

00022 **Neighbourhood Environment, Health and Socioeconomic Status- Health Needs Amongst Low-income Public Rental Flat Residents in Singapore**

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**Aims:** As rental and owner-occupied flats are integrated and share the same facilities, we investigated differences in perception of the neighbourhood environment and their association with healthseeking behaviours amongst Singapore public housing residents.

**Methodology:** We surveyed residents aged  $\geq 40$  in 2 Singapore public housing precincts in 2016 using a modified 16-item Neighbourhood Environment Score (Crum, 1996), covering personal safety, physical convenience and social cohesion. Responses were assigned 1=true or 0=false. We defined “less-” and “more-” “disadvantaged neighbourhood” as scores of  $>8$  and  $\leq 8$  respectively.

For subscore items, scores of 0 and  $>0$  were defined as “lower-” and “higher-” “perceived safety/perceived convenience” respectively. Sociodemographic information was obtained via standardised questionnaires. We used chi-square to identify associations between perceptions of neighbourhood disadvantage and sociodemographic characteristics, as well as health-seeking behaviours, on univariate analysis; and logistic regression for multivariate analysis.

**Result:** Of 528 participants (response rate=62.1%), 37 stayed in studio apartments integrated into owneroccupied blocks, 238 in rental flat blocks, and 253 in owner-occupied blocks. Amongst these groups, 40.5% (15/37), 37.8% (90/238) and 24.5% (62/253) perceived their neighbourhood as more disadvantaged respectively. Social isolation and being non-religious were associated with lower perceived neighbourhood safety and convenience ( $p<0.05$ ). Staying in a rental/studio apartment was independently associated with perceptions of a more disadvantaged neighbourhood (aOR=1.58, 95%CI=1.06-2.35,  $p=0.024$ ). While perceived neighbourhood disadvantage was not associated with healthcare utilisation (regular medical follow-up, hospitalisation, A&E attendances), those with this perception were less likely to participate in diabetes screening (aOR=0.63, 95%CI=0.41-0.95,  $p=0.027$ ) and exercise regularly (aOR=0.67, 95%CI=0.45-0.98,  $p=0.045$ ).

**Conclusion:** Although needy Singapore residents share the same environment as more well-to-do neighbours, differences in perception of the neighbourhood environment exist, possibly due to social isolation. Perceived neighbourhood disadvantage is associated with lower uptake of preventive services and exercise participation.