

Pandemic Paradigm Shifts Population Health

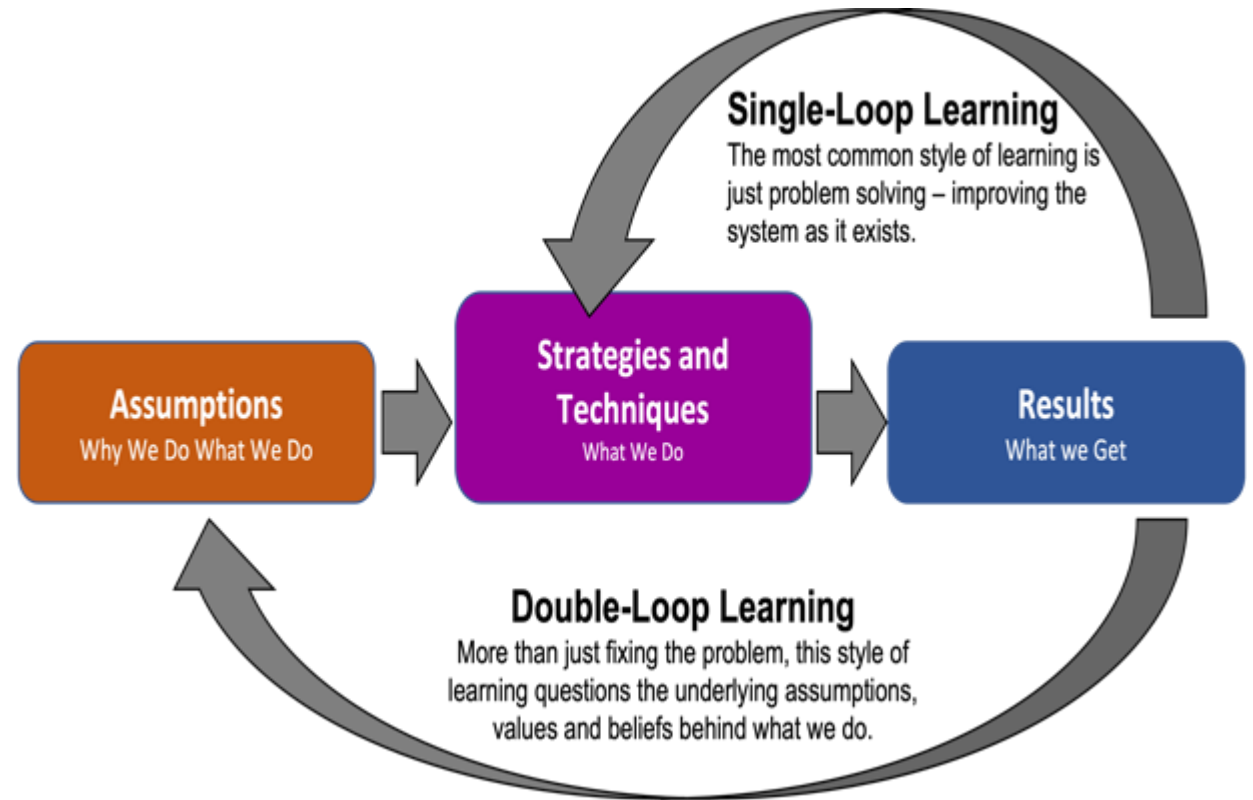


Agenda

Pandemic - lessons for Population Health

Paradigm Shifts – reframing for Population Health

Population Health – SingHealth’s approach



LESSONS FROM COVID-19 PANDEMIC

COMMUNICATION



Covid-19 pandemic

COLLABORATION

EVIDENCE-BASED
SCIENCE and DECISIONS

TRUST

Lessons from COVID-19: How human behaviour may influence the science
Antonio Ceriello

Diabetes Research and Clinical Practice 2020 169DOI: (10.1016/j.diabres.2020.108491)

Pandemic - Lessons for Population Health

First Line of Defense

Physical Wellness

 Drink Well Stay Hydrated	 Eat Well Eat a balanced diet	 Sleep Well Get enough sleep	 Keep Active Take 5K – 10K steps a day
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Mental Wellness

 Be Kind to Yourself Self-compassion practice	 Mindfulness Break 5min mindfulness practice	 Connect Connect with friends & family on social media	 Talk to Someone Call a friend or loved one to catch up
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STAY PREPARED



1 metre 1 metre







Health Protocols

as of 18 Feb 2022

1

You are unwell

See a doctor. If positive:

- Inform close contacts
- Recover at home, COVID-19 treatment facility or hospital, depending on your GP's advice

2

You are well, but test positive


Inform close contacts

- First 72 hours: Isolate at home. No need for MC if well
- Thereafter, take ART. End isolation when negative
- Or if still positive, end isolation on
 - Day 7, if fully vaccinated or aged below 12
 - Day 14, if not fully vaccinated
- If at risk (e.g. elderly, pregnant) or feel unwell, see **1**


3

Received Health Risk Notice, or informed by infected person of exposure

- Take ART. Go out only if negative
- If negative after **Day 5**, no further test needed
- If ART is positive, see **2**



More information at: [covid.gov.sg](https://www.covid.gov.sg)



Anchoring Care in the Community



THE PUBLIC HEALTH PREPAREDNESS CLINICS SCHEME

Public health threats such as flu and influenza pandemics are on the rise. To better manage these threats in the primary care setting, the Pandemic Preparedness Clinics (PPCs) and the Mass Subsidy schemes will be consolidated into the new Public Health Preparedness Clinics (PHPC) scheme, launching in April 2020.

In a public health emergency, PHPCs will be primarily utilised at their roles viz. (SAs) and clinics.

SUPPORT PROVIDED TO PHPCs DURING PUBLIC HEALTH EMERGENCIES

- Priority for medication and service supplies from pharmaceutical vendors
- Priority supply for PHPCs during emergencies at no cost
- Up to 10 working days may be provided by PHPCs at no cost
- Standard Operating Procedures in public management of such public health emergency

ROLES OF PHPCs DURING PUBLIC HEALTH EMERGENCIES

- Diagnose "respiratory" i.e., SARS, Influenza
- Administer "vaccination" i.e., Flu Vaccines
- Provide subsidised treatment

BEING PREPARED IS HALF THE BATTLE WON
 TO SIGN UP AS A PHPC, VISIT [WWW.PRIMARYCARE.GOV.SG/PHPC](http://www.primarycare.gov.sg/phpc).
 NEED MORE PHPC? EMAIL US AT [PHPC@HPA.GOV.SG](mailto:phpc@hpa.gov.sg), OR CALL OUR HOTLINE AT 6022 1222.

Current PHPCs thank you for supporting the scheme. We stand ready for the upcoming season that will be another busy.

COVID-19 (Coronavirus Disease 2019)

Public Health Preparedness Clinics

GP clinics that provide subsidised treatment for patients with respiratory symptoms, to better detect and manage COVID-19

FROM 18 FEB

If you have mild flu symptoms:

FEVER

COUGH

SORE THROAT

RUNNY NOSE

FIND A PHPC CLINIC
Visit phpc.gov.sg to find the nearest one

RECEIVE CONSULTATION AND TREATMENT AT A SUBSIDISED RATE

- \$10 for Singapore Citizens and PRs
- \$5 for Pioneer Generation and Merdeka Generation seniors

RECEIVE A 5 DAY MC AND STAY AT HOME FOR THE DURATION **OR** **IF YOU HAVE PNEUMONIA, YOU WILL BE REFERRED TO HOSPITALS**

AFTER 5 DAYS, IF YOU ARE STILL UNWELL, RETURN TO THE SAME CLINIC. YOU WILL BE REFERRED FOR FURTHER MEDICAL ASSESSMENT

Get the latest on the novel coronavirus and other important Government information by signing up for the Gov.sg WhatsApp channel (www.gov.sg/whatsapp), or at the MOH website (www.moh.gov.sg)

MINISTRY OF HEALTH SINGAPORE

15 Feb 2020

A Singapore Government Agency Website

gov.sg

Read this in: 中文 | Melayu | 英語

Extended Operating Hours from 25 February 2022 to 10 March 2022 (inclusive)

Selected PHPCs will open up to 11pm on weekdays, between 2pm and 5pm on weekend afternoons and up to 11pm on weekend nights. Selected polyclinics will also be operating on Saturday afternoons and Sunday mornings.

Back FAQ

Looking for a SASH clinic or PHPC near you?

Search nearby Search by clinic

Enter street name or postal code GO

If you are feeling ill, please see your doctor for treatment.

If you only require a valid Covid-19 test result, please find your nearest test centre at <https://go.gov.sg/community-ART-test>

Unsung Heroes, Unseen Costs

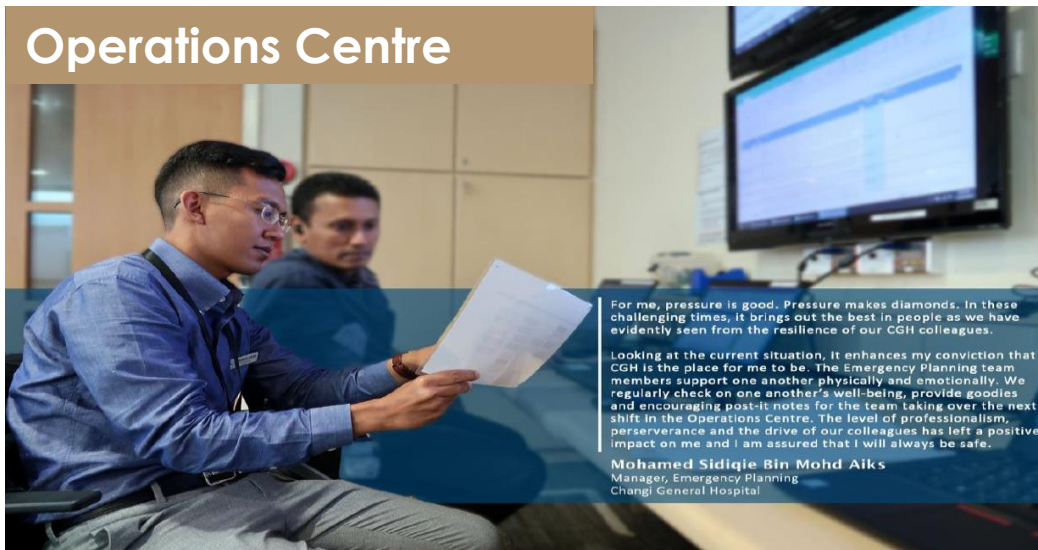
CNA Insider

Why some healthcare workers in Singapore's hospitals have quit — and others soldier on

28 Apr 2022 06:15AM (Updated: 28 Apr 2022 08:13PM)



Operations Centre



For me, pressure is good. Pressure makes diamonds. In these challenging times, it brings out the best in people as we have evidently seen from the resilience of our CGH colleagues.

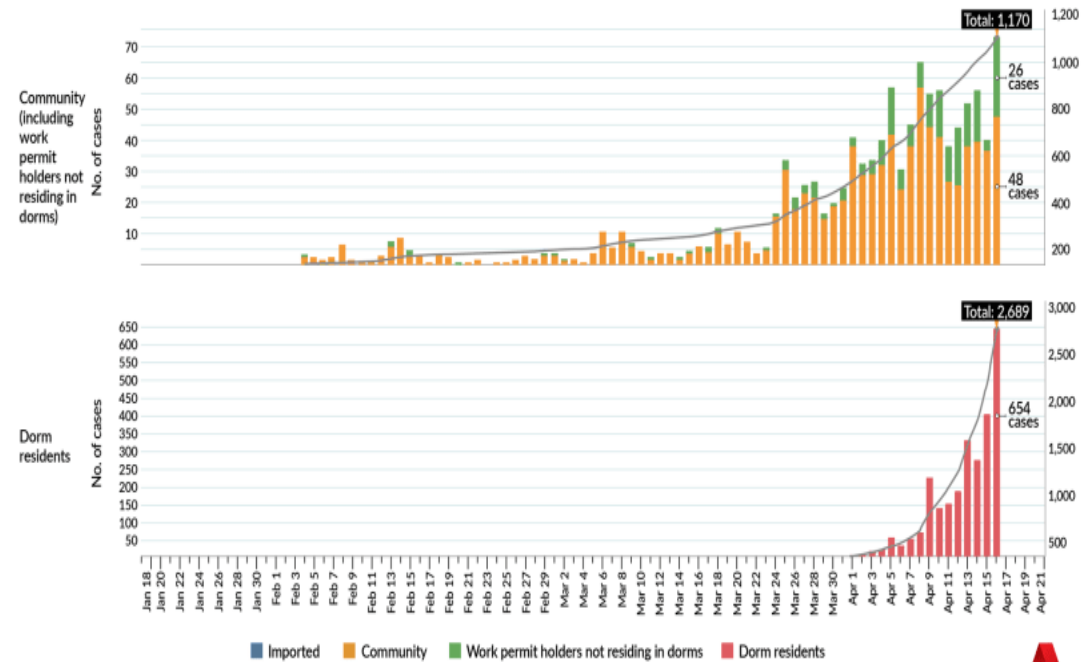
Looking at the current situation, it enhances my conviction that CGH is the place for me to be. The Emergency Planning team members support one another physically and emotionally. We regularly check on one another's well-being, provide goodies and encouraging post-it notes for the team taking over the next shift in the Operations Centre. The level of professionalism, perseverance and the drive of our colleagues has left a positive impact on me and I am assured that I will always be safe.

Mohamed Sidique Bin Mohd Aiks
Manager, Emergency Planning
Changi General Hospital



Living Environment

Two weeks and a 70-fold increase: A look into the COVID-19 outbreak in Singapore's foreign worker dormitories
17 Apr 2020



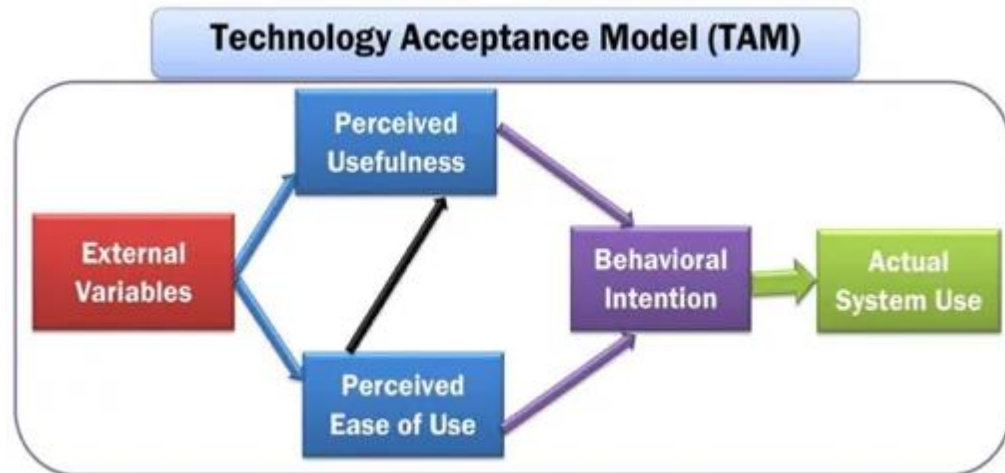
Infographic: Kenneth Choy
Source: Ministry of Health



Opportunity out of Adversity



"I'm 'Necessity' and this is my son, 'Invention'."



Final Version of Technology Acceptance Model By Venkatesh and Davis (1996)

BAIN & COMPANY

Covid-19 Accelerates the Adoption of Telemedicine in Asia-Pacific Countries

The pandemic has removed barriers to digital health tools and changed patient behavior.

By Vikram Kapur and Alex Boulton
April 27, 2020 • 7 min read



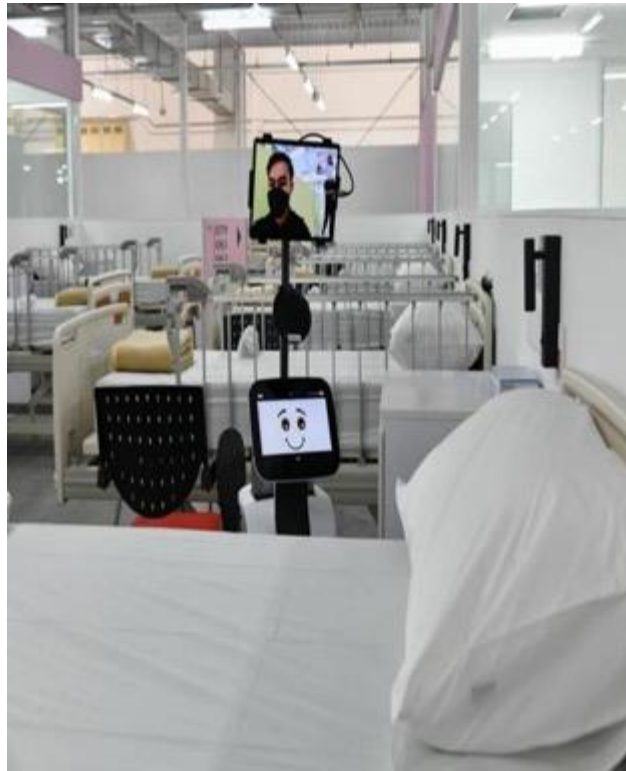
Workforce Augmentation



Changi General Hospital (CGH)

16 Apr at 20:00 • 🌐

CGH welcomed 70 cabin crew members from **Singapore Airlines, SilkAir** and **FlyScoot** who joined us as Patient Care Ambassadors in support of our fight aga... See more



THE STRAITS TIMES

Meet new healthcare Hiro, a robot that disinfects surfaces, reminds polyclinic visitors to put on masks



This is part of NP's collaboration with healthcare provider SingHealth, which operates eight of the 20 polyclinics here. [in more news...](#)

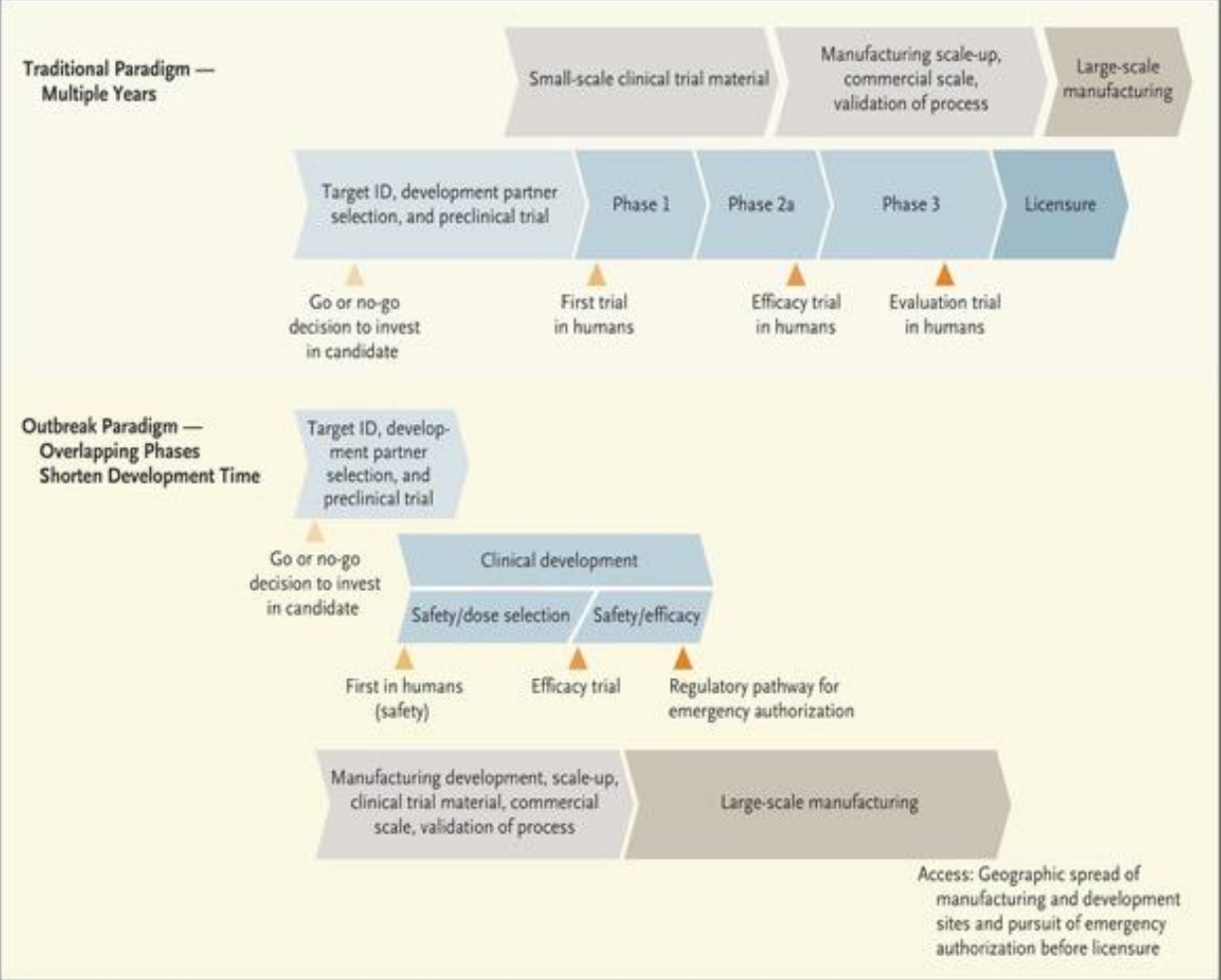
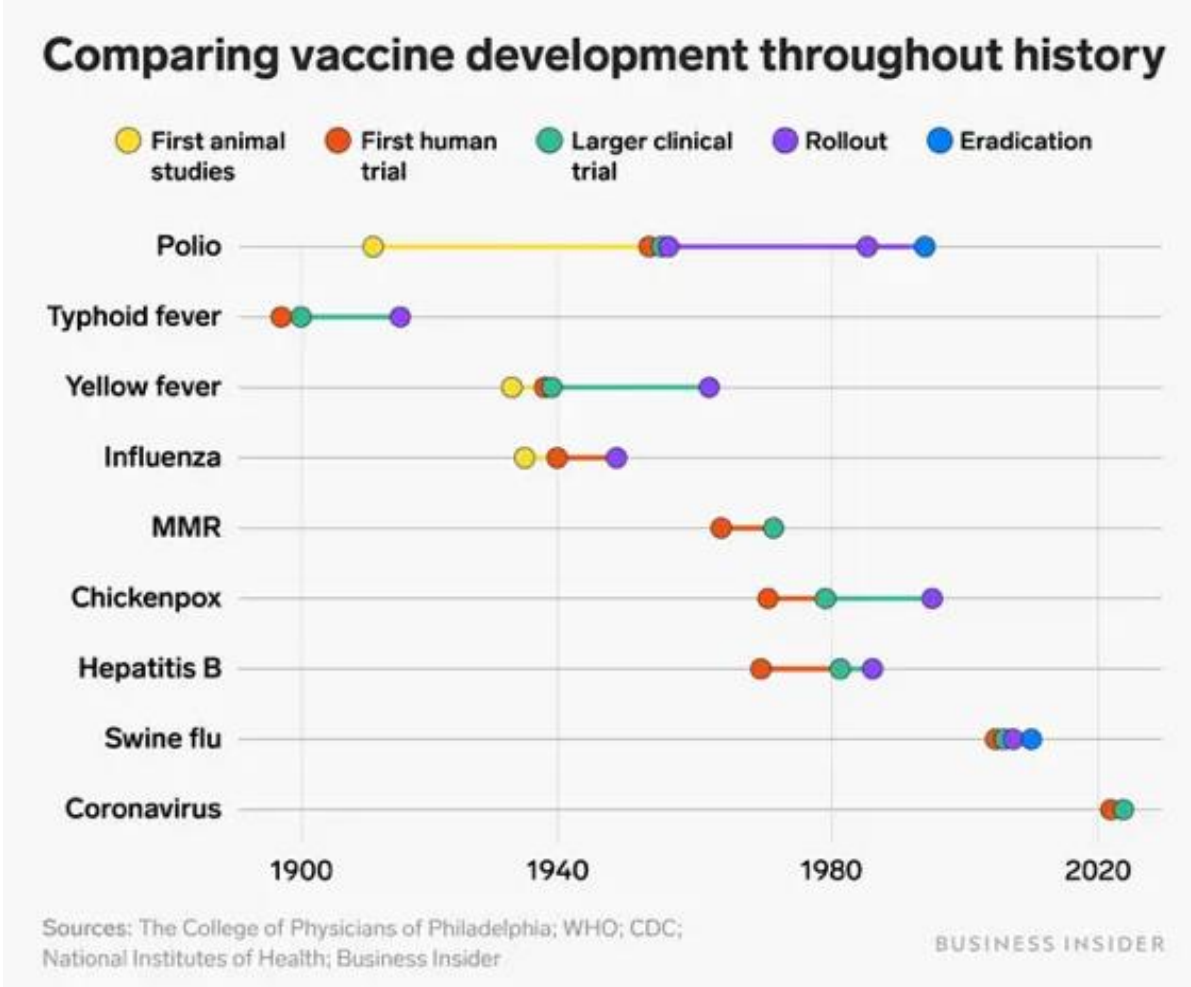


Ng Wei Kai

UPDATED 19 JULY 2021, 5:07 AM SGT



Government, Academia and Industry Collaboration



Last mile delivery

VACCINATION

Seniors aged 60 and above can walk-in at:

- ✓ Vaccination Centres
- ✓ Polyclinics
- ✓ Participating GP clinics
- ✓ Mobile vaccination stations



Mobile Vaccination Stations 9am to 11.30am 1pm to 5pm	Dates for first dose
102 Lorong Ah Soo (Wald Deck)	6 - 8 August
110 Hougang Ave 1 #01-101B	
621 Jurong West Central 1 (Multi-Purpose Hall)	7 - 8 August
440 Yishun Ave 11 #01-466	
446 Tampines St 42 (Wald Deck)	7 - 10 August*
804 Tampines Ave 4 #01-40	
3008 Anchorvale Link #01-82	
2910 Compassvale St #01-258	
736 Jurong West Ave 5 #01-232	

* Closed on Additional Day (8 August)

Get vaccinated. Protect yourself and loved ones.

Full list of vaccination locations at www.gov.sg/vaccinations



MINISTRY OF HEALTH
SINGAPORE

Mobile Vaccination Teams are coming to the heartlands!



If you have not taken your booster, head there for your shot (prioritised for seniors 60 years and above)

Date: 27 - 28 June 2022 (Mon - Tue)
Time: 9am to 11.30am & 1pm to 5pm
Locations: Anson RC, Nee Soon Central Zone 3 RC, Telok Blangah 'Blangah Court' RC

**No prior appointment needed
More locations coming up soon**

Vaccines available:
Pfizer-BioNTech/
Comirnaty

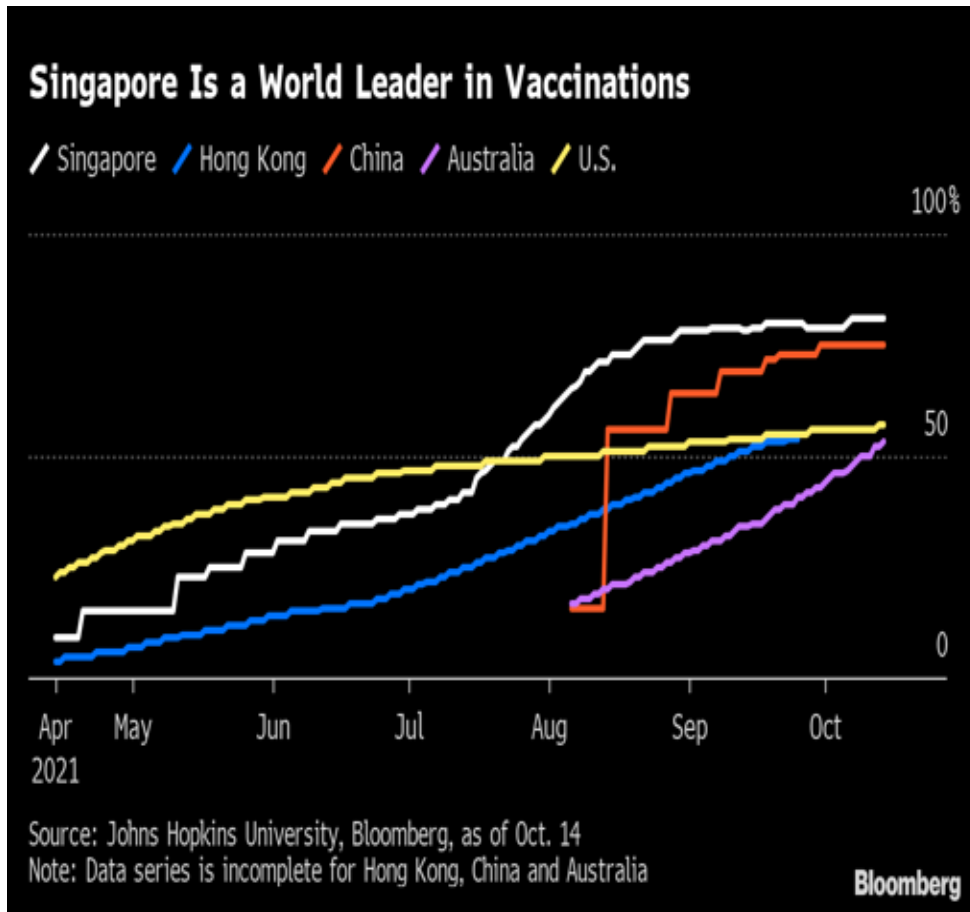


Let's Get Our Seniors Vaccinated Against COVID-19
Support our seniors on their COVID-19 vaccination journey and get \$30 HPB eVouchers. Together, let's help seniors protect themselves and their loved ones

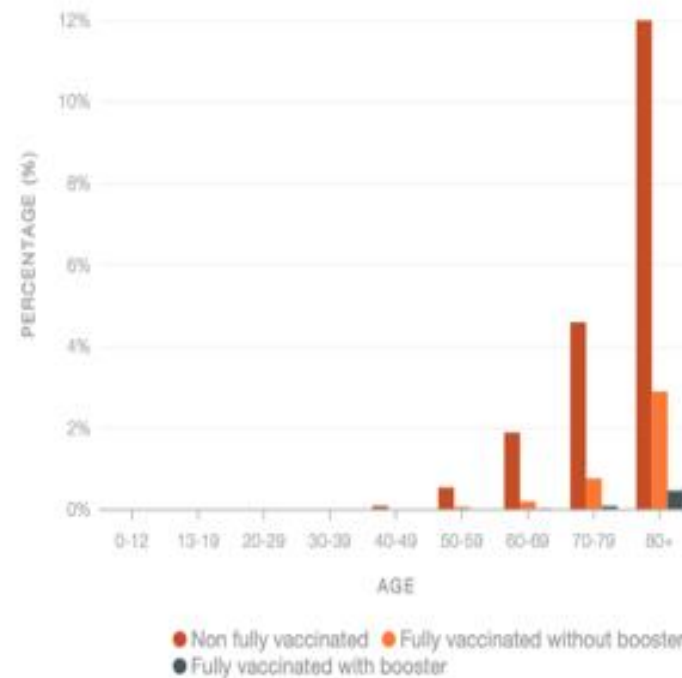
Singapore needs more teams to vaccinate those homebound; existing medical teams stepping up

STRAITS TIMES 10 AUG 2021

Game Changer



Proportion (%) of cases who died, by age and vaccination status

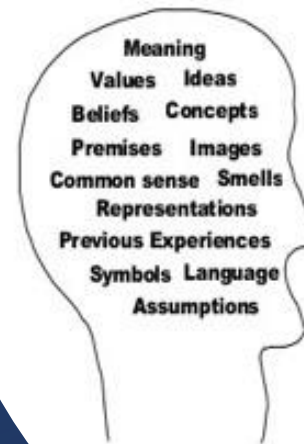


Age	Non-Fully Vaccinated	Fully Vaccinated (Without Booster)	Fully Vaccinated (With Booster)
0-12	0.0008	0	0
13-19	0	0	0
20-29	0.011	0	0
30-39	0.023	0	0.00051
40-49	0.098	0.011	0.0029
50-59	0.55	0.071	0.003
60-69	1.9	0.21	0.033
70-79	4.6	0.77	0.094
80+	12	2.9	0.47
Total	0.42	0.11	0.025

1 May 21 to 31 Jul 22

Paradigm Shifts - Reframing for Population Health

What are Mental Models
made of?



“Mental models are deeply held internal images of how the world works, images that limit us to familiar ways of thinking and acting. Very often, we are not consciously aware of our mental models or the effects they have on our behavior.”

- Peter Senge

Reframing Healthcare

Applying A 3.0 Transformation Framework To Guide Large-Scale Health System Reform

By Neal Halfon, Peter Long, Debbie I. Chang, James Hester, Moira Inkelas, and Anthony Rodgers

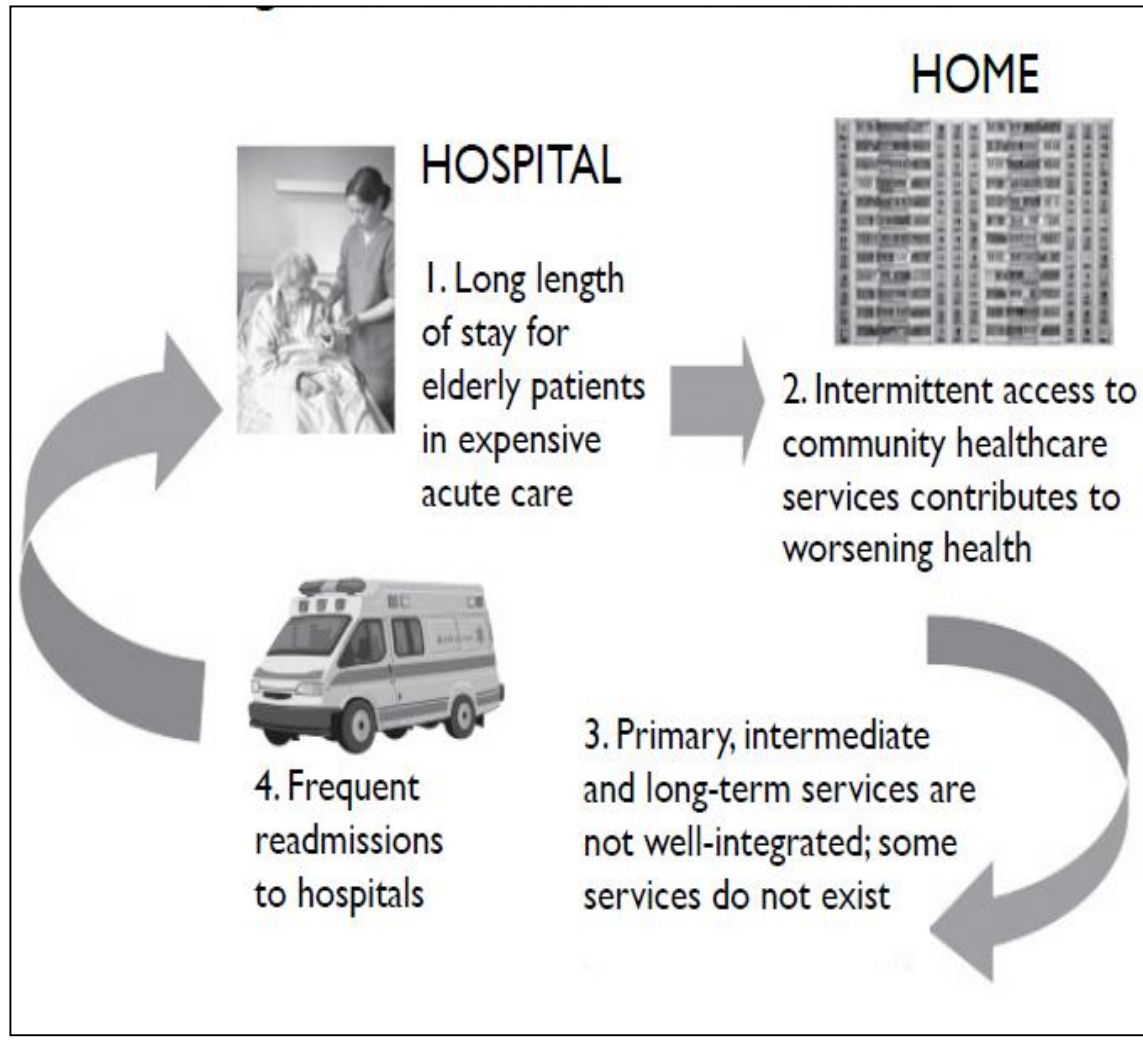
DOI: 10.1377/hlthaff.2014.0485
HEALTH AFFAIRS 33,
NO. 11 (2014): 2003–2011

Three Eras Of Health And Health Care—Three Operating Systems

	First era—1.0: medical care and public health services (1850s to 1960s)	Second era—2.0: health care system (1950s to present day)	Third era—3.0: health system (2000 going forward)
Definition of <i>health</i>	Absence of acute disease	Reduction of chronic disease	Creating capacities to achieve goals, satisfy needs, fortify reserves
Goal of health system	Improve life expectancy	Reduce disability	Optimize health
Model of health and disease causation	Biomedical	Biopsychosocial	Life-course health development
Primary focus of services	Diagnose and treat acute conditions	Prevent and manage chronic disease	Promote and optimize health of individuals and populations
Organizational operational model	Clinics and offices linked to hospitals	Accountable care organizations and medical homes	Community-accountable health development systems
Dominant payment mechanisms	Indemnity insurance; fee-for-service	Prepaid health benefits, capitation	Health trusts and management of balanced portfolio of financing vehicles
Role of health and health care provider/organization	To protect from harm, cure the sick, and heal the ill	To prevent and control risk, manage chronic disease, and improve quality of care	To optimize health and well-being
Role of individual and community	Inexperienced patient	Activated partner in care	Co-designers of health

Mental Model 1

- Hospitals : Heroes or Villains



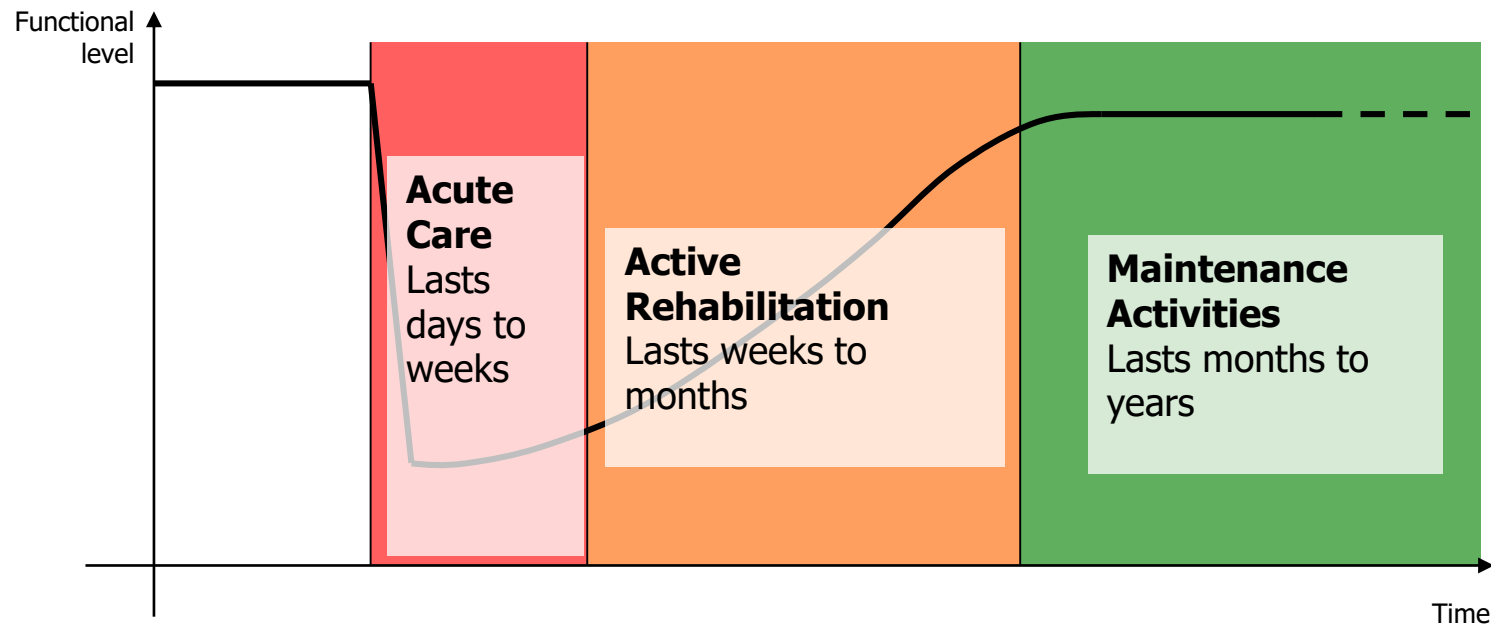
Hospital-centric Model
is not sustainable

BUT

Community-centric Model
without integrating the
hospital is not viable

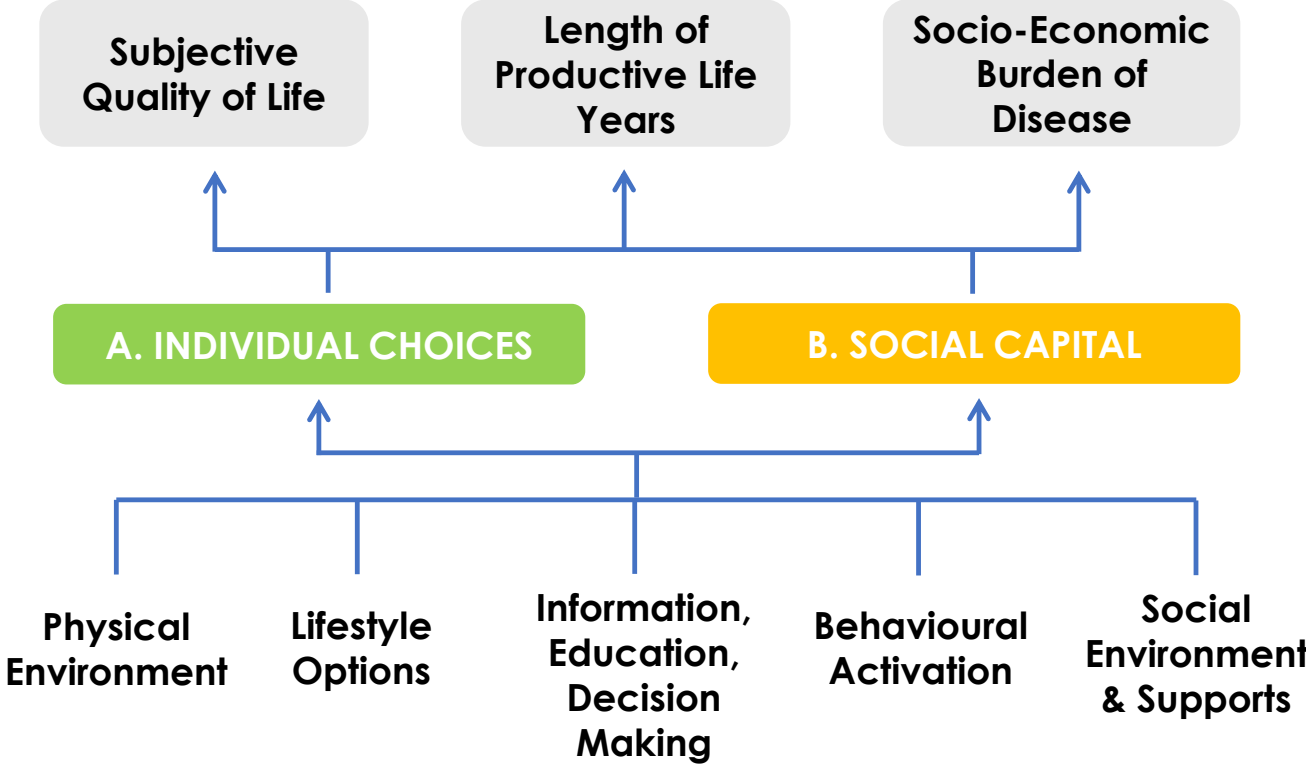
Measuring Success

- Success is not measured as what hospital does; but how much it contributes to long-term outcomes for its patients
- Outcomes measured along multiple dimensions i.e. beyond survival to include ability to function, quality of interaction, timeliness, empowerment,
 - Care needs to be accessible, affordable, of good quality AND acceptable
 - Different patients weigh different outcomes differently at different times



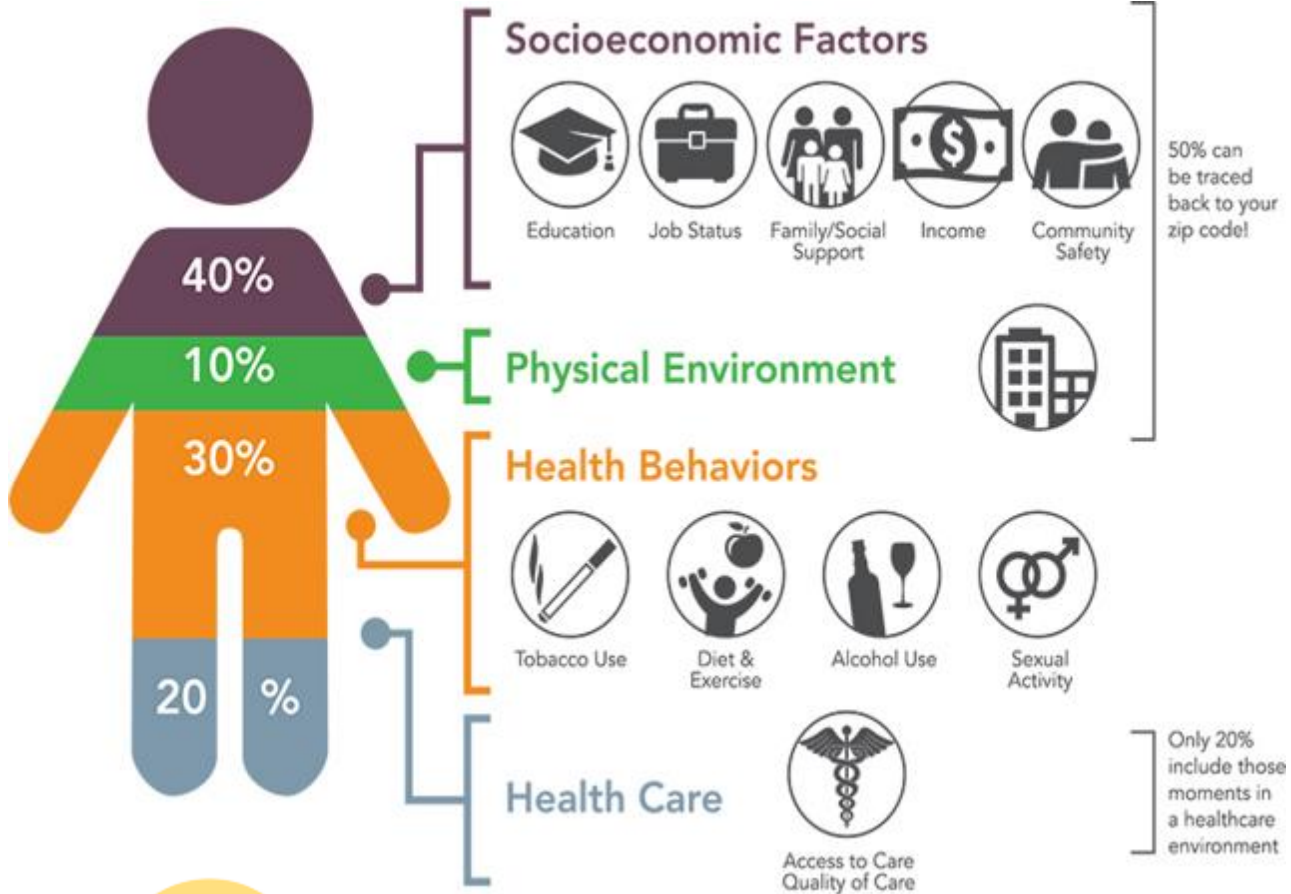
Mental Model 2

Situating Health in the Real World



DISEASE IS MEDICAL, HEALTH IS SOCIAL

Social determinants of health



Source: Institute for Clinical - Systems Improvement. Going Beyond Clinical Walls Solving Complex Problems (October 2014).

THE LANCET Global Health

Online First Current Issue All Issues Special Issues Multimedia About the Journal Advisory Board

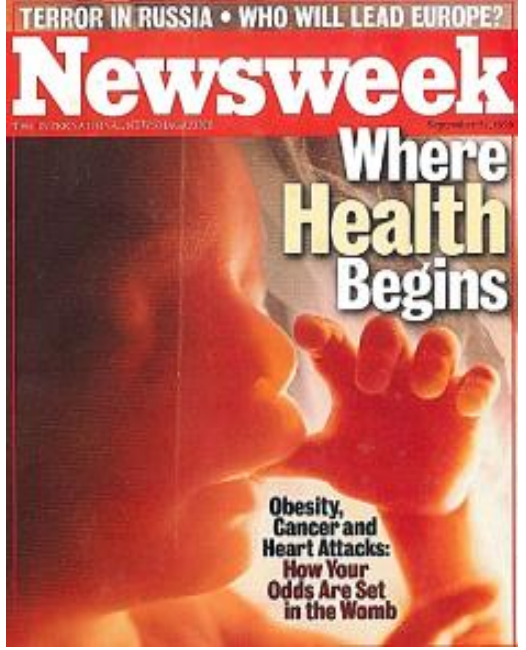
All Content [Advanced Search](#)

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[Comment](#)

Reframing non-communicable diseases as socially transmitted conditions

Luke N Allen, Andrea B Feigl



Mental Model 3

Community : Assets or Needs

NEED-BASED COMMUNITY DEVELOPMENT	ASSET-BASED COMMUNITY DEVELOPMENT
Restores What a Community Lacks	Builds on What a Community Has
Proceeds Fundamentally Outside-In	Proceeds Fundamentally Inside-Out
Problems-Oriented	Possibilities-Oriented
Communities of Privation	Communities of Promise
Victims	Survivors
Clients	Providers
Consumers	Producers

Asset Based Community Development philosophy and principle



Everyone has gifts and something to contribute

Build on what a community has not what it lacks

Relationships build community

Connecting people into communities of possibility

Persons viewed as actors instead of passive recipients

Co-producer instead of just consumers

Listen and Ask

Generative conversations

Changing relationships

Changes in the service delivery system towards

Networks with other health and social providers

Shared accountability instead of shifting blame

Animating people beyond driving programmes



Mental Model 4

Academic Medicine – Distraction or Asset

Revisiting academic health sciences systems a decade later:
discovery to health to population to society

Victor J Dzau, Celynne A Balatbat, William F Ellai

Lancet

Published Online

October 27, 2021

[https://doi.org/10.1016/](https://doi.org/10.1016/S0140-6736(21)01752-9)

S0140-6736(21)01752-9

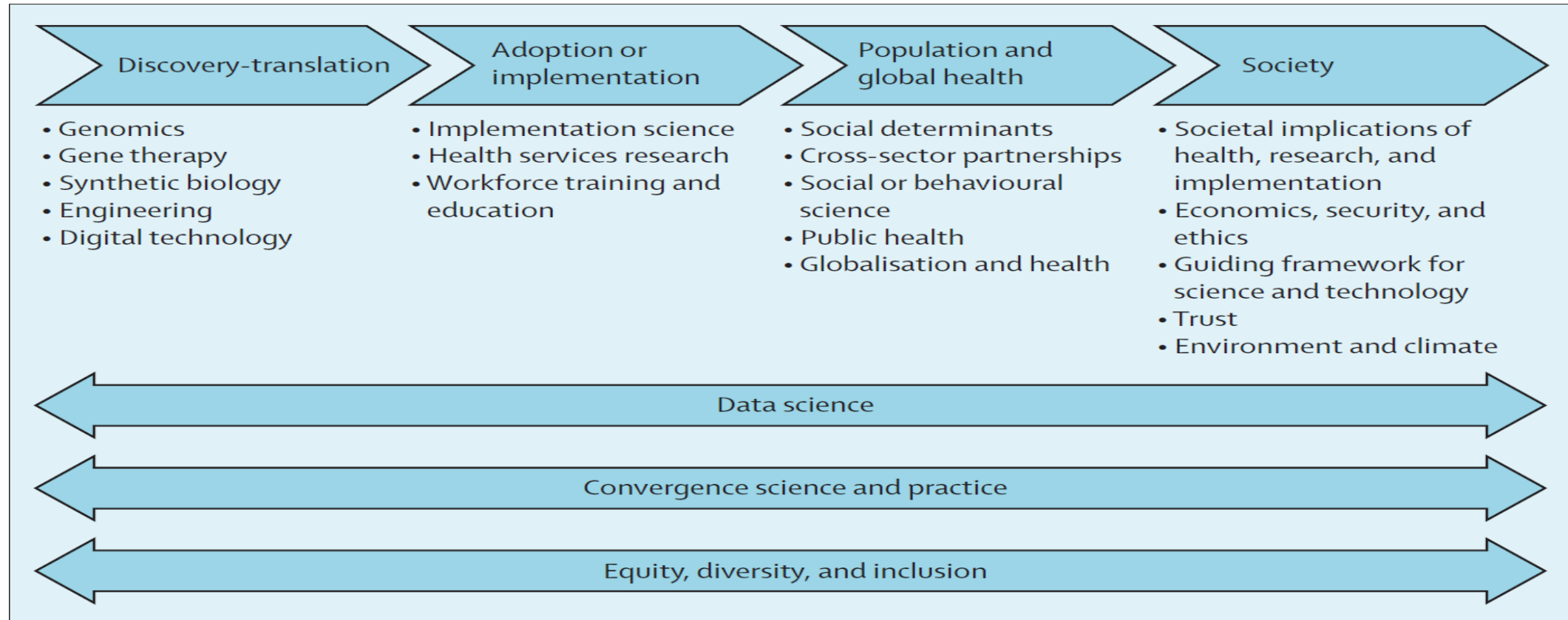


Figure: Discovery to health to population to society framework

Mental Model 5

Beyond Programme Delivery

Individual, Family, Community

Everyone knows good health
comprises mental, physical
and spiritual wellness

Making small lifestyle
changes can improve your
health in a BIG way



What matters most to you?

Join us to explore solutions to improve your health
& wellbeing together.



Learn
New Skills



Get Active



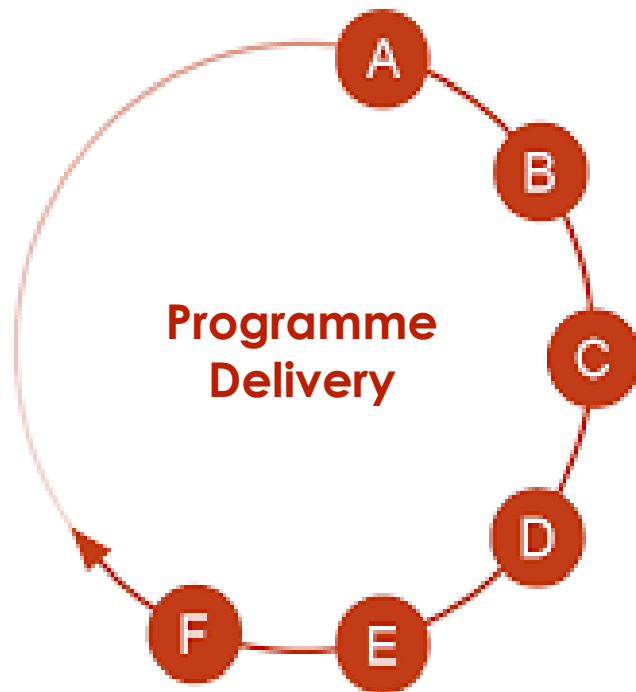
Build Social
Connections



Be Creative

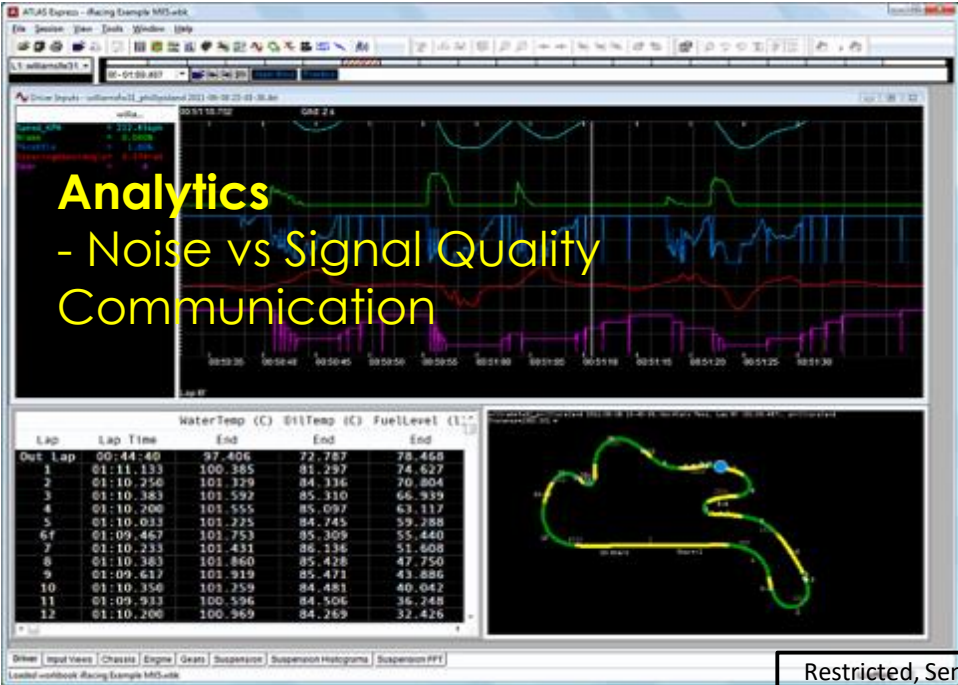


Support
Wellbeing



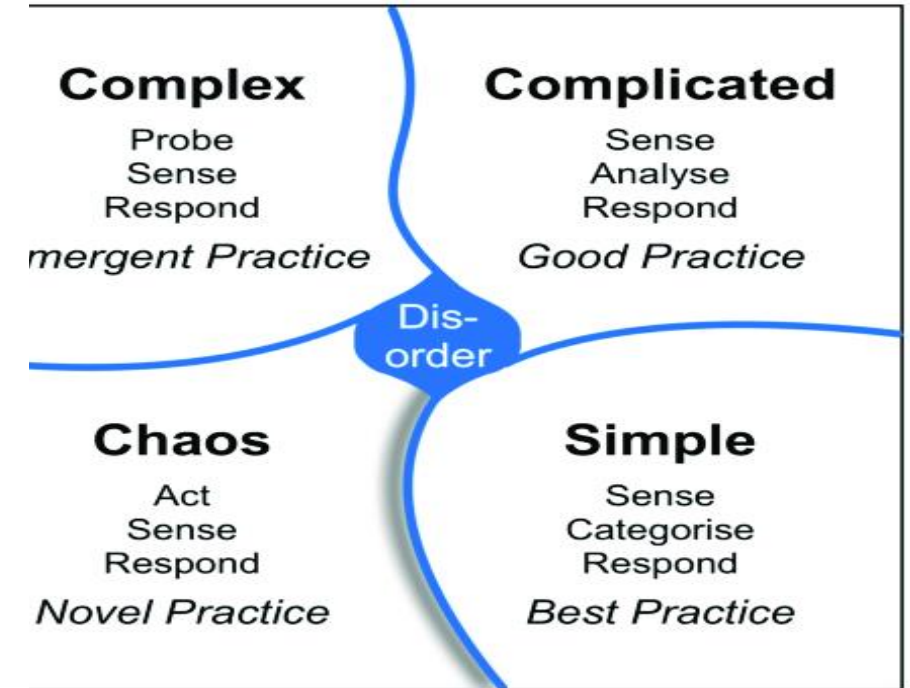
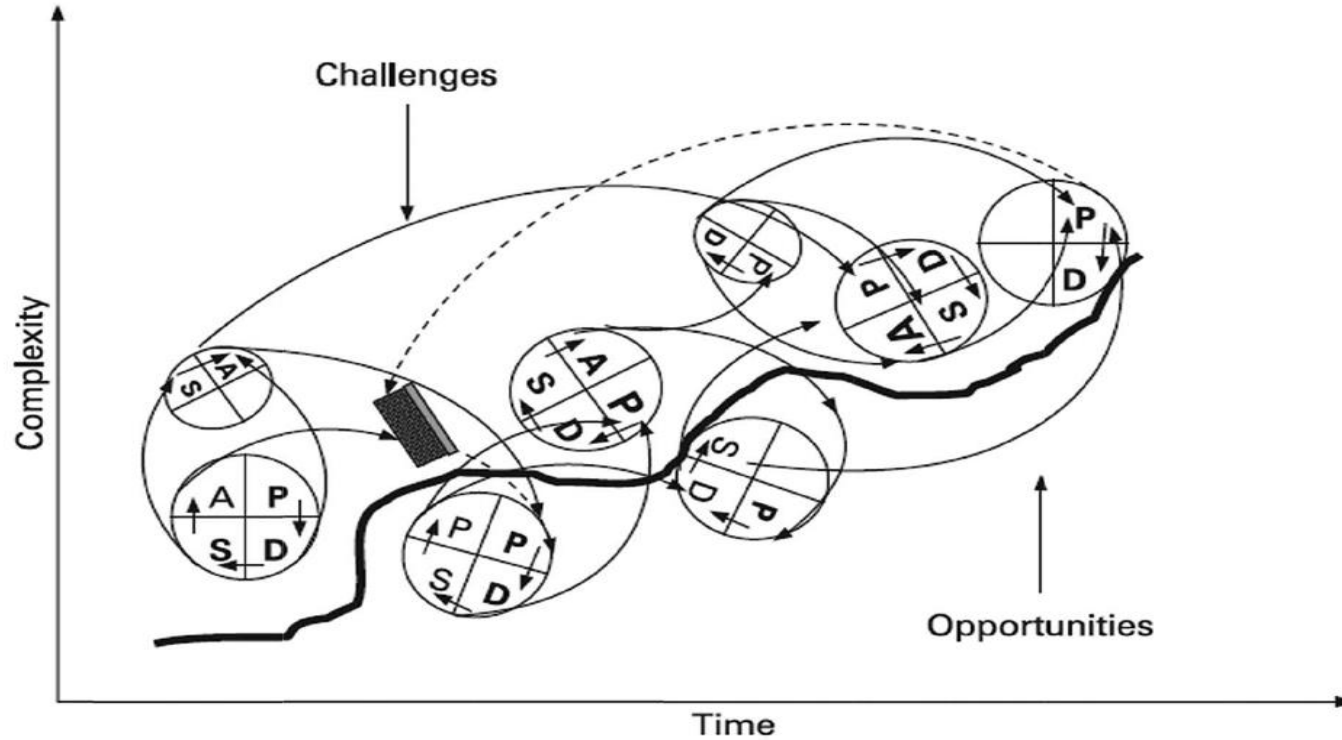
- A Initiation
- B Mobilisation
- C Delivery
- D Optimisation
- E Close-out
- F Continuous Improvement

F1 Healthcare



Mental Model 6

Beyond Pass/Fail

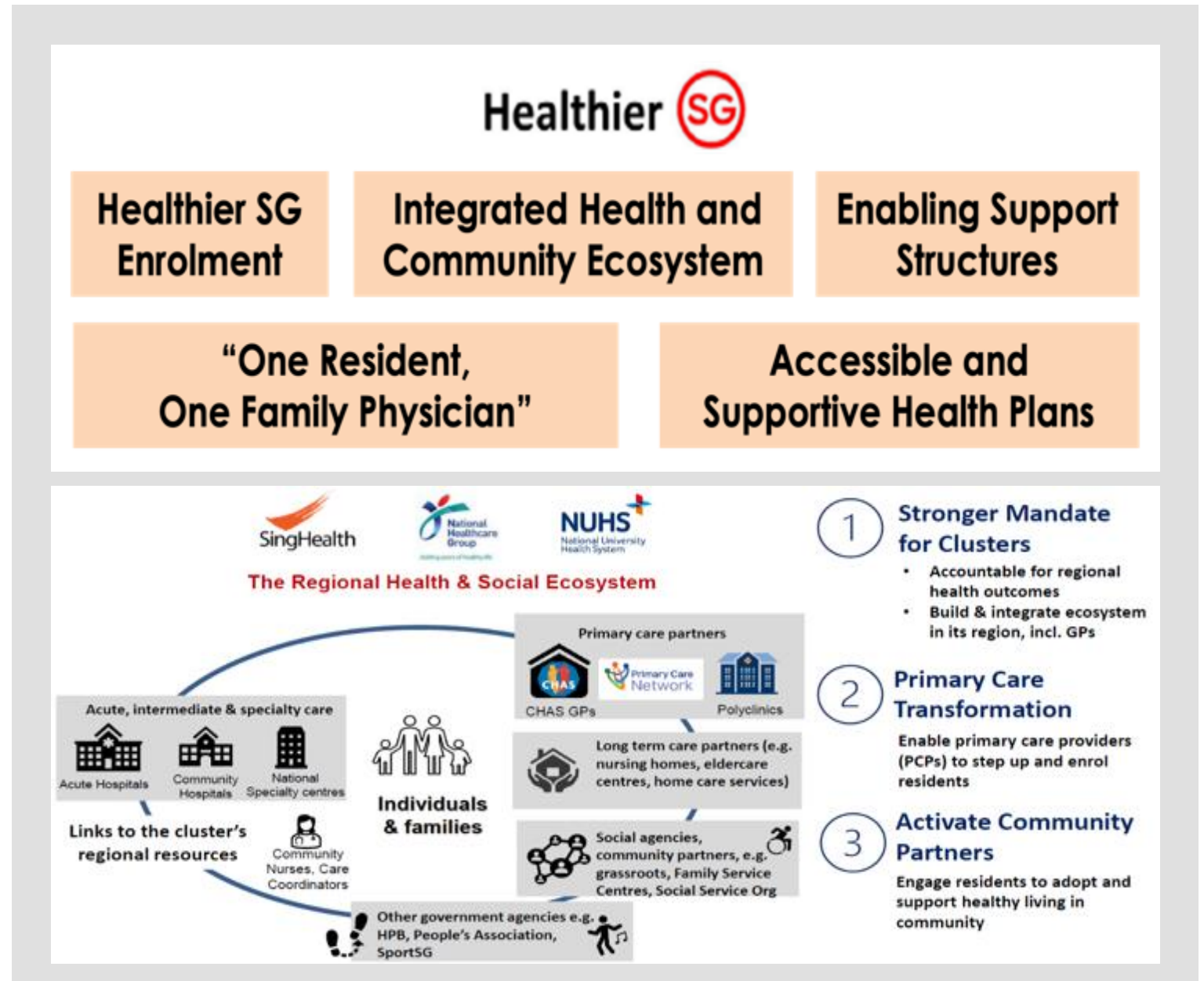


Building knowledge, asking questions [Greg Ogrinc, Kaveh G Shojania](http://dx.doi.org/10.1136/bmjqs-2013-002703)
<http://dx.doi.org/10.1136/bmjqs-2013-002703>

The Quality of a Design will not Exceed the Knowledge of its Designer; an Analysis Based on Axiomatic Information and the Cynefin Framework; Erik Puik

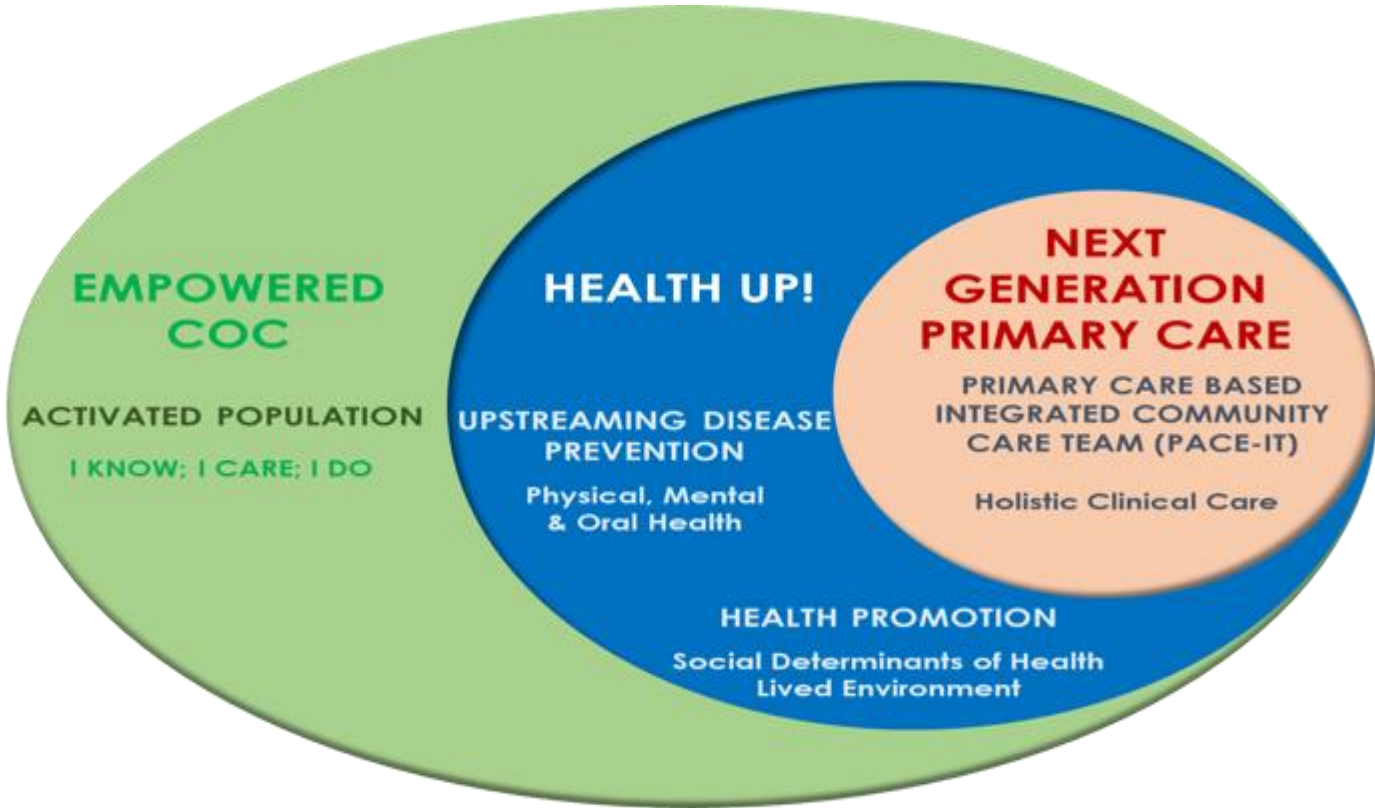
Population Health

Integrating Insights



SingHealth's Population Health Approach

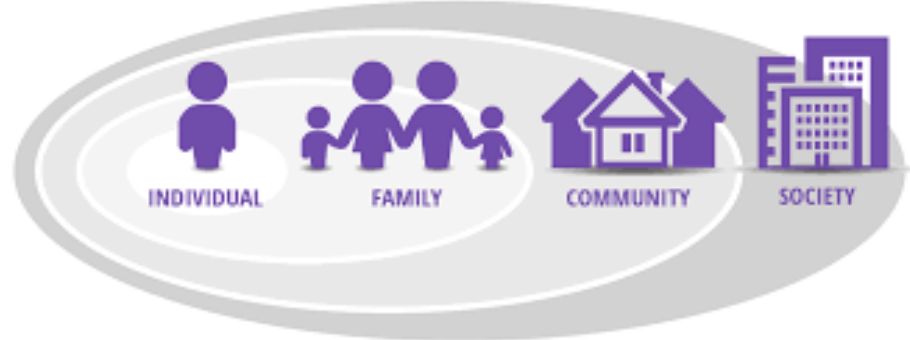
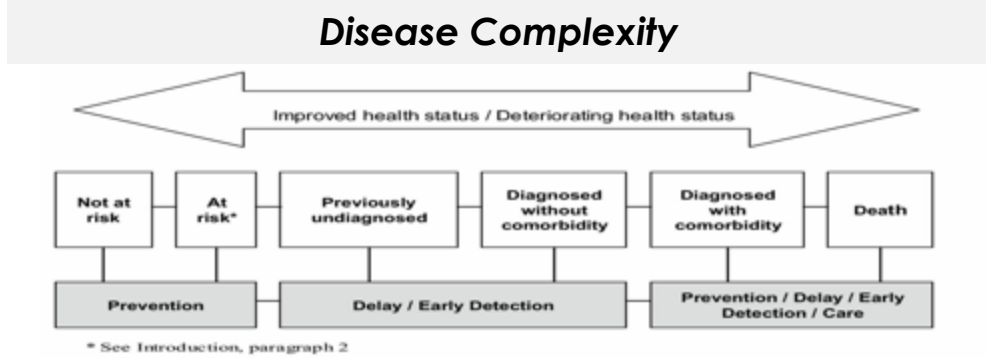
“Stackable”



Inclusive

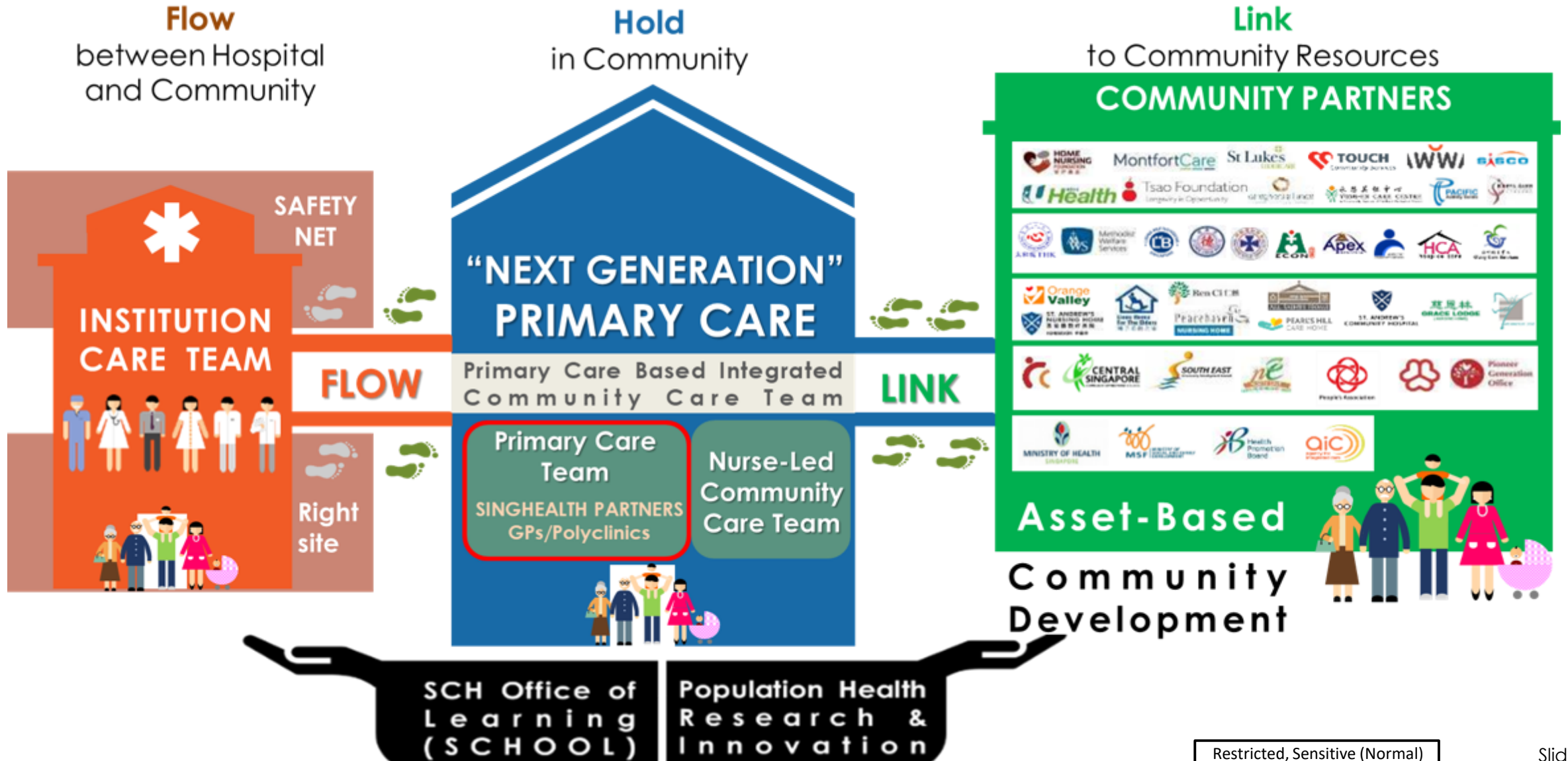
Life Course

Antenatal	<1 yo	1-6 yo	7-17 yo	18-24	25-39	40-49	50-59	60-69	70-79	80 >
Antenatal	Newborns	Pre-school children	School-going children	Transition years	Early adulthood	40s	50s	60s	70s	80s



Integrated Health and Community Ecosystem

Anchoring care in Primary Care and the Community



Enabling Population Health

Population Health



Pillar 1: Care model

- **Segmented** based on needs
- Focus on **integrated health and social care**
- **Multi-Disciplinary team** of SingHealth Integrated Community Care Team and community partners

Pillar 3: Built environment

- “**Physical and social** characteristics in which people live”
- Enhance **safety**, promote **social cohesion** and **physical activity**

Pillar 2: Technology

- Help seniors to age **safely, independently and comfortably**
- Facilitate **preventive care**, and **early detection** and **response** to health issues
- Empower seniors to **maintain autonomy**

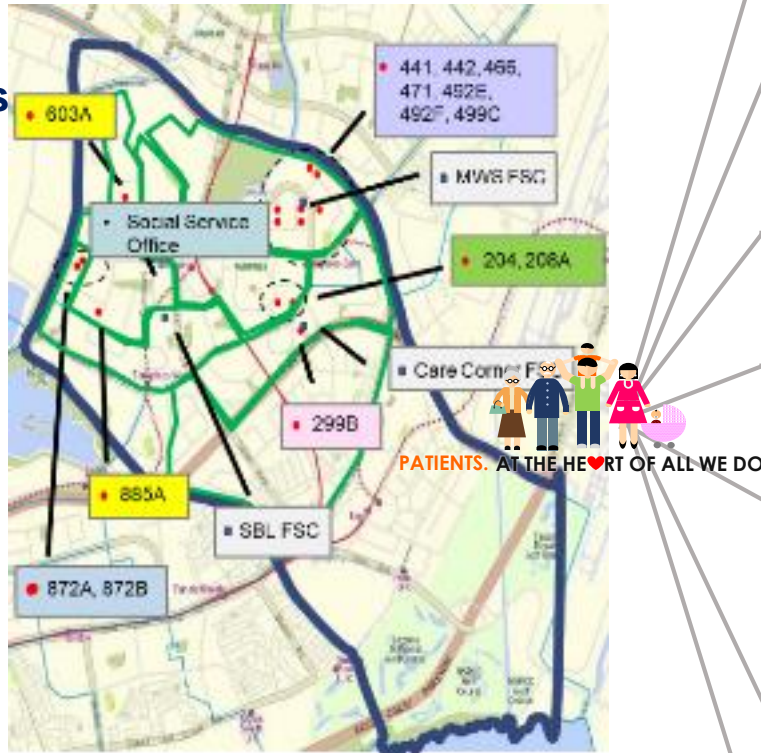
Understanding Needs

	Healthy with No Outpatient utilization	Healthy with Outpatient utilization	Healthy with Inpatient Adm	Low Complex	Medium Complex	Frail in the Community	High Complex	Frail in the Community with High Complex	Cancer	Frail in Residential Care	End of Life
Total Tampines resident population	132,451 (51.7%)	27,950 (10.9%)	7,701 (3.0%)	43,629 (17.0%)	22,182 (8.7%)	945 (0.4%)	7,096 (2.8%)	1,278 (0.5%)	11,803 (4.6%)	590 (0.2%)	420 (0.2%)
Mean age	<p style="text-align: center;">Adopt a segmentation approach to deep dive into actionable insights</p>										
Male											
Race											
Chinese											
Indian											
Malay											
Others											
Residential status											
Singaporean citizen											
PR											
Mortality rate, per 1000 individuals											
N(%)	≤ 10%	11-20%	21-30%	31-40%	> 40%						



Knowing our Assets

Resources in Tampines



Source: Tampines ComLink Community, MSF

Block ambassadors
14 Tampines Town Rental Blocks

6 Family Service Centre (FSC)

2 Social Service Office (SSO)



Acute Hospital



Community Hospital



Nursing Homes



Tampines Polyclinic

Tampines North Polyclinic (2023)



General Practitioners

14 PCN GPs

51 CHAS GPs (non-PCN)

37 CHAS Dental GPs

Tampines FMC



Community Providers



Other Touchpoints

6 AAC/SACs

Our Silver Hub @ OTH
Eastern CHC



8 Community Nurse Posts

Evergreen Circle SAC

Lions Befrienders SAC @ 499C Tampines

Pacific Activity Centre (SAC)

Lions Befrienders AAC @ 494E Tampines

Anglican Senior Center @ Tampines(SAC)

Lions Befrienders AAC @ 434 Tampines

Our Tampines Hub (OTH)

Darul Ghufuran Mosque

Enabling our residents to **keep well**, **get well** and **live well**



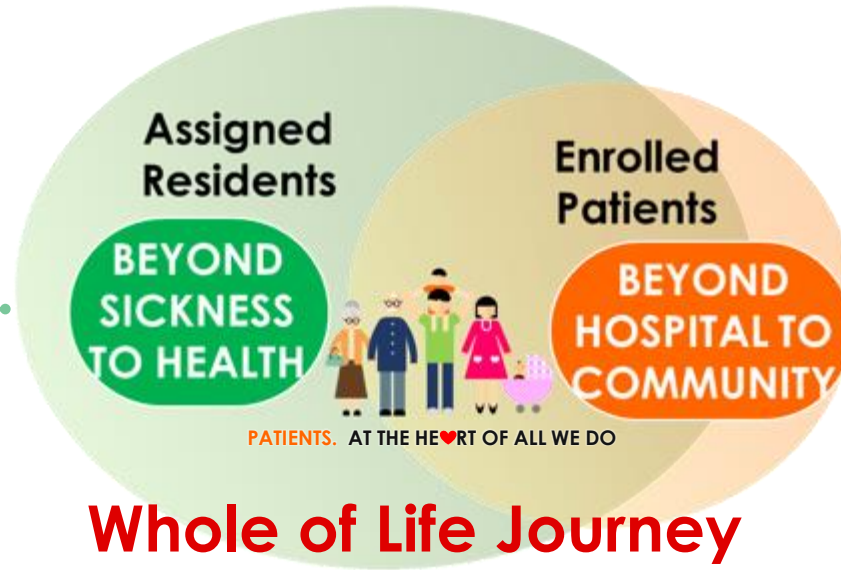
- Sign Up**
- Screen**
- Triage**



HEALTH PROMOTION AND DISEASE PREVENTION

MOTIVATE RESIDENTS TO KEEP WELL AND LIVE WELL

- Preventative Health Services
- Health Education & activities
- Wellness Programme



Whole of Life Journey

Individual, Family and Community

Co-developed personalised **ONE Care Plan**

Health Action Plan

Chronic Disease Management

NEXT GENERATION PRIMARY CARE



- Enroll**
- Screen**
- Triage**

HOLISTIC CARE AND FOLLOW UP

EMPOWER PATIENTS TO GET WELL AND LIVE WELL

Assess effectiveness, Iterate and improve user experience

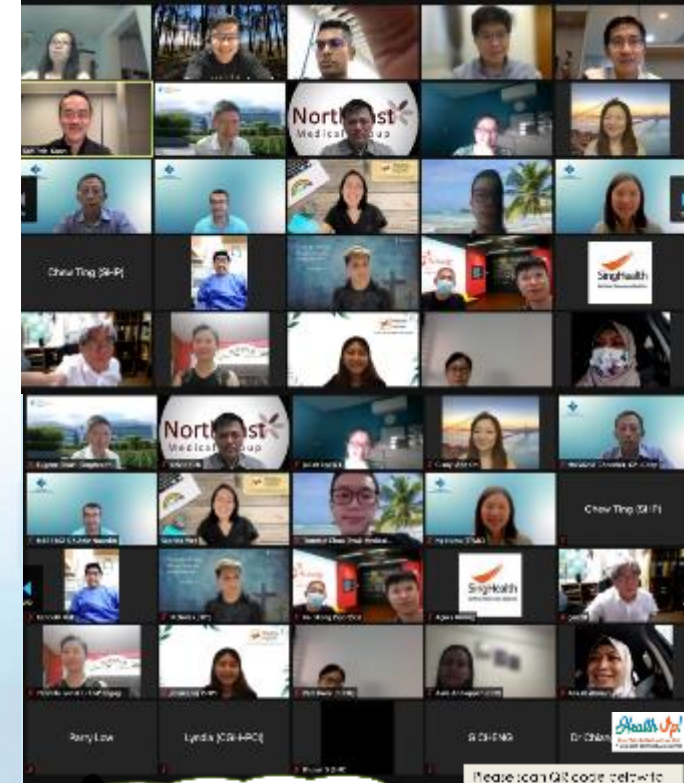
Launch of Pilot Integrated Screening and Healthy Living Intervention



SMS Koh Poh Koon in the Health Up! Launch video

Targeting Tampines residents, Singapore Citizens and PRs aged 40-65 years old

GP Engagement Session with Dr Koh Poh Koon



Launch of Health Up! *You're invited!*

Keep Well, Get Well and Live Well
A SingHealth community programme

at Tampines

Date 27 Nov 2021 (Saturday)
Time 11.30am to 12.30pm
Location Festive Plaza, Level 1
Our Tampines Hub (OTH)
1 Tampines Walk, Singapore 528523

Register now!

Only open to:
 Singaporean Citizens & PRs
 Aged 40 and above
 Tampines Residents

PATIENTS. AT THE HEART OF ALL WE DO.

LAUNCH OF Health Up!™ AT TAMPINES

Keep Well, Get Well and Live Well
A SingHealth community programme

YOUR JOURNEY TOWARDS BETTER HEALTH

- START HERE: E-REGISTER FOR HEALTH UP!**

Register now!
 Only open to:
 Singaporean Citizens & PRs
 Aged 40 and above
 Tampines Residents
- DO THE ONBOARDING SURVEY**
 Help us understand your health status and lifestyle habits
- RECEIVE A HEALTH ACTION PLAN**
 Personalised Health Action Plan based on your current health and fitness levels!
- GO FOR HEALTH SCREENING**
 Get screened for the following conditions at subsidised rates:
 • Obesity
 • Diabetes
 • Hypertension
 • High Cholesterol
 • Selected Cancers such as:
 - Colon
 - Cervical
 - Breast
- JOIN OUR SIX-WEEK WELLNESS PROGRAMME**
 Pick up health and wellness tips and design your own workouts.
- CONTINUE YOUR ACTIVE LIFESTYLE!**
 Your Wellbeing Coordinator will share healthy lifestyle tips and connect you to activities you can participate with friends and family right in your neighbourhood!

Hi! I'm your Wellbeing Coordinator (WBC) and I will journey with you towards better health!

For more information, scan the QR code

Pre proudly brought to you by SingHealth **In Partnership with:** North East Medical Group, Our Tampines Hub, Sport Singapore, Health Promotion Board

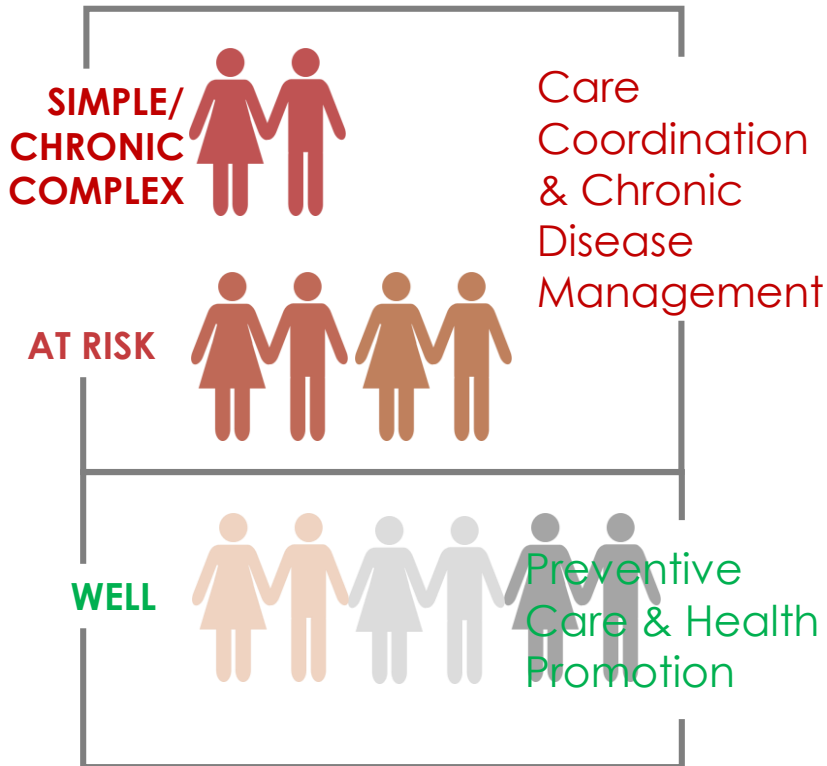
PULSE OF HEALTH IN THE COMMUNITY

Thank you for embarking on Health Up! journey with us

Please scan QR code below to register your interest to be a Health Up! Tampines partner.

A key strategy to improve our contact with you will be via WhatsApp. Scan the QR code below to register.

SingHealth Healthier Sg Team



1.48M assigned residents

across 27 Planning Areas within SingHealth Region

12 Polyclinics	241 PCN clinics	506 CHAS GP clinics	71 Community Nurse Posts	>30 Social partners
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Place based approach

- **Deep understanding** of needs and aspirations of residents and partners
- PCPs and Community Partners within an HST service area are engaged to be part of the HST

Coordinating care for health-social care integration

- **Harmonised** framework and enablers
- **Flexibility** for local customisation

Ensuring holistic person-centered care

- From delivering programmes to meeting needs.

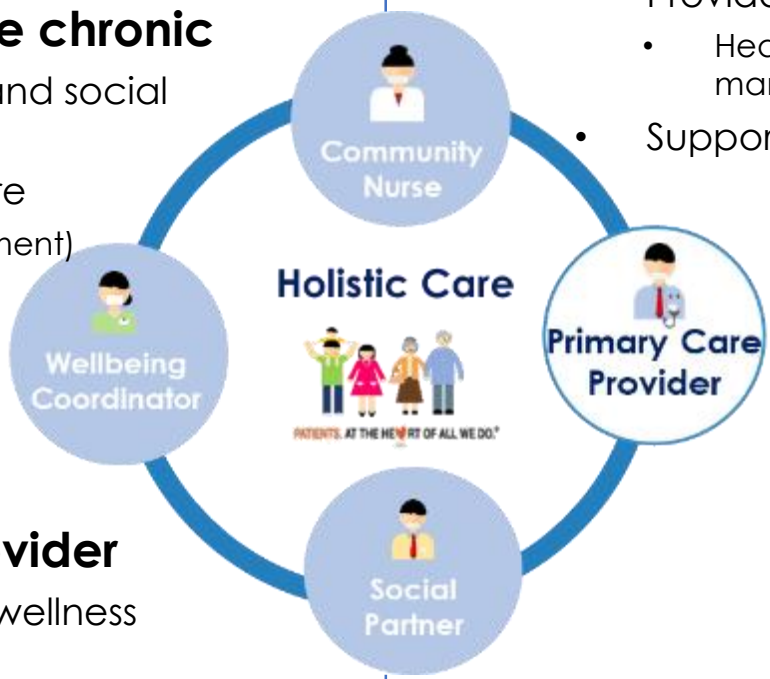
Key Roles and Expectations of Healthier TEAM

Focus on well/at-risk and simple chronic

- Coordinate care with other health and social providers
- Provide person-centered holistic care
 - Health coaching (Self-care management)
 - Social prescribing

Referral source and service provider

- Outreach and engage residents on wellness
- Conduct screening and befriending
- Offer social and medical care support



Focus on simple and complex chronic

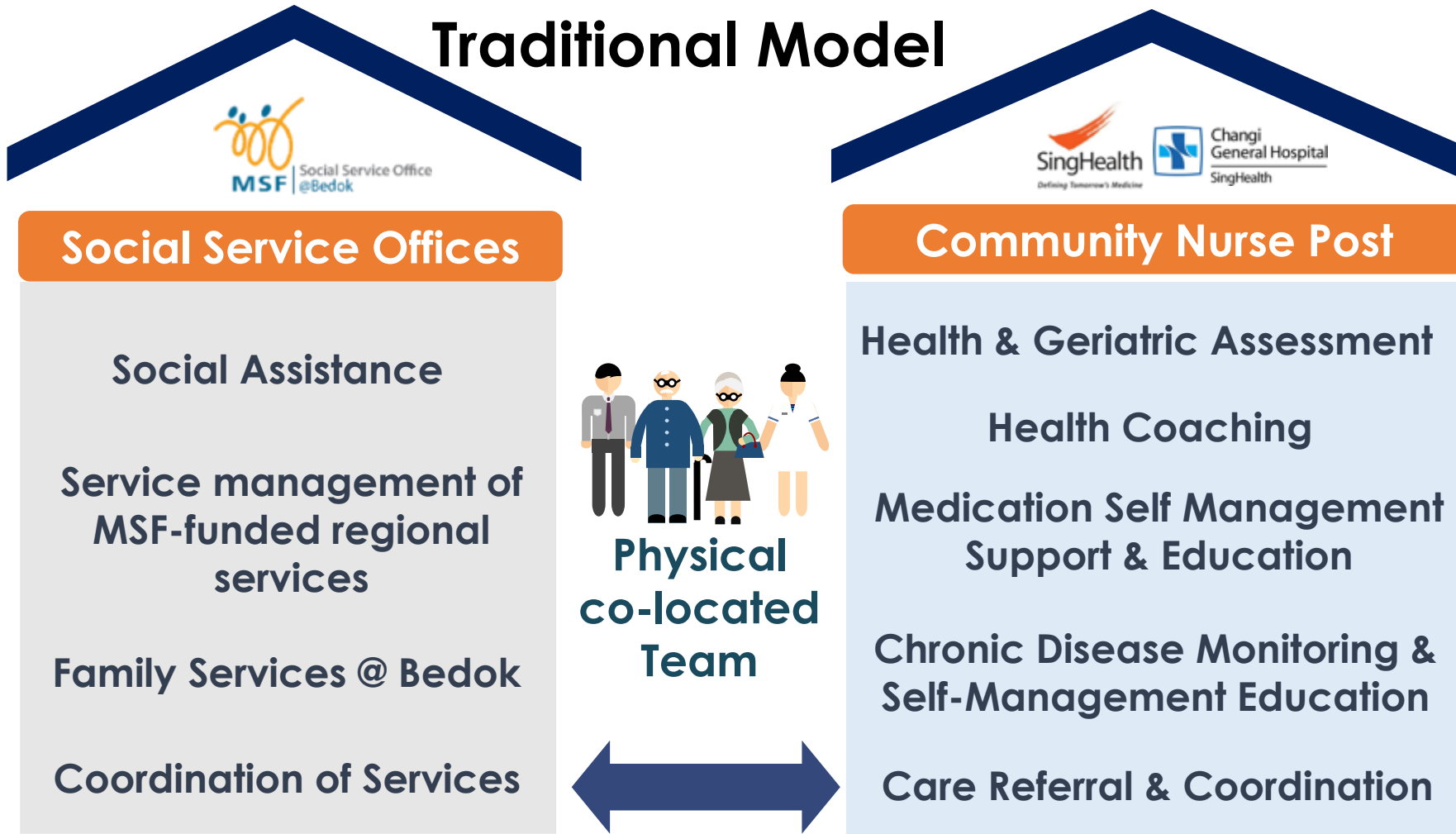
- Provide clinical care
- Coordinate care with the Primary Care Provider (PCP)
- Provide person-centered holistic care
 - Health coaching, chronic disease management, medication management, nursing needs and case management
- Support mental health, maternal and child health

Oversee clinical care of residents

- Primary care resident enrolment
- Co-develop ONE Care Plan (Health Action Plan; Chronic Disease Management)
- Preventative health services and chronic disease management

Team composition of community nurses and WBC will vary in accordance with the demographics and needs of the community assigned and availability of community assets.

Health-Social Interaction



Perceived difficulty in accessing healthcare services

Lack of case/care coordination

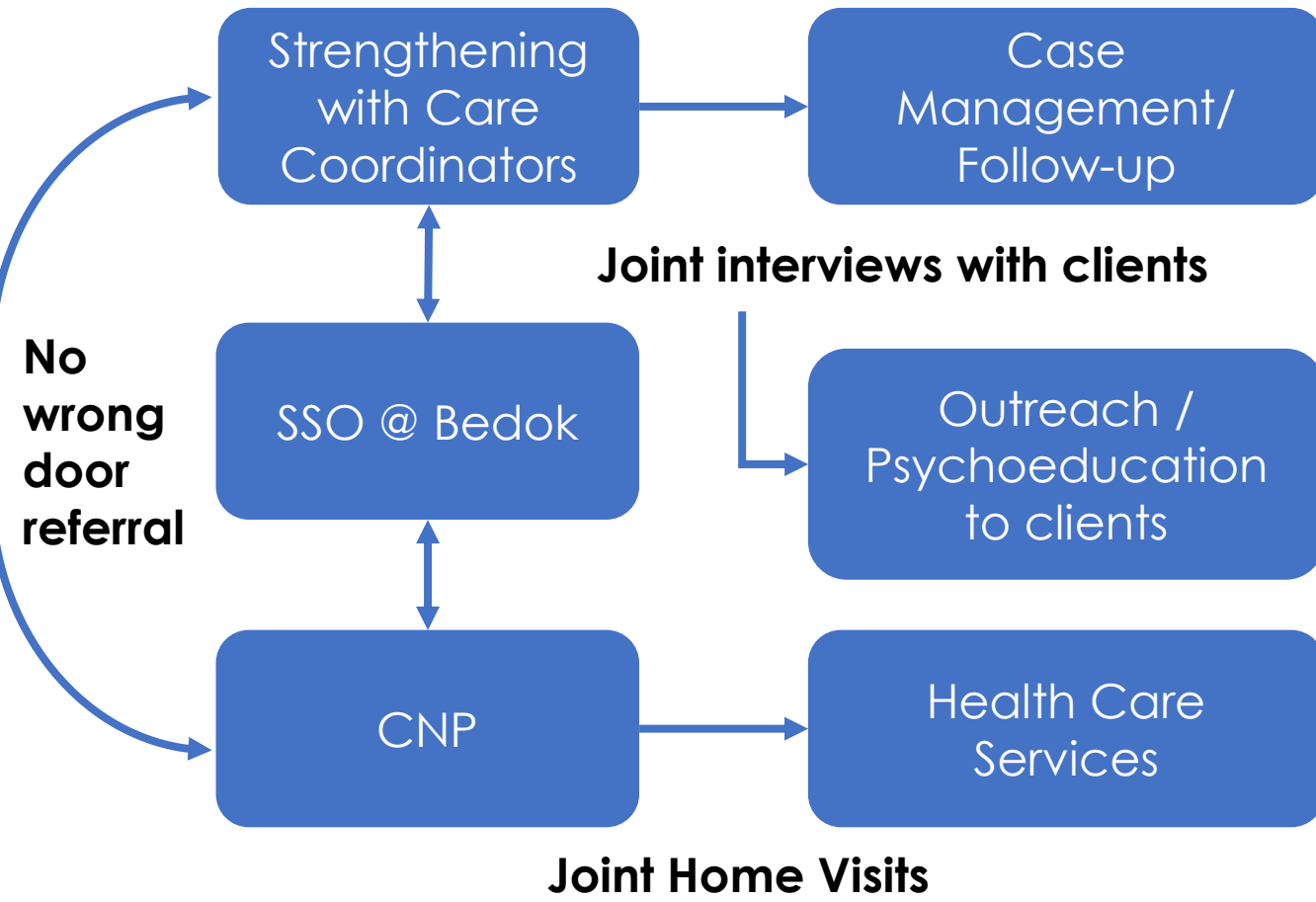
Lack of education on equal importance of addressing financial and health concerns

Psychological barriers of clients in seeking help (e.g. fear of hearing bad news)

SSO Clients' Challenges:

Health-Social Integration

Regular Case Discussions



Joint interviews with clients

Outreach / Psychoeducation to clients

Health Care Services

Physical Co-located and Coordinated Team

SSO: Partner volunteers, agencies and social and health services

Community Nurses: Nursing services, home visits

neighbours for Active Living

Preventive care, care coordination, joint outreach with SSO/ComLink

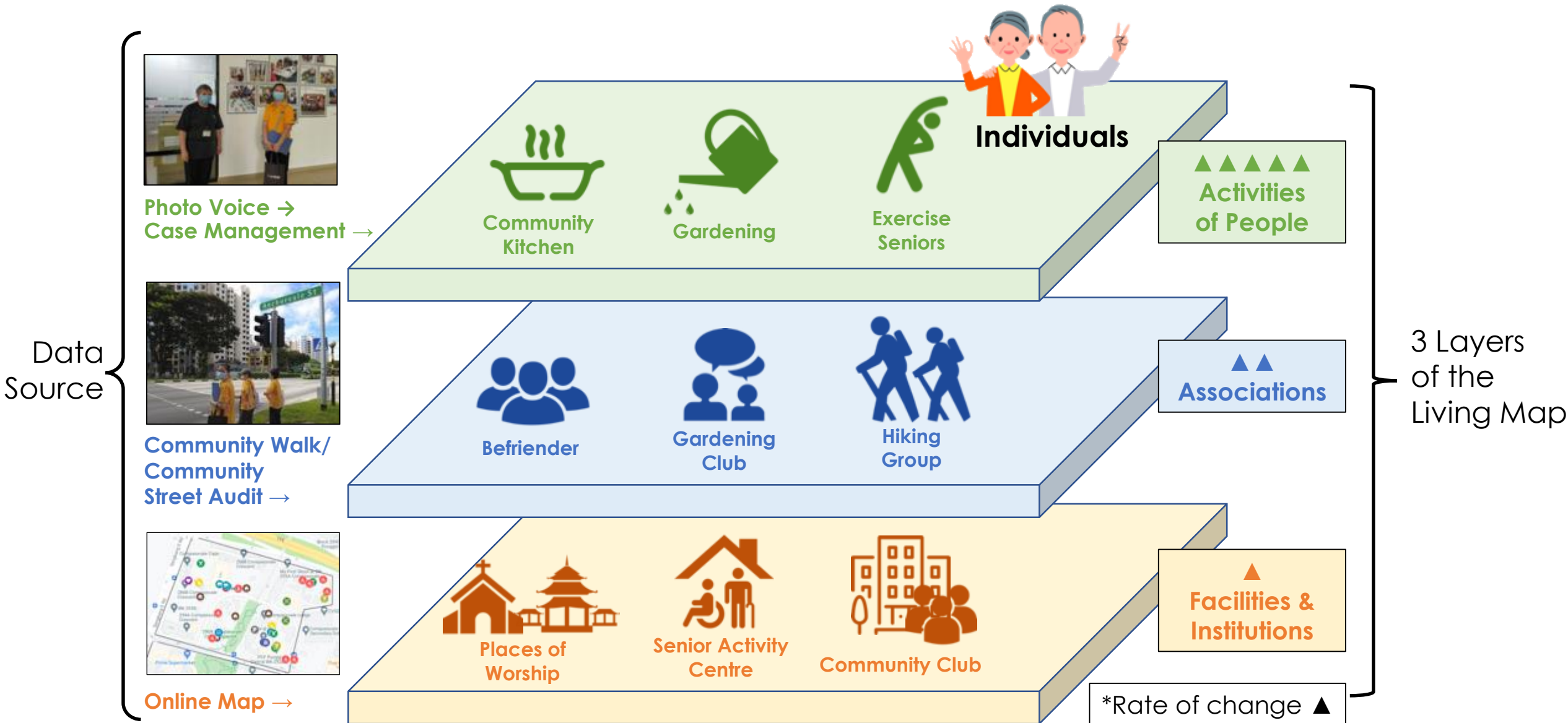
Strengthening Health-Social Integration

Social Prescribing – Key Elements



Adapted from : <https://www.england.nhs.uk/personalisedcare/social-prescribing/>

Developing a Living Asset Map



Social Prescribing in SingHealth RHS (SCH and SHP)



Spread & Scale: Collaboration with WHO



Available at:
<https://www.who.int/publications/i/item/9789290619765>

International Sharing of Best Practices

WHO article feature on Social Prescribing as part of WHO Western Pacific Region's Regional Action Plan

Participation in the **Global Alliance for Social Prescribing**

SingHealth Community Hospitals

Coaching Developing Countries

Support **social prescribing implementation in developing countries** through WHO platforms

Engaging Our Stakeholders

SINGHEALTH · DUKE-NUS SCIENTIFIC CONGRESS

Population and Community Health Seminar

Local and international panelist:

Collaboration with WHO – OpenWHO training

- Free 5-hour WHO MOOC training
- Available online (from April 2022)
- Train link workers across Western Pacific Region
- Theory + case studies + role plays + videos + quizzes + resources

OpenWHO.org

Lesson 5: Who are the link workers?

Screen capture – prototype

© WHO / Royal University of Phnom Penh

Enhancing Living Environment



PELATOK ART FARM
First Harvest

30 JULY 22, Sat / 9am - 12pm
Jalan Pelatok Park
next to Changi Rise Condominium and Blk 162 Simei Road

Inviting all Changi Simei residents to join us in celebrating our First Harvest! For the past 5 weeks, our residents have been hard at work building the farm and tending to the crops, so join us this Saturday for a session of sharing, harvesting, replanting of new seedlings and many more activities!

Hosted by Ms Jessica Tan
Grossroots Adviser to East Coast GRC Grassroots Organisations

Re-imagining PARK SPACES

Aim: To increase physical activity and social integration within a community space

Collaboration With **SWATE**

Building Community Mental Resilience through Social Prescribing and Creative Placemaking

- What role can our **environment** play in contributing towards physical and mental wellbeing?
- As most population live in existing towns, how should we conduct **brownfield** development and reimagine our existing **common spaces** to meet emerging needs?

OUR COMMON SPACES

PLAY
Pocket Parks

Activate typical recreational open space of the right scale accessible by all generations

WORK
Underutilised Urban Spaces

Soften urban environment tapping on the potential of unused leftover spaces

LIVE
Shared Lanes

Mobile interventions allow for activation and reimagination of streetscapes where people live



Easy to remember
One Number / One Button

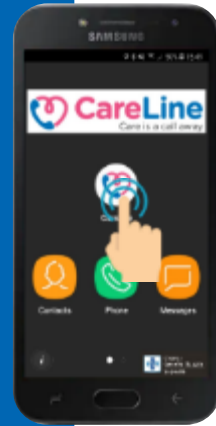
Manpower efficient
care model



Call team **complemented**
by a **professional team**
with nursing and
counselling background



Community partners are
activated when ground
response is required



Health-social integration requires strong and consistent engagement with partners



Care for clients provided together with community partners

SACs **SSOs**



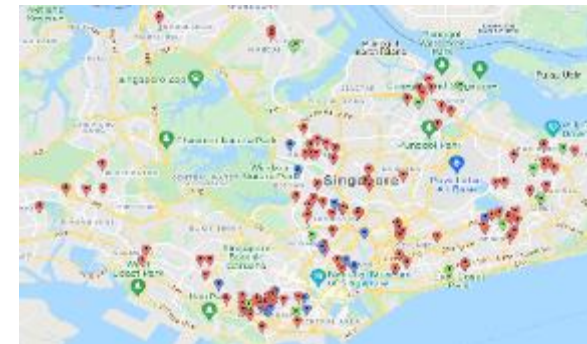
Strong support from national agencies
(Home safety support by Project LIFE)



Tight working partnership with AIC/SGO in planning outreach and providing support for seniors



Nationwide scaling through partnership with over **130 community partners**



Funder:  **MINISTRY OF HEALTH SINGAPORE**

Primary Care based Telehealth

Primary Tech-Enhanced Care (PTEC)

Use of technology to empower patients to participate in the hypertension management

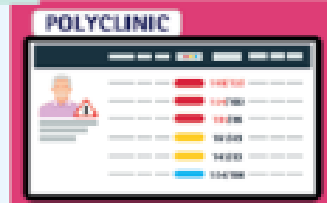
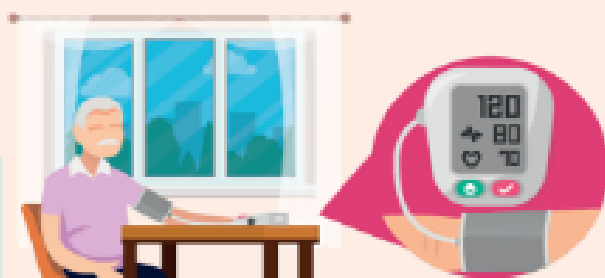
Primary Tech-Enhanced Care (PTEC)

HOME BLOOD PRESSURE MONITORING PROGRAMME

Scaled up across 3 polyclinic clusters, Bedok Polyclinic started recruitment in Sep-2020

Funded by MOH Office For Healthcare Transformation (MOHT)

Better management of your high blood pressure from the convenience of your home



Tele-monitoring

- Weekly BP monitoring
- Reading automatically sent to care team
- Irregular readings are flagged to care team

Tele-support

- Reminder if patient miss their weekly readings
- Chatbot will advise or gathers information from patients when BP readings are abnormal
- Nurse from care team gives guidance and advice via tele-consultation

Tele-treatment

- Follow the medication and lifestyle advice given by care team during the clinic/ phone consultation
- Receive encouragement and tips to improve BP

Brought to you by:



Supported by:



MOHT

MOH OFFICE FOR HEALTHCARE TRANSFORMATION

Community Based Telehealth

Remote Vital Signs Monitoring (VSM) @ Community Nurse Posts

Empower residents through technology assistance in managing hypertension at CNP

Shared Care with Community Partners

- 1 **Coaching**  
- 2 **Self-Monitoring**

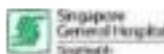
Use of **Bluetooth-enabled BP monitoring kiosk**

Health education on hypertension and identification of abnormal symptoms

Self-measures BP using BP monitoring kiosk

BP reading recorded into SCM Clinical Documentation

Supported by **20 BP Monitoring Kiosks @ CNP**



Equipping Seniors with Telehealth Kits for Virtual Care Delivery @ Home

Leveraging technology to provide uninterrupted and better care for seniors at home

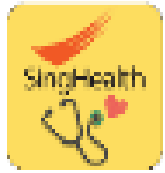


Senior's teleconsultation with East Community Nurse @ Tampines SAC



Southeast/East Community Nurse conducted tele-consultation with senior





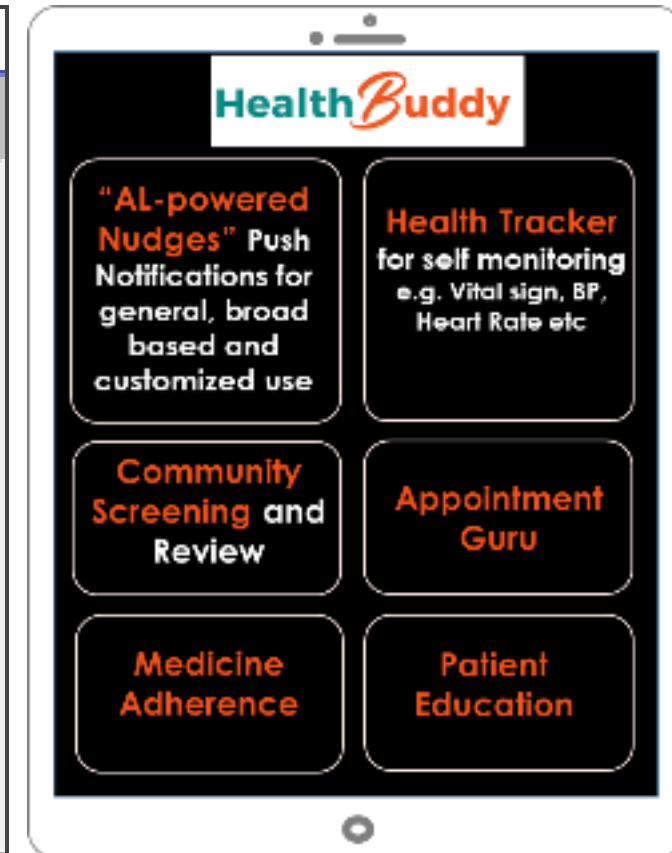
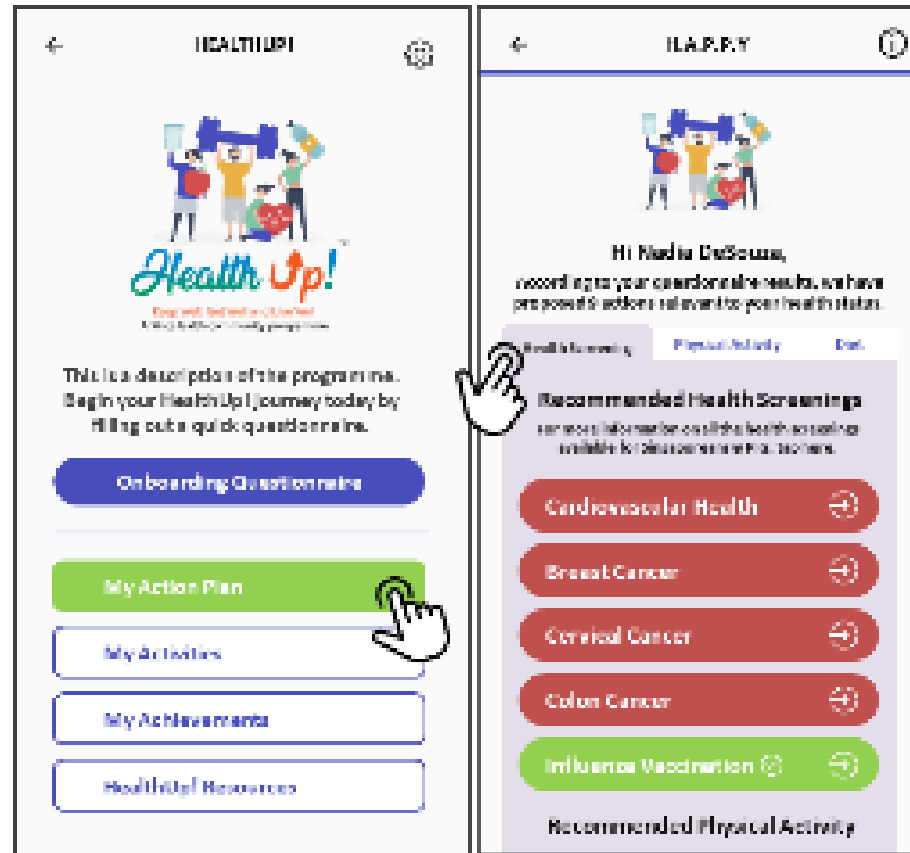
Health Buddy

Access to health information and services,
anytime, anywhere

1,700,000
Downloads-to-date

5,520,000
Page views monthly

380,000
Unique users monthly



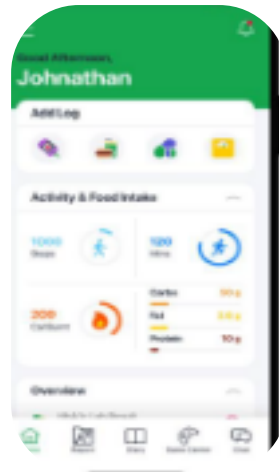
EMPOWER Mobile App

Empowering patients with diabetes using profiling and targeted feedbacks delivered through wearable device

Leveraging on technology & automation to achieve sustainable & cost effective behavioural change in chronic disease patients

STAGE 1

Adaptive platform Mobile App



Obtain baseline data

Deep dive into behaviours

Develop predictive feedbacks

Rest predictive feedbacks

Learning responses to feedbacks

STAGE 2

To include **hypertension and hyperlipidaemia**
Implementation trials in **tertiary health institutions**

Integration with **Bluetooth-enabled health devices** (CGM, blood pressure machines etc.)

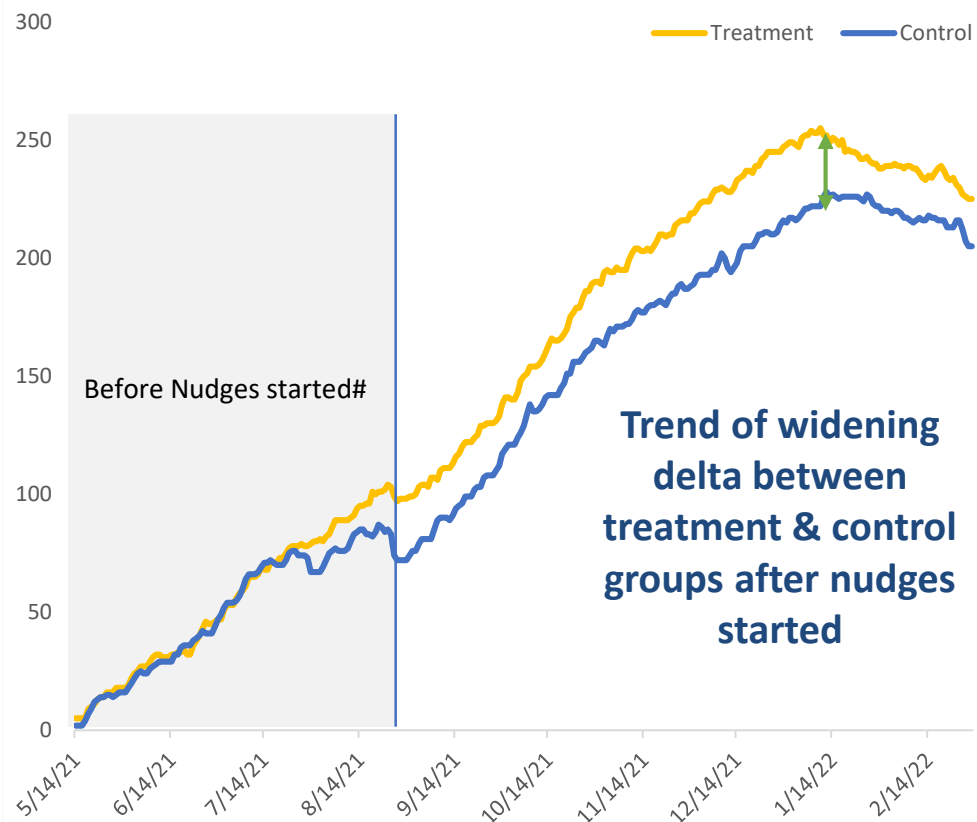
Development of **shared-decision making tool and app-based motivational interviewing modules** to leverage on Empower app for behavioral interventions

Collaborators:

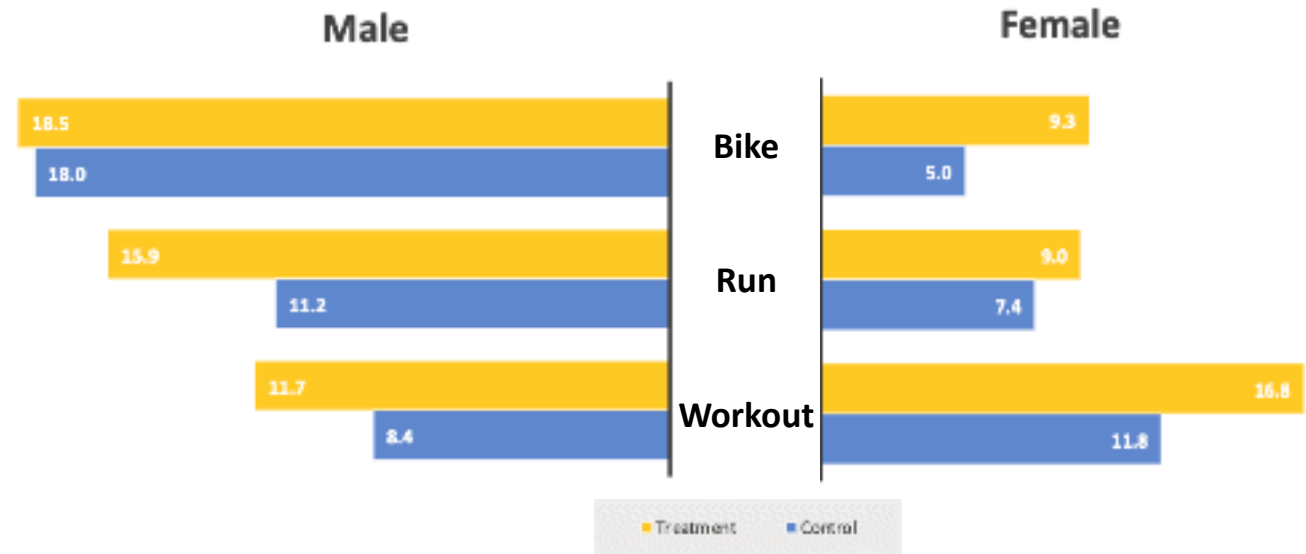


Preliminary results from Stage 1 RCT: Daily Activity Summary (Step count & MVPA)

Cumulative of participants with daily step count record in the trial period*



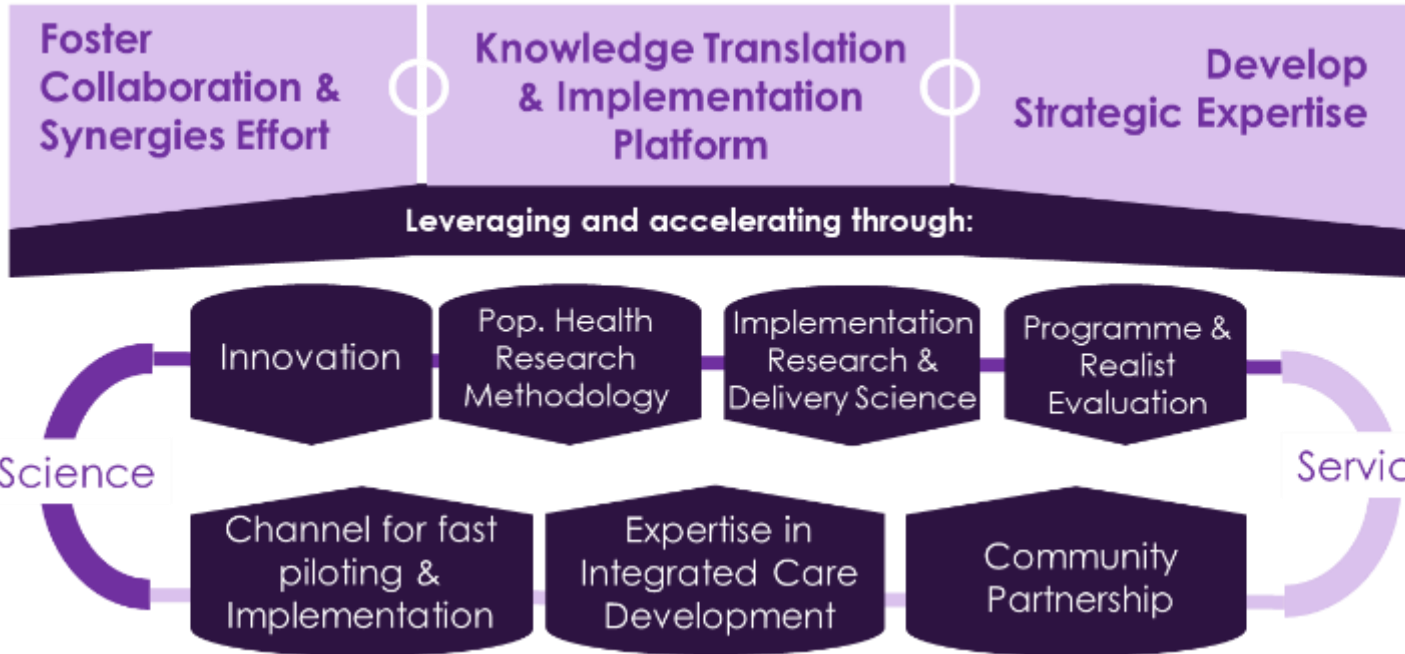
Nudges started at 26 Aug 2021; *Trial period: 14/05/21 to 28/02/22



Overall, intervention group have more moderate-vigorous physical activities than the control group. Male users are more active and Bike is the most favourite exercise for both treatment and control Group

Centre for Population Health Research & Implementation (CPHRI)

A **Nexus for strategic** and **seamless collaboration** with international partners Through SingHealth Duke-NUS



Harnessing collective expertise to drive knowledge of discovery and implementation

Develop in house expertise for programme evaluation and research capability in implementation science

Supported by four Pillars:

Research	Innovation & Implementation	Programme & Health System Evaluation	Admin & Capability Building
Identify gaps and synergise population health research efforts	Accelerate knowledge translation into the population and community	Streamline indicators and measures population health outcomes	Organise and host cluster level training and events
Establish shared core facilities, drive and conduct strategic research	Develop innovation expertise and translate innovation to services	Identify complex mechanism for success through realist evaluation	Support the capability building in population health expertise



Training Resources for Population Health

Training arm of SingHealth RHS
sited at SCH

SCH as the **largest provider of CH services** and has the **largest pool of clinical faculty in the ILTC Sectors**

SCHOOL's strategy is to provide Continuing Education and Training (CET) using adult learning principles and workplace learning, tapping on faculty in SCH and across SingHealth

Key training **programmes are competency-based** and **aligned with WSQ framework**

Key Milestones and Moving Forward

WSQ Higher Certificate in Integrating Health and Social Care

Creating new job roles for mid-career Singapore citizens and SPR

Aligned with national SkillsFuture competency framework & industry skills

Stackable modular system, articulation within SingHealth RHS and outside SingHealth

SGUnited Skills Certificate for Health and Social Care Coordinator

Jointly developed with IHL (Ngee Ann Polytechnic)

Accredited by SSG

Collaborating SingHealth institutions

to tap on SingHealth Institution's strengths and expertise

Partnering SGH to develop an enhanced caregiver training programme

Leverage CGH well-established Health Peers training programme for volunteer training/health coaching

Stronger – Together

**WE ARE IN THIS TOGETHER!
MAJULAH SINGAPURA!**

SAF, GovTech & People's Association came together to pack and distribute masks to collection centers within 48 hours.

NEA & Town Councils worked hard on environmental cleaning and disinfection in non-healthcare commercial premises & residences.

SPP's assisted in investigation for contact tracing, and was deployed to government quarantine facilities (GQF).

ICM stepped up border control measures.

Community Care & Appreciation:
 #BreathSG – appreciation for healthcare professionals (public)
 #OpsHandsOut – distribution of sanitizers (public)
 #OPSGatitude – appreciation for public officers (public service)
The Courage Fund – launched for healthcare workers since the Sars outbreak.
GrabCare – dedicated service for healthcare professionals

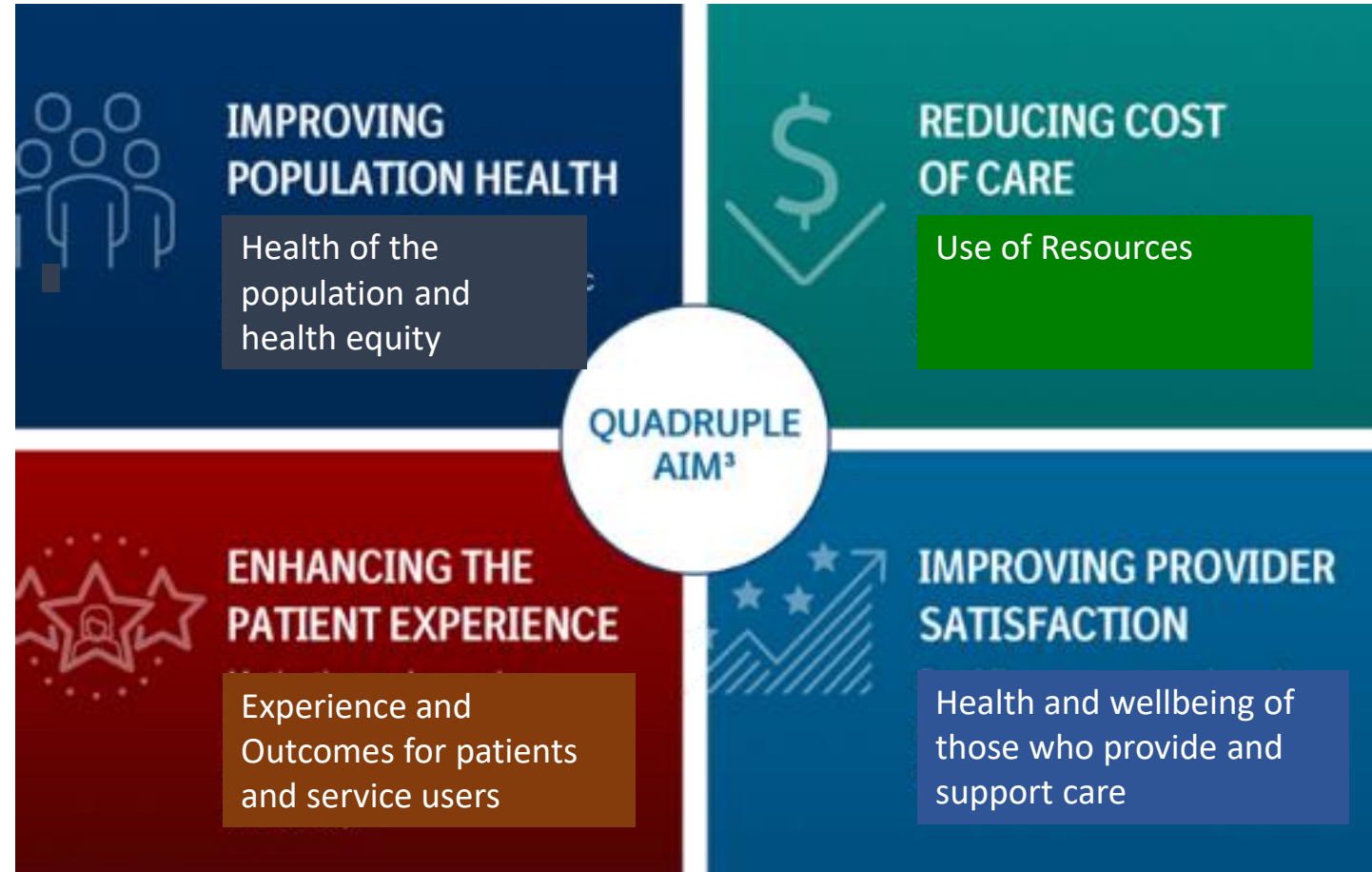
MOE & MSF released joint statement to suspend large group and communal activities in schools.
Early Childhood Development Agency (ECDA) have also stepped up precautionary measures.

Healthcare Family (MOH and our public healthcare institutions)
 ✓ Intelligence gathering on the latest update on the international front.
 ✓ Provided professional guidance and direction to the WOG & to our healthcare providers (public and private).
 ✓ Ensure capacity to care for affected patients.
 ✓ Dedication of healthcare professionals.
 ✓ Ramped up our testing capabilities.
 ✓ Commitment in contact tracing, quarantine operations, public communications & resource management (e.g. PPE stockpile etc).

Scientists from **A*STAR & TESH** developed a diagnostic test kit that can detect the presence of COVID-19 with high accuracy, in under a month.

MOM, NTUC and SNEF co-published advisory on appropriate workplace measures.
MOM released advisory on precautionary measures for dormitories and advisory to foreign domestic workers and employers.

In this challenging time, it is important for us to work together as a team, as a community and as a nation, to overcome this infection and to keep Singapore safe.
 – Minister Gan (The Straits Times, 13 Feb 2020)



A close-up photograph of two hands, palms up, holding a small, rectangular piece of white paper with deckled edges. The paper is held horizontally across the center of the hands. On the paper, the words "THANK YOU" are printed in a bold, black, sans-serif font. The background is dark and out of focus, emphasizing the hands and the message on the paper.

THANK YOU