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CONFERENCE ABSTRACT

Barriers and facilitators of the built environment towards social participation, mental and physical health outcomes among seniors residing in a low-income urban community in Singapore: A qualitative study.

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Background and Introduction: Health is complex and multifaceted, comprising domains including but not limited to physical, mental, and psychological health. While the built environment has proven to influence these domains, literature is still lacking in studying the effect of the built environment on social participation, as well as its influence on health outcomes in Singapore's local context. Given the nation's rapidly ageing population, rising chronic conditions and increased load in the provision of care, there is an urgent need for effective solutions to improve health. In particular, the built environment holds great potential, offering an opportunity for simple, tangible, and long-lasting interventions.

Objective: This study aims to identify the barriers and facilitators of the built environment, both tangible and non-tangible, that limited or facilitated social participation in communal activities among seniors residing in a low-income urban community in Singapore.

Methods: Photovoice go-along interviews were conducted in addition to semi-structured sit-down interviews with 25 seniors aged 65 and above residing in a low-income urbanised community, Marine Parade. Participants took the interviewer on a journey through their neighbourhood with polaroid cameras, then using the instant photographs, spoke of their thoughts and shared stories related to the aim of study. These interviews focused on elucidating the aspects of the built environment, both tangible and non-tangible, that limited or facilitated social participation and ultimately mental well-being, and physical health outcomes. All in-depth interviews were audiotaped, transcribed, and uploaded into the qualitative software NVivo, and responses were coded with theoretical and emergent themes regarding participants' perceptions of the built environment. Key conceptual categories were constantly refined until a saturation of categories informed a framework outlining the aspects of the built environment that impacted health outcomes.

Findings: Collectively, 106 categories and 18 broader themes emerged. These preliminary themes reflected concerns of mobility as well as convenience, circulation, visibility, recognisability, and peacefulness of the space. Ideas were shared about how to improve the safety of pathways and routes, linkages to transportation as well as how to leverage on existing unused space to encourage social interaction.

Implications on Ageing and Gerontology: Understanding how the built environment influences social participation could be key to changing health outcomes. As we grow into a Super-Aged Society, we hope to harness the full potential of the built environment towards independent and joyful ageing.