

**OLDER ADULT HEALTHCARE
UTILIZATION PATTERNS AND
RECEPTIVENESS TOWARDS
HEALTHIER SG INITIATIVE**

***ROSA SPECIAL REPORT
July 2022***

Summary of findings and recommendations

This report examines whether older adults currently have a regular family doctor, as well as perceptions of older adults with regards to health screenings and the recently announced Healthier SG (HSG) initiative. This was done using data from the Singapore Life Panel®. The questions for this study were fielded in April 2022, and 6,418 older adults aged between 57-76 in 2022 participated.

In summary, we find that:

1. Slightly less than half of older adults surveyed were aware of HSG (46.2%). Respondents with a higher socioeconomic status (SES) were more likely to be aware of HSG.
2. Slightly more than half of older adults surveyed visit polyclinics for health screenings (51.09%), while 14.1% stated that they do not go for health screenings.
3. Only about a third of older adults surveyed (34.9%) currently have a regular family doctor.
4. A large majority of older adults surveyed (85.5%) expressed willingness to enroll in HSG. However, a large majority of respondents also expressed that they would still want to see other doctors even if they registered for HSG (85%). The most popular reason cited for wanting to still see other doctors was the desire for a second opinion on their health conditions (67.4% of respondents who would see other doctors even if enrolled selected this).
5. Among older adults surveyed, SES, perceptions of the importance of regular health checkups, and current healthcare utilization patterns (whether they visit general practitioners (GPs) or polyclinics) were found to be important possible factors shaping both the willingness of respondents to register for HSG, as well as whether respondents currently have a regular family doctor.

Based on these results, we make the following recommendations;

1. Efforts to encourage older adults to enroll in HSG should be targeted at older adults with lower SES profiles (i.e older adults living in 1-3 room HDB flats and lower educated respondents). This may include raising awareness among such older adults about the importance of having a regular family physician, as well as efforts to increase the accessibility of such services for older adults who may not be able to afford them.
2. Efforts to encourage older adults to enroll should also emphasize the importance of regular health checkups for their long-term health. It is possible that some older adults may not understand the importance and value of preventive healthcare. As such, authorities should try to raise awareness about how these initiatives can benefit their health in the long run.
3. Polyclinics will play a large role in ensuring the effective implementation of HSG. This is based on the finding that respondents who visited polyclinics more frequently when in need of healthcare advice were found to be less likely to have a regular family doctor, as well as less likely to want to register for HSG. Polyclinics are thus likely to be important avenues through which authorities can raise awareness about the importance of having a primary doctor among those who are less willing to register for HSG.

Introduction

The Healthier SG (HSG) initiative was launched by Health Minister Ong Ye Kung in March 2022. HSG marks a distinct departure from existing healthcare models as under this new initiative, greater emphasis is placed on preventive healthcare rather than reactive treatments. This shift in approach is envisioned to have a significant influence on the healthcare system in Singapore – for instance, by focusing on “health care” rather than on “sick care” it is hoped by some that this new model will discourage the ‘over-service’ of patients by doctors in Singapore (Lim, 2022).

An integral component of the HSG initiative is the move to encourage Singaporeans to register with a primary physician and visit this physician for most of their healthcare needs (Ministry of Health, 2022). This is in contrast with current tendencies for Singaporeans to ‘doctor hop’, or in other words, to visit multiple doctors over time. What is achieved through the sustained and prolonged relationship between an individual and their family physician or healthcare practitioner over time is what researchers refer to as ‘continuity of care’, where patients are cared for by a single or a small number of professionals. Continuity of care has been argued to result in care that is tailored to an individual’s needs, where illnesses are managed ‘in the context of the patient’s life’ (Gulliford et al., 2006). This move to encourage Singaporeans to register with a primary physician is thus a welcome one as it is likely to result in improved health outcomes among the Singapore population.

Continuity of care has been shown to be particularly important for older adult populations due to the greater likelihood for older adults to be in poorer health and to suffer from chronic conditions, thus demanding long-term care (Nyweide et al., 2013; Wolinsky et al., 2010). Given this, the current report examines older adult responses to the newly announced HSG initiative to understand their perspectives on the initiative, as well as their willingness to participate in the initiative. In particular, we examine the following key points:

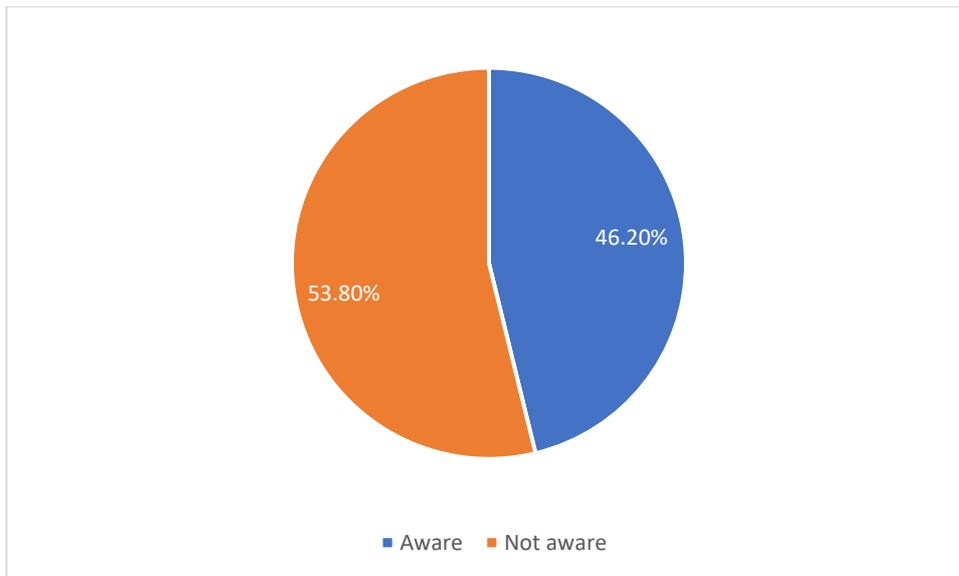
1. Are older adults in Singapore aware of HSG?
2. Where do older adults in Singapore go for their Health Screenings?
3. Do older adults already have a regular family doctor?
4. Do older adults intend to enroll in HSG?
5. Would older adults still see other doctors even if enrolled in HSG?

To examine these questions, we draw on data collected from the Singapore Life Panel®, a monthly panel survey of older adults aged 57-76 in 2022. We utilize data collected in April 2022 with a total of 6,418 respondents participating in the survey for that month.

Awareness of HSG Initiative

We first asked respondents if they were aware of the HSG initiative that had just been announced by Minister Ong Ye Kung.

Figure 1: Proportion (%) of respondents aware or not aware of HSG initiative (n = 6405)



46.2% of our respondents stated that they were aware of the HSG initiative (see Figure 1 above). Further descriptive analysis revealed that respondents with lower levels of education were less likely to be aware of HSG, with 29.4% of respondents with a primary or no education being aware of HSG, compared to 63.4% of respondents with a tertiary degree (see Figure 2 below). We also observed that respondents living in private apartments/condominiums/properties were more likely to be aware of HSG, with 63.3% of such respondents being aware, compared to 36.5% of respondents living in HDB 1-3 Room flats (see Figure 3 below). The full breakdown of the proportions of respondents aware of HSG by demographic groups can be found in [Table A1](#) in the appendix.

Figure 2: Proportion (%) of respondents aware of HSG initiative by level of education

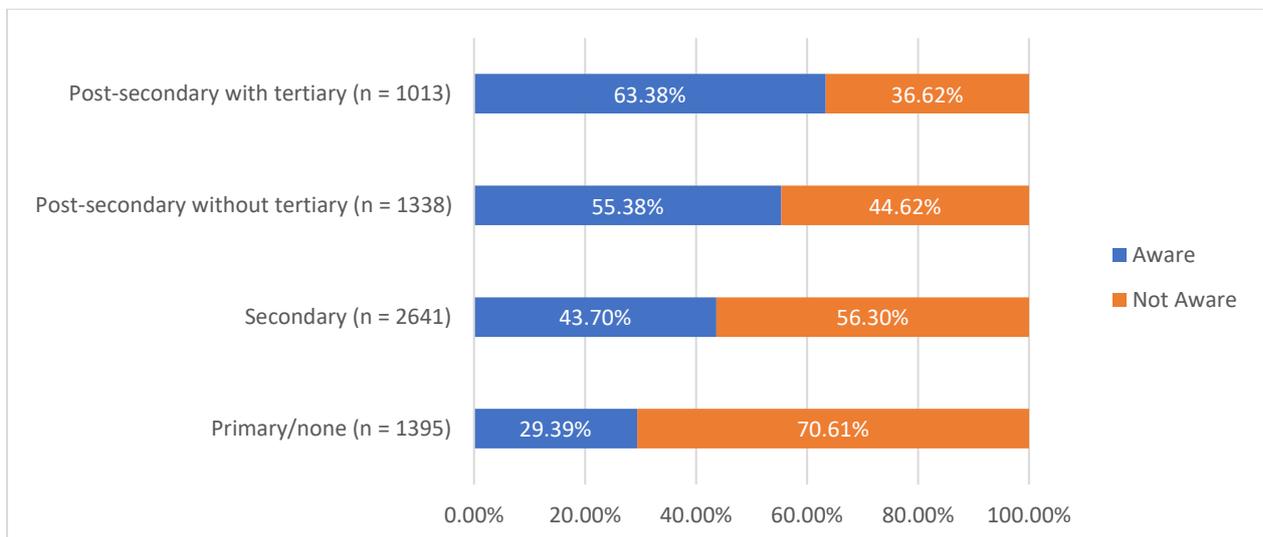
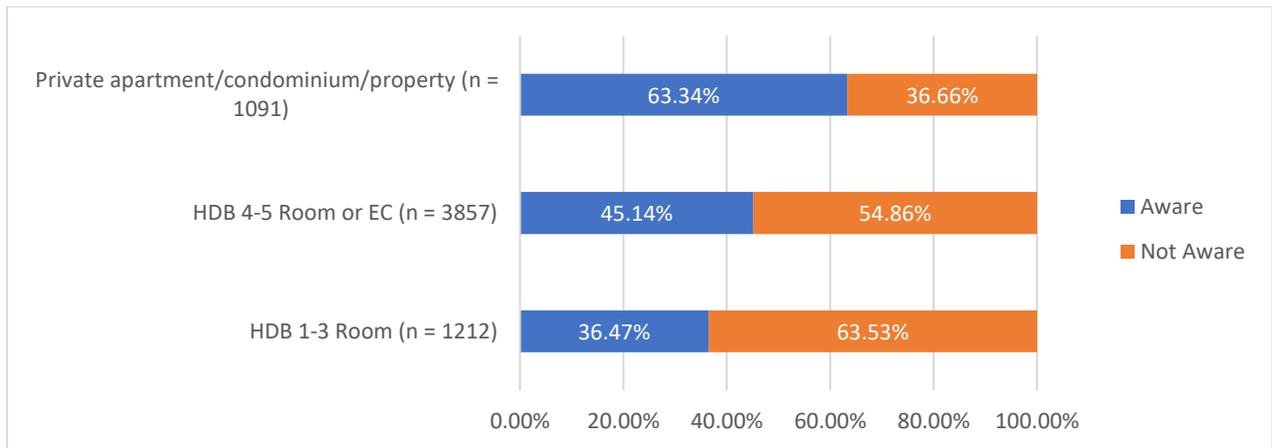


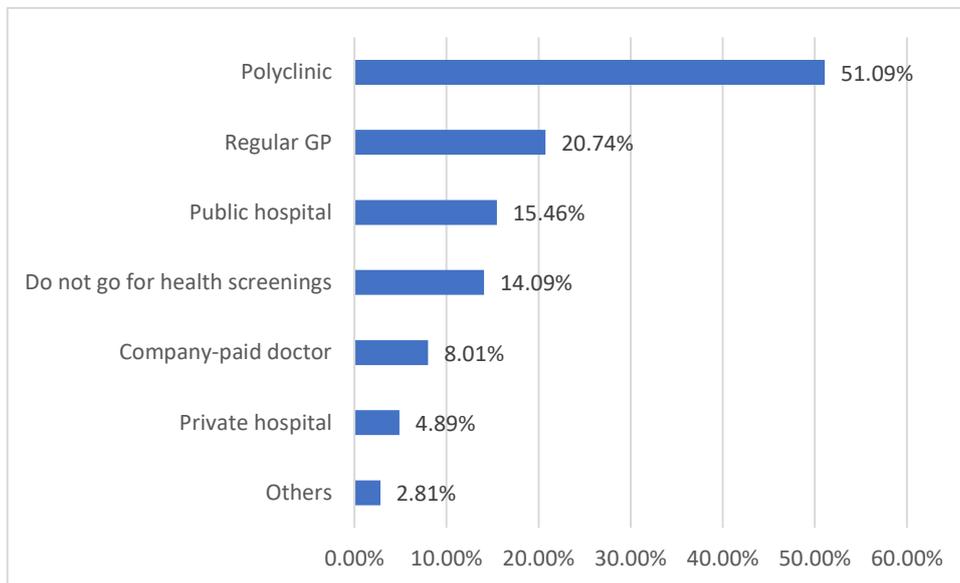
Figure 3: Proportion (%) of respondents aware of HSG initiative by house type



Where do older adults go for their health screenings?

Respondents were also asked which healthcare facilities they visit for health screenings. Slightly more than half (51.1%) of respondents stated that they visit polyclinics for their health screenings (see Figure 4 below). This was the most popular choice of location for health screenings among respondents, following by regular GPs (20.7%) and public hospitals (15.5%) which were the second and third most popular options. It was also found that 14.1% of respondents stated that they do not go for health screenings.

Figure 4: Proportion (%) of respondents who go to each healthcare facility for health screenings. Respondents could select more than one option, so proportions will exceed 100%. (n = 6403)



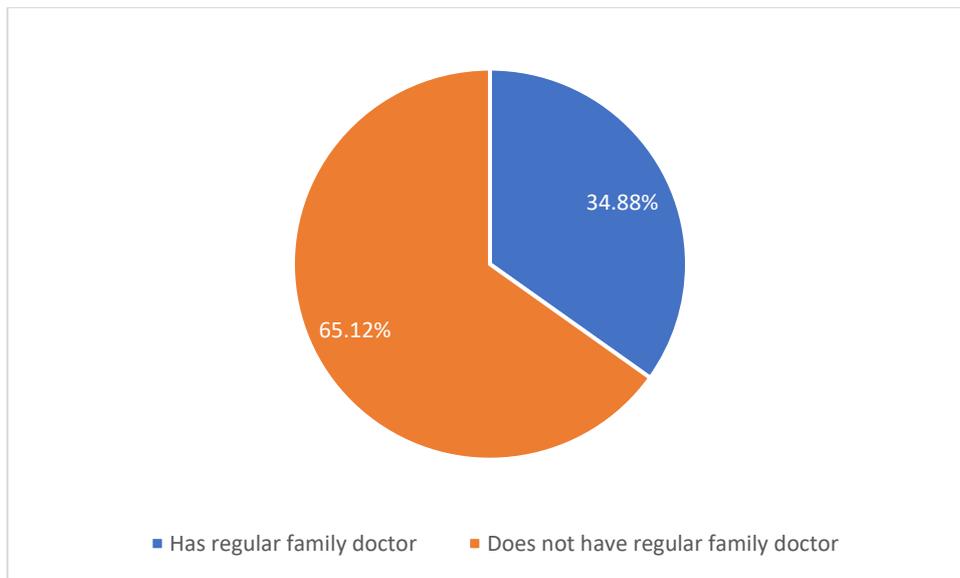
We subsequently endeavored to identify which sub-populations of older adults were more likely to state that they do not go for health screenings. Initial descriptive trends indicate that respondents who felt that regular health screenings are important, respondents who place greater trust in GPs and polyclinics, and respondents who visit GPs and polyclinics more frequently when in need of healthcare advice were the least likely to state that they do not go for health screenings. Slight variations in the proportions of respondents who stated that they do not go for health screenings across levels of SES were also observed, with respondents with higher levels of SES being less likely

to state that they do not go for health screenings (see [Table A2](#) in appendix for full table of proportions).

Do older adults already have a regular family doctor?

We then asked respondents if they had a regular family doctor (which we defined as “one doctor that you visit regularly to treat most of your care needs”) to establish the percentage of seniors who are already adopting this practice. As seen from Figure 5 below, only slightly more than one third of respondents (34.9%) had a primary family doctor in April 2022 (see [Table A3](#) in the appendix for full table of proportions of respondents with a primary family doctor by demographic variable and other variables of interest).

Figure 5: Proportion of respondents with a regular family doctor (n = 6414)



We subsequently endeavored to identify possible trends across demographic and other variables of interest in the proportions of respondents who had a regular family doctor. This was done to preliminary investigate possible factors that may influence whether older adults surveyed have a regular family doctor. The results of our descriptive analysis indicate that the possible factors that determined whether a respondent had a regular family doctor include their SES as measured by their education and housing type, with those of higher education and living in more wealthy housing types being more likely to have a regular family doctor. The results of our descriptive analysis indicate that the significant factors that determined whether a respondent had a regular family doctor include their SES as measured by their education and housing type, with those of higher education and living in more wealthy housing types being more likely to have a regular family doctor

Figure 6: Proportion (%) with regular family doctor by housing type

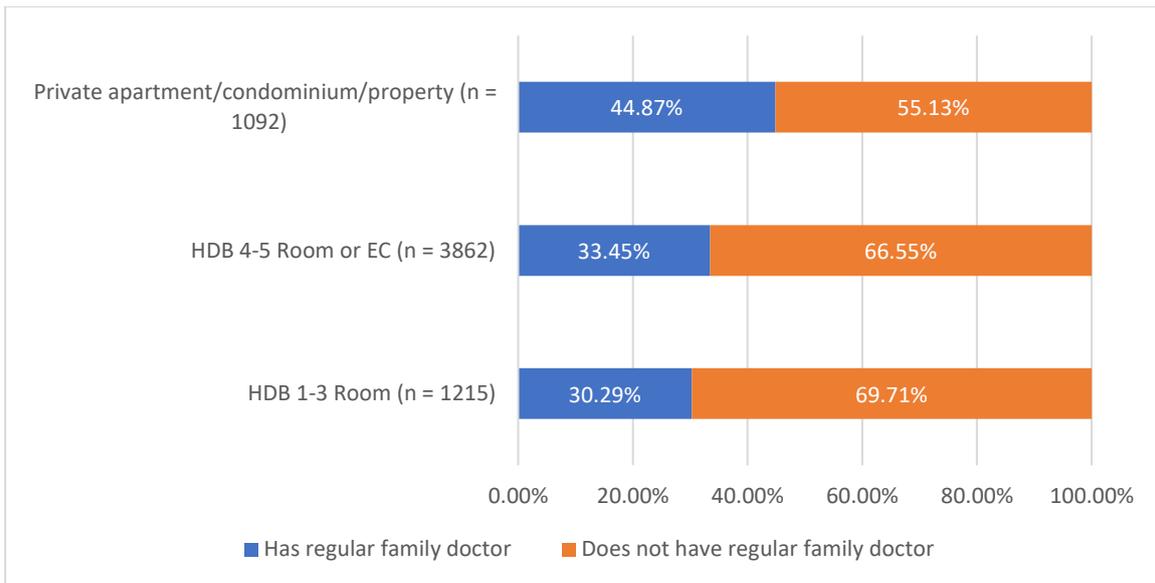
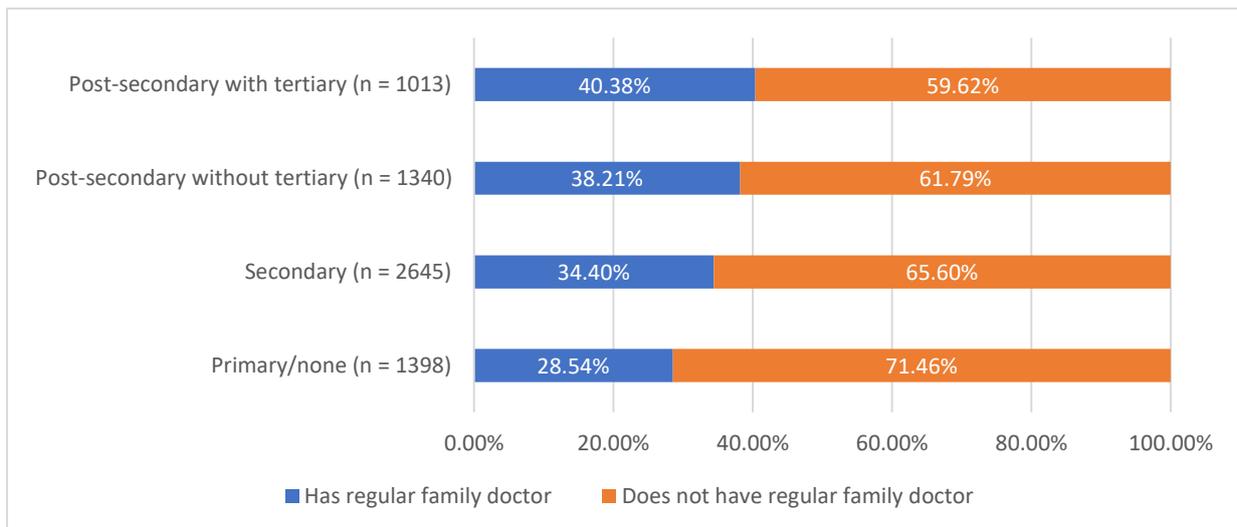
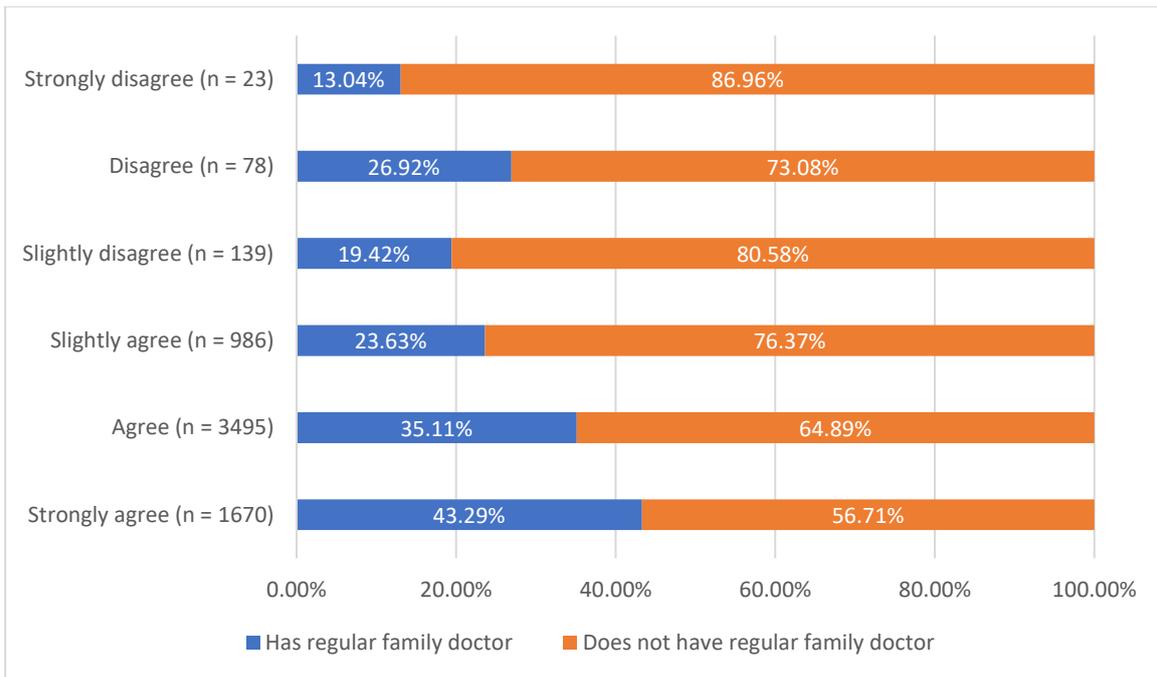


Figure 7: Proportion (%) with regular family doctor by education level



As shown in Figures 6 and 7, the proportion of respondents with a regular family doctor is greater for respondents living in private apartments/condominiums/properties (44.87%) as compared to respondents living in HDB 1-3 room flats (30.29%), and for respondents with a tertiary degree (40.38%) as compared to respondents with a primary or no education (28.54%). This suggests that older adults with higher SES (as measured by education and housing type) are more likely to have a regular family doctor.

Figure 8: Proportion (%) with regular family doctor by level of agreement that regular health screenings are important



Importantly, we also find that respondents who disagreed that regular health screenings are important were less likely to have a regular family doctor. As can be seen in Figure 8 above, 43.3% of respondents who strongly agreed that regular health screenings are important had a regular family doctor, as compared to just 19.4% of those who slightly disagreed and 13.0% of those who strongly disagreed.

Large variations in the proportions of respondents with a regular family doctor were also observed when comparing proportions across respondents with different levels of frequency with which they visit a GP or a polyclinic when in need of healthcare advice.

Figure 9: Proportion (%) with regular family doctor by frequency of visiting a GP when in need of healthcare advice

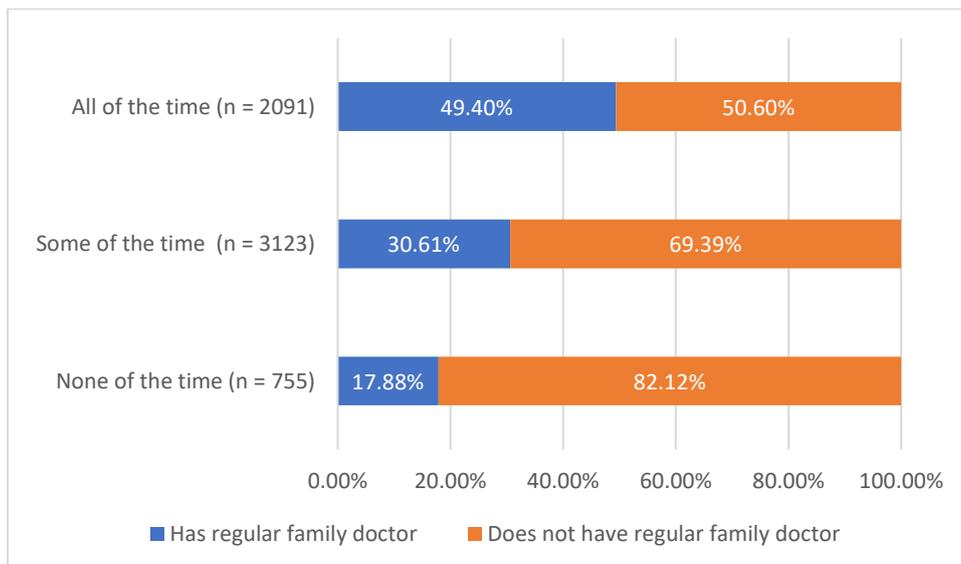
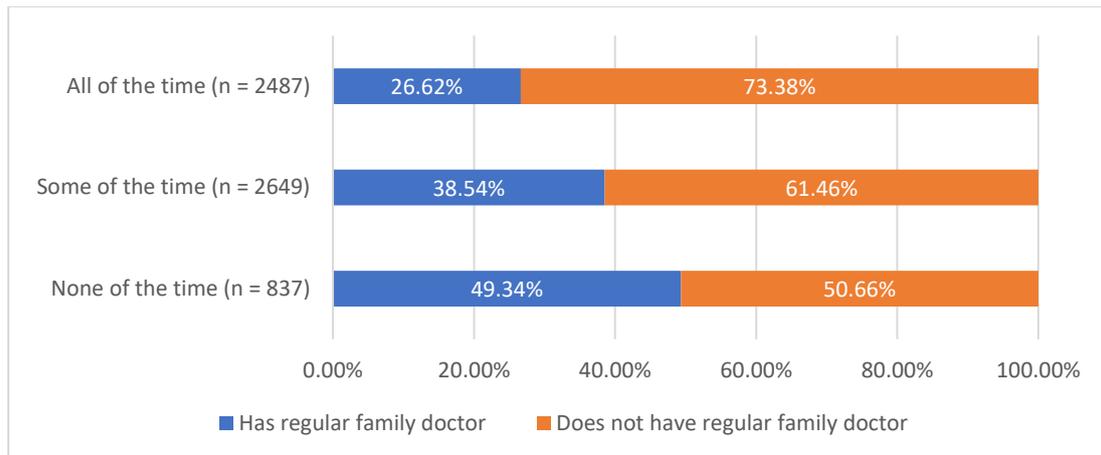


Figure 10: Proportion (%) with regular family doctor by frequency of visiting a polyclinic when in need of healthcare advice

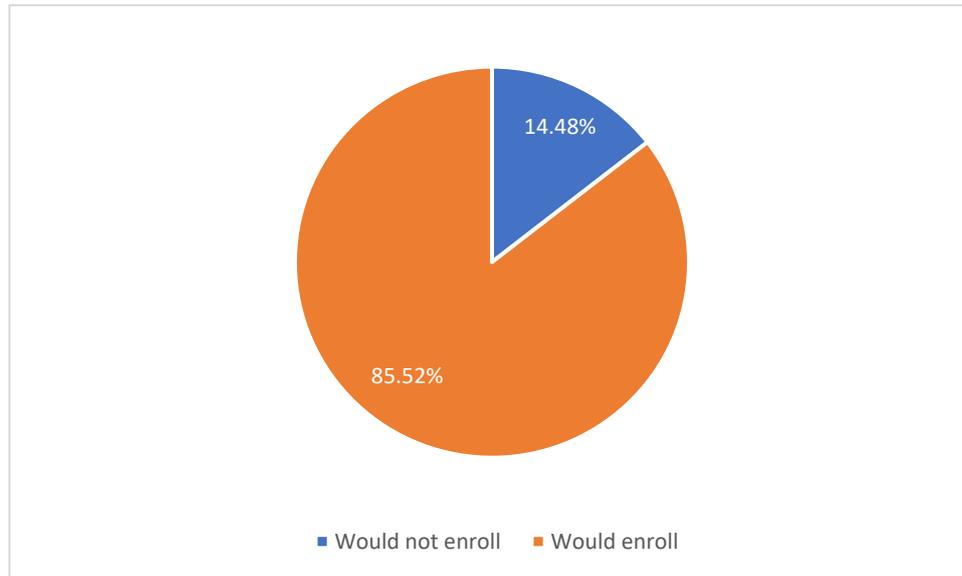


As shown in Figure 9, respondents who visit a GP all the time when in need of healthcare advice were more than two times more likely to have a regular family doctor, with 49.4% of respondents who visit a GP all the time having a regular family doctor compared to 17.9% of respondents who visit GPs none of the time. On the other hand, only 26.6% of respondents who visit a polyclinic all the time had a regular family doctor compared to 49.3% of those who visit none of the time, almost twice the proportion (see Figure 10).

These results indicate that three major factors appear to influence whether respondents had a regular family doctor. These were SES, perceived importance of regular health screenings, and the type of healthcare (private or public) they normally utilized. It is possible that the factors of SES and the type of healthcare utilized are interrelated, as respondents of a lower SES are more likely to utilize public healthcare in the form of polyclinics. One likely reason why respondents who utilize polyclinics were significantly less likely to have a regular family doctor could be the way doctor visits are arranged at polyclinics, with patients seeing whichever doctor is scheduled at the time of visit, rather than having a doctor consistently working at the polyclinic over longer periods of time. On the other hand, respondents who do not feel that regular health screenings are important are likely to underestimate the value of having a regular family doctor, and thus not have one.

Older Adult willingness to enroll in HSG

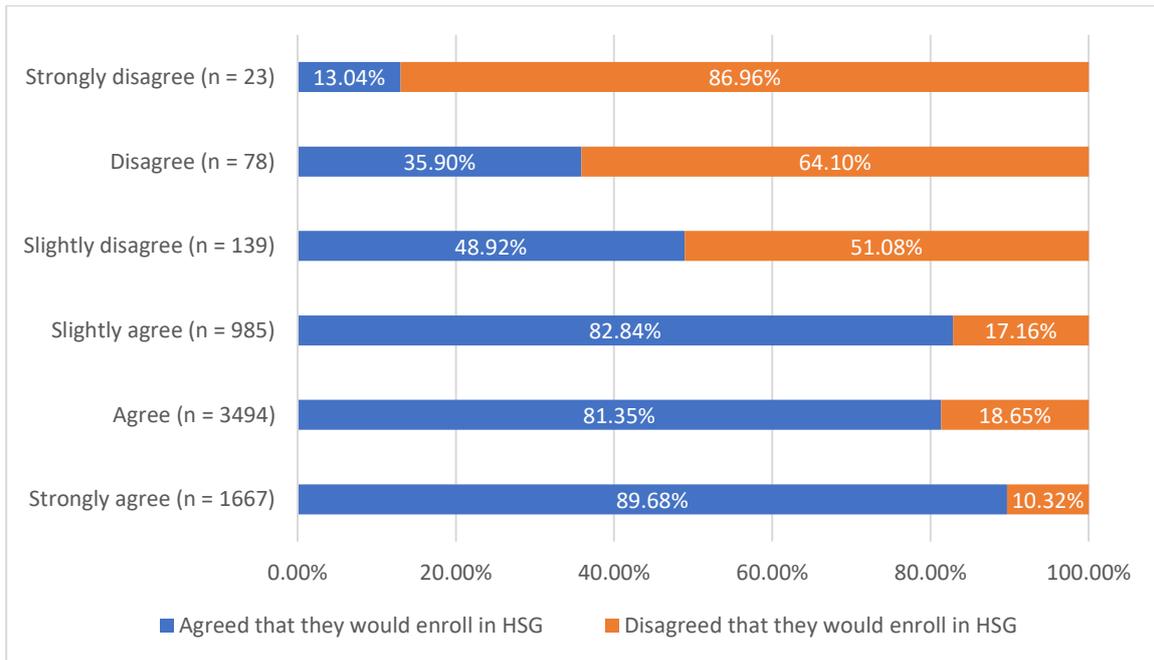
Figure 11: Proportion (%) of respondent willing/unwilling to enroll in HSG (n = 6388)



In terms of the willingness of respondents to enroll in HSG, we found that a large majority of respondents (85.5%) were willing to enroll in HSG (see [Table A4](#) in the appendix for full table of proportions of respondents who disagreed that they would enroll in HSG by demographic variable and other variables of interest). However, there still remained a sizeable proportion who were unwilling to enroll – as such, we also endeavored to preliminary identify possible factors influencing the willingness of older adults to enroll in HSG by examining variations in proportions of respondents willing to enroll across demographic and other variables of interest.

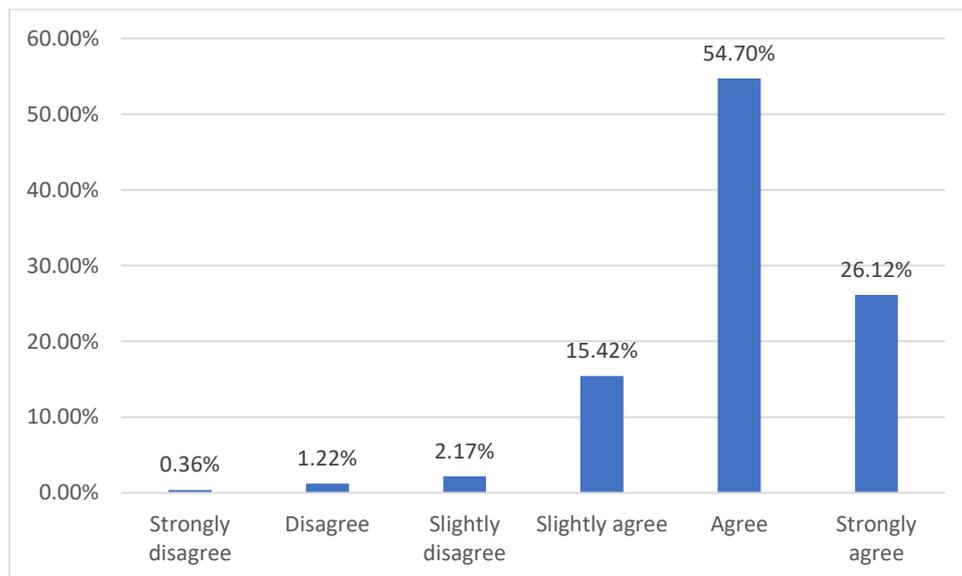
The greatest variations in the proportions of respondents willing to enroll were observed when comparing proportions between respondents with low and high levels of agreement that regular health screenings are important, as well as between respondents with low and high frequencies of visiting a GP when in need of healthcare advice.

Figure 12: Proportion (%) of respondents willing to enroll in HSG by level of agreement that regular health screenings are important



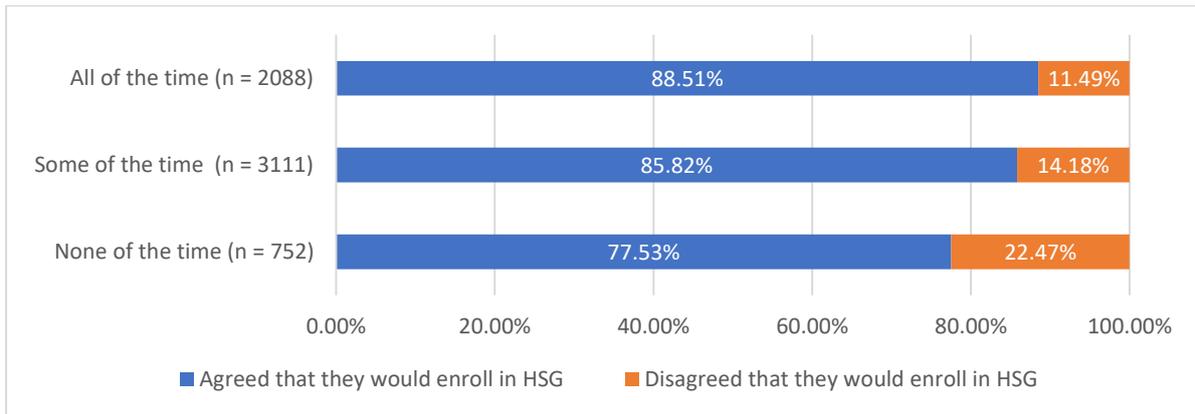
In terms of the level of agreement that regular health screenings are important (as shown in Figure 13 above) we find that almost all respondents who strongly agreed that regular health screenings are important (89.7%) were willing to enroll in HSG, compared to just 48.9% of those who slightly disagree, and only 13% of those who strongly disagree. Figure 14 below presents the distribution of respondents based on their level of agreement that regular health checkups are important.

Figure 13: Distribution of respondents based on level of agreement that regular health checkups are important (n = 6393)



It is observed that while most respondents either agreed or strongly agreed that regular health check-ups are important (80.8%), about one fifth of older adults surveyed only slightly agreed or less. This suggests that changing older adult perspectives on the importance of regular health checkups may be important in ensuring that enough older adults register for HSG.

Figure 14: Proportion (%) of respondents willing to enroll in HSG by frequency of visiting GP when in need of healthcare advice

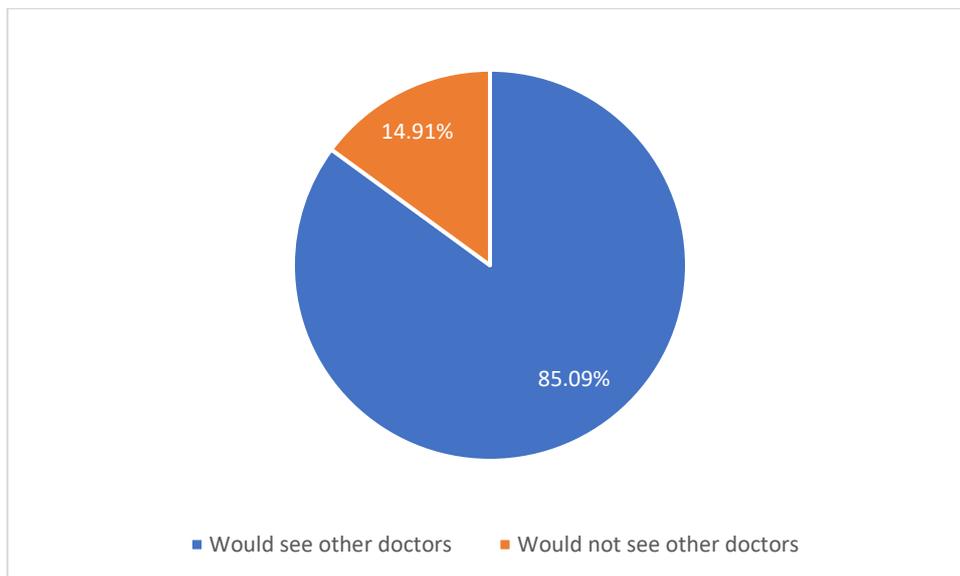


In terms of the frequency with which respondents visit a GP clinic when in need of healthcare advice, we find that compared to those who do not visit a GP at all, respondents who visit more frequently were more likely to be willing to enroll in HSG (see Figure 15 above).

Would respondents still see other doctors even if enrolled in HSG?

In addition to the above, we were also interested to see if older adults in Singapore would still see other doctors even if they were enrolled in HSG, as this may possibly diminish the effectiveness of the initiative in promoting ‘continuity of care’.

Figure 15: Proportion (%) of respondents who would/would not still see other doctors even if enrolled in HSG (n = 6390)



As can be seen from Figure 16, a significant majority of respondents (85.1%) stated that they would still see other doctors even if they enrolled with HSG.

Figure 16: Proportion (%) of respondents choosing each reason for wanting to see other doctors even if enrolled in HSG (n = 5426)¹

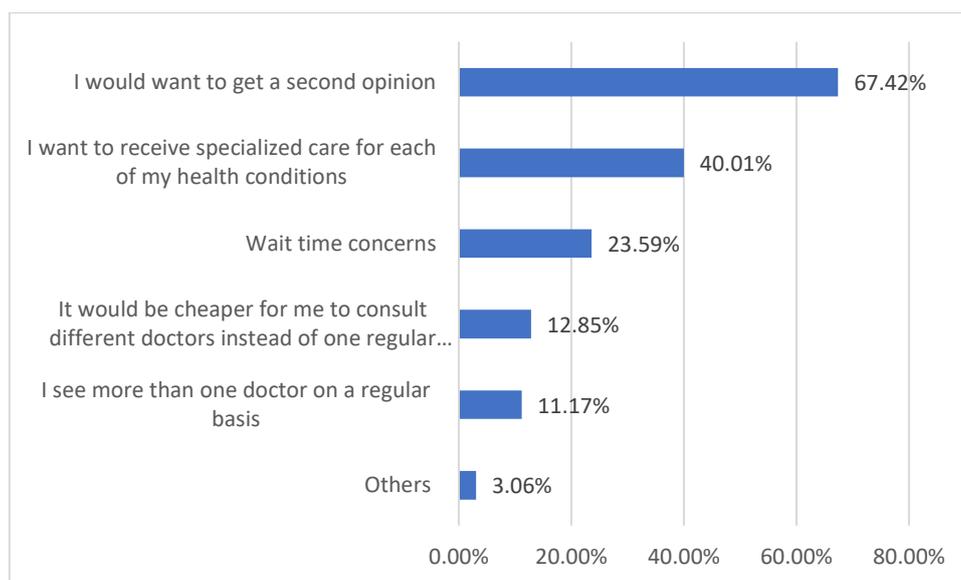


Figure 17 above presents the proportions of respondents who selected each reason for wanting to continue visiting other doctors despite being enrolled in HSG. The most popular reason was that they would want to get a second opinion, with 67.4% of respondents selecting this reason. This was followed by the desire to receive specialized care for health conditions (40.0% selected this), and concerns about wait time (23.6% selected this).

Discussion and recommendations

The results of this preliminary study indicate that in April 2022, a minority of our older adult respondents were aware of HSG. Further, only about a third of respondents had a regular family doctor. As has been discussed, having a regular doctor is important as it ensures continuity of care and has been associated with improved care and health outcomes. This highlights how timely it is for the government to introduce an initiative like HSG that encourages Singaporeans to register with a primary physician. We also find that a large majority of respondents surveyed were willing to register for HSG, although 14.5% of our respondents still stated that they were not willing to register for HSG. Interestingly, a large majority of respondents also stated that they would still see other doctors even if they registered for HSG.

Results suggest that several key factors are important in shaping both whether respondents had a regular family physician and whether they were willing to register for HSG, namely respondents' SES, their perceptions with regards to whether regular health checkups are important, as well as the type of healthcare they utilize. Further research is needed to understand why these factors appear to be salient in shaping whether they had a regular family doctor or were willing to register for HSG.

Based on these findings, the current report makes the following recommendations for the implementation of the HSG initiative;

1. Efforts to encourage older adults to enroll in HSG should be targeted at older adults with lower SES profiles (i.e older adults living in 1-3 room HDB flats and lower educated respondents). This may include raising awareness among such older adults about the

¹ Respondents were allowed to select more than one option if applicable to them. As such, proportions will exceed 100%.

importance of having a regular family physician, as well as efforts to increase the accessibility of such services for older adults who may not be able to afford them.

2. Efforts to encourage older adults to enroll should also emphasize the importance of regular health checkups for their health. It is possible that some older adults may not understand the importance and value of preventive health. As such, authorities should try to raise awareness about how these initiatives can benefit their health in the long run.
3. Polyclinics will play a large role in ensuring the effective implementation of HSG. This is based on the finding that respondents who visited polyclinics more frequently when in need of healthcare advice were found to be less likely to have a regular family doctor, as well as less likely to want to register for HSG. Polyclinics are thus likely to be important avenues through which authorities can raise awareness about the importance of having a primary doctor. Efforts to encourage older adults to register for HSG should be targeted at older adults who visit polyclinics regularly, as these older adults are observed to be less willing to register for HSG.

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Appendix

Table A1: Proportions of respondents aware of HSG in April 2022 by demographic and other variables of interest

Variable	% aware of Healthier SG
Overall (n = 6405)	46.20%
Gender	
Male (n = 3041)	48.50%
Female (n = 3364)	44.11%
Race	
Chinese (n = 5649)	47.05%
Malay (n = 314)	35.03%
Indian (n = 322)	42.24%
Other (n = 111)	47.75%
House type	
HDB 1-3 Room (n = 1212)	36.47%
HDB 4-5 Room or EC (n = 3857)	45.14%
Private apartment/condominium/property (n = 1091)	63.34%
Age group	
57-61 (n = 1705)	44.75%
62-66 (n = 1989)	46.91%
67-71 (n = 1501)	48.43%
72-76 (n = 1114)	43.99%
Education	
Primary/none (n = 1395)	29.39%
Secondary (n = 2641)	43.70%
Post-secondary without tertiary (n = 1338)	55.38%
Post-secondary with tertiary (n = 1013)	63.38%
Any chronic condition diagnosis in past 12 months	
Yes (n = 2349)	48.40%
No (n = 4056)	44.92%
Self-rate Health	
Fair/Poor (n = 2325)	44.34%
Good/Very Good/Excellent (n = 4079)	47.27%

Table A2: Proportions (%) of respondents who do not go for health screenings by demographic and other variables of interest

Variable	% who do not go for health screenings
Overall (n = 6403)	14.09%
Gender	
Male (n = 3043)	14.07%
Female (n = 3360)	14.11%
Race	
Chinese (n = 5646)	14.68%
Malay (n = 314)	10.83%

Indian (n = 323)	9.60%
Other (n = 111)	7.20%
House type	
HDB 1-3 Room (n = 1215)	15.64%
HDB 4-5 Room or EC (n = 3853)	14.59%
Private apartment/condominium/property (n = 1092)	9.62%
Age group	
57-61 (n = 1702)	15.16%
62-66 (n = 1985)	14.56%
67-71 (n = 1502)	14.58%
72-76 (n = 1118)	10.64%
Education	
Primary/none (n = 1395)	16.92%
Secondary (n = 2638)	13.23%
Post-secondary without tertiary (n = 1339)	14.19%
Post-secondary with tertiary (n = 1013)	12.24%
Any chronic condition diagnosis in past 12 months	
Yes (n = 2351)	9.19%
No (n = 4052)	16.93%
Self-rate Health	
Fair/Poor (n = 2327)	14.65%
Good/Very Good/Excellent (n = 4075)	13.74%
Frequency of Visiting Alternative Medicine Practitioner	
All of the time (n = 446)	14.17%
Some of the time (n = 3076)	13.65%
None of the time (n = 2293)	13.68%
Level of Trust in GPs	
Strongly/Somewhat Mistrust (n = 123)	17.89%
Slightly Mistrust/Slightly Trust (n = 936)	17.20%
Strongly/Somewhat Trust (n = 4847)	12.96%
Level of Trust in Polyclinics	
Strongly/Somewhat Mistrust (n = 134)	22.39%
Slightly Mistrust/Slightly Trust (n = 1032)	17.54%
Strongly/Somewhat Trust (n = 4716)	12.43%
Regular health screenings are important	
Agree (n = 6147)	12.92%
Disagree (n = 240)	44.17%
Frequency of visiting GP when in need of healthcare advice	
None of the time (n = 753)	15.27%
Some of the time (n = 3117)	14.73%
All of the time (n = 2090)	11.58%
Frequency of visiting Polyclinics when in need of healthcare advice	
None of the time (n = 837)	19.59%
Some of the time (n = 2642)	15.86%
All of the time (n = 2486)	9.49%

Table A3: Proportions of respondents with a regular family doctor in April 2022, by demographic and other variables of interest

Variable	% with regular family doctor	Variable	% with regular family doctor
Overall (n = 6414)	34.88%	Frequency of Visiting Alternative Medicine Practitioner	
Gender		All of the time (n = 448)	34.92%
Male (n = 3046)	34.83%	Some of the time (n = 3081)	35.96%
Female (n = 3368)	34.92%	None of the time (n = 2294)	34.82%
Race		Level of Trust in GPs	
Chinese (n = 5658)	35.05%	Strongly/Somewhat Mistrust (n = 123)	26.83%
Malay (n = 314)	32.17%	Slightly Mistrust/Slightly Trust (n = 937)	22.73%
Indian (n = 322)	31.68%	Strongly/Somewhat Trust (n = 4853)	38.22%
Other (n = 111)	42.34%	Level of Trust in Polyclinics	
House type		Strongly/Somewhat Mistrust (n = 134)	31.34%
HDB 1-3 Room (n = 1215)	30.29%	Slightly Mistrust/Slightly Trust (n = 1034)	31.43%
HDB 4-5 Room or EC (n = 3862)	33.45%	Strongly/Somewhat Trust (n = 4721)	35.56%
Private apartment/condominium/property (n = 1092)	44.87%	Regular health screenings are important	
Age group		Agree (n = 6151)	35.49%
57-61 (n = 1706)	34.76%	Disagree (n = 240)	21.25%
62-66 (n = 1991)	34.05%	Frequency of visiting GP when in need of healthcare advice	
67-71 (n = 1503)	35.00%	None of the time (n = 755)	17.88%
72-76 (n = 1118)	36.14%	Some of the time (n = 3123)	30.61%
Education		All of the time (n = 2091)	49.40%
Primary/none (n = 1398)	28.54%	Frequency of visiting Polyclinics when in need of healthcare advice	
Secondary (n = 2645)	34.40%	None of the time (n = 837)	49.34%
Post-secondary without tertiary (n = 1340)	38.21%	Some of the time (n = 2649)	38.54%
Post-secondary with tertiary (n = 1013)	40.38%	All of the time (n = 2487)	26.62%
Any chronic condition diagnosis in past 12 months			
Yes (n = 2351)	41.47%		
No (n = 4063)	31.06%		
Self-rated Health			
Fair/Poor (n = 2330)	31.50%		
Good/Very Good/Excellent (n = 4083)	36.81%		

Table A4: Proportions of respondents who would not enrol in HSG in April 2022, by demographic and other variables of interest

Variable	% Would not enrol	Variable	% Would not enrol
Overall (n = 6388)	14.48%	Frequency of Visiting Alternative Medicine Practitioner	
Gender		All of the time (n = 447)	15.88%
Male (n = 3040)	15.56%	Some of the time (n = 3074)	13.76%
Female (n = 3348)	13.50%	None of the time (n = 2286)	15.18%
Race		Level of Trust in GPs	
Chinese (n = 5634)	14.59%	Strongly/Somewhat Mistrust (n = 123)	23.58%
Malay (n = 314)	14.33%	Slightly Mistrust/Slightly Trust (n = 934)	19.91%
Indian (n = 320)	11.56%	Strongly/Somewhat Trust (n = 4840)	12.71%
Other (n = 111)	17.12%	Level of Trust in Polyclinics	
House type		Strongly/Somewhat Mistrust (n = 134)	26.87%
HDB 1-3 Room (n = 1211)	16.60%	Slightly Mistrust/Slightly Trust (n = 1031)	18.91%
HDB 4-5 Room or EC (n = 3845)	14.38%	Strongly/Somewhat Trust (n = 4708)	12.74%
Private apartment/condominium/property (n = 1090)	11.83%	Regular health screenings are important	
Age group		Agree (n = 6146)	12.74%
57-61 (n = 1704)	14.32%	Disagree (n = 240)	58.75%
62-66 (n = 1979)	13.64%	Frequency of visiting GP when in need of healthcare advice	
67-71 (n = 1496)	14.97%	None of the time (n = 752)	22.47%
72-76 (n = 1113)	15.36%	Some of the time (n = 3111)	14.18%
Education		All of the time (n = 2088)	11.49%
Primary/none (n = 1389)	15.19%	Frequency of visiting Polyclinics when in need of healthcare advice	
Secondary (n = 2630)	14.26%	None of the time (n = 834)	15.35%
Post-secondary without tertiary (n = 1338)	14.42%	Some of the time (n = 2643)	13.09%
Post-secondary with tertiary (n = 1013)	14.02%	All of the time (n = 2479)	15.13%
Any chronic condition diagnosis in past 12 months			
Yes (n = 2346)	11.45%		
No (n = 4042)	14.50%		
Self-rate Health			
Fair/Poor (n = 2323)	17.82%		
Good/Very Good/Excellent (n = 4064)	12.55%		

Research Team

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Please contact the ROSA team at rosa@smu.edu.sg for any questions or queries regarding this report.

About the Centre for Research on Successful Ageing (ROSA)

ROSA is a multidisciplinary research centre based in SMU. It was established with an MOE Tier 3 social sciences research grant, as well as the generous support of The Ngee Ann Kongsi. Research at ROSA seeks to define and measure a holistic construct of well-being and to identify the factors that impact Singaporeans' well-being as they progress through the later phases of life. Through close collaboration with government and other partner agencies, ROSA also aims to translate research insights into policy innovations that advance the well-being of older adults holistically and promote successful ageing in Singapore. ROSA brings together a diverse team of leading international and local researchers in ageing and age-related issues from various disciplines. Through empirical evidence derived from a longitudinal methodological approach, the multidisciplinary and multi-institutional research team advances propositions that promote successful ageing in Singapore.

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