# Improving Digital Access and Literacy for Socially Isolated Seniors in Singapore during COVID-19 Pandemic – Community Wire-Up

**Singapore Health Services**

A/Professor Lian Leng Low

The COVID-19 pandemic has accelerated the benefits of digitalization while exacerbating the existing digital gap with the older adults being left behind. Before COVID-19, nationally representative surveys in Singapore reported nearly 1 in 4 older adults aged 60 years and over were socially isolated and more than 51% experienced loneliness. Social distancing measures during COVID-19 has worsened social isolation and loneliness among those who live alone or are frail.

Complementing the Singapore government's Seniors Go Digital program and Mobile Access for Seniors initiative, the Community Wire-up by the Singapore General Hospital aims to improve digital access and literacy through "Equip", "Train", and "Connect". Over four face-to-face coaching sessions in 6 weeks, older adults are equipped with government subsidized or donated smartphones with data plans, and trained (empowered) by healthcare volunteers using a tiered curriculum starting from basic smartphone features to the onboarding of virtual platforms like Facebook and Zoom. Finally, they are connected to the hospital's telehealth programs and a national befriending initiative Careline.

282 older adults have been wired-up from 1st July to 28th August 2020. Using the RE-AIM framework for implementation, the intended outcomes for the older adults are improved personal well-being (personal well-being score), improved social isolation and loneliness (Lubben Social Network Scale and UCLA loneliness scale), quality of life (EQ-5D) and acceptance in digital technology (handphone aptitude scale), compared to a control group. A sample size of 300 in each arm is required to identify a clinical significance in primary outcome. The desired outcomes in the volunteers are increased compassion and civic engagement.

Not all older adults have the same needs and potential for digital literacy, and a co-created, adaptive wire-up program is required while retaining the core components of the intervention. A streamlined curriculum delivered via face-to-face and digital means will be key for scalability.