonstration will measure how IWISH participants have improved self-care management of chronic conditions, increased access to services and better housing stability, well-being and quality of life compared to residents of non-IWISH affordable housing communities through a rigorously evaluated randomized control trial.

The demonstration will also determine whether IWISH residents have reduced unnecessary or avoidable healthcare utilization and transitions to nursing home settings compared to residents of non-IWISH affordable housing communities.

Now in its third year, the demonstration sites have hit their stride: Wellness Nurses and Resident Wellness Directors are embedded in affordable housing sites. These integrated teams are working to meet the demonstration's goals by: engaging residents, conducting risk screenings and health assessments, entering data into a centralized data platform, building partnerships, and offering evidence-based programming.

Funding a 2-Year Extension

HUD could absorb funding for Resident Wellness Directors into service coordinator renewals funding through the Section 202 account (16 of the 40 Resident Wellness Directors already receive their funding from this account). Funding for Wellness Nurses (about \$8M total for two years) could come from the Department of Health and Human Services.

HUD Support for Extension

In its fiscal year 2021 budget request, HUD urges Congress to extend the IWISH demonstration. "The Budget requests \$14 million to provide an extension of the demonstration, allowing for collection of additional data, which will

significantly strengthen the reliability of the research findings on the outcomes from this investment in the well-being of older low income tenants,” HUD’s request says.

Housing Plus Services Evidence

Evidence documenting the benefits of the housing plus services model is growing. Some studies have examined models that incorporate a service coordinator/social worker and wellness nurse team. Other studies have evaluated models that incorporate a service coordinator and other on-site services. Several studies associate housing plus service models with:

- **Lower hospital usage:** One study found that residents in housing communities with an on-site service coordinator were 18% less likely to have a hospital stay during the year.^[i] A study examining six affordable senior housing communities offering the Selfhelp Active Services for Aging Model in Queens, NY, found that residents had hospital discharge rates that were 32% lower and hospital lengths of stay that were one day shorter compared to other Medicare beneficiaries in the same zip code.^[ii] Another evaluation found that older adults with multiple chronic conditions residing in senior housing were less likely to be hospitalized over time than those residing in other housing settings.^[iii]
- **Lower Medicare expenditure growth:** Participants in urban panels of the Support and Services at Home (SASH) program in Vermont experienced a slower growth in annual total Medicare expenditures of \$1,467, compared to beneficiaries in a comparison group. These outcomes were driven by slower growth in expenditures for hospital care, emergency department (ED) visits, and specialist physician visits.^[iv]
- **Lower Medicaid spending:** The Support And Services at Home (SASH) model in Vermont has proven to reduce Medicaid spending by \$400/year per participant. This outcome is primarily driven by reduced nursing home utilization.
- **Higher value health care usage:** Participants in the Staying at Home program in Pittsburgh, PA, were significantly more likely to visit the dentist, use health care services outside a hospital (e.g., primary care), and report health improvements.^[v] Conversely, participants were significantly less likely to visit the ED, have unscheduled hospital stays, and report negative health outcomes. Another study found residents who engaged with the Housing with Services initiative in Portland, OR, were more likely to use preventative health and outpatient mental health service.^[vi]
- **Success reaching high-risk populations:** The evaluation of the Portland Housing with Services initiative also found the program was able to reach residents with prior high use of hospitals and/or EDs.
- **Fewer nursing home transfers:** The study of Pittsburgh’s Staying at Home program found participants were less likely to move to a nursing home than non-participants.

Urge Senators and Representatives to support:

- A 2-year extension of the IWISH demonstration from 2020 to 2022.

^[i] LeadingAge and The Lewin Group. (2016). *Affordable senior housing plus services: What’s the value?* Washington, DC: Accessed at: http://www.ltsscenter.org/resource-library/Housing_Services_Value.pdf.

^[ii] Michael Gusmano, Victor Rodwin, and Daniel Weisz. (2018). Medicare beneficiaries living in housing with supportive services experienced lower hospital use than others. *Health Affairs*, 37(10), 1562-1569.

^[iii] Sojung Park, BoRin Kim, and Eunsun Kwon. (2018). The role of senior housing in hospitalizations among vulnerable older adults with multiple chronic conditions: A longitudinal perspective. *The Gerontologist*, 58(5), 932-941.

^[iv] Amy Kandilov, Vince Keyes, Martijn van Hasselt, Alisha Sanders, Noelle Siegfried, and Robyn Stone. (2018). The Impact of the Vermont Support and Services at Home program on healthcare expenditures. *Cityscape*, 20(2), 7-18.

^[v] Nicholas Castle and Neil Resnick. (July 2014). Service-enriched housing: The Staying-at-Home program. *Journal of Applied Gerontology*, published online July 9, 2014.

^[vi] Institute on Aging, Portland State University. (October 2016). *Housing with Services: Final report*. Accessed at: https://www.pdx.edu/ioa/sites/www.pdx.edu.ioa/files/Housing%20with%20Services-FULL_Report_103116.pdf.