

# **Hua Mei One Stop Center for Successful Ageing: A Pilot Program to Promote *Active Ageing* in Singapore**

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**Dr. Mary Ann Tsao  
Tsao Foundation,  
Singapore**

# AGEING IN SINGAPORE

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- Demographics
  - One of the fastest ageing nation in the world (27 years to go from 7% to 14% for 65+ population)
  - Dropping fertility rate (now at 1.2)
  - Increasing Life expectancy at birth (81 years)
  - 65+ population: 8.4% in 2010, 18.9% in 2030
  - Median Age: 36.9 yrs in 2010, 41.2 yrs in 2030
- First Minister of Ageing - appointed 2007; based in Prime Minister's office; drives and coordinates policies and implementation across Ministries
- Social policy emphasizes self responsibility and "many helping hands" – Sharp focus on Active Ageing as critical strategy to reap net longevity dividend both for citizens at individual level and for the nation

# WHO Active Ageing

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- Rests on three key pillars of:
  - Income Security
  - Health and access to health care
  - Participation
- Defined as the opportunity and ability to optimize on the above at any time and not just limited to the healthy, ambulant older people
- Requires multi-pronged strategies at national policy, community action and individual behavioral levels



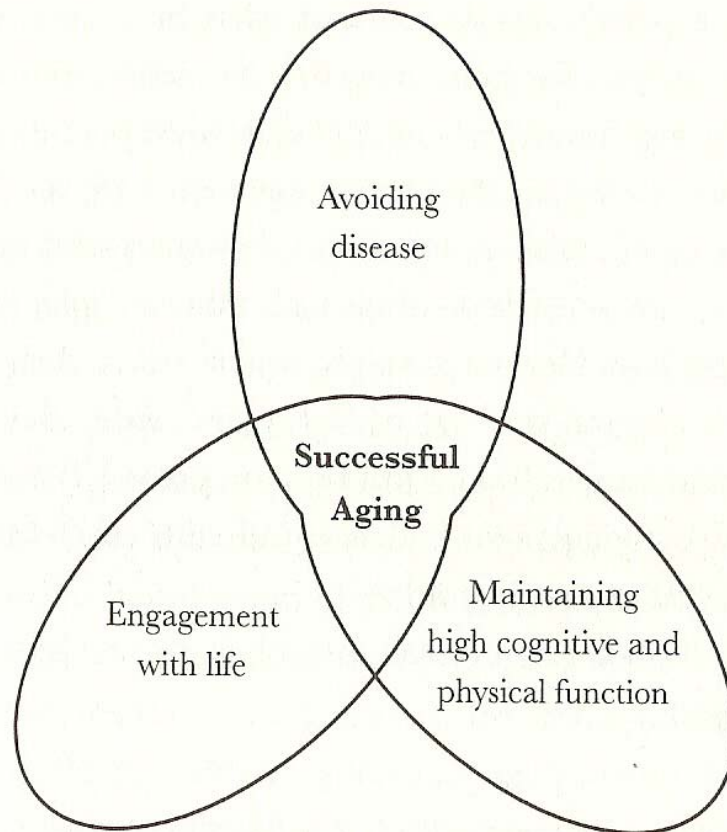
3 Pillars:  
Income Security  
Health & Health Care  
Space for participation

## Determinants of Active Ageing

Source: Active Ageing, A Policy Framework,  
World Health Organization, 2002

# Successful Ageing Model

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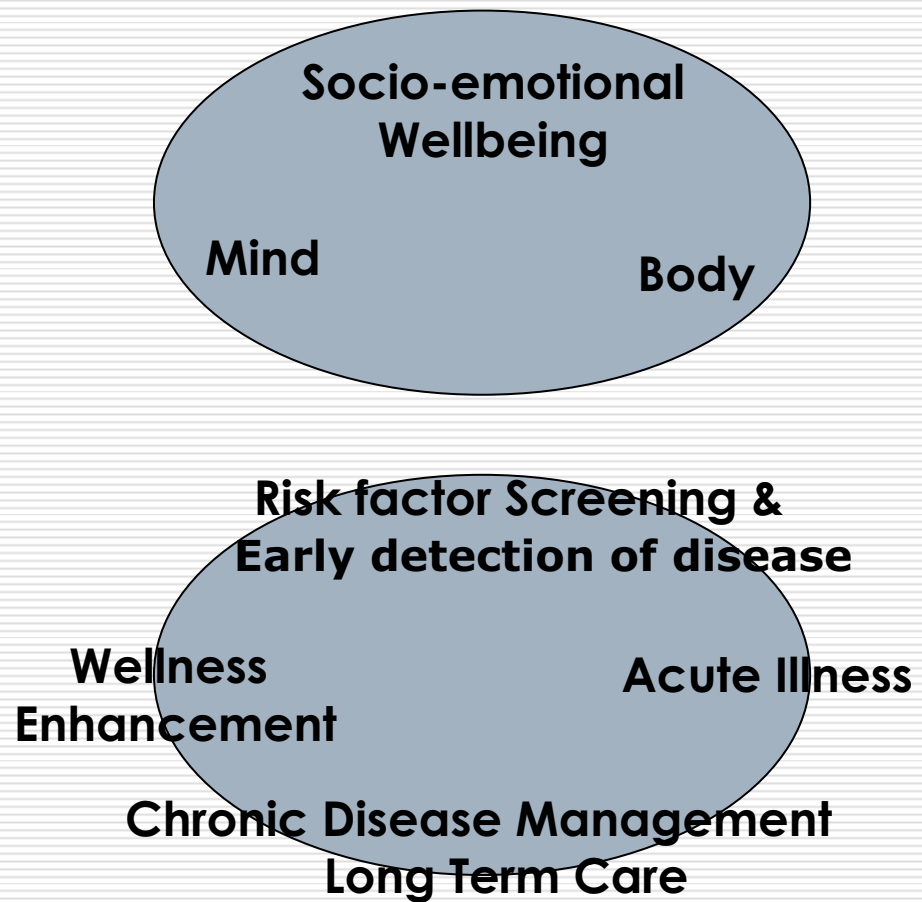
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## Components of Successful Aging

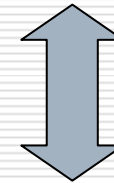
- Landmark MacArthur Foundation Study on Successful Aging in America (1995)
- *Nurture* (how we live) determines more than *nature* (our genes) on how well we age

# AN INTEGRATED APPROACH TO HEALTH – Inter-facing 3 delivery frameworks

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## ■ Treatment



## ■ Self-care

- Awareness
- Knowledge
- Skills/practice
- Motivation for sustained, positive behavior towards a healthy and effective day-to-day practice

# Hua Mei Center for Successful Ageing

## Key Characteristics

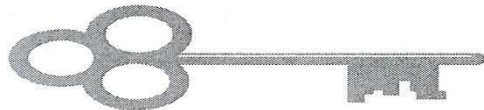
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- ❑ Piloting a Comprehensive, Life-Course, Integrated Approach
- ❑ Based on US's On Lok/PACE model but expanding services to include middle agers
- ❑ Targeting mature adults 40+ - ranging from younger/ healthy/fit people to the elderly/frail/chronically ill with moderate functional impairment
- ❑ Self care/"Active Ageing" oriented

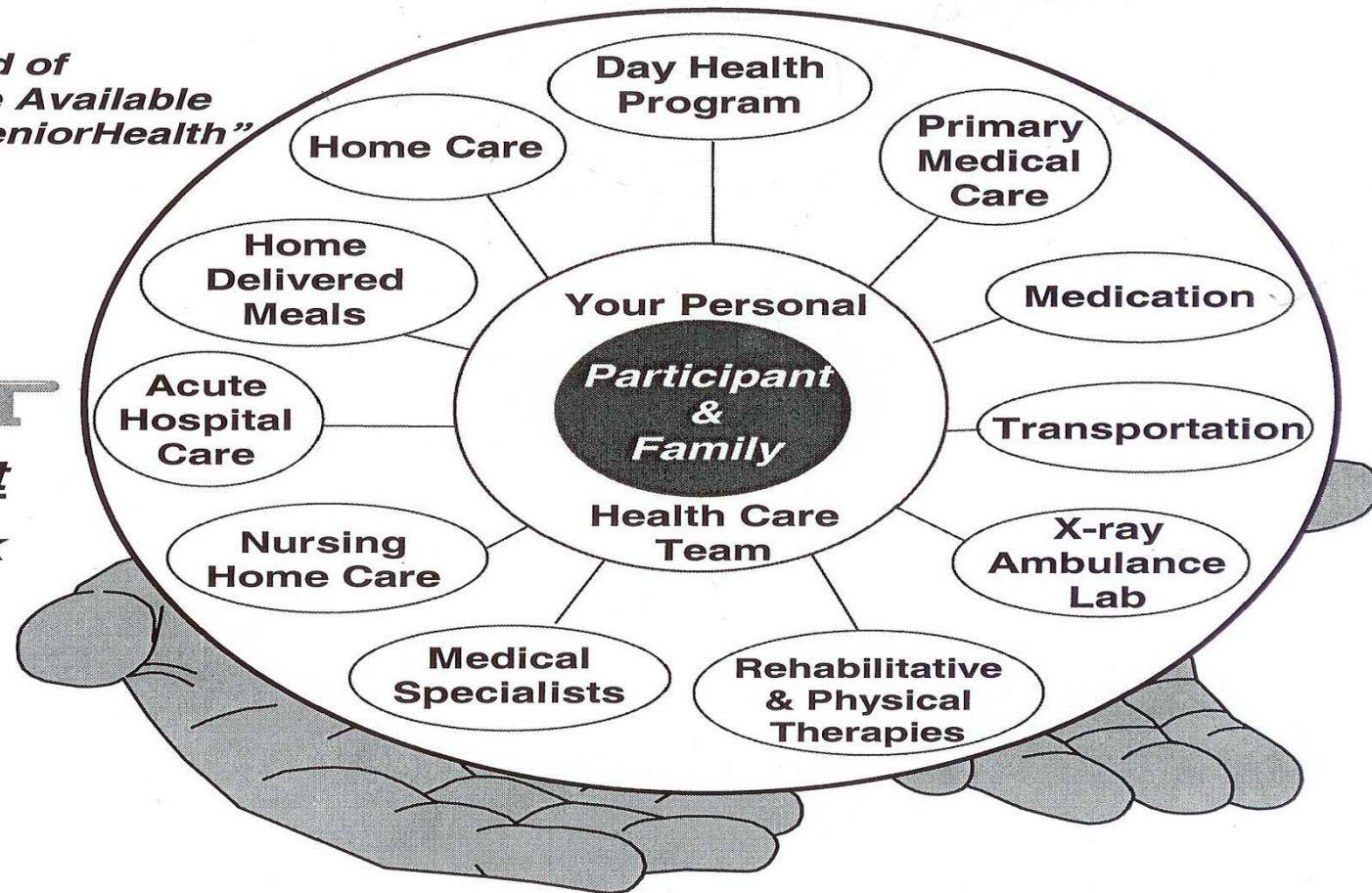


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Support and Care Available  
Through On Lok SeniorHealth"*



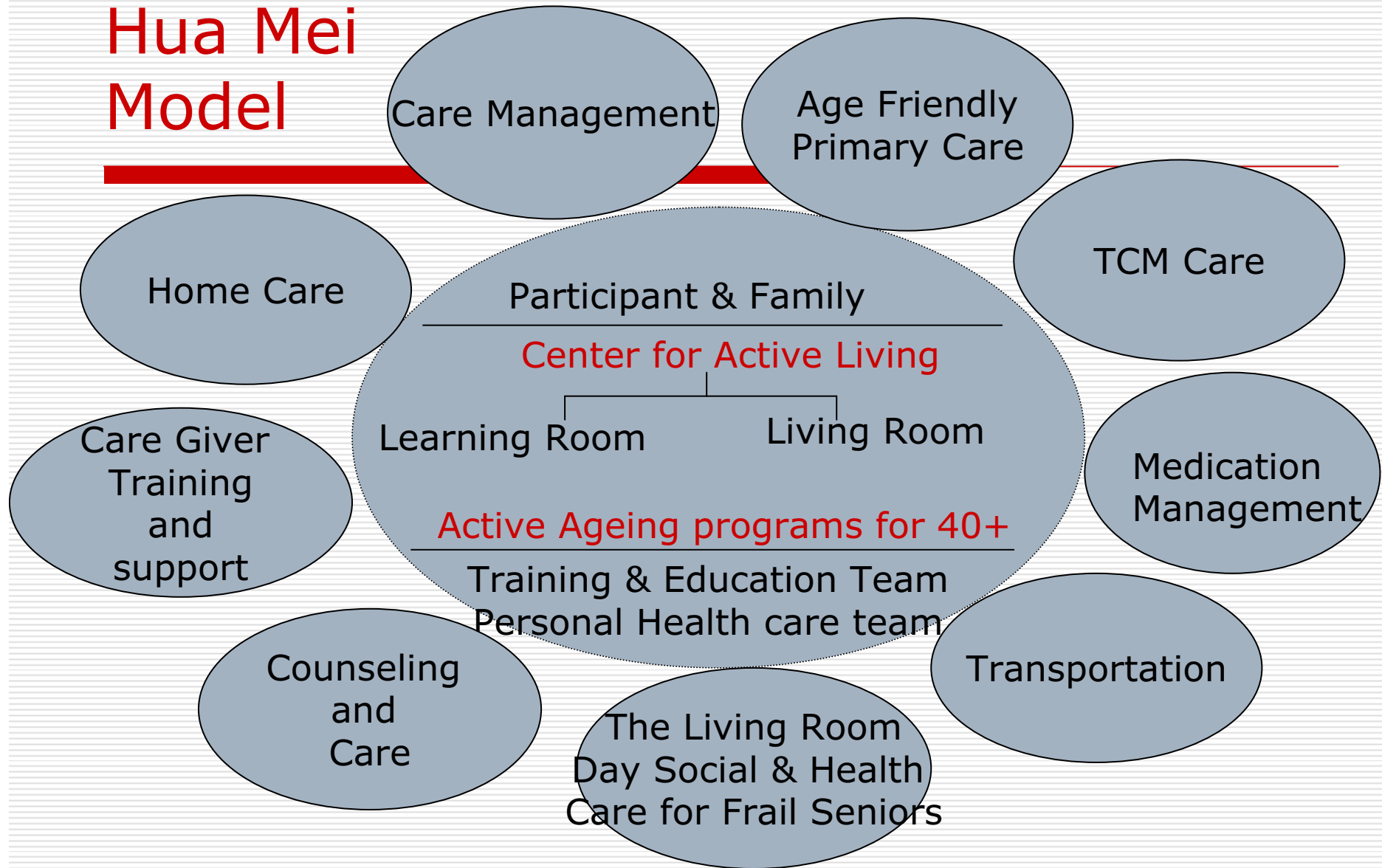
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On Lok SeniorHealth:***

- Primary Care Physician
- Social Workers
- Nurse Practitioner
- Rehabilitation Therapists (Physical, Occupational)
- Recreational Activities
- Dietitian
- Health Workers
- Van Drivers

# Hua Mei Model



# Hua Mei Center for Successful Ageing Center of Active Living

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## □ Center of Active Living

- The Learning Room for 40+/ambulant people
- The Living Room – a adult day health service for frail older people with complex needs

# Hua Mei Center for Successful Ageing

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- Other health and social care services build around the Center of Active Living, including:
  - Hua Mei Seniors Clinic – A WHO Pilot site for age-friendly primary care (health promotion, prevention, chronic disease management, acute care and end of life care)
  - Hua Mei TCM Center
  - Hua Mei Care Management Service for frail elders
  - Hua Mei Mobile Clinic – home based medical and social care
  - Hua Mei Training Academy
  - Inter-Agency Collaboration Division’s empowerment and advocacy programs
- Primary Care and Education/Training form the core program for all participants
- While clients/patients can use any of the other services on an a la carte basis, integrated approach would be strongly encouraged

# Hua Mei Center for Successful Ageing

## Key Characteristics

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- ❑ Approach based on person centered care philosophy
- ❑ Create a place where people feel at home and enjoy coming to
- ❑ Emphasis is on building relationship, well being promotion, prevention, self- care, and personal development/participation
- ❑ Services include education and coaching (knowledge, behavior change and self care) coupled with timely medical and social care intervention
- ❑ Educational activities include financial preparation, chronic disease management, as well as wellness strategies to avoid disease and disability, maintain physical and mental activity, and be socially engaged (MacArthur Foundation framework)
- ❑ Work closely with family and community

# THE LIVING ROOM

## A Adult Day Social and Health Service Model

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- Currently, frail older people often have multiple co-morbidities and inter-twining social issues, and are at high risk for:
  - poor compliance of medical care plan (due to too many specialists, appointments, medications and insufficient understanding for self care)
  - repeated hospitalizations
  - Preventable medical catastrophe e.g. strokes, fractures
  - premature nursing home placement (from family care giver stress)
  - incurring “high cost” due to high acute care utilization if situation not properly managed
- The objective of this center is to help keep these at risk elders remain optimally healthy, functional and community dwelling
- Frail elders using the adult day health facility who need subsidy must sign up as a total package – primary care, day center, care management, etc.

# Center for Active Living

## The Living Room

- **Action plan is customized based on health, psycho-social and functional assessment**
  - For chronic disease management
  - For improvement of fitness and functional ability
  - For health promotion and prevention (risk factor screening for early detection)
  - For education and training in personal development (healthy lifestyle, financial literacy, relationship management) and self-care
  - For socialization programs to increase social resilience, enhanced mental well being/decreased depression and social isolation
  - For family care giver training and education, and respite care and information referral to other services as needed)
  - For care management
  - Referral to Counseling and coaching for older person/families in distress, at risk for elder abuse, premature nursing home placement, etc.

# THE LIVING ROOM

## A New Adult Day Social and Health Service Model

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- Health and Chronic Disease management -
    - Medical care plan and goals (for disease management, specialist care coordination, disease prevention, mobility improvement, etc.) from Primary Care side are integrated into Day Center care plan
    - Health monitoring (e.g. BP or blood sugar control) at the day center
    - Disease management/Educational intervention “on the spot” when desired control not achieved
    - Medical intervention immediately available for acute illnesses or deterioration due to co-location with primary care clinic
    - Appropriate health and medical education provided in support group settings to motivate self-care
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# Hua Mei Center for Successful Ageing

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- Outcomes –
  - Ageing in place and improved quality of life with optimal health (physical, social mental) and functional ability as people age
  - Strengthening of family solidarity through family education, support and involvement as well as older family members' increased disability free years
  - Health care cost containment through tight medical management, improved health, decreased acute care and inappropriate service utilization (e.g. A&E), and avoidance of premature nursing home placement

# THE LIVING ROOM

## A New Adult Day Social and Health Service Model

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- Through building caring relationships, education, care services, education and motivational support, older people with frailty and disability - like younger and/or healthier and stronger older people - can age actively and enjoy improved quality of life by their active participation in their self-care, personal development and engagement with life

# Added Values

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- *As comprehensive* service provider
- As Capacity Builder
  - NCSS Center of Specialization
    - replication models, professional training and consultancies for other service providers in community aged care in Singapore and the region
  - Workmen Development Agency Quality Provider for Community Aged Care workers

# Added Values

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- As Learning Lab in collaboration with other research teams
  - Preferred research partner for upcoming International Longevity Center, Singapore at NUS
  - Primary care health and community aged care services research to evaluate/demonstrate impact of various aged care program models on quality of life, health outcome and cost benefits
  - Identify emerging health and social trends with policy and practice implications
  
- As Policy Advocates through thought leadership
  - Expert series
  - Conferences (e.g. Asia Forum on Ageing - on community aged care services and Active Ageing Forum)
  - Policy feedback

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