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International Longevity Centre
A Tsao Foundation Initiative



EVALUATION OF EMPOWER

‘Enriching and Mobilizing Participation Of Whampoa Elder Residents’ (2019-2022)

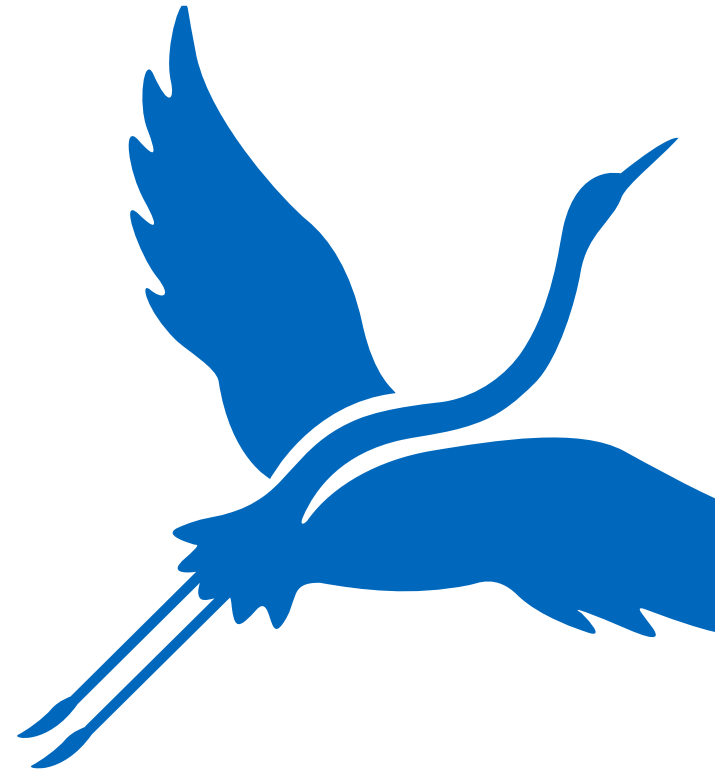
Presented by

Dr Su AW

Research Fellow, ILC-S

Adjunct Lecturer, NUS

awsu@tsaofoundation.org



OBJECTIVES OF TODAY

- Describe EMPOWER overall model and approach in mobilizing and empowering older adults in Whampoa
- Explain key outcomes from the evaluation of EMPOWER
- Discuss programming implications for empowering seniors in the landscape of Singapore

WHAMPOA: COMMUNITY PROFILE

- Number of residents above 60= 7400 (18% of total population)
- Housing type
 - 3 room HDB flat and below – 49%
 - 4 room HDB flat- 33%
 - 5 room HDB flat- 19%
- Community Risk Screener (Hildon et al. 2018)
 - 10% risk of cognitive impairment
 - 50% feel isolated
 - 36% never married, widowed or divorced
 - 9% live alone
 - 15% moderate or high risk
 - 25% may not see a doctor even if they need to



Hildon et al. (2018) The theoretical and empirical basis of a BioPsychoSocial (BPS) risk screener for detection of older people's health related needs, planning of community programs, and targeted care programs. *BMC Geriatrics*, 18: 49. <https://doi.org/10.1186/s12877-018-0739-x>

OUR COMMUNITY DEVELOPMENT JOURNEY



2015
Launch of ComSA
Café Kawan



**RUMAH
WHAMPOA**

2015-2018
BioPsychoSocial active aging
programs (e.g SCOPE, GAB, SWING)*
Curating Whampoa

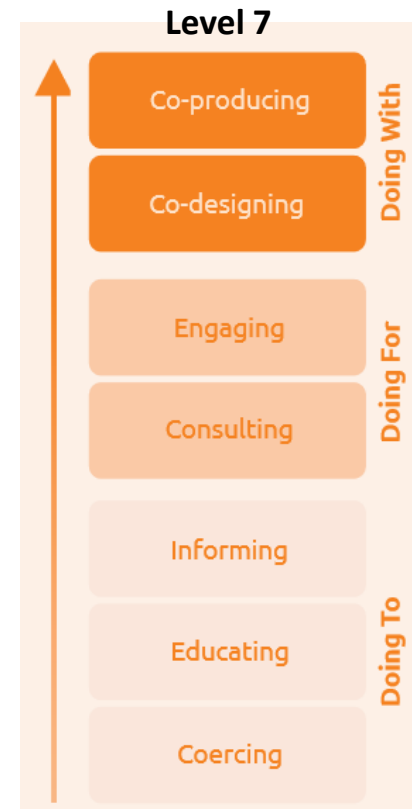


2019- 2022
EMPOWER program

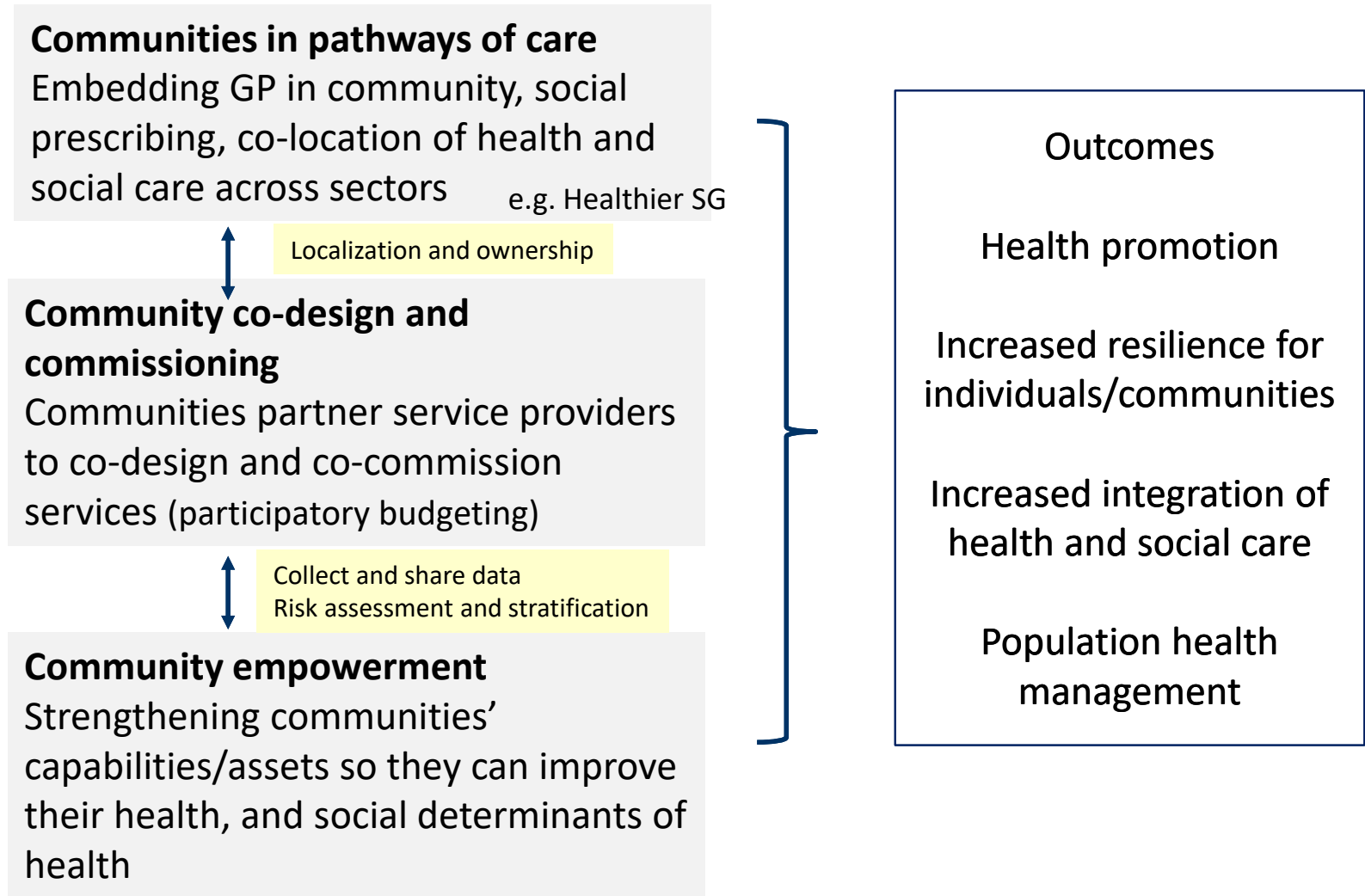
Aw. S, Koh. C.H.G, Tan. C.S, Wong, M.L, Hubertus, J.M, Harding, C.H, Geronimo M.A, Hildon. Z.J.L (2020) Promoting BioPsychoSocial Health of Community-Dwelling Older Adults using the Community for Successful Ageing (ComSA) Program in Singapore: A Mixed-Methods Theory-Based Evaluation. *Social Science & Medicine*, 258, 113104. DOI: [10.1016/j.socscimed.2020.113104](https://doi.org/10.1016/j.socscimed.2020.113104)

WHY EMPOWER?

- Most programs in SG>> older adults as recipients of aid
 - frequent media portrayal of older persons as frail, vulnerable, and not capable of self-help
- Older persons as agents of change
 - Most focus on recreational activities (e.g., arts and craft etc.)
 - Few community platforms for seniors to have a **voice** on community issues and participate in decision making
 - Lack of input and resources to co-create activities or initiate solutions to issues they care about



ROLE OF COMMUNITY-CENTRED APPROACHES

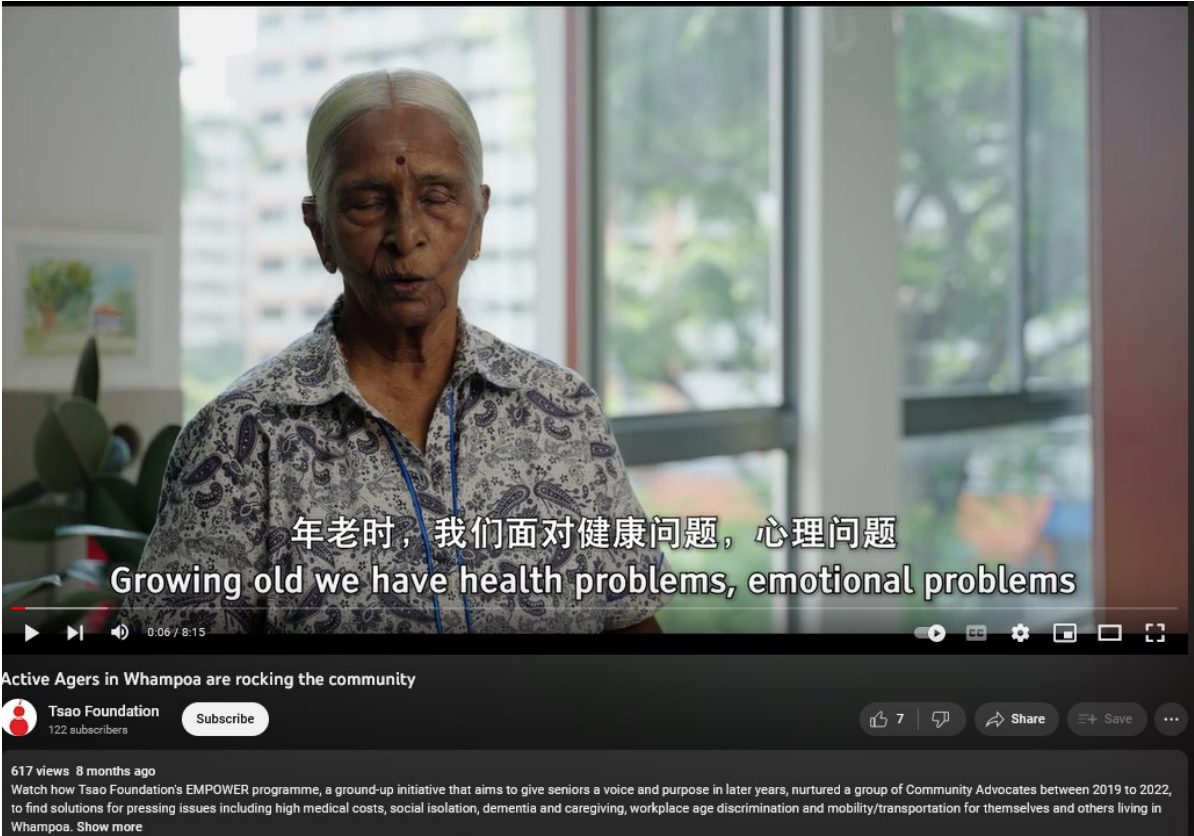


PROGRAM OBJECTIVES

1. Develop a **culturally-centred community-based process** for community inputs and participation in decision-making;
2. Build a **structure** for older persons and mature residents to sustain a robust participation and decision-making process; and
3. Develop **agency and capability** of older persons and mature residents to **implement civic action initiatives** that will enhance Whampoa's ability to age well.

'Community empowerment refers to the process by which communities increase their assets and attributes and build capacities to gain access, partners, networks and a voice, in order to gain control of their lives' (WHO)

ACTIVE AGERS IN WHAMPOA ARE ROCKING THE COMMUNITY



<https://www.youtube.com/watch?v=mYOJdomjPAM>

ROLE OF COMMUNITY ADVOCATES

1. IDENTIFY & RESOLVE community issues
2. Co-lead & co-facilitate community-level solutions and projects
3. Reach out to both young & old people

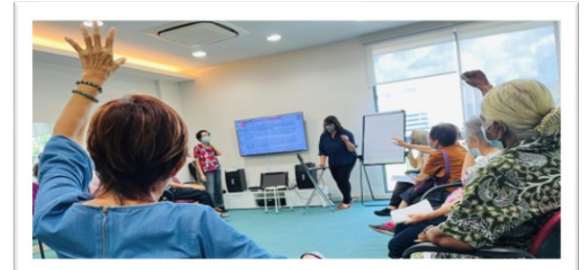


TRAINING OF COMMUNITY ADVOCATES

CAMPFIRE GATHERINGS (8 SESSIONS)

Culture-Centred Approach (Dutta, 2018)

- Emphasize the central role of the community in defining shared problems and solutions
- Educate seniors on importance of their voice
- Guide them to identify and inquire issues they want to address for seniors in their neighbourhood
 - Develop research topic guide
 - Underwent interview training
 - Conducted 90 interviews with residents
 - Participants discuss how to share findings and disseminate findings with staff support



Dutta, M. J. (2018). Culture-centered approach in addressing health disparities: Communication infrastructures for subaltern voices. *Communication Methods and Measures*, 12(4), 239-259.

OVERVIEW OF PROGRAM



Engaging in small group discussions



Engaging stakeholders like HWA, LTA, AIC, SAGE counselling to disseminate findings

IS WORKING BEYOND 50 WORKING OUT?

A group of older persons interviewed their peers living in Whampoa and Boon Keng to unravel the motivations and challenges of looking for work and working in later years.

Question:
What's not working?

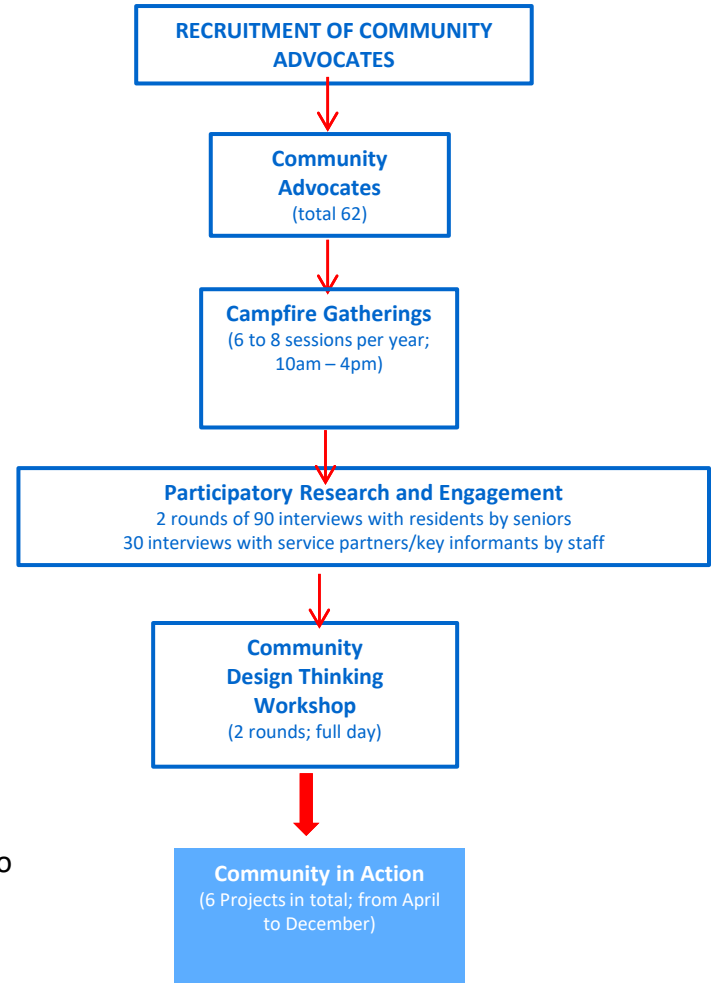
Speech bubbles include:

- "Some managers have negative attitudes towards seniors."
- "I was called 'stupid old woman' by my younger colleague many times."
- "Seniors like us end up working twice as hard as the younger staff to prove ourselves."
- "Employers in formal work may put seniors like us on lower pay. They then renew our contracts annually."
- "Younger colleagues resent us and do not include me in their meetings, which makes it difficult to do my job."
- "When I accept some jobs, I feel I have been 'downgraded'."
- "Sometimes I feel embarrassed and hurt at work."
- "Informal work does not pay well... no overtime pay"

Source: Enriching and Mobilising Participation of Whampoa Elder Residents (EMPOWER) Programme is a community development initiative under the Handicaps Welfare Association for successful ageing. Central to its mission is the promotion of job creation, training, and sharing as that facilitates older persons in Whampoa and Boon Keng to share insights and experiences in the decision-making processes to enhance community-based active aging, and to promote participation and inclusion in health and well-being. The above insights emerged from over 50 peer interviews that took place in 2021-22 as community research in Whampoa and Boon Keng.

Tsao Foundation
Longevity is Opportunity

Turning findings into infographics to engage other seniors and stakeholders



COMMUNITY DESIGN THINKING WORKSHOPS

FOUR KEY ISSUES WERE IDENTIFIED AND DISCUSSED

Challenges
navigating the
built environment

Social isolation
among seniors

Caregiving stress
and high medical
costs for seniors

Age-based job
discrimination

EVALUATION OF EMPOWER

- I. Did EMPOWER improve participants' outcomes in terms of
 1. Sense of **collective efficacy**?
 2. Self-**efficacy**
 3. Perceptions of having a **voice**?
 4. **Confidence** in advocating for community issues?

2. **How** did EMPOWER improve (or not) these outcomes?

3. What were key **challenges and facilitators** in implementing the different initiatives by EMPOWER participants?



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METHODS OF EVALUATION



PRIMARY OUTCOMES

1. Having a voice ‘I have a voice in **shaping** how the environment is built in my community’

2. Confidence in advocating for community issues ‘I feel confident to **speak up** for issues residents face in community meetings’

3. Individual self-efficacy ‘I can always **manage to solve** difficult problems if I try hard enough’

4. Community self-efficacy ‘If a problem arises that people cannot solve themselves, the **community as a whole will be able to solve** them’

5. Community cohesion ‘I feel that I **belong** to this community in Whampoa’

**Sample question as there were 5-8 question per outcomes*

OUTCOME EVALUATION

- Quasi experiment with survey at baseline and post 1.5 year from start of intervention
 - No randomization in line with principles of empowerment
 - Targeted 60 intervention, 60 comparison
 - Recruited comparison group from Whampoa, but did not attend program
- Data collection
 - Conducted at baseline and post 1-year intervention
 - Over the phone or face to face with help from surveyors
 - 7% fall out rate (intervention participants) vs. 30% (comparison participants)
- Two-way ANOVA controlling for demographics variables

PROCESS EVALUATION

In-depth interviews

- With community advocates only
- Before intervention, mid way and post implementation of projects

Observation forms

- Over 6-month implementation
- Facilitators observe group progress, dynamics and note implementation challenges

Which stage is the group at? (choose all that apply) *

- Clarifying perception, expression of shared and individual interests
- Set vision of future, assessment of current state and objectives
- Opinions on action plan (discussing solution, and how to carry out)
- Consensus/trying to agree on action plan
- Assignment of responsibilities (after deciding on action plan)
- Mobilization of organizations (contacting organizations whom can help with solution)
- Implementating action plan (group is in the admist of carrying out actions)
- Reviewing and awaiting outcomes

Overall comments (group dynamics, what worked well or not) *

Your answer

How well did the group bond? *

None 0 1 2 3 A lot

How active was the group participation? *

Not Active- mostly silent throughout, needed a lot of pushing 0 1 2 3 Very Active - almost everyone spoke up and shared

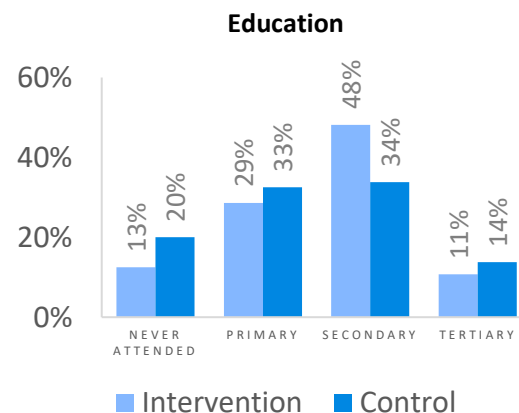
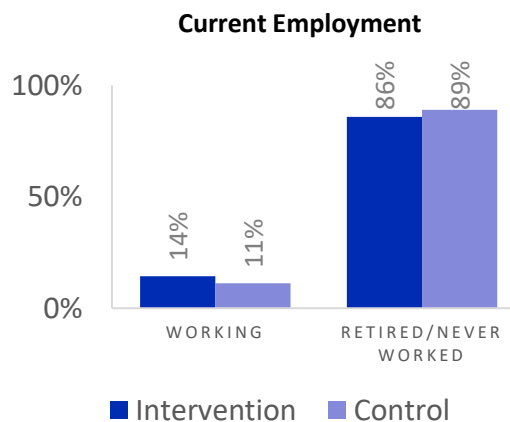
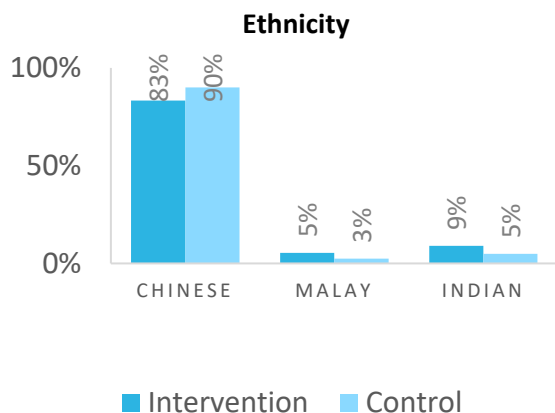
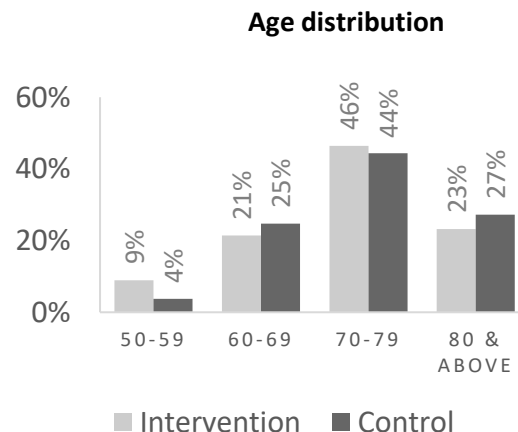
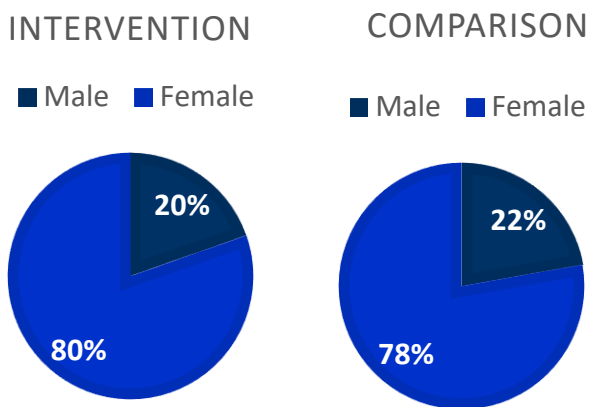
OVERALL TIMELINE (2019-2022)



Evaluation only with participants who underwent 1st batch of CDTWs

Participants' demographics

Intervention (n=56) vs. Comparison (n=42)



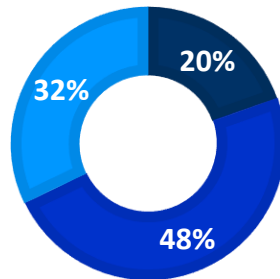
Participants were mostly females, Chinese, aged 70 and above, those who are not working
Overall comparable demographics (difference is not statistically significant)

Physical health: frailty status

- 5 item FRAIL Scale: Fatigue, Resistance, Ambulation, Illnesses (more than 5), & Loss of Weight (Morley et al. 2012)
- Pre-frail: Score YES on 1-2 out of 5 items above; Frail; score YES on >3 items

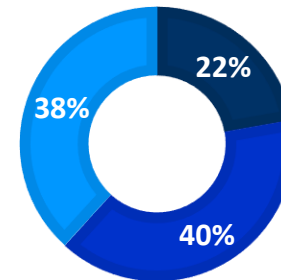
INTERVENTION (N=56)

■ Not frail ■ Pre-frail ■ Frail



COMPARISON (N=81)

■ Not frail ■ Pre-frail ■ Frail



- Similar proportion of frailty among intervention (20%) versus comparison (22%) ($\chi^2=4.64, p=.70$)

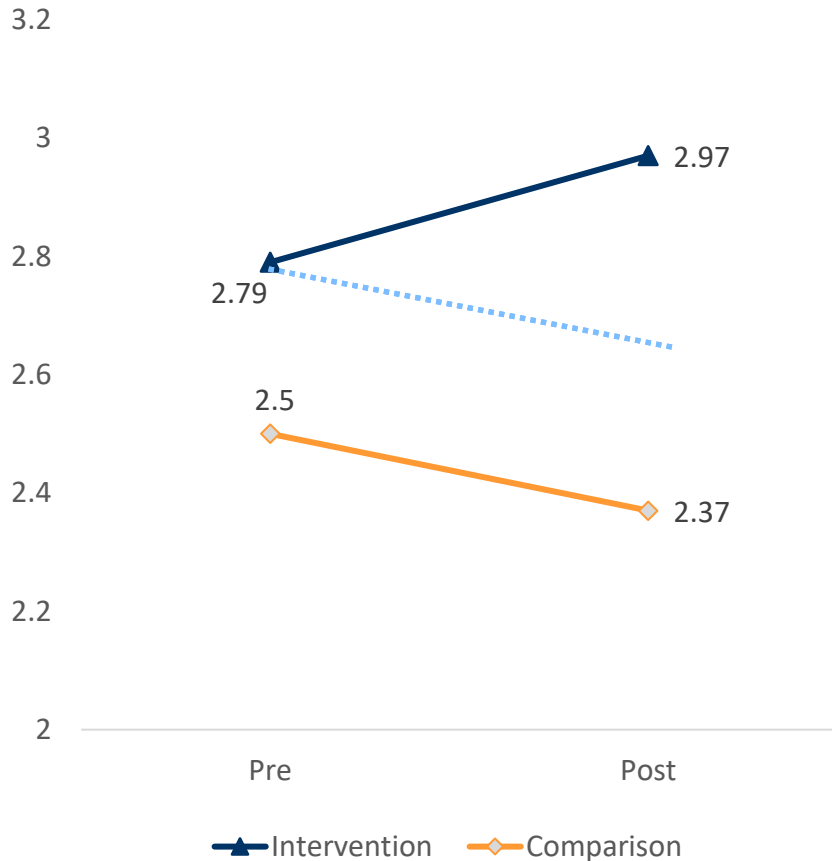


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EVALUATION FINDINGS



I. INTERVENTION PARTICIPANTS REPORTED INCREASE IN CONFIDENCE IN ADVOCATING FOR COMMUNITY ISSUES



- Intervention group: Increase in confidence advocating for community issues for intervention ($\uparrow 2\%$ in mean score)
- Comparison group: Decrease in confidence advocating for community issues ($\downarrow 5.2\%$)
- Difference in trend is significant

“Last time I very quiet one, very nervous. Even now also nervous but at least I dare to speak [...] at least they give us a chance to talk” (P003)

Interaction effect: $p=.04$; $\eta_p^2=.05$

Main effect (intervention vs. comparison): $p<.001$; $\eta_p^2=.24$

STAKEHOLDER ENGAGEMENTS IN EMPOWER

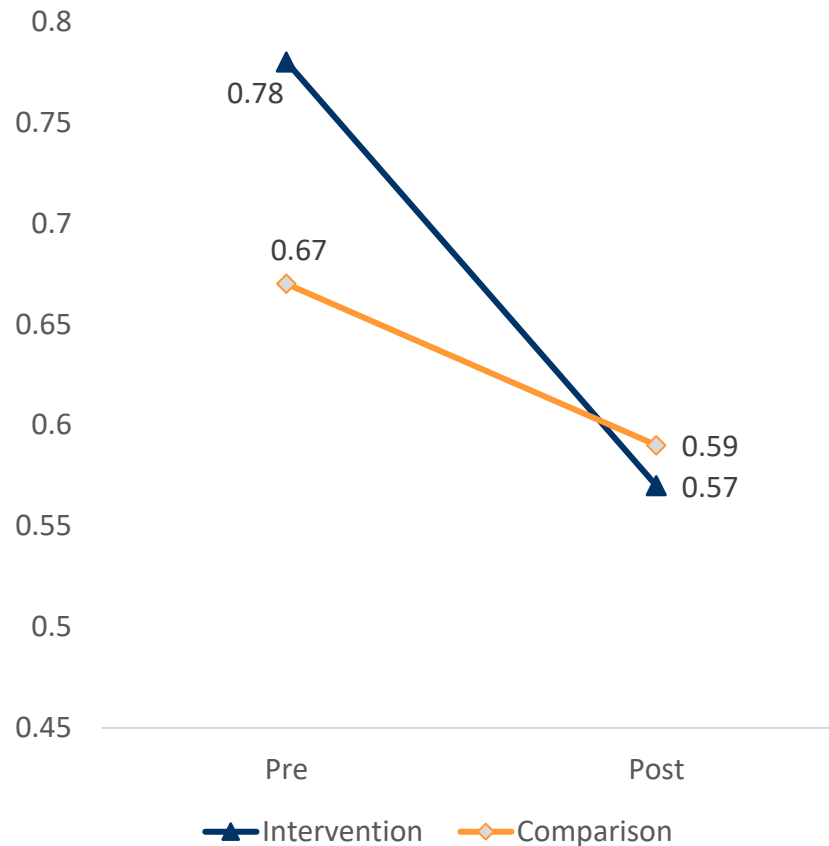


Senior participant representatives meeting with LTA officials over zoom to discuss alternative transport routes and lifts at overhead bridges for Whampoa and Boon Keng residents

Continue to engage with stakeholders on various topics – those highlighted are partners we are currently working with on these issues

- **Built environment:** Land Transport Authority, Handicaps Welfare Association
- **Caregiving & High Medical Costs** – Dementia Care Service Tsao Foundation, AWWA, Whampoa FSC, Dementia Singapore, CPF Board Medisave, TTSH
- **Social isolation of seniors** – SAGE counselling, Care Management Service Tsao Foundation

2. BUT INTERVENTION PARTICIPANTS REPORTED DECREASE IN HAVING A 'VOICE' TO INFLUENCE CHANGE



Interaction effect: $p=.22$; $\eta_p^2=.02$

Main effect (intervention vs. comparison): $p=.47$; $\eta_p^2=.00$

- Both groups reported decrease in voice over time
- Intervention group started with higher voice
- Graph suggests intervention group reported a greater decrease in voice ($\downarrow 26.9\%$) vs comparison ($\downarrow 11.9\%$)
- However difference in trend is not statistically significant

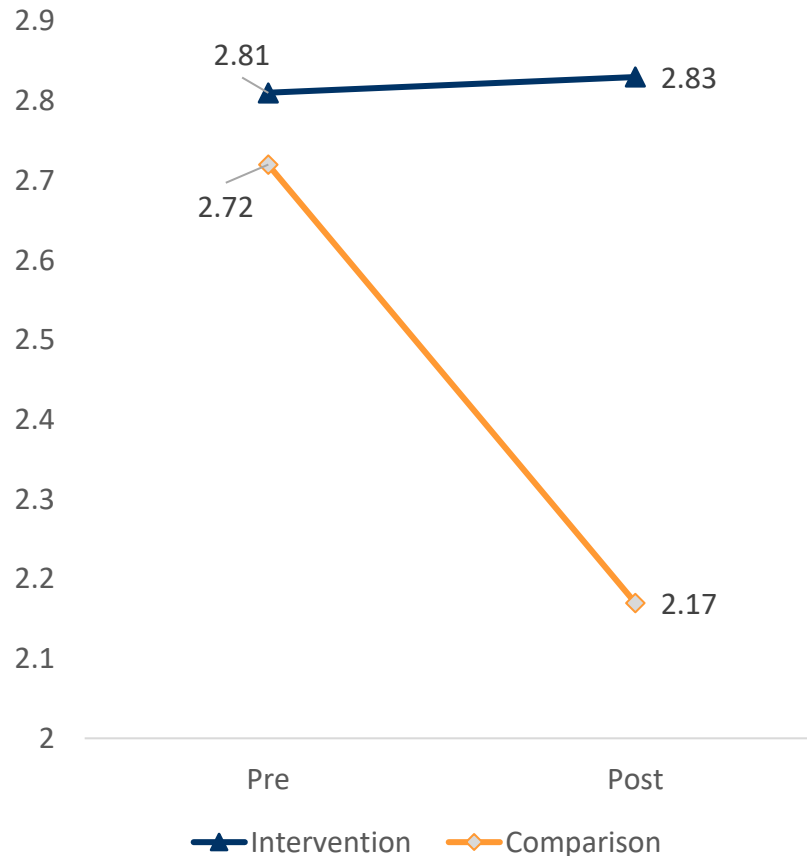
“We have been able to tell others of our ideas on the issues. But whether anyone listened is something that I don’t think happened” Mdm XX,

CHANGE IN MEAN SCORES FOR INDIVIDUAL ITEMS

	Change scores		
	Intervention	Comparison	Difference
I have a voice in shaping how social activities are carried out for older adults in my community.	-16%	-4%	12%
I have a voice in shaping how resources are utilized in my community.	-25%	-4%	21%
I have a voice in shaping how the environment is built in my community (e.g., adding more walkways etc.)	-35%	-11%	24%
I have a voice in shaping the transport options for older adults in my community.	-38%	-11%	27%

This suggests that confidence to advocate/speak up for issues doesn't necessarily translate to having 'voice' or power to influence these issues

3. DESPITE SO, INTERVENTION PARTICIPANTS STILL REPORTED INCREASE IN COLLECTIVE EFFICACY



- Increase in collective efficacy ($\uparrow 0.7\%$) for intervention group
- Decrease in collective efficacy for Comparison group ($\downarrow 20\%$)
- Difference in trend is significant

'If a problem arises that people cannot solve themselves, the community as a whole will be able to solve them'

Interaction effect: $p < .001$; $\eta_p^2 = .22$

Main effect (intervention vs. comparison): $p < .001$; $\eta_p^2 = .35$


CO-CREATION OF COMMUNITY SOLUTIONS


Loving care community shuttle



Seniors' Roles

1. Marketing and outreach
2. Planning & co-ordination with vendors
3. Service quality standards
4. Route reviews
5. Team lead



 Community for Successful Ageing
A Tsao Foundation Initiative

DO YOU HAVE SPECIAL TRANSPORT NEEDS?
DO YOU HAVE CHALLENGES WITH BRINGING YOUR
FAMILY MEMBERS TO APPOINTMENTS?

**Get to your
appointments
with ease**

A group of seniors is organising a subsidised shuttle bus service by seniors
and for seniors from Whampoa and Boon Keng areas to important
locations e.g. Tan Tock Seng Hospital, Kwong Wai Shiu Hospital, etc.

**Register your interest with us today! Call or SMS "Shuttle Bus"
and your preferred location(s) to 9653 6037.**

QUALITATIVE FINDINGS (COLLECTIVE EFFICACY)

Encouraging creativity, problem solving and growth mindset towards their community

"The elderly don't have to wait for people to assist them [...] depend on younger people to help them out. I can go online to look for assistance. I can search for solutions myself."

"I met various representatives authorities. From their sharing, I realised we can suggest shuttle bus services in Whampoa with (Handicaps welfare association). I wish we can help elderly residents here fulfil their needs"

Role of EMPOWER in creating a space of peer learning and community decision making

"We arrived at a point where we can make decisions, what our goals are, find people to volunteer for certain roles, who knows dialects, can speak to people. We can knock on the doors to ask people what their needs are. These things we learned from the meeting."

"Most of [my fellow seniors] are very intelligent, I find I can learn a lot of things from them, and at my age, it's surprising. At first I didn't want to come, but now, I really felt less alone."

QUALITATIVE FINDINGS (COLLECTIVE EFFICACY)

Engaging stakeholders offered greater understanding of the planning and policy processes.

“we have to go through so many things, so many issues, so many people, then only something can be done. So, it’s not like you want this, you can be done today. You know, we just grumble saying the government never do this for us but then we...now I realise, how much of problem the government has to go through to get issues done. Although this campfire thing has been a simple thing, but it has shown me a great deal”

Satisfaction in opening for dialogues with stakeholders and govt agencies

“I feel that if I expressed my views and shared my experiences, I would be a voice. If others find my suggestions useful, perhaps I could change some things, improve for the better [...] The most effective, of course is being able to materialise the promise. That is the best. But they said they have learnt a lot from us and can go back and discuss. So, you see, I think that shows they have listened to us. As long as you feel your voice needs to be heard, you will be happy.”

ISSUE #2: SOCIAL ISOLATION EXPERIENCED BY SENIORS IN COMMUNITY

Reasons for social isolation

- In need of financial assistance
- Loss of meaning to life & self
- Abuse/neglect/social control from family
- Health issues; mobility problems
- Mistrust of people and gossip in community
- Lack of awareness of services and activities in community

Formation of loving care friends' group

Trained by SAGE counselling on befriending and doing mini needs assessment



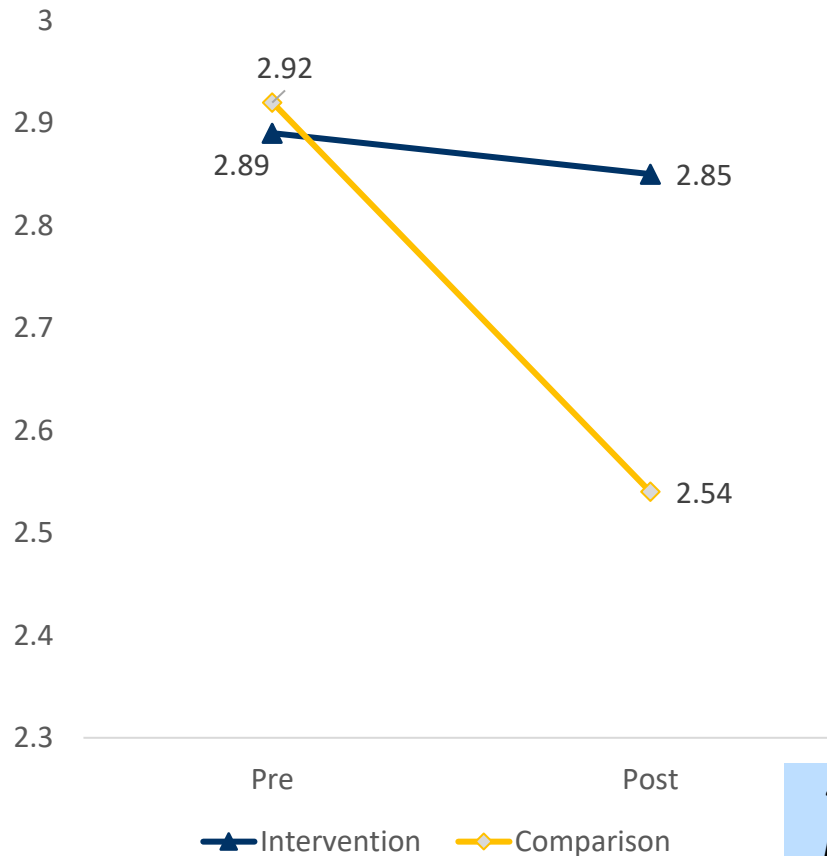
ISSUE #3: CAREGIVING STRESS AND HIGH MEDICAL COSTS

Caregiving stress particularly for caregivers of persons with dementia



Written and acted by seniors

4. EMPOWER HAVE MAY BUFFERED DECREASE IN SELF-EFFICACY FOR INTERVENTION GROUP



Interaction effect: $p=.02$; $\eta_p^2=.06$

Main effect (intervention vs. comparison): $p<.05$; $\eta_p^2=.05$

- Decrease in self-efficacy for both intervention & comparison 1.5 year later
 - Impact of COVID on mental health
- BUT decrease in self-efficacy for intervention ($\downarrow 1.4\%$) is significantly lower than the comparison group ($\downarrow 12.1\%$)
- Difference in trend is significant

“this covid, I got through because of ComSA [...] Because I used to roam around Whampoa. Suddenly I was locked up in my son's place... that kind of feeling really came to me. Why am I living?” (P002)

5. CHALLENGES IN IMPLEMENTING THE INITIATIVES BY EMPOWER PARTICIPANTS

Manpower demands of participatory approaches

- Small implementation team (n=2.5) + COVID
- Continuing stakeholder engagement and building capacity of advocates for each of the four issues
- Interest in working with seniors but challenges incorporating into existing work plans

Connecting the dots and guiding participants

- Strategy planning: feasibility and sustainability of solution
- Letting participants select issues vs. suggesting priority areas
- Stakeholders' attitude towards empowering seniors: providing advice versus partnership with seniors

Increasing agency and capability of participants to work on solutions to issues

- Participants' understanding of their role and expectations from staff
- Eliciting support from wider community

6. FACILITATORS IN IMPLEMENTING THE INITIATIVES BY EMPOWER PARTICIPANTS

Working with local partners

- Community organizations in the same neighbourhood e.g. Whampoa partners network

Sensitivity to diversity of education, language and ethnic profile

- Allowing participants to choose their own groupings
- Providing translation for all workshops (even jokes)

Encouraging seniors to volunteer and step into roles

- building capacity of group
- Tapping on resources among their network



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DISCUSSION



OVERALL TAKEAWAYS

- Intervention group reported increase in confidence in **advocating for community issues** but decrease in perceptions of **having a 'voice'** to influence change (particularly for structural issues)
- Despite so, intervention group reported increase in **collective efficacy**
 - Role of EMPOWER in creating a space of peer learning and community decision making
 - Encouraging creativity, problem solving and growth mindset towards their community
 - Greater understanding of the planning and policy processes
 - Satisfaction in opening for dialogues with stakeholders and govt agencies
- Decrease in **self-efficacy** for comparison but not intervention group.
Empower have may buffered decrease in self-efficacy for intervention group

EVALUATION DESIGN

- Limitations
 - Small sample size
 - Selection bias
- Strengths
 - Mixed-methods evaluation
 - Triangulation of quantitative and qualitative findings
 - Observation forms with facilitators - useful for debriefing and tweaking ongoing implementation
- Areas of improvement
 - Propensity score matching + difference in difference analysis
 - Participatory evaluation by advocates
 - Measuring actual skillsets and impact on health outcomes

LESSONS LEARNT FROM EMPOWER

Manpower demands of participatory approaches

- Working with locally-based SSAs for collective impact – aligning of work plans to support participatory efforts
- Creation of new roles (program partners/consultants vs. volunteers)
- Prioritizing number of projects

Connecting the dots and guiding participants

- Educate and engage stakeholders on empowerment principles and ethos
- Campfire training: orientation on policies, bureaucratic processes and navigating resources
- Formation of older people club that works with key stakeholders in each zone

Increasing agency and capability of participants to work on solutions to issues

- Wider community platforms for outreach
- Building capacity of group to self-organize: vision, goal etc
- Eliciting support from wider community – pairing up with younger community members to co-create solutions

<https://tsaofoundation.org/ilcs-community-resilience/good-practices>

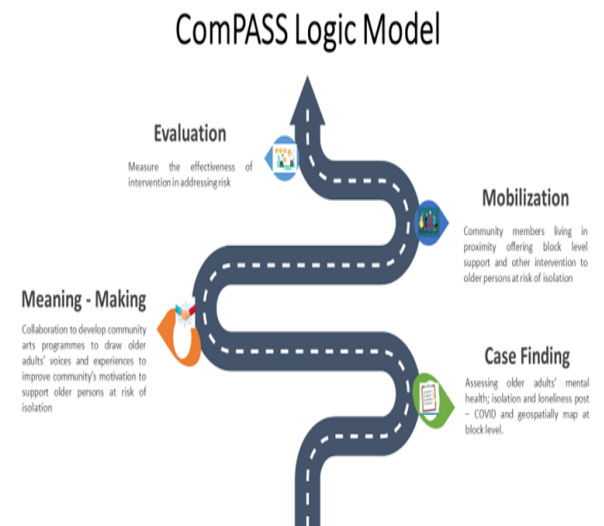
ComSA Club Powering up and Advancing the Strength of Seniors (ComPASS) – 2023-2026

Case Finding. Conduct geospatial mapping to create ‘hotspots’ of where isolated and vulnerable older persons are in Whampoa in a de-identifiable manner to guide outreach among social service agencies in Whampoa, based on risk stratification results generated from a common screener

Meaning-Making. Develop capability of ComSA Club, the community, and ComSA community partners to do case finding and risk stratification of socially isolated older persons in Whampoa-Bendemeer. Create public awareness on the importance of supporting caregivers and isolated older persons in the Whampoa community through community art.

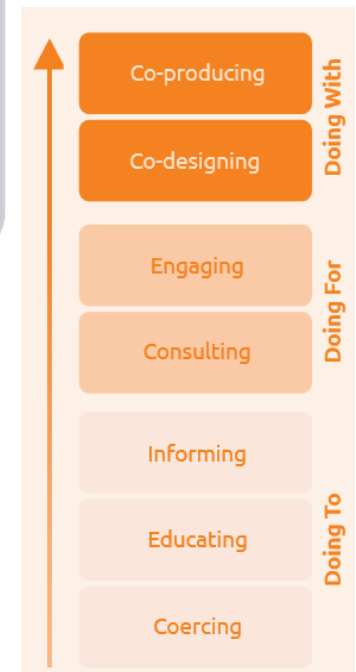
Mobilization. Mobilize and build the capacity of our ComSA Club community advocates to do outreach and form support groups at the HDB block level for older adults at risk.

Evaluation. Measure the effectiveness of intervention in addressing risk using a community resilience framework



PROGRAMMING IMPLICATIONS

RELOOKING AT OUR LANDSCAPE





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THANK YOU

QUESTIONS?

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