

Monitoring The Well-Being of Community-Dwelling Older Adults during COVID-19

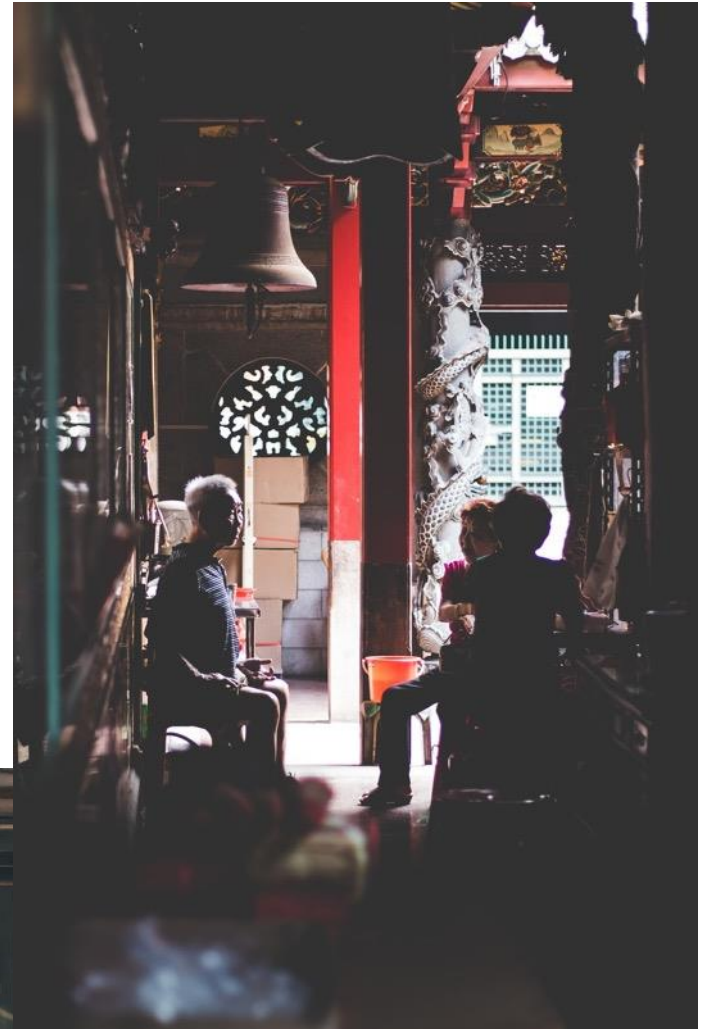
Insights from the Tsao Foundation's ComSA

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Older Adults and COVID-19

- Mortality risk for COVID-19 is well-known to be significantly higher for older individuals for several reasons, including the higher prevalence of underlying risk factors such as chronic disease and lowered immunity
- At the same time, lockdown measures also pose potential adverse effects for community-dwelling adults
 - Physical well-being
 - Mental well-being
 - Social well-being
 - Economic well-being
- The extent to which social networks and social protection systems have been able to mitigate these effects in Singapore and other settings is much less certain (although much speculation has taken place)
- Data from the Tsao Foundation's ongoing community monitoring efforts in Whampoa provide one lens into the ground-level realities



What data did we examine?

- These insights are based on data collected as part of a regular telephone checkup for residents of Whampoa who had previously attended Tsao Foundation programs
 - Attempts were made to call each respondent 2x.
 - Each call consisted of a brief introduction, an open-ended inquiry as to general well-being and coping as well as any assistance currently needed.
 - This was followed by a short set of questions directly related to COVID-19.
 - Calls were conducted in English and Chinese, as suited to the participant
 - Respondents were not compensated for participation and free to refuse to answer at any point.
- After feeding into operational needs,, data was anonymized and analyzed
- Calls were not designed primarily for research but as an “add-on” to regular operations

Timeline and Response Rates

First contact
early to mid March 2020

119 individuals were contacted
88 completed the survey.

Re-contacted in mid-April 2020
(1 week following guidance for
older adults to stay at home)

122 individuals were contacted
116 completed the survey

Third round of contacts
currently ongoing

Ongoing monitoring of well-
being is expected to continue
in the foreseeable future

Data collection

- Calls consisted of a brief introduction, an open-ended inquiry as to general well-being and coping as well as any assistance currently needed
- This was followed by a short set of questions directly related to COVID-19
- Calls were conducted in English and Chinese, as suited to the participant
- Respondents were not compensated for participation and free to refuse to answer at any point.
- Of 157 participants on the call list, 24% and 34% of the population were not contactable in March and April respectively. Of the remaining individuals, there was a survey nonresponse rate of 43% in March and 25% in April.

Sample Characteristics (April data)



88% female, 12% male



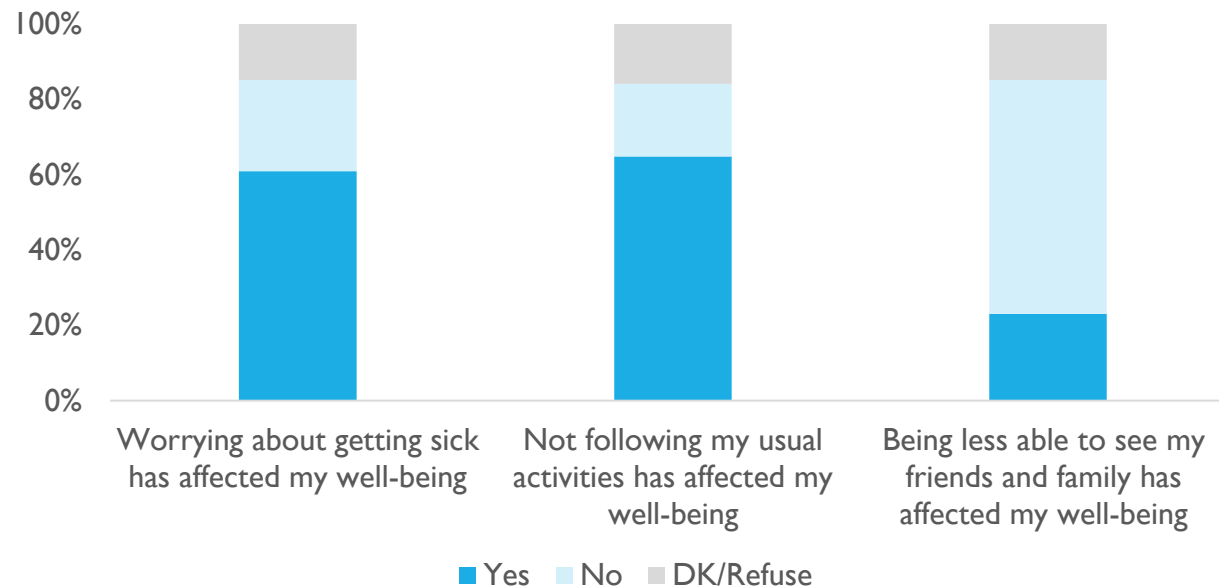
Mean age 73 (median 75)



87% reported being retired

Initial Uncertainty Impacted Well-Being

- In March, **35% of the respondents felt they did not have a good understanding of the situation and a further 14% refused to answer**
- 44% felt that the chance of getting COVID was low or very low, but a nearly 50% said they did not know or refused to answer
- 24% felt that consequences for their health would be low or very low while 75% said they did not know or refused to answer



Many Are Resilient (But Not All)

- By April, all contacted respondents reported having a good understanding of COVID
- 89% reported that their mood was the same as usual, and a small fraction (3%) reported even feeling better than usual
- However, some are not able to adapt
 - 8% felt that their mood was worse or very much worse.
 - 9% reported being affected by concerns about health, disruption or social distancing

Behavior Change

In the last month, I have	March	April		
	Yes	Yes	Yes a little	Yes a lot
Washed my hands with soap and water more often than usual	14%	93%	6%	87%
Used a mask when I go out	6%	93%	1%	92%
Kept away from crowded places/Stay indoors	41%	94%	7%	87%

Financial Safety Nets At Work

In the last month, have you experienced any of the following	Yes
You or your household breadwinner told not to come to work, had salary cut or lost	2%
Withdrew extra CPF/savings to meet your needs	3%
Had to borrow money from others to meet your needs	2%
Received COVID-19 assistance in the form of cash payments	91%
Received other forms of assistance	0%

Potential Vulnerabilities

Means of getting necessities in the last month:	Never	Some of the time	Most of the time
I go out myself	12%	74%	15%
Family members who live with me go out and bring these home	22%	1%	77%
Relatives / friends / neighbours are able to deliver these to me	96%	1%	3%
Volunteer/charity organizations deliver these to me	100%	0%	0%
The shops/clinics are able to deliver to me	97%	0%	3%

Experiences in the last month	Yes
Unable to get food	0.9%
Unable to get medicine	0.9%
Reduced exercise (March respondents)	22.5%
Cancelled healthcare appointment/had appointment cancelled (April respondents)	76.9%

Qualitative Data Show More

- At the early to mid stage of the pandemic, most individuals felt that although somewhat concerned about COVID-19, “life must go on”
 - While curtailing their outside trips, most reported still going out to shop or exercise every few days.
 - Expressions of worry, boredom and inconvenience due to disruption to their daily routines or having family members in quarantine were common.
 - Many individuals reported relying on family members living with them for social interaction as well as daily activities
 - When asked about assistance, many wanted practical and concrete help eg having an adequate supply of masks
- While on average, many were able to adjust, a small but vulnerable group of households reported experiencing significant and persistent distress, including
 - Older couples with one caregiving for the other
 - Households dependent on external NGO assistance due to disruption in these sources of food

Findings and Implications

- We find that this group of older adults are highly pragmatic and value independence and resilience, even in periods of great stress
- However, important vulnerabilities remain
 - Well-being is eroded by uncertainty
 - Compliance with personal hygiene measures was high but movement restrictions appeared challenging
 - Anxiety, reduction in exercise and delayed healthcare seeking may be the fore-runner of a wave of chronic illness
 - COVID-19 restrictions exacerbate existing structural disparities, especially for elderly caregivers or those with poor social connectedness
- The data suggest that leveraging operational data with rapid action-oriented research support can be valuable, although challenges remain
 - A large minority refused or were hesitant to answer questions about health risks
 - Values like stoicism or implied stigma about assistance may lead to downplaying
 - Hawthorne effects are unavoidable
 - Qualitative insights are critical