Managing Social Isolation
a community-based approach

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Tsao Foundation
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SCOPE

- About the City for All Ages Project
- ComSA@Whampoa
- Community Survey August 2014 and Social Isolation
- Social Isolation among the Most Vulnerable
- Observations and Discussions
CITY FOR ALL AGES PROJECTS

• Initial 4 pilot sites (Marine Parade, Bedok, Taman Jurong and Whampoa), now expanded to 16 sites.
• Multi-agency community development efforts to create a ‘kampong spirit’
  • Voluntary welfare organizations/ non-profits
  • Grass roots organizations
  • Businesses
  • Government across Ministries
  • Statutory Boards
INTRODUCTION

PART OF CITY FOR ALL AGES PROJECT IN WHAMPOA

Population

Number of residents older than 60 years = 4000-5000

49% of are HDB 3 room flats or smaller

33% are 4-room HDB flats

18% are 5-room flats and bigger

7 precincts
A ‘community-up’ approach to support ageing-in-place by Tsao Foundation in collaboration with Whampoa grassroots organization in realizing the City for All Ages programme.
A community where people of all ages thrive through:

- *Healthy ageing and Community development*
- *Care system creation*
- *Housing and infrastructure*
THE ComSA COMPONENTS

Housing and Transport
- Long-term care facilities in ‘stealth’
- Person-centred universal design
- Food, shopping and recreation

Infrastructure and neighbourhood

ComSA

Care Management System
- Risk Screener
- Risk Stratification
- Care Management
- Primary Care
- Service partnership and volunteers

Community Development
- Community Assessment
- Capacity Building
- Outreach and engagement

Evaluation
- Process
- Outcome

ComSA Evaluation

Patient-centred Medical Home
HYPOTHESIS 1
THE BIOSPSYCHOSOCIAL MODEL

• First proposed by Psychiatrist George L. Engel in 1977 when he posited “the need for a new medical model.”
  – A hypothetical patient 55 year old with a second heart attack and who subsequently had a cardiac arrest in an emergency room due to incompetent junior staff.

• Biological, psychological and social factors all play a significant role in human functioning in the context of diseases and illness

• ‘Biopsychosocial’ causation requires ‘biospsychosocial’ solutions
HYPOTHESIS 2
POPULATION HEALTH\(^1\) ICEBERG

Only medical risks 
and receiving 
medical care

Only psychoemotional 
health risks and 
receiving 
psychoemotional 
care

Only social-wellbeing 
risks and receiving 
social well-being care

Multiple biopsychosocial risks, and receiving 
biopsychosocial care

People who seek mono-domain care 
but have more than mono-domain health risks

Adults at risk of poor health outcomes 
who do not seek help

1. “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” (WHO)

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THE COMMUNITY–BASED CARE SYSTEM

- Community needs assessment
- Community risk screening and risk stratification algorithm
- Care management system catering for simple to complex care needs
- Para-care manager volunteer management system
- Advanced primary care model for complex, frail elders and their families working closely with care management – the 'Patient-Centred Medical Home'

BPS Risk Screener and Needs Assessment:
  case finding; care needs assessment; risk stratification

BPS Care-resource Allocation:
  Care Management service; Age-friendly Primary Care; Volunteer para-care managers; escalation/ de-escalation

BPS Service Partners Network:
  Multi-agencies partnership; virtual teams; community grand rounds
THE BIOPSYCHOSOCIAL RISK SCREENER AND NEEDS ASSESSMENT
CASE FINDING; CARE NEEDS ASSESSMENT AND RISK STRATIFICATION FOR RESOURCE PLANNING

• Made use largely of EASYCare, combined with items from InterRAI HC Suite and Lubben Social Network Scale.
• The risk screener algorithm (not yet named) was developed based on the data collected during the community care needs survey in Whampoa in 2014.
• 2 steps:

(1) Build a risk profile for transparency in care planning and selection of appropriate further needs assessment

<table>
<thead>
<tr>
<th>Risk level by domain</th>
<th>Compounded risk counts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limiting-longstanding illness and/or orthopaedic complications</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>0</td>
</tr>
<tr>
<td>Moderate</td>
<td>1</td>
</tr>
<tr>
<td>Higher</td>
<td>2</td>
</tr>
<tr>
<td>Breakdown of cognitive function, mental health and wellbeing</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>0</td>
</tr>
<tr>
<td>Moderate</td>
<td>1</td>
</tr>
<tr>
<td>Higher</td>
<td>2</td>
</tr>
<tr>
<td>Social isolation</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>0</td>
</tr>
<tr>
<td>Moderate</td>
<td>1</td>
</tr>
<tr>
<td>Higher</td>
<td>2</td>
</tr>
</tbody>
</table>

(2) Build a compounded risk score for detecting at-risk cases/prioritization

<table>
<thead>
<tr>
<th>Compounded risk scoring</th>
<th>Compounded risk category</th>
<th>Defined as...</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 means: No risk</td>
<td>No identifiable risk yet to be offset</td>
<td></td>
</tr>
<tr>
<td>1-2 means at: Lower relative risk</td>
<td>Risk mostly offset</td>
<td></td>
</tr>
<tr>
<td>3-4 means at: Higher relative risk</td>
<td>Risk somewhat offset</td>
<td></td>
</tr>
<tr>
<td>5-6 equates to: Fully at risk</td>
<td>Risk not offset</td>
<td></td>
</tr>
</tbody>
</table>
THE BIOPSYCHOSOCIAL CARE-RESOURCE ALLOCATION

From ‘Community Development’

‘BPS Risk Screene’

From service partners

‘Higher Relative Risk’
or ‘Fully At Risk’

Comprehensive Needs Assessment and Risk Stratification

Volunteer ‘para’-care managers

(Complex) Care Management

Team-managed Home-based primary care

Care Management + Age-friendly Primary Care (‘PCMH’)

Single-domain services

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THE BIOPSYCHOSOCIAL SERVICE PARTNERS NETWORK
MULTI-AGENCIES PARTNERSHIPS; VIRTUAL TEAMS; COMMUNITY GRAND ROUNDS

Case finding

Needs assessment and stratification

‘Virtual Teams’

Service provision

Care Planning

Communication and Coordination
PROGRAMME COMPONENTS

Community Assessment
- Ethnographic study
- Socio-economic survey

Community Capacity Building
- Self Care Groups
- Community Health Trainers
- Self Care & Wellness Interest Group

Community Outreach and Engagement
- Longevity Parties
- Self Care Day
- SCOPE graduation day
- Community Museum
- Etc

Programme evaluation by a research team from the Saw Swee Hock School of Public Health
COLLABORATION PARTNERS AND TARGET PARTICIPANTS

40-59

60 and over

families

children and youth

• Active Ageing Committee in Whampoa, CCC, RCs (7), SEC, WEC

• CFAA, APO, AIC, HPB, MOH, NCSS and MSF

• Local business community
• Other potential private sector partners

• ComSA Service Network, other VWOs
• Saw Swee Hock School of Public Health
COMMUNITY SURVEY AUGUST 2014 AND SOCIAL ISOLATION
AGE DISTRIBUTION IN WHAMPOA
SAMPLE SIZE = 1,375
DEMographics

**Ethnicity**
- Chinese: 82%
- Indian: 11%
- Malay: 5%
- Other Groups*: 2%

*Other Groups: Eurasian, Filipino, Sikh, Singhalese*

**Marital Status**
- Married: 64%
- Widowed: 27%
- Never Married: 7%
- Separated: 0%
- Divorced: 2%
### SOCIAL PROFILE

<table>
<thead>
<tr>
<th>Variable</th>
<th>Average</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Isolation Score (LSNS-6)</td>
<td>11.76</td>
<td>0</td>
<td>30</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Socially Isolated</td>
<td>53.74</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feel threatened or harassed by anyone?</td>
<td>46</td>
<td>1,329</td>
<td>1</td>
</tr>
<tr>
<td>Anyone to help you in case of illness or emergency?</td>
<td>44</td>
<td>1,331</td>
<td>0</td>
</tr>
<tr>
<td>Are you in financial arrears?</td>
<td>145</td>
<td>1,230</td>
<td>0</td>
</tr>
</tbody>
</table>

* Cutoff score = 12. If < 12 then socially isolated.
SOCIAL ISOLATION
LSNS-6 < 12 POINTS

Feeling Isolated, by Living Arrangements

- With Spouse and Children: 31%
- With Children: 16%
- With Spouse: 21%
- With >1 Generation in Family, Maid: 19%
- With Non-Related Pp: 4%
- Alone: 9%
CASE STUDIES OF SOCIAL ISOLATION AMONG VULNERABLE ELDERS
Case 1: Mr P

Maid Y

Wife working & come home late daily

80

A-
Spokesperson

Financial:
- Dependent on wife’s & children’s contribution
- CHAS & PG Cards

Social:
- Stays with wife & maid in a 3 room purchased flat
- Used to work as a taxi/bus driver, retired at 55yrs.
- Estranged relationship with wife
- Poor relationship with maid
- P and son closer to him
Case 1: Mr P

Community Survey
- CI Screening: 4
- CareBreakDown: 7
- Fall Risks: 4
- PolyPharm: 4
- Admission: 1
- Caregiver: Y
- Lubben: 10
Case 1: Mr P

Medical Hx:
- Type 2 DM
- Bilateral blindness-retinitis pigmentosa
- Cervical myelopathy
- IHD
- HTN
- Previous CVA
- Stenting of abdominal aortic aneurysm
- Chronic cholecystitis with early liver cirrhosis
- BPH

Scales:
- IADL 46
- ADL (hierarchy) 5
- ADL (long form) 21
- BMI 15.63
- CHESS 0
- Communication 0
- Cognitive 1
- DRS 5 Possible depression
- Maple 3
- Pain 1
Case 1: Mr P

**Care Assessment Protocols (CAPs)**

**Triggered:**
- Urinary incontinence prevent decline
- ADL prevent decline
- Institutional Risk
- Cognitive Monitor
- Mood High Risk
- Abusive relationship High risk
- Physical Activity
- Nutrition High Risk
- Prevention Physician visit.

**Mr P’s verbalized Goal:**
- To be euthanised
Case 2: Mdm C

Genogram

Financial:
- No more savings
- Daughter gives $300 to parents
- Rental $750/month
- Son paying for them: flat monthly cash installment $800 and household bills $180
- Medical bills is about $200 for 2 months
- PG and CHAS card

Social:
- Stays in 4 room flat with husband & tenant
- Has 2 daughters, 1 son
- Housewife, no siblings
- Husband is ex security guard and retired 4 years ago

- O,
  - Stays in M’sia
  - Not contact-

- A
  - Sales person in airport retail shop

- C
  - Widowed
  - Clerk
  - Visits bimonthly

- 76
- 72
- 45
- 43
- 41
Case 2: Mdm C

From Community Survey
- CI Screening: 4
- Care Breakdown: 3
- Fall Risks: 4
- PolyPharm: 5
- Admission: 0
- Caregiver: No
- Lubben: 5
Case 2: Mdm C

**Scales**
- IADL (Capacity) 36
- IADL (Performance) 36
- ADL 4
- ADL (Long Form) 17
- BMI 22.19
- CHESS 1
- Communication Scale 0
- Cognitive Performance Scale 0
- Depression Rating Scale 5
- Maple 3
- Pain 0
- Self Rated Depression 3
- Pressure Ulcer Risk Scale 2
- Aggressive Behaviour Scale 0

**Medical History**
- Left MCA infarction (2011) with IHD
- HTN and HLD

**Client/Staff concern**
- Pain at sacral cavity VAS 8/10; relief to 5/10 taking gaba 600mg.
- Frequent giddiness (postural drop more than 20mg on our 1st visit)
- Lower limb numbness on and off.
- Blood in the urine - Jan 2016 urology appt

**Triggered CAPs**
- Moods - 2 Triggered
- Prevention Triggered - 2 - no physician visit
- Physical activity – 1 Triggered
- Cognitive - 1 Triggered monitor
- Cardio-resp - 1 Triggered

**Her Wish:**
- She wants to independent.
- Also to improve her mobility and functions.
OBSERVATIONS AND DISCUSSIONS
DISCUSSION

1. ComSA is an approach to optimize opportunities for longevity in the community with a systems of self-care on health, community development and care management.

2. To complete ComSA, age-friendly housing and infrastructure should be developed too.

3. Among those above 60 living in Whampoa, 50% scored less than 12 on LSNS-6

4. Many of them have family. Some of them are living with family.

5. Is the LSNS 6 score of 12 a indicative of Social Isolation in Singapore?

6. Is Social Isolation a risk for poor health outcome in itself or is it the loneliness associated with social isolation that causes ill-health?
THANK YOU