

Managing Social Isolation a community-based approach

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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





Tsao Foundation
Longevity is Opportunity

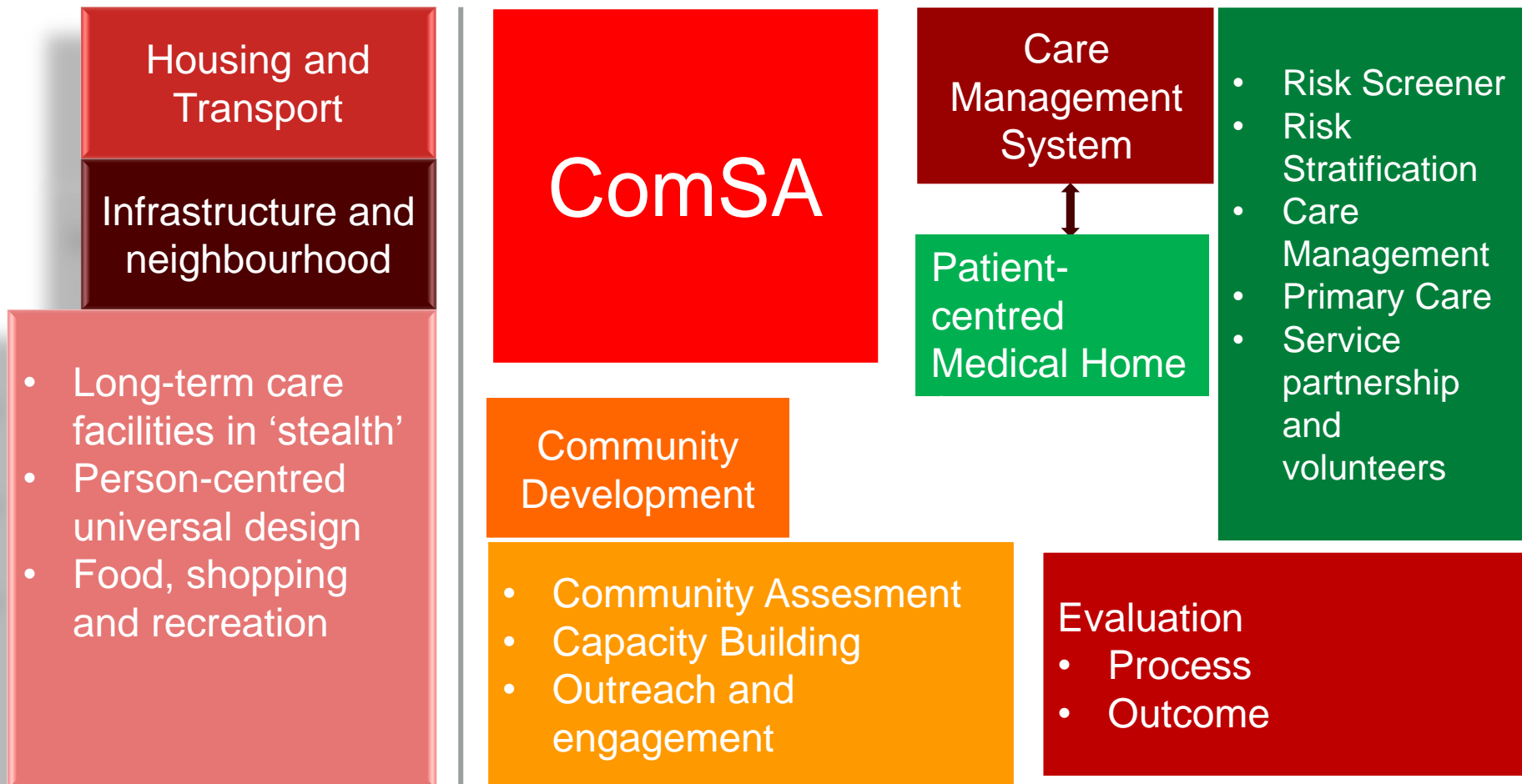
ComSA@Whampoa

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



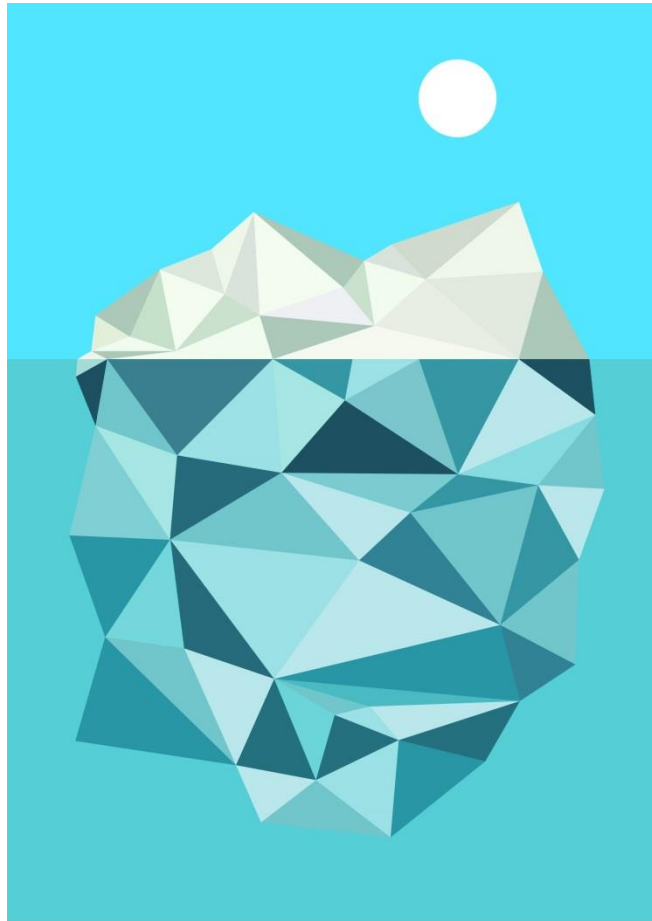
HYPOTHESIS 1

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 HEALTH¹ 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)

THE COMMUNITY-BASED CARE SYSTEM

- **Community BPS Risk Screener and Needs Assessment:**
case finding; care needs assessment; risk stratification
- **Care management for simple to**
- **BPS Care-resource Allocation:**
Care Management service; Age-friendly Primary Care; Volunteer para-care managers; escalation/ de-escalation
- **and mail elders**
- **me' Home'**

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:

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

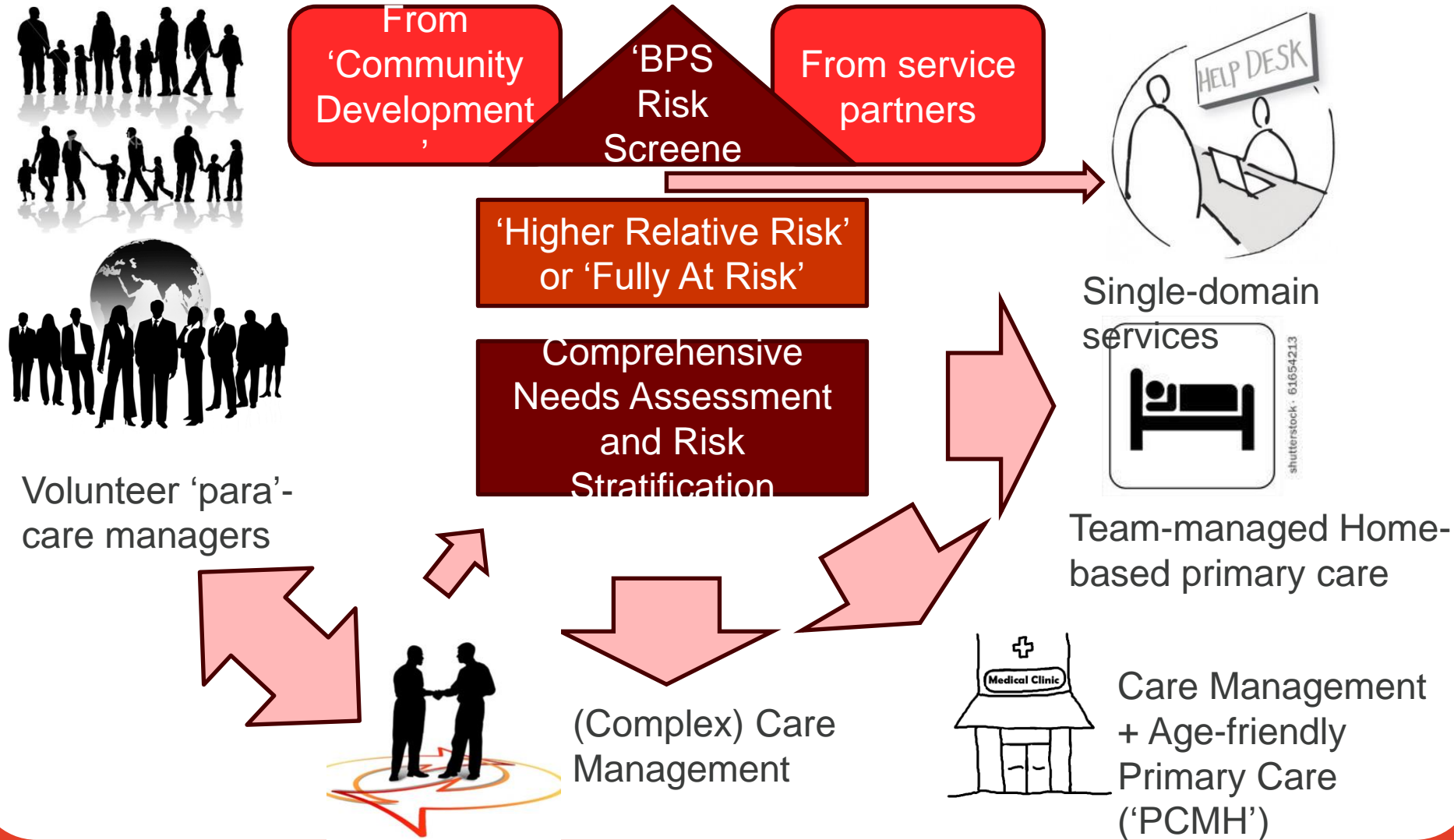
(1) Build a risk profile for transparency in care planning and selection of appropriate further needs assessment

Compounded risk scoring	Compounded risk category	Defined as...
0 means:	No risk	No <i>identifiable</i> risk yet to be offset
1-2 means at:	Lower relative risk	Risk <i>mostly</i> offset
3-4 means at:	Higher relative risk	Risk <i>somewhat</i> offset
5-6 equates to:	Fully at risk	Risk <i>not</i> offset

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

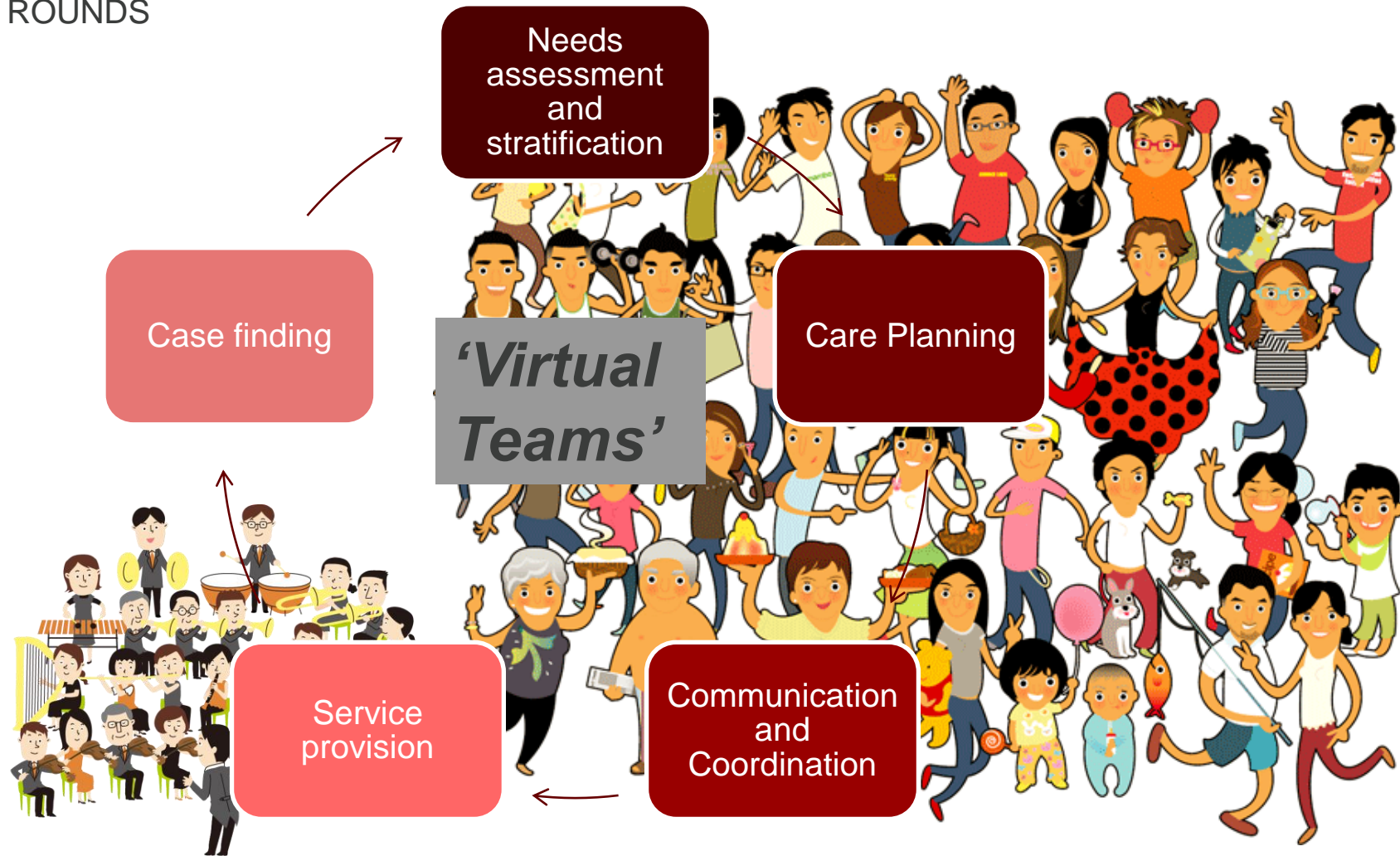
THE BIOPSYCHOSOCIAL CARE-RESOURCE ALLOCATION

CARE MANAGEMENT SERVICE; AGE-FRIENDLY PRIMARY CARE; VOLUNTEER PARA CARE MANAGERS; ESCALATION/ DE-ESCALATION

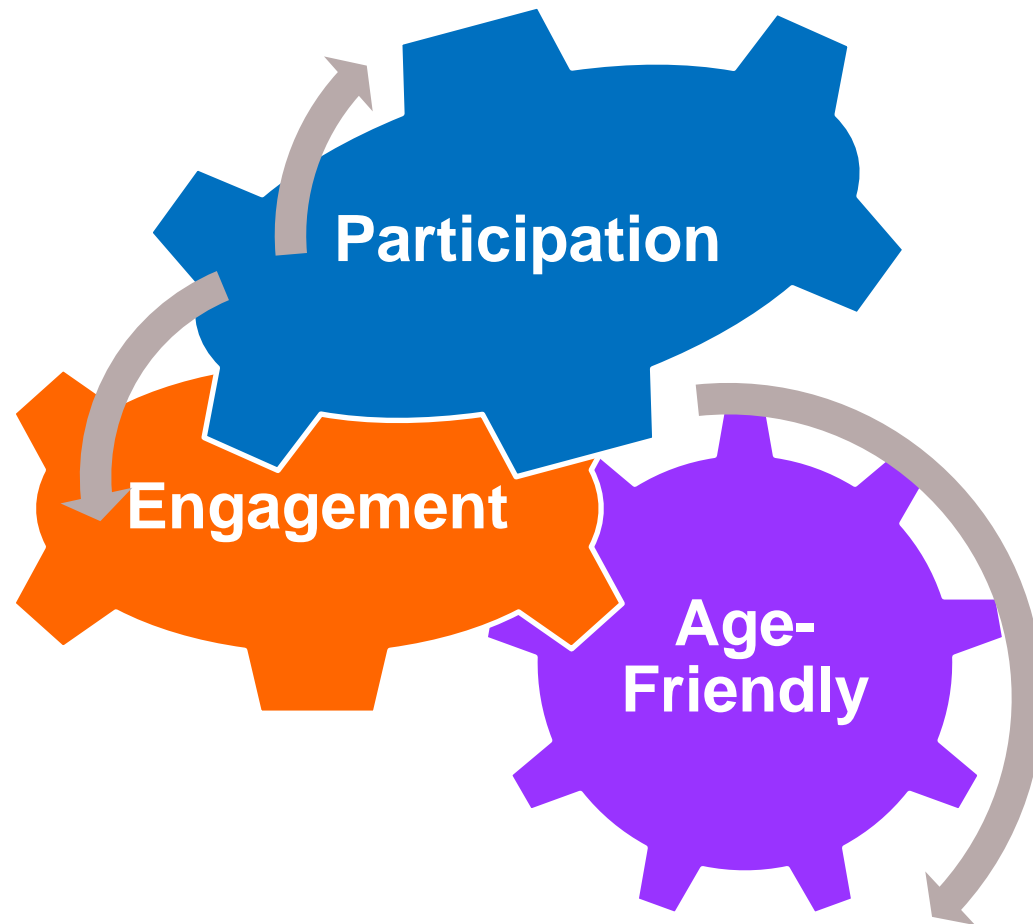


THE BIOPSYCHOSOCIAL SERVICE PARTNERS NETWORK

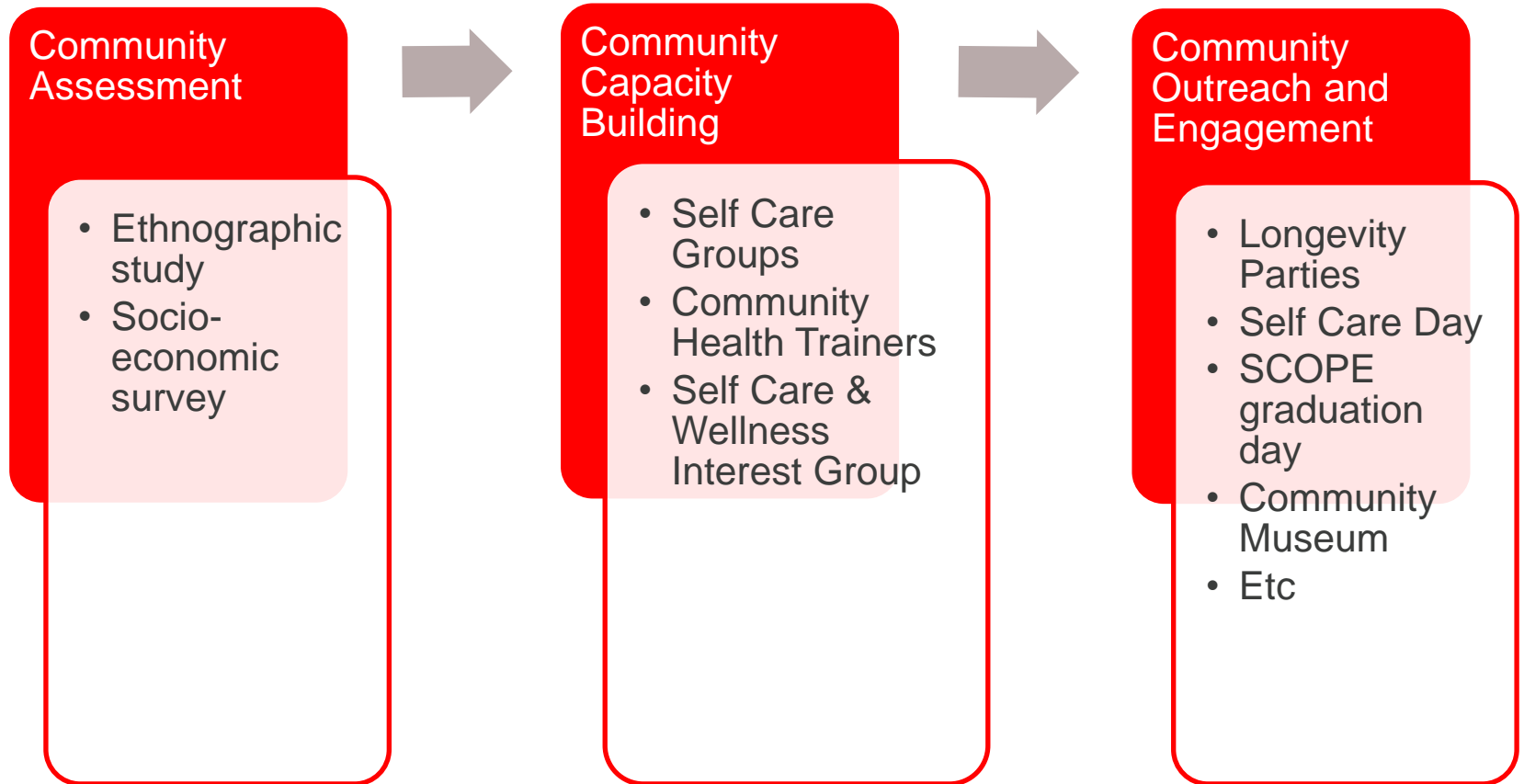
MULTI-AGENCIES PARTNERSHIPS; VIRTUAL TEAMS; COMMUNITY GRAND ROUNDS



HEALTHY AGEING AND COMMUNITY DEVELOPMENT

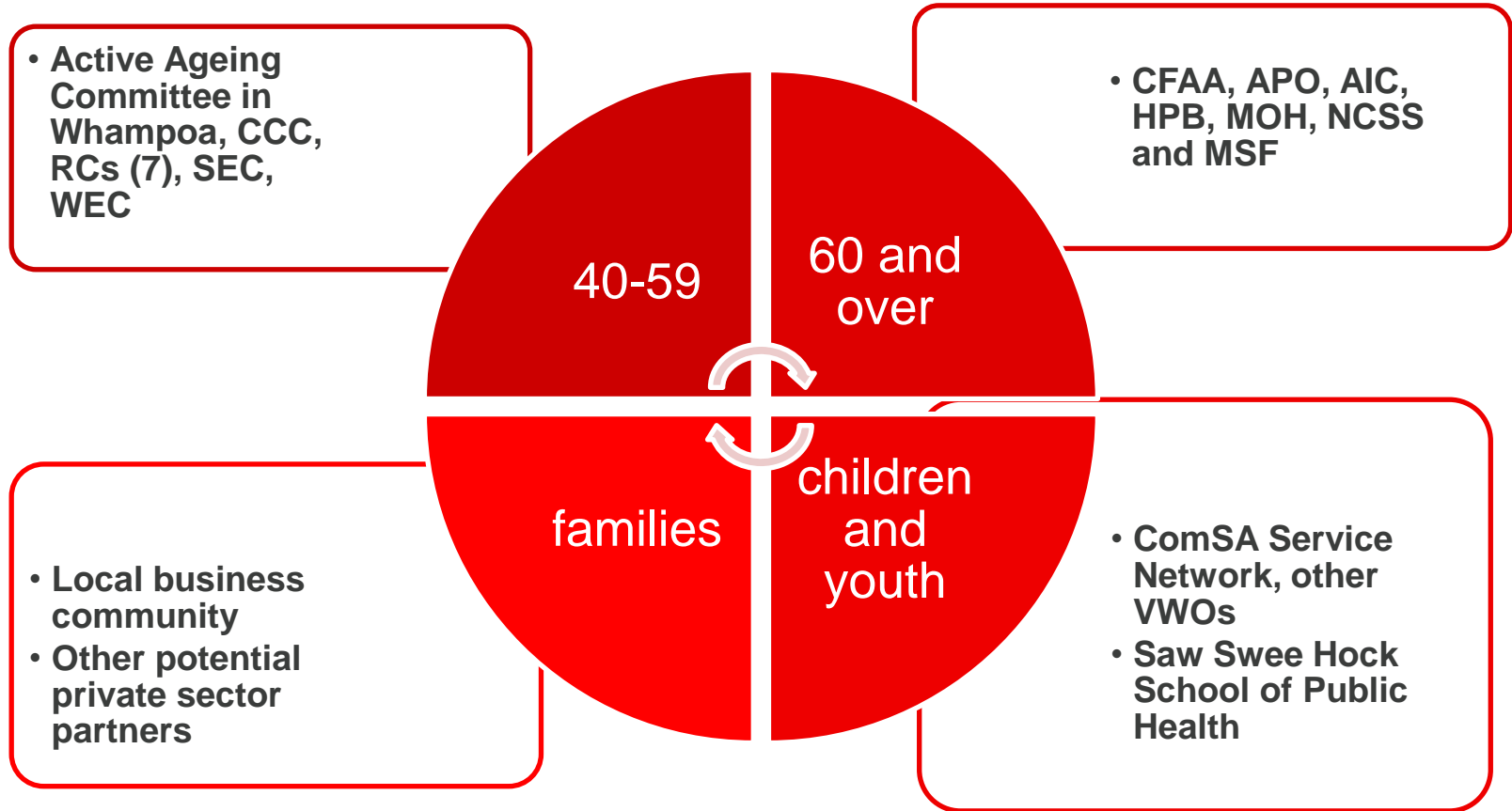


PROGRAMME COMPONENTS



Programme evaluation by a research team from the Saw Swee Hock School of Public Health

COLLABORATION PARTNERS AND TARGET PARTICIPANTS



"COMSA"

"SKILLED NURSING"



"IMBY"



"CARE PARTNER"

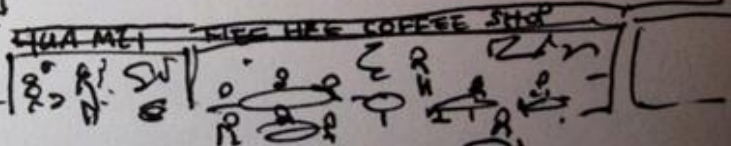


"AGE-FRIENDLY GARDEN"

"CAT"

"BIRDS"

"WIFI"



"EPICC"



"ART"

"FOOD"



"LEARNING ROOM"



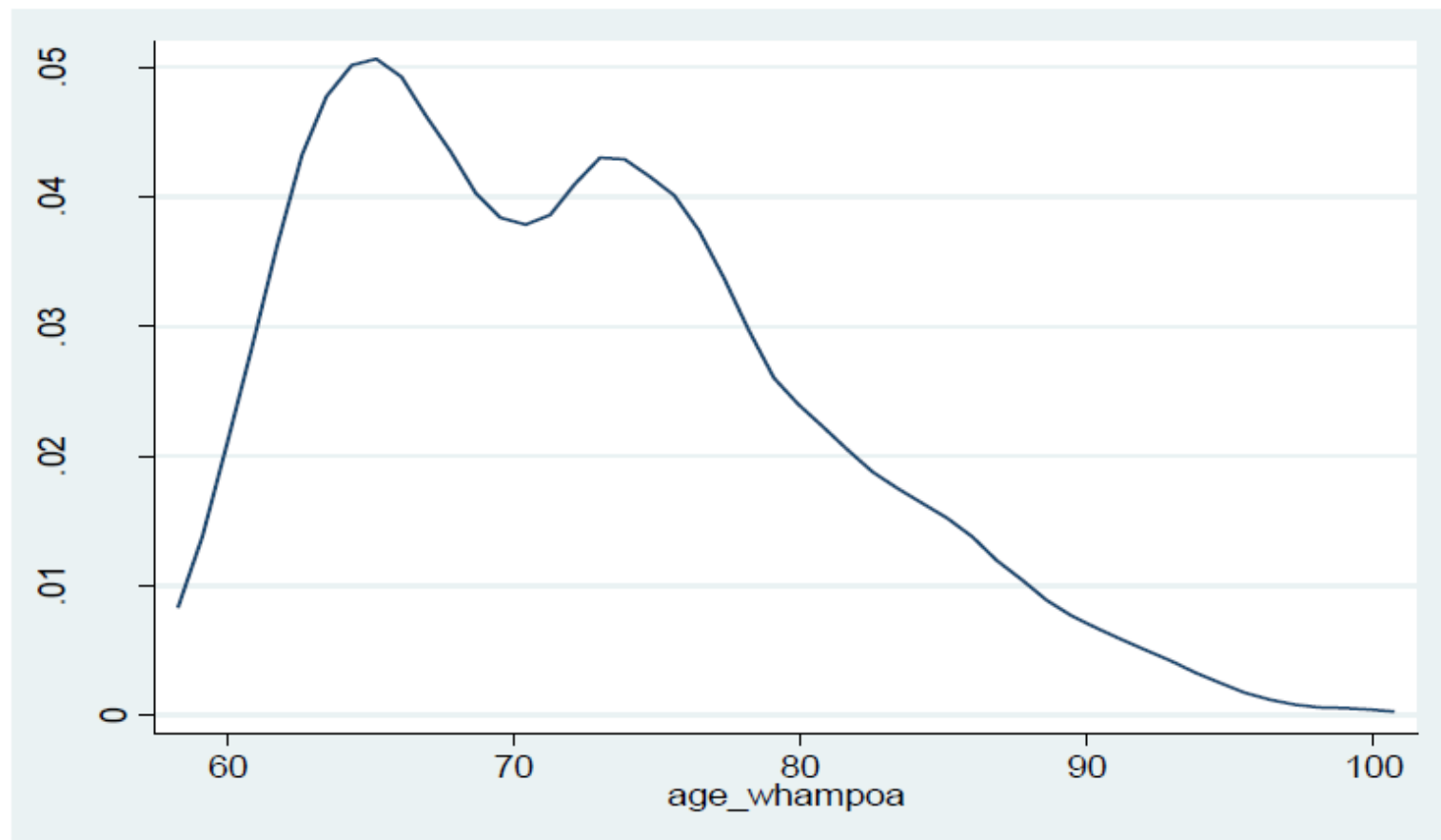
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COMMUNITY SURVEY AUGUST 2014 AND SOCIAL ISOLATION

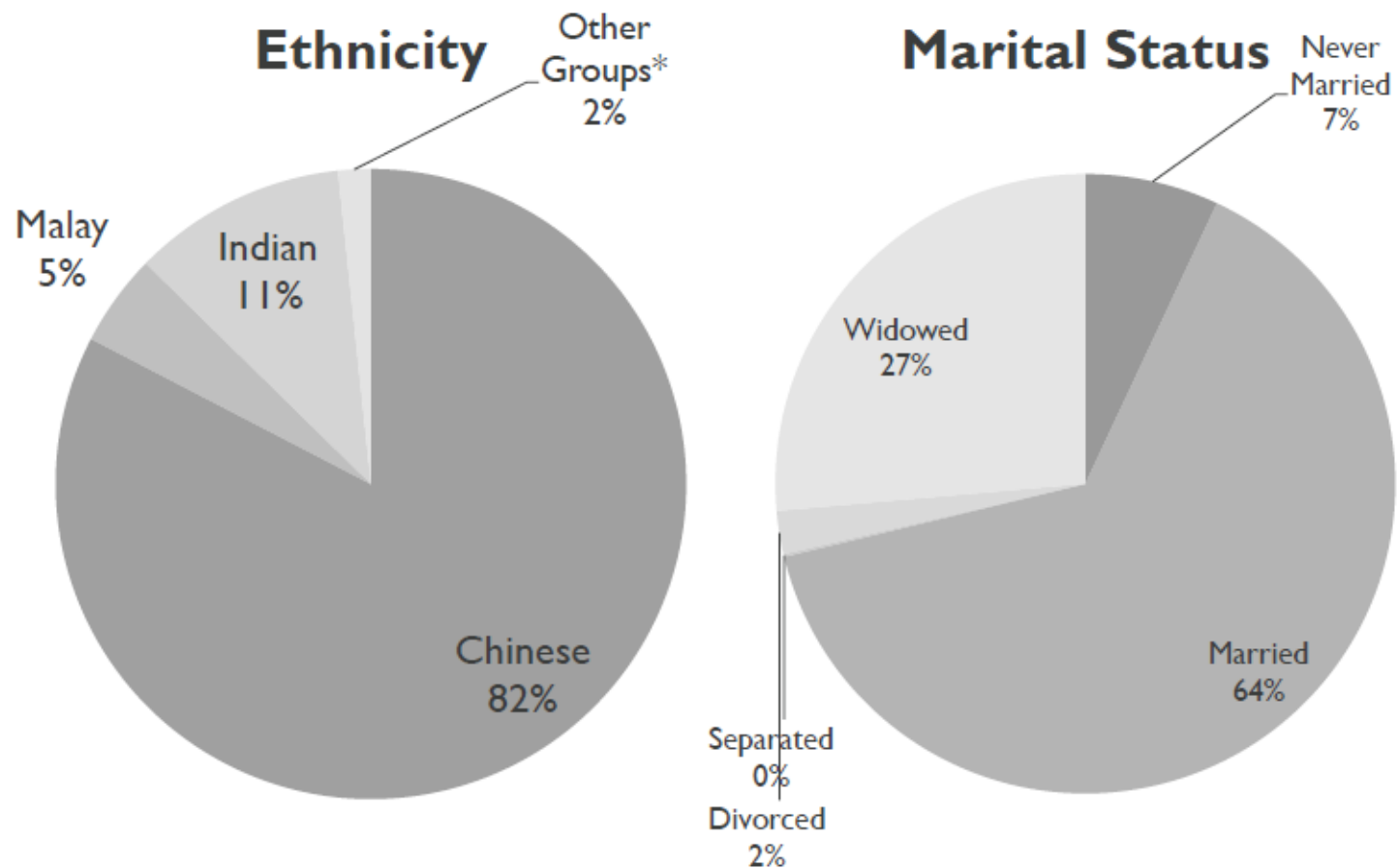


AGE DISTRIBUTION IN WHAMPOA

SAMPLE SIZE = 1,375

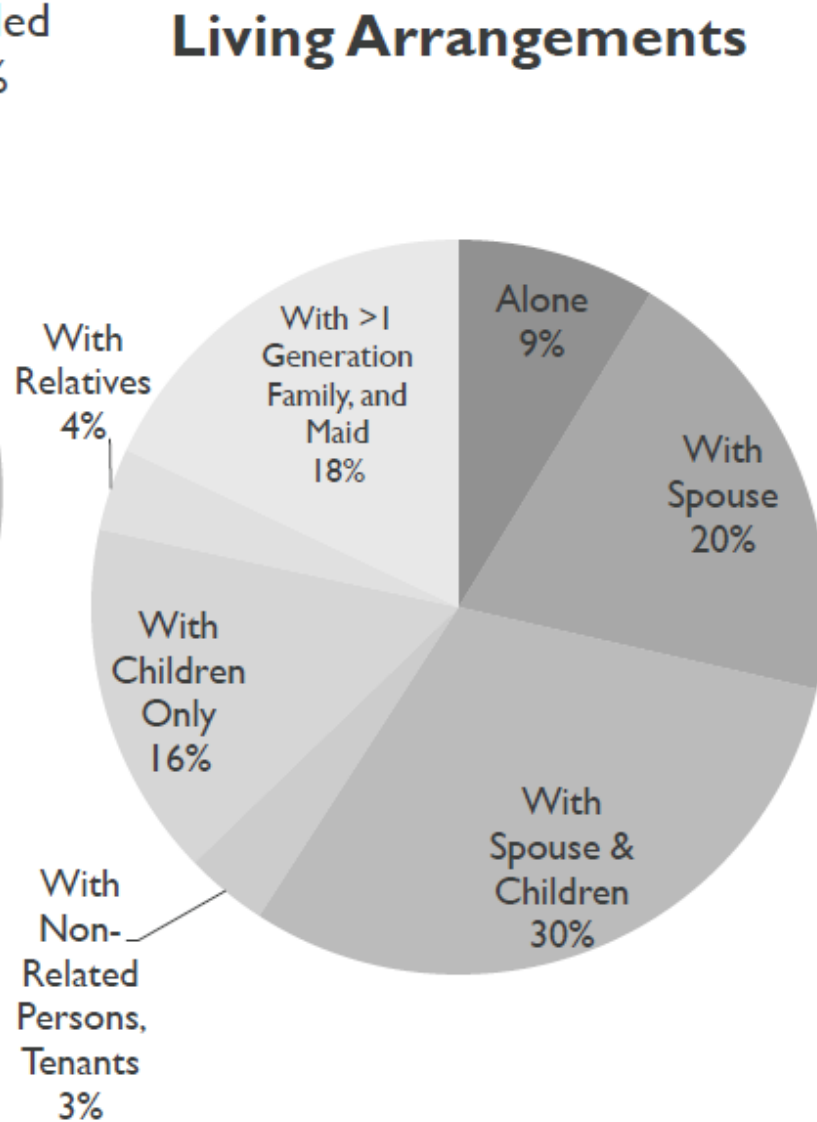
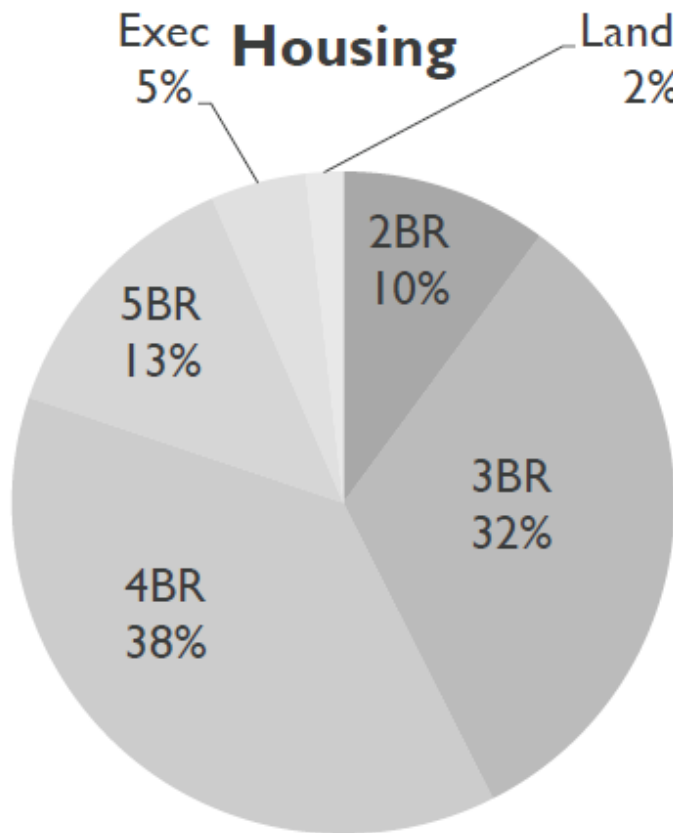


DEMOGRAPHICS



* Other Groups: Eurasian, Filipino, Sikh, Singhalese

HOUSING & LIVING ARRANGEMENTS



SOCIAL PROFILE

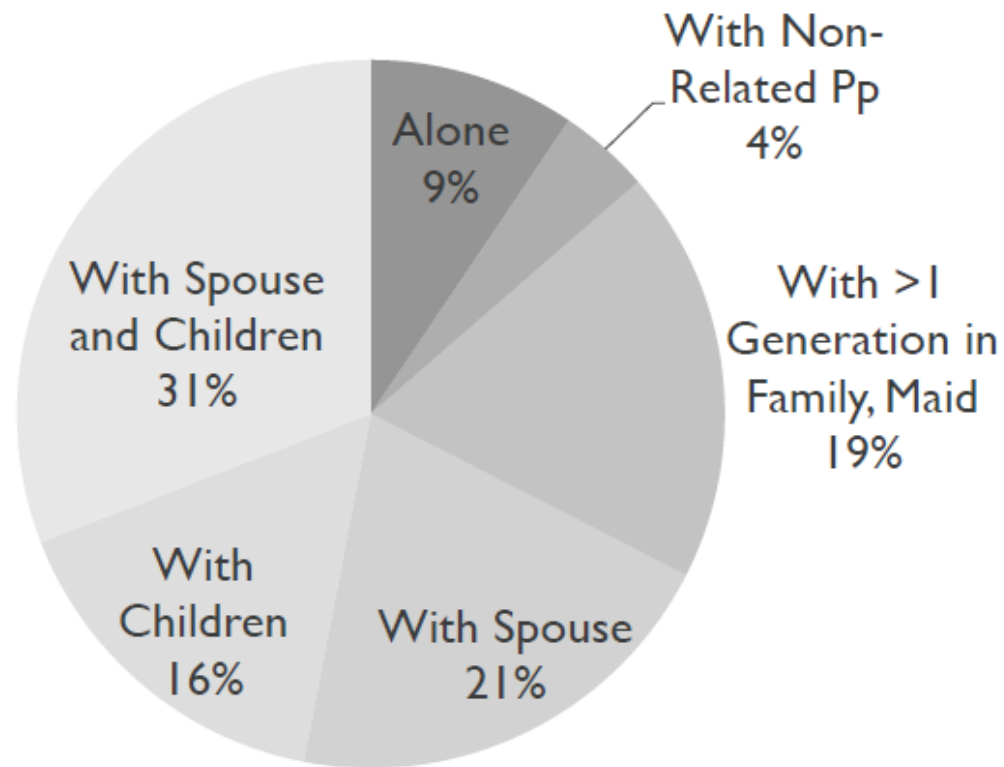
Variable	Average	Min	Max
Social Isolation Score (LSNS-6)	11.76	0	30
	Percentage		
Socially Isolated	53.74		
	Yes	No	Don't Know
Feel threatened or harassed by anyone?	46	1,329	1
Anyone to help you in case of illness or emergency?	44	1,331	0
Are you in financial arrears?	145	1,230	0

* Cutoff score = 12. If < 12 then socially isolated.

SOCIAL ISOLATION

LSNS-6 < 12 POINTS

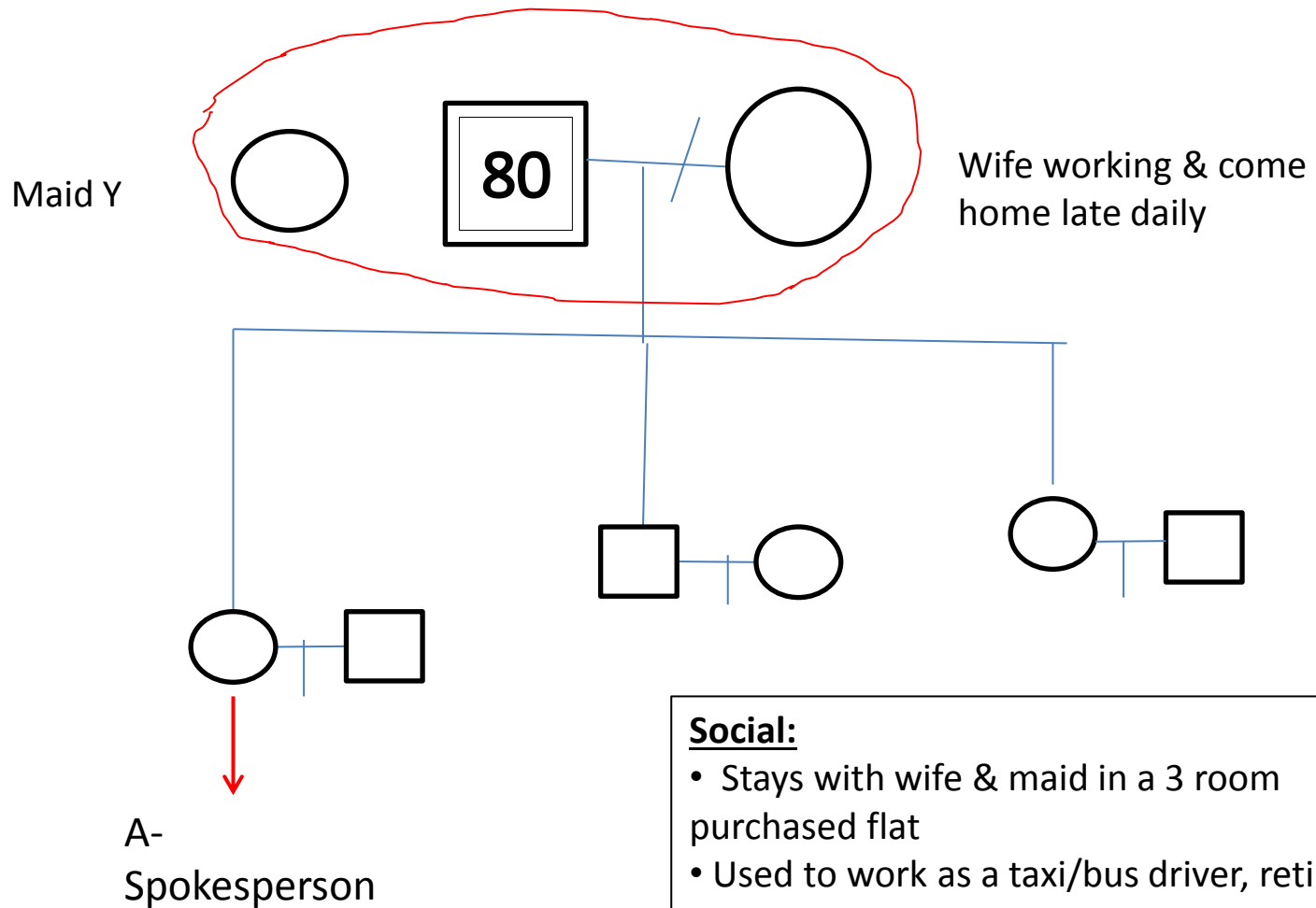
Feeling Isolated, by Living Arrangements



CASE STUDIES OF SOCIAL ISOLATION AMONG VULNERABLE ELDERS



Case 1: Mr P



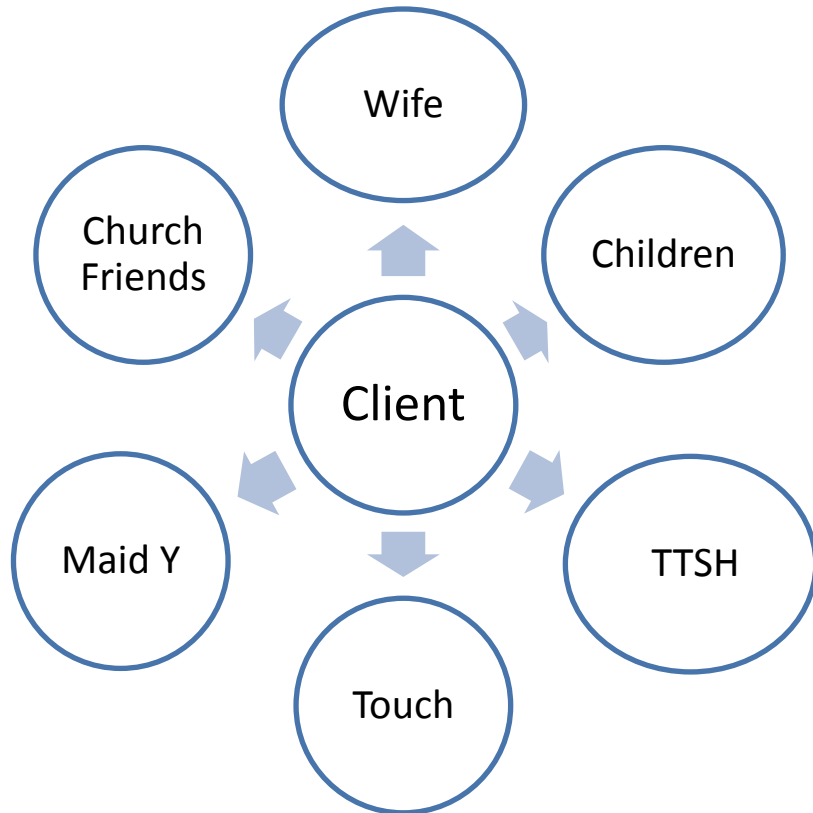
Financial:

- 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:

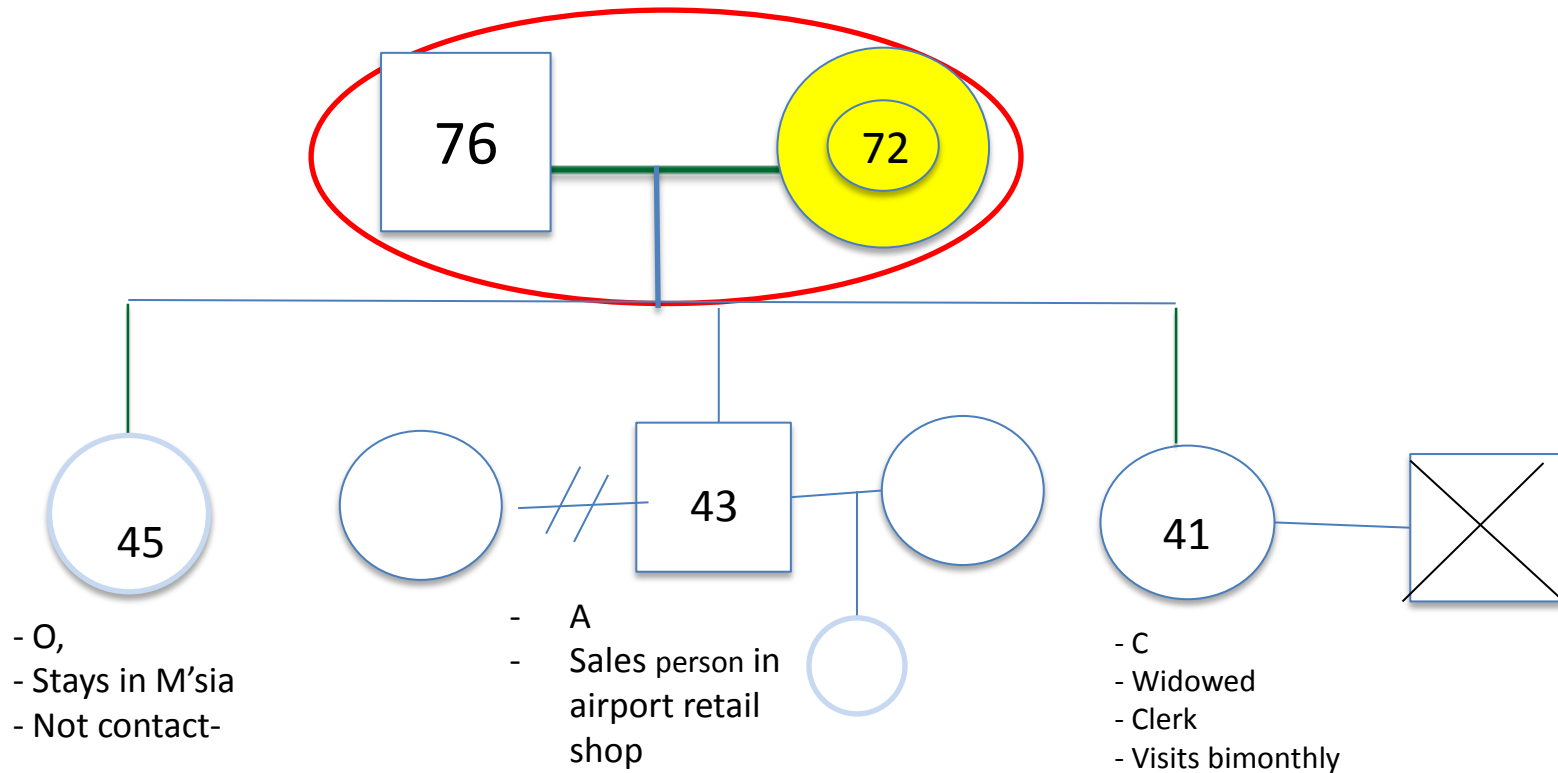
- Urinary incontinence prevent decline
- ADL prevent decline
- Institutional Risk
- Cognitive Monitor
- Mood High Risk
- Abusive relationship High risk
- Physical Activity
- Nutrition High Risk
- Prevention Physician visit.

Mr P's verbalized Goal:

- To be euthanised

Case 2: Mdm C

Genogram



Financial:

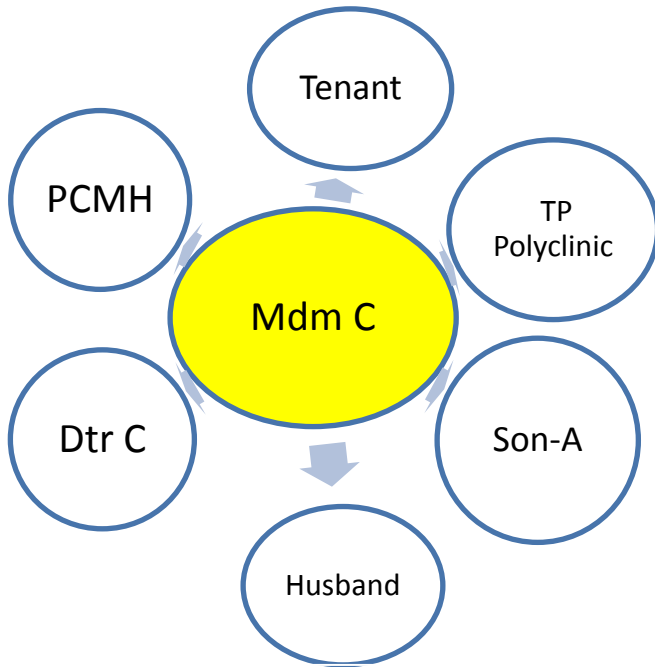
- No more savings
- Daughter gives \$300 to parents
- Rental \$750/month
- Son paying for them: flat monthly cash installment \$800 and household bills \$180
- Medical bills is about \$200 for 2 months
- PG and CHAS card

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

Case 2: Mdm C

ECOMAP



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

Triggered CAPs

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

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

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

