ComSA: Cross-disciplinary research team

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Linking programs through research: a mixed methods approach to intervention design and evaluation

Active agers → Understanding Adversity

Having difficulty managing

Redressing vulnerability in the community, by the community, where possible and safe
Programming using the risk screener

- Care Management System
- Volunteers / participants
- Community Development

Risk stratification:
- No risk
- Lower relative risk
- Higher relative risk
- At risk

Participants

(1) Bio-physical health domain
Signs of limiting-longstanding illness, or falls and related orthopedic complications
- None
- Some
- High

(2) Psych-cognitive health domain
Breakdown of cognitive function, mental health and wellbeing
- None
- Some
- High

(3) Social isolation domain
Poor quality, quantity of relationships and ability to be understood
- None
- Some
- High
Some preliminary number crunching

- Based on, Whampoa survey population total of n=1375, (unrepresentative sample)

- The number of those reporting needing Acute Care (hospital admissions) in 6 months preceding the survey was n=157, their help-seeking patterns according to the risk screener were as follows:

  - No risk: 9
  - Lower relative: 33
  - Higher relative: 45
  - Fully at risk: 70

Trend <0.001
Risk by domains in the Whampoa survey population (n=1375)

- **Psych-cognitive Risk**
  - No risk: 807
  - Moderate risk: 506
  - High risk: 62

- **Bio-physical Risk**
  - No risk: 333
  - Moderate risk: 800
  - High risk: 242

- **Social Risk**
  - No risk: 570
  - Moderate risk: 660
  - High risk: 145

Those ‘fully at risk’, or those with **high risk in all domains**, tentatively, reflected 18% of the full sample (preliminary analyses).

These individuals really are such because of the interaction between bio-physical psych-cognitive and social factors.

Although it is clear that the biological domain is driving risk – as we would expect!
Measuring cause & effect: re-conceptualizing the hierarchy of evidence

- Integrated Synthesis
- Parallel synthesis
- Randomized controlled trials
- Quasi-experimental quantitative
- Descriptive quantitative
- Formative and complimentary qualitative

Care management feasibility study
Ethnographic community study
Care management feasibility study

Risk Screener: Psychometric validation

- Connecting lived experiences to risk scores
- Measuring dose response; predictive power
- Inter-method reliability, consistency between clinical judgment and risk score
- Internal consistency of item loadings

Using the system

Focus group/interviews

Clinical or care management teams
Ageing Planning Office, MOH
Home care and social care service providers
Community and Grassroots Leaders
Service users

Turning Discovery into Healthier Communities
Ethnographic community study

- Involving the community in intervention design
- Participatory learning for action
- Photo voice
- Observation and interviewing
- Walking through spaces
- Connecting the dots
- Stakeholder workshops
Process evaluation approach

Control

Before

Overtime

After

Qualitative