

Supporting Aging in Place Through IWISH

Results from the First Phase of the Supportive Services Demonstration, 2017–20

The U.S. Department of Housing and Urban Development (HUD) sponsored the multiyear Supportive Services Demonstration for Elderly Households in HUD-Assisted Multifamily Housing to learn whether wellness staff, located at the housing property, and evidence-based health and wellness programming, also delivered onsite at the property, can help older adults living in affordable housing remain in their housing longer and improve their well-being.

The model tested through the demonstration is called **Integrated Wellness in Supportive Housing (IWISH)**. The IWISH model supplements and enhances HUD's Service Coordinator program. The demonstration provides funding for onsite services staff that goes beyond the resources typically available to HUD-assisted properties: a Resident Wellness Director, an enhanced service coordinator position focused on health and wellness, and a nonclinical Wellness Nurse. The demonstration also provides supplemental funding for properties to implement health and wellness programming.

The demonstration was implemented at 40 HUD-assisted multifamily properties for residents age 62 and older in California, Illinois, Maryland, Massachusetts, Michigan, New Jersey, and South Carolina between October 2017 and September 2020. This brief summarizes the evaluation findings of the first 3 years of the demonstration. Congress extended the demonstration in 2021 for 2 additional years.

The evaluation of the Supportive Services Demonstration found no evidence that the IWISH model affected residents' tenure or healthcare use during the first 3 years the model was implemented. However, there are reasons to be optimistic about the potential long-term impact of the IWISH model. IWISH reduced the rates at which residents ages 62 through 64 and residents age 85 or older used acute or emergency care services. Two IWISH activities were associated with greater benefits of the model: transitional care provided to residents coming home from a hospital or nursing home stay and the setting of individual wellness goals. In addition, residents, property owners, and onsite wellness staff at IWISH properties all perceived benefits of IWISH that may not have appeared in the outcomes measured by the evaluation.

The extension of the demonstration provides an opportunity for the evaluation to examine the effect of IWISH on healthcare use and tenure over a longer period.

About this Summary

This summary is part of a series of publications on findings from the Evaluation of the Supportive Services Demonstration conducted by Abt Associates, including interim reports published in 2020, 2021, and 2023. A final report on the implementation and impacts of the IWISH model over the entire 6-year period is planned for 2026.

The evaluation publications can be found at https://www.huduser.gov/portal/IWISH_Evaluation.html.

Supporting Aging in Place Through IWISH

Background of the Supportive Services Demonstration

HUD is examining how its assisted housing programs can best support residents age 62 and older in an independent housing setting as they age. HUD provides affordable rental housing to approximately 1.8 million elderly households, defined as households with one or more persons at least one of whom is 62 years of age or older at the time of initial occupancy. Approximately 40 percent of those households live in housing developments for older adults made affordable through HUD rental assistance contracts with private owners.

Most Americans prefer to live independently in their own homes or communities for as long as possible. However, aging often comes with impairments that can affect residents' ability to live independently. Although HUD does not typically fund direct services, approximately one-half of privately owned HUD-assisted housing developments for older adults have an onsite service coordinator funded through HUD's Multifamily Service Coordinator program. Service coordinators help residents live independently by referring them to community services and helping them access public benefits. At some properties, service coordinators have increasingly focused on supporting residents' health and wellness.

Americans Strongly Prefer to Age in Place

- Nearly 80 percent of adults age 50 and older say they want to remain in their communities and homes as they age.
- Nearly one-half of adults age 50 and older say they will never move.

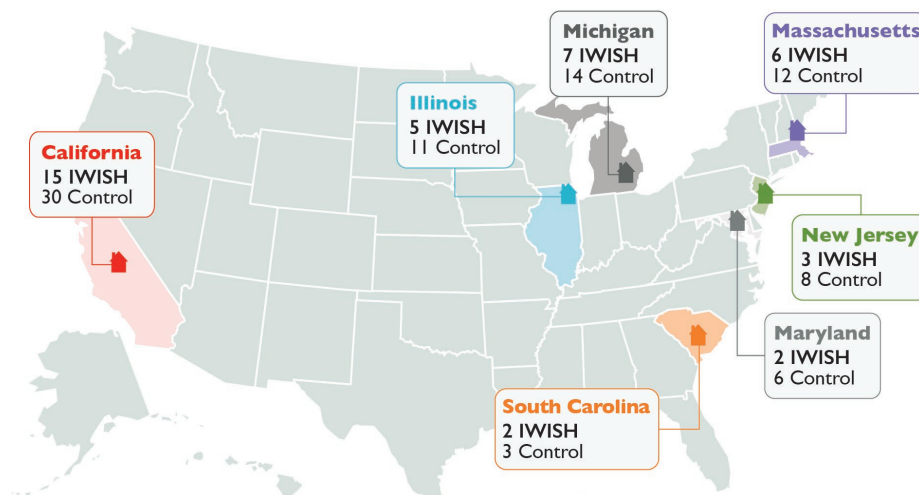
Source: Joanne Binette and Kerri Vasold. 2018 Home and Community Preferences: A National Survey of Adults Age 18-Plus. AARP Research.

The foundation of the IWISH model builds on findings from a Vermont-based service coordinator program known as Support and Services at Home (SASH), a housing-based wellness program that brings together an onsite wellness nurse and social services coordinator to address residents' health and social services needs holistically.

Evaluation of IWISH Through a Cluster-Randomized Controlled Trial

To ensure a rigorous analysis of the IWISH model's impacts on residents' tenancy and healthcare use, the Supportive Services Demonstration was designed as a cluster-randomized controlled trial. HUD randomly assigned 124 properties that predominately serve older adults in seven states either to the 40 properties that received funding to implement IWISH or to the 84 properties that did not implement IWISH and served as a control group.

Exhibit 1.
Locations of the
124
Demonstration
Properties



Supporting Aging in Place Through IWISH

Integrated Wellness in Supportive Housing (IWISH)

The demonstration funds two onsite wellness positions with primary responsibility for implementing the IWISH model at HUD-assisted properties:

- The **Resident Wellness Director** is an enhanced service coordinator who focuses on residents' health and wellness in addition to helping connect residents to social services.
- The **Wellness Nurse** is a nonclinical healthcare professional who provides health education and health monitoring for residents.

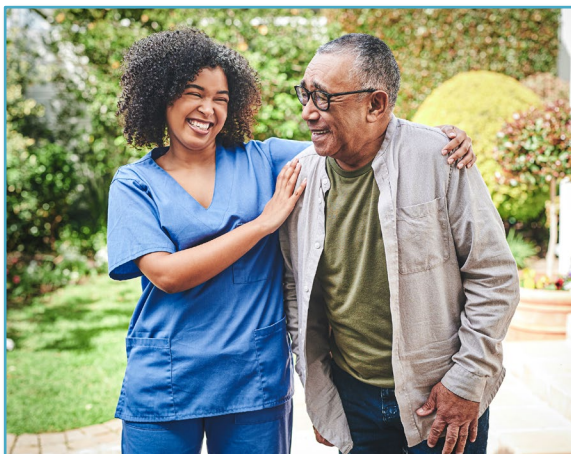
The Resident Wellness Director is a full-time (40 hours a week) position, and the Wellness Nurse is a part-time (20 hours a week) position for every 100 to 115 residents living at a property. These staff members at the property work together to implement the six core components of the IWISH model.

IWISH Model Core Components

There are six core components of the IWISH model:

- ◆ **Proactive engagement with residents** to maximize participation and to make sure residents understand what IWISH has to offer.
- ◆ **Standardized resident health and wellness assessments** at enrollment and annually thereafter so that Resident Wellness Directors and Wellness Nurses understand resident needs and priorities comprehensively.
- ◆ **Individual and community plans for healthy aging** to help residents identify and meet wellness goals.
- ◆ **A web-based data platform** to record information about IWISH participants, assessment data, healthy aging plans, and use of programming and service coordination.
- ◆ **Partnerships with healthcare and social service providers** to coordinate services and enhance opportunities and resources for residents.
- ◆ **Evidence-based health and wellness programming** to address the needs of residents.

The two onsite wellness staff positions take a person-centered approach to helping residents individually as their needs dictate and as residents agree to be helped. This individual assistance includes helping residents self-manage their medication, interacting with their healthcare providers and caretakers on residents' behalf, and helping residents successfully transition back into their home from a hospital or nursing home stay.



Person-Centered Approach in IWISH

A person-centered approach ensures an individual is fully engaged in identifying and making decisions about goals and priorities that relate to their life. It also plans and delivers services and supports in a way that respects the person's preferences, values, and needs.

A person-centered approach considers both "what is important for" and "what is important to" the individual to live a meaningful, healthy, and safe life.

—IWISH Operations Manual, 2017

Supporting Aging in Place Through IWISH

Implementation of the IWISH Model, 2017–20

The first phase of the Supportive Services Demonstration was implemented at 40 properties between October 2017 and September 2020. For the first 6 months, the IWISH properties focused on hiring and training staff, developing policies and procedures, and conducting outreach to residents to educate them about IWISH. Resident enrollment in IWISH began in March 2018.

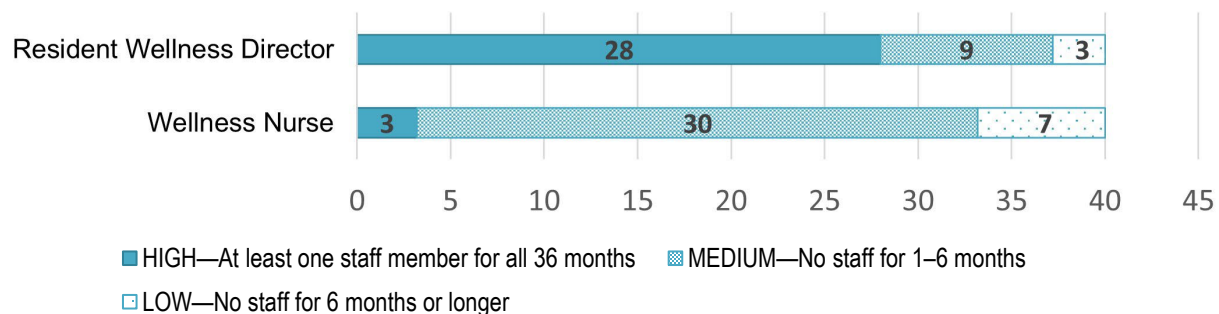
Exhibit 2. IWISH Implementation Schedule



Staffing of the Onsite Wellness Positions

The onsite wellness staff members are integral to the implementation of IWISH, and the model cannot be implemented without staff filling these important roles. Several IWISH properties had vacancies in either or both IWISH positions during the first 3 years.

Exhibit 3. IWISH Properties by Onsite Wellness Staffing Ratings



Sources: Abt Associates analysis of program data in Population Health Logistics; IWISH staffing data from implementation team monthly reports; responses of interviews with IWISH staff in 2019 and 2020; and analysis of monthly implementation team reports.

The Wellness Nurse position was more challenging both to fill initially and to retain. IWISH properties contracted for the Wellness Nurse through certified nursing providers, and those providers did not always act quickly to fill the roles at the start of the demonstration. In addition, the Wellness Nurse is a part-time, nonclinical position, which could have made it less desirable to applicants.

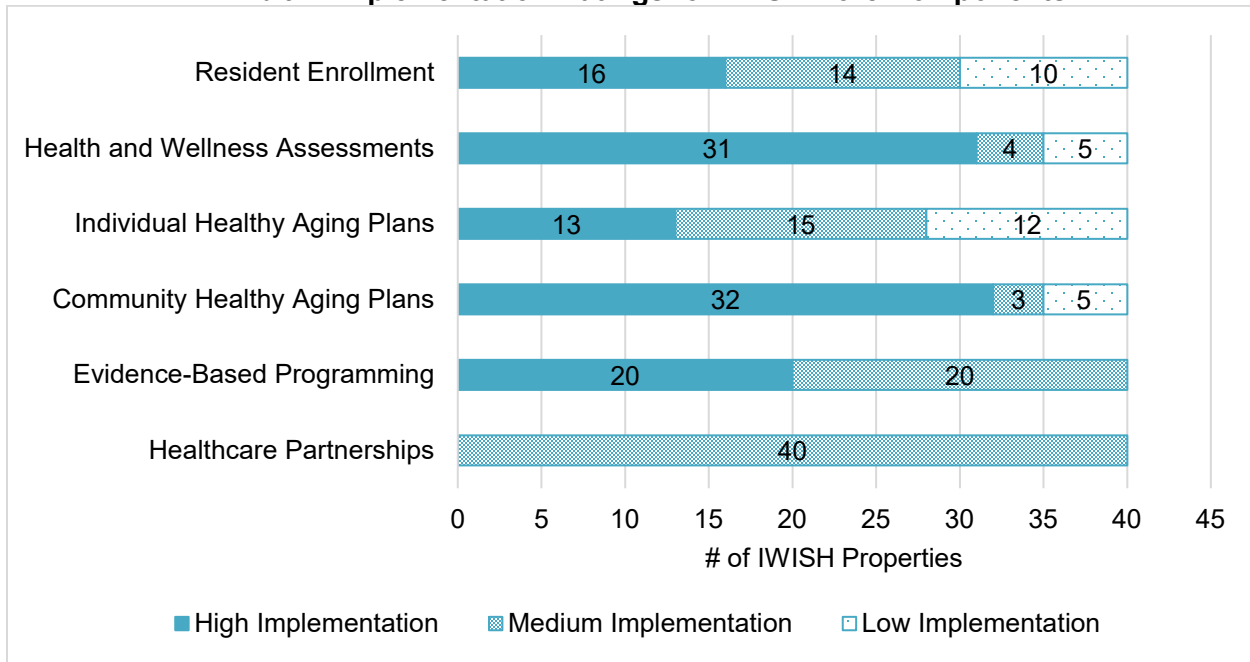
Workload was also an issue for some IWISH staff members, who reported wanting to do more to help residents than their time allowed. The assessments and reporting in the case management system were described as particularly time-consuming tasks.

Supporting Aging in Place Through IWISH

Implementation of the IWISH Model Core Components

The evaluation team developed a rating system to measure how fully the IWISH model was implemented at the 40 properties. At most, but not all, of the properties, all core components were fully implemented or implemented to a high degree. Across all IWISH properties, 33 of the 40 properties were rated as having high or medium implementation fidelity for all core IWISH components.

Exhibit 4. Implementation Ratings for IWISH Core Components



Sources: Abt Associates analysis of program data in Population Health Logistics; IWISH staffing data from implementation team monthly reports; responses of interviews with IWISH staff in 2019 and 2020; and analysis of monthly implementation team reports.

Most properties were rated medium or high on resident enrollment, resident participation in health and wellness assessments, and development of Community Healthy Aging Plans (property-wide plans using aggregate resident data to identify needed health and wellness programming). Overall, properties received lower implementation ratings for Individual Healthy Aging Plans, evidence-based programming, and healthcare partnerships.



Supporting Aging in Place Through IWISH

Resident Engagement in IWISH

Residents must formally enroll in IWISH to meet with the Wellness Nurse and participate in health and wellness assessments. By March 2019, the 40 IWISH properties had enrolled 2,960 residents, a 71-percent enrollment rate overall and the highest average enrollment rate reached during the demonstration. The enrollment rate varied across properties, with one-half of the properties achieving enrollment rates of greater than 80 percent and four properties achieving less than 60-percent enrollment.

71 Percent of Residents at IWISH Properties Enrolled to Participate in IWISH

Participation by Enrolled Residents in IWISH Activities Varied Across Properties

After enrollment, resident participation in IWISH activities varied widely across properties. On average, residents met with IWISH staff once a month while enrolled. About one-fourth of residents met with IWISH staff at least every 3 months. Approximately 10 percent of participants did not meet with IWISH staff at all after the first month of enrollment. IWISH staff and residents report that speaking different primary languages, a desire for privacy, and vacancies and turnover in IWISH staffing were factors that limited resident enrollment and engagement.

The implementation study team identified differences in resident engagement with IWISH staff among certain groups of residents:

- Hispanic, American Indian/Alaska Native, and White residents had higher rates of visits with IWISH staff than did non-Hispanic African American/Black and non-Hispanic Asian residents.
- Residents ages 60 to 64 and residents 85 or older met with IWISH staff slightly more often than those ages 65 to 84.
- Divorced or widowed residents met more frequently with IWISH staff than married residents.

A Formal Goal-Setting Process Did Not Appeal to Some Residents

As of March 2020, 61 percent of enrolled residents had one or more health and wellness goals recorded by IWISH staff. Only one-third of IWISH properties had high ratings in the development of Individual Healthy Aging Plans, which record residents' health and wellness goals and plans to address any barriers to achieving their goals. Staff perceived some elements of individual goal setting or planning as beneficial, but IWISH staff at some properties said that residents were not interested in formal goal setting. Specifically, staff reported that words such as "goal" and "barrier" did not resonate with residents. Some IWISH staff found a more effective strategy by customizing their approach and weaving goal setting into the conversation naturally rather than through a formal process.

Wellness Goals Set by IWISH Participants

Participants most commonly set goals to—

- Increase levels of activity and exercise.
- Improve nutrition or eat healthier.
- Obtain healthcare services, social services, or public benefits.
- Increase socialization.

Supporting Aging in Place Through IWISH

All IWISH Properties Offered Health and Wellness Programming, But Not All Programming Was Evidence Based

IWISH properties received supplemental funding to develop health and wellness programming. Property managers and owners were encouraged to offer *evidence-based* programs that have been found to be effective through rigorous evaluation and were given a list of more than 300 program recommendations and assistance in identifying providers.

Onsite programming that focused on the same goals as the recommended programs was regularly offered at all properties, but the specific evidence-based wellness programs recommended by the model were offered at only one-half of the properties. Across all IWISH properties, IWISH staff reported offering an average of six health and wellness events each month. Most events were attended by 10 or fewer residents.

IWISH staff reported that programming related to exercise, nutrition, balance, and chronic disease management impacted residents' health and well-being the most. However, the activities that had the largest attendance were explicitly social events, such as ice cream socials or birthday celebrations. Many IWISH staff members reported that promoting socialization was important for preventing isolation and supporting residents' overall wellness.

Most Common Evidence-Based Health and Wellness Programs in IWISH

- Fall prevention (A Matter of Balance, STEADI: Stopping Elderly Accidents, Deaths & Injuries)
- Diabetes Self-Management, Diabetes Empowerment Education program
- Exercise and arthritis interventions (Tai Chi for Arthritis, Qigong, Walk with Ease)
- Chronic disease intervention (Chronic Disease Self-Management)
- Nutrition interventions (Eat Better & Move More)
- Smoking cessation (Clear Horizon)



Developing Healthcare Partnerships Was the Most Challenging IWISH Core Component

IWISH staff were tasked with developing partnerships with healthcare facilities, primary care providers, local agencies serving seniors, and community agencies to add to the resource and referral partnerships typical of traditional service coordination. The IWISH model encouraged properties to enter into formal partnership agreements with healthcare organizations to strategize how best to serve residents.

IWISH staff reported that this model component was the most challenging to implement, and no properties were able to develop property-wide partnerships with healthcare providers. Challenges included the large number of providers visited by residents, a lack of interest from hospitals and facilities, and bureaucratic and legal obstacles.

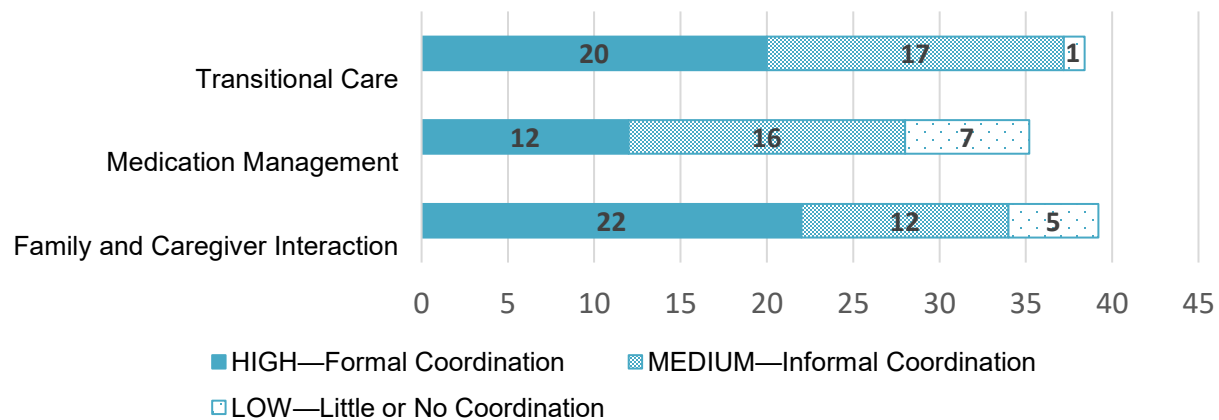
By contrast, many staff members reported developing relationships with individual providers or facilities on behalf of individual residents. Properties were also successful in building relationships with social service providers, and several properties reported property-wide partnerships with community organizations that focus on health or serve older adults, such as nursing schools, local Area Agencies on Aging, senior centers, and community health organizations.

Supporting Aging in Place Through IWISH

Enhanced Service Coordination by IWISH Staff

In the IWISH model, service coordination is “enhanced” because of its distinct focus on resident health and wellness. The study found high or medium levels of fidelity to the IWISH model in the areas of enhanced service coordination: transitional care, medication self-management, and family and caregiver interaction.

Exhibit 5. Enhanced Service Coordination Ratings of IWISH Properties



Source: Abt Associates analysis of responses of interviews with IWISH staff in 2019 and 2020. Note: Data were not available for all 40 IWISH properties.

Staff at Almost All IWISH Properties Reported Providing Transitional Care to IWISH Residents

“Transitional Care” was rated on the extent to which onsite services staff provided and coordinated care for residents returning home from a hospital or nursing home stay. Typical transitional care consisted of the IWISH staff, usually the Wellness Nurse, reviewing residents’ discharge papers, communicating directly with the residents’ hospital or nursing home discharge staff, helping the residents and their families understand the discharge plan, helping to set up followup appointments, and reviewing changes in medication with the residents. Almost all properties had high or medium levels of transitional care.

Most Wellness Nurses Helped IWISH Participants Self-Manage Their Medications

“Medication Self-Management” was rated on the extent to which Wellness Nurses educated residents on their medications and possible interactions, helped residents reconcile their medications with their prescriptions, and helped residents establish medication reminder systems. Although most Wellness Nurses helped IWISH participants self-manage their medication in some fashion, only one-third of properties routinely completed all three activities.

Interactions with Residents’ Family and Caregivers Varied Depending on Resident Wishes

The IWISH model is intended to promote direct engagement and collaboration between IWISH staff and residents’ family and other caregivers to address issues related to the resident’s health and safety. This collaboration is not always possible, and IWISH staff experiences working with families varied greatly. IWISH staff must obtain permission from the residents to speak with their families and caregivers and reported that some residents did not want family to be involved. Staff also reported that families often visited in the evening, when IWISH staff were not at the property.

Supporting Aging in Place Through IWISH

Year 3 Impact Study Findings

Over the longer term, the IWISH model is hypothesized to increase housing tenure and delay transitions to long-term care settings. The IWISH model is also hypothesized to increase residents' use of planned healthcare services while reducing unplanned hospitalizations and the use of emergency health care, which may, in turn, reduce healthcare spending for IWISH residents.

To test whether making IWISH available to residents affects their housing tenure, healthcare use, or healthcare costs, the evaluation used HUD administrative data, Medicare fee-for-service claims, and Medicaid claims and managed care encounter data to measure differences in housing tenure, healthcare use rates, and healthcare costs between residents of IWISH and control properties.

During the first 3 years of the demonstration, the study did not find evidence that IWISH prolonged resident tenure or reduced transitions to long-term care. The study also did not find evidence that IWISH increased primary care or specialist physician visits or reduced unplanned hospitalizations, emergency department visits, or the use of ambulance services.

During the first 3 demonstration years, on average, in both IWISH and control group properties—

- 27 percent of residents exited their property.
- 10 percent of residents died.
- 2 percent of residents exited to long-term care.

Limits of the Impact Analysis for the First 3 Years

The interpretation of the impact findings for the first 3 years of the demonstration is limited by several factors. First, the statistical power of the healthcare use analyses was diminished because the study was unable to access Medicare data for about one-half of the residents in the demonstration sample—those who were enrolled in managed care plans under Medicare Part C. Reduced statistical power limited the ability to detect small but potentially significant differences between IWISH and control group residents.

Second, the impact findings are limited to the first 3 years of implementation of the IWISH model, which was curtailed by a 6-month delayed start of resident enrollment. The last 6 months of the demonstration coincided with the onset of the COVID-19 public health emergency that affected healthcare delivery and use nationwide.

Third, the information collected on model implementation showed that not all properties implemented all components of the IWISH model or implemented them fully and that several properties had vacancies in one or both IWISH positions for several months during the demonstration period.

Finally, many of the same health and wellness services offered by IWISH were also available via service coordination and wellness programming at the control properties. Two-thirds of the 84 control properties had a service coordinator before the start of the demonstration in October 2017, and at least 10 more control properties added service coordinators during the demonstration period. Therefore, residents at the control properties may have experienced some benefits similar to those at the IWISH properties. The more similar the services in the control group are to those in IWISH, the less one would expect to see differences in impacts for IWISH and control property residents.

Supporting Aging in Place Through IWISH

IWISH Outcomes Varied by Contextual Factors

The study team conducted additional analyses to understand further how tenure and healthcare use outcomes varied by contextual factors such as resident, property, and neighborhood characteristics and how fully the treatment properties implemented the IWISH model during the first 3 years of the demonstration. The results of the analysis show that the IWISH model holds greater promise for some residents and properties.

IWISH Properties' Youngest and Oldest Residents Benefited from IWISH

On average, IWISH properties' youngest and oldest residents had fewer days of unplanned hospitalizations, unplanned hospital admissions and readmissions, outpatient emergency department visits, and ambulance events during the first 3 years than did control group residents of the same ages. These findings suggest that IWISH tends to benefit those with greater healthcare needs. On average, residents age 85 or older have more chronic or potentially disabling conditions than do residents ages 65 through 84. Individuals younger than age 65 and living in HUD-assisted properties often are eligible for Medicaid or Medicare due to disability.

Two Aspects of IWISH Associated with Better Healthcare Outcomes

Nonexperimental analyses conducted as part of the evaluation found a relationship between higher fidelity scores on two IWISH components and select outcome measures:

- Residents at IWISH properties rated as having higher levels of working individually with residents on meeting their health and wellness goals tended to spend more days in the community than did residents living in properties with lower levels of working on individual resident goals.
- Residents at IWISH properties rated as having higher levels of providing transitional care tended to have fewer unplanned hospitalizations, fewer outpatient emergency department visits and ambulance events, and more primary care visits.

Properties with Service Coordinators Before IWISH Implementation Showed Fewer Changes in Healthcare Use

Residents at the seven IWISH properties without a service coordinator before IWISH had fewer unplanned hospital admissions, spent fewer days hospitalized, and had more primary care visits than did IWISH residents living in properties with a service coordinator before IWISH. These results suggest the positive value of HUD's standard Multifamily Service Coordinator program in supporting residents' well-being. Residents with access to service coordinators before IWISH may have had more of their healthcare needs met before the demonstration, resulting in fewer changes in healthcare use during the first 3 years of the demonstration.

Properties in Isolated Communities Are Associated with Fewer Improvements in Healthcare Use

Comparisons of outcomes among IWISH properties found that residents living in isolated communities or who lacked access to nutritious food had higher rates of outpatient emergency department visits and ambulance use compared with IWISH residents in other communities. IWISH residents in isolated communities also had fewer primary care visits, spent more days in long-term care facilities, and spent fewer days in the community. Challenges for residents in accessing needed services because of the property's location could limit the potential impact of IWISH on residents' healthcare use and tenure.

Supporting Aging in Place Through IWISH

Residents and Staff Report Benefits of IWISH

Although the evaluation did not find evidence that IWISH affected residents' tenure or healthcare use, IWISH staff, property staff, and residents who participated in the program reported numerous benefits of the IWISH model.

Staff from one-third of IWISH properties gave examples of preventive measures by the Wellness Nurse that they believed helped avert the unnecessary use of emergency services. IWISH staff at 38 of the 40 treatment properties (95 percent) reported assisting residents during healthcare emergencies, including providing support during emergency events that occurred at the property, providing support after an emergency event, and educating residents on how to prevent future emergency events or promote earlier identification of disease.

There have been multiple instances where, because of our intervention, a person went to see their PCP [primary care physician] instead of going to the ER because there was something which wasn't an emergency, but they didn't know what to do with it. They were comforted by having a nurse, a professional, look at the issue and give them advice.

—IWISH Wellness Nurse

Interviews with IWISH staff and focus groups with residents suggested that IWISH residents' use of primary care increased during the demonstration. IWISH residents were encouraged to make followup appointments with their primary care physicians for regular preventive care. IWISH staff also helped “triage” residents and sometimes referred them away from emergency care to more appropriate, nonacute sources of care. It is possible that IWISH staff's efforts increased the propensity of some IWISH residents to visit their primary care physicians, whereas other residents substituted services provided by the wellness nurses for primary care visits.

“As far as health goes, I push myself to go to all the activities. They do make a difference, definitely. I really look forward to them. You're getting out of the house, you're socializing, and you're engaged.

—IWISH Resident

Residents at IWISH properties reported an increased feeling of safety and security, better awareness of their medical diagnoses and the medication they were prescribed, and a greater understanding of their health. Residents reported they appreciated having a medical professional and designated point of contact for health and wellness at the property, and they described health and wellness programming as an opportunity for social interaction and education.

Most onsite staff reported that residents were better connected to public benefits as a result of IWISH. Property managers and owners also reported seeing benefits from the program, and at some properties, they attribute a reduction in tenant turnover to the services provided under IWISH.

The goal is for residents to participate in their own health as much as possible, and to prevent hospitalizations and nursing home if they do not need it. Other residents are losing weight because they know how their food choices influence their weight. And they are less depressed. All of it ties in together, the health, the psychosocial. We have empowered residents to do this.

—IWISH Wellness Nurse

Supporting Aging in Place Through IWISH

Conclusion and Next Steps for the Evaluation

The cluster-randomized controlled trial design and well-matched IWISH and control populations of the Supportive Services Demonstration offered an opportunity to conduct a rigorous evaluation of the initial impact of the IWISH model. Although the evaluation of the first 3 years of the demonstration did not find statistically significant evidence that IWISH affected residents' tenure, healthcare use, or healthcare costs, there are reasons to be optimistic about the potential long-term impact of the IWISH model.

The study's subgroup analyses show that residents ages 62 through 64 and age 85 and older tended to benefit from IWISH. The study also found that two specific aspects of the IWISH model seemed to improve outcomes: working individually with residents on meeting their health and wellness goals and providing transitional care to residents returning home from a hospital or long-term care stay.

The correlation between properties without a service coordinator before the start of the demonstration and more positive improvements in healthcare use might also help explain why the study did not find evidence of IWISH impacts during the first 3 years of the demonstration. The incremental benefits of the Wellness Nurse and formalized assessments and programming might not have been great enough to show statistically significant impacts in the short term.

Finally, residents and property management staff at IWISH properties reported numerous benefits from implementing the IWISH model, including examples of preventive actions by IWISH staff that help residents avoid unnecessary emergency care.

These findings suggest that the IWISH model could have benefits to residents that cannot be seen in the administrative data or that might become significant over a longer period. The preliminary evaluation findings of the demonstration's effectiveness after the initial 3 years, given the context of the implementation of the IWISH model across the 40 properties, suggest that housing-based wellness staff helping to coordinate resident health care could be a promising strategy for helping residents age in place.

Recommendations to the IWISH Model After 3 Years of Implementation

The evaluation's study of the implementation of the IWISH model and the measurement of its impacts suggest potential refinements to the IWISH model, including expanding the time Wellness Nurses spend at the property, emphasizing the person-centered approach, and formalizing systems within properties to notify IWISH staff in the event of emergencies and transitions.

Findings from the First Phase to Inform the Second Phase of Evaluation

Findings from this first phase of the demonstration will inform the evaluation for the extension period. The study team will conduct qualitative interviews with residents and IWISH staff to better understand more nuanced characteristics that could affect individuals' participation in IWISH and the impact of the model on their health and well-being. Interviews will also explore the usefulness of specific model elements. The measurement of impacts will also be extended for 3 more years, providing an opportunity to examine the effect of IWISH on healthcare use and tenancy over a longer period. A final report on the impacts of the IWISH model over the two demonstration phases is expected in 2026.