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BEYOND FIRM-CUSTOMER INTERACTIONS TO BETTER
CUSTOMER EXPERIENCE

CAROLINE LIM SEOW LING

SINGAPORE MANAGEMENT UNIVERSITY

2017

Beyond Firm-Customer Interactions to Better Customer Experience

by
Caroline Lim Seow Ling

Submitted to Lee Kong Chian School of Business in partial fulfillment of the requirements for the Degree of Doctor of Philosophy in Business (General Management)

Dissertation Committee:

Philip Charles Zerrillo (Supervisor/Chair)
Professor of Marketing (Practice)
Singapore Management University

David Lee Kuo Chuen
Professor of Finance
Singapore University of Social Sciences

Lim Yun Fong
Associate Professor of Operations Management
Singapore Management University

Singapore Management University

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Caroline Lim Seow Ling

Abstract. This dissertation puts forward a mix of quantitative and qualitative methods to study the effects of low control determinants and peer-to-peer interactions on customer experience. Peer-to-peer (P2P) is the exchange between participants of equal power and authority to perform common tasks in a service context. It was made popular by file sharing system like Napster. Some firms have successfully harnessed P2P interactions to advance their competitive position. As an example, online communities for open source software provide collaborative platforms for users to share information, as well as exchange and look for social support. These platforms are often sponsored and hosted by firms who in turn benefit from the insights generated that can be used for product and service development (Libai et al. 2010). The structure of consumption comprises consumer actions that directly engage objects and often involve interactions with other people including P2P interactions. Holt (1995) refers to the latter as consuming as play and consuming as integration.

Despite these developments, there are limited examples of firms using P2P interactions as a lever to improve customer experience, drive satisfaction and loyalty (Zomerdijk & Voss 2010). The literature is filled with strategies to manage customer experience (Bitner 1992; Berry & Carbone 2002; Rust & Chung 2006; Bitner, Ostrom & Morgan 2008; Schmitt 2010; Rosenbaum & Massiah 2011; Achrol & Kotler 2012; Pine & Gilmore 1998, 2014) using firm controllable

factors. However, there is a dearth of research on how firms can exert influence over firm uncontrollable factors or low control determinant.

Consequently, this dissertation proposes the concept of low control determinants to bridge the vital research gap. The author defines low control determinants as factors that affect customer experience, but firms have little influence over. With archival data of an island resort, the quantitative analysis proposed a proof-of-concept for low control determinants as a situation moderator in customer experience (Verhoef et al. 2009) based on extant literature on customer experience management. Specifically, the climate factor was hypothesized as the situation moderator between functional, mechanic and humanic clues respectively, on customer experience. From the findings of the quantitative study, the moderating effects of climate factors were inconclusive, although the direct effect of climate factors on customer experience was significant. The findings might be due to a selection bias and perhaps a coarse measurement of the independent variable – the daily average temperature was used to represent climate data instead of, say, the hourly breakdown. Nonetheless, the significant direct effects of a low control determinant suggested that firms need to identify low control determinants in addition to high control determinants and have strategies to exert influence over them.

A second study used a qualitative case study method to investigate how firms could exert their influence over low control determinants. The second study used ethnographic research techniques and interviews to gather insights into how a local healthcare organization exerted influence over P2P interactions. Empirical

research in brand experience, customer decision journey, sense of community and normative community pressure for firms, formed the basis for developing the conceptual model for the qualitative research framework. In-depth interviews with 39 administrators and customers or patients uncovered experiential dimensions of respondents and allowed respondents who were regular members of the wellness centers managed by the focal healthcare organization, to describe their feelings and experiences in their languages. The wellness centers were extensions of the healthcare organization into the residential estate; they were assimilated into the residential community without the infrastructure complexities of a hospital. The healthcare organization conceived of the wellness centers as a first step to promoting supported self-management of community-dwelling seniors.

Besides explicating the governing mechanism of P2P interactions in building a sense of community, the qualitative study assessed the resulting outcomes on customer experience and effects on customer well-being. The study found a role transformation in the firm as it expanded its reach from that of a provider in institutional settings to that of a facilitator or catalyst in the community that was closer to community-dwelling seniors or patient. As a catalyst, the firm evolved its operating framework, and the researcher distilled the findings into a managerial implementation framework for firms interested to harness P2P interactions to improve customer experience.

Customers in P2P interactions are not mere recipients, but active contributors or co-producers to the community. Instead of firm-sponsored support functions, firms could harness P2P interactions as a cost-efficient strategy that could deliver

transformative customer experience. Firms could harness P2P interactions by facilitating customer helping behaviors which could be more effective than firm-sponsored resources in achieving desired outcomes. P2P interactions offer a promising strategy for firms interested to deliver superior outcomes at lower or not impact on their cost structure.

This research offered prescriptive value for managers to expand firm capabilities and capacities without the corresponding increase in costs. The insights that were generated informed and provided managers with an implementation framework to exert control over P2P interactions. In conclusion, the findings contributed to the literature in customer experience management and transformative service research through an advanced understanding of how a firm can deliver a transformative experience of lasting customer benefits.

Keywords: brand experience, community engagement, customer experience, firm-customer interactions, high control determinant, low control determinant, normative community pressure, peer-to-peer (P2P) interactions, self-efficacy, sense of community, supported self-management, transformative service research, well-being.

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Every one of us can make a meaningful contribution, no matter how big or small. This dissertation is a contribution I hope to make.

Dedication

This dissertation is dedicated to the three “C”s of my life – Calyste, Calden, Casidhe, and their daddy, Phil.

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1 INTRODUCTION

Today, customers are interacting with firms through a diverse variety of touch points. Empowered with choices stemming from the advent of the internet and an array of technologies, they now choose from a spectrum of media and contact channels to interact with their service providers or share feedback on their experiences. The complexity in customer preferred contact channels has fuelled a growing interest among firms to design the touch points in the customer journey to positively influence the customer experience (Lemon & Verhoef 2016).

Research on customer experience has mostly been centered on firm controllable factors. These are factors that make up firm-customer interactions and they can be directly altered or modified by the firm. Customer experience can also be shaped by P2P interactions, a firm uncontrollable factor. This research bridges a research gap by studying the effect of low control determinants on customer experience and how a firm can employ these determinants to exert influence over P2P interactions.

Using multiple research techniques including a quantitative analysis of previously collected survey data and an ethnographic research study, this dissertation explores how firms can exert semi-influence over low control determinants that will deliver a transformative experience with lasting customer outcomes.

1.1 Define Customer Experience

Customer experience refers to a customer's subjective response to interactions with a firm, through its network of partners, with part of the firm such as through the firm's actors or with the firm's products and services. These interactions

stimulate a response that is personal to the customer and engages the customer at different levels – emotional, physical, rational, sensorial and spiritual (Gentile, Spiller & Noci 2007).

Schmitt's (1999) described customer experience as a multi-dimensional interaction that consists of five types of experiences: sensory (sense), affective (feel), cognitive (think), physical (act) and social identity (relate). Each customer perceives his or her interactions with a firm and its touch points differently. The customer combines the cues perceived from his or her interactions along the way to form a total experience.

Customer experience includes more than the stimuli from firm-customer interactions. Interpersonal actions including customer-to-customer or P2P interactions form part of the social identity or relational dimension of customer experience. In consumer marketing literature, the subject of how consumers consume has organized consuming into the structure of consumption and the purpose of consumption. The structure of consumption incorporates the consumers' direct engagement with the consumption target as well as interactions with other consumers in which the consumption target is the focus. The metaphors that described interpersonal consuming actions are: consuming as play and consuming as integration (Holt 1995). Research on customer experience management has largely focused on consuming as an experience that is one of the metaphors that describes consumer direct engagement with the object.

1.2 *Literature Review and Empirical Findings*

Firm-customer interactions occur over time throughout the duration of the relationship. These interactions can occur during the prepurchase and postpurchase stages across multiple touch points such as face-to-face, over the telephone, in writing or through the web and social media. Firm-customer interactions can also occur when customers read about the firm in a news report, advertisement, through word-of-mouth or in peer-to-peer exchange of information online. This suggests that customer experience should be managed in a concerted and coordinated fashion across different functions of a firm. To deliver positive customer experience and high customer satisfaction, the different functions of a firm – marketing, service operations, product/service development, information technology, human resources, finance – should also be gathering and analysing past, present and potential customer interaction data (Meyer & Schwager 2007).

The customer's total experience accumulated from search, purchase, consumption to post-consumption phases evokes an emotional bond between the firm and the customer (Pine & Gilmore 1998; Berry, Carbone & Haeckel 2002; Edvardsson, Enquist & Johnston 2005; Brakus, Schmitt & Zarantonello 2009; Court et al. 2009; Verhoef et al. 2009). People gather information about the physical environment through the five senses – sight, sound, smell, taste, and touch. Senses evoke and engage emotions. Experience centric firms are effective at connecting with customers by engaging them emotionally in creating memories that are positive and personal (Pine & Gilmore 1998; Zomerdijk & Voss 2010). Sensory marketing describes the use of subconscious triggers that appeal to human senses of smell, taste, touch, vision, and hearing to create a sensorial

customer experience. For instance, music has received extensive scholarly attention as an atmospheric cue that can be easily managed to create the desired customer experience. Achrol & Kotler (2012) conceptualized three dimensions in the marketing framework: subphenomena, phenomena and superphenomena, structure of marketing. The subphenomena of marketing is premised on the fundamental process of satisfying consumer needs via “experiences filtered through (their) senses.” This structure of marketing investigates the use of human senses and neurophysiology to enhance the consumption experience. The scent and temperature of a store are other environmental cues to set the mood and ambiance for a positive customer experience. These cues and other stimuli that are managerially uncontrollable, made up a “servicescape” that would shape a customer’s preferences, approach or avoidance decisions and behaviors (Rosembaum & Massiah 2011).

A related body of work on “servicescapes” by Bitner (1992) identified characteristics of the environment that are perceived by customers and employees and cause them to respond cognitively, emotionally and physiologically. The servicescape of a retail store refers to the physical surroundings, atmosphere, spatial layout, the functionality of a store such as signs, symbols, and artifacts. A firm can design these store characteristics to influence approach or avoidance behaviors of both customer and employee. These are controllable elements of service delivery that can be modified to potentially influence the less controllable determinants such as peer-to-peer interactions.

A firm's objective of a well-designed customer experience is to establish the desired the emotional connections with, or lasting memories for, the customer and deliver satisfactory customer experience (Pullman & Gross 2004). The resulting positive customer affect lays the foundation to building and developing customer loyalty. Instead of "cues," Berry and Carbone (2007) used the term "clues" to describe anything that a customer perceives or senses in his or her interactions with a firm. They argue that there are three types of "clues" in the service context – functional, mechanic and humanic.

"Functional clues" serves the utilitarian function or deliver practical value as they reflect the reliability and functionality of a firm's products and service offerings. These "clues" cue the customers' rational response to the number and variety of food & beverage outlets in a shopping mall. The variety and quality of rides offered and performances staged by a theme park are functional clues that shape customer perception of its entertainment value and entertainment experience. In contrast, "mechanic" and "humanic clues" evoke the emotions and irrational responses in customers. "Mechanic clues" are emitted by the facilities, their upkeep, and maintenance. The furnishings, colors, scents, and lightings in a service environment are sensory cues, and they communicate without words to influence the customer's emotions and overall experience. A firm's actors or service employees present "humanic clues" through their behavior and appearance. The competency and helpfulness displayed by service employees affect the customer experience. A competent employee can resolve customer issues, reduce customer anxiety and leave a positive impression on the customer. A helpful employee positively influences the interaction outcome and overall

customer experience. These three “clues” evoke a customer’s rational and emotional responses; they converge to create the total customer experience and tell the story of the firm.

Pine & Gillmore (1998; 2013) argued for the move beyond the experience economy that creates memories to the “transformation economy” such that “more experience should yield transformation” for lasting customer benefits. We are witnessing this shift today. Technology is transforming our work our lives, our social networks and more. There is a dearth of literature on customer experience that studies how firms can design and deliver an experience for lasting customer benefits.

Transformative service research (TSR) is an emerging field of research that investigates into service delivery and objectives that bring about lasting positive customer outcomes at individual, communal and global levels, that is beyond firm or company value (Ostrom et al. 2015; Rosenbaum 2015). It is an interdisciplinary service research paradigm that integrates theory across services research, consumer research and public health to understand how firms’ offerings, service networks, service providers, and other customers in the service setting, can improve human welfare or consumer well-being. Research in customer experience management has been focused on service design elements to drive satisfaction, loyalty, repurchase, and willingness to recommend. While these are pertinent to enhance a firm’s value, there leaves much to be desired on how customer experience management impact on consumer well-being.

1.3 *Strategies to Manage Customer Experience*

When managing the customer experience, a firm would examine its service processes, product and service attributes, price, as well as other factors with emotional effects on customers. With the empowered customer, enabled by the advent of internet and technology, firms recognized that they could differentiate themselves from their competitors by managing the customer experience well. Zomerdijk & Voss (2010) defined “customer value proposition (CVP)” as the sum of value that service firms generated from experience delivered (E_v), service attributes (A_v) and price (P_v) or “ $CVP = E_v + A_v + P_v$ ”. The authors argue that experience-centric service delivers greater value from experience than the combined value created from service attributes and price (“ $E_v > A_v + P_v$ ”). However, there still lacks direct empirical evidence to support the claims that experience-centric firms outperform firms that are focused on customer satisfaction and customer loyalty (Verhoef et al. 2009; Palmer 2010).

Having said that, there is also a need to understand better customer-experienced based strategies that would positively impact a firm’s performance. Service blueprinting maps the front- and back-of-house processes and touch points to ensure consistency in delivering an integrated customer experience (Bitner, Ostrom & Morgan 2008). Models of customer experience management can help firms manage service more efficiently. The area of work in models of service and relationships emphasized customer service, customization, personalized interactions, customer expectations, and pricing (Rust & Chung 2006). As it stands, the research on the management of customer experience mostly focused on firm controllable factors.

Firm controllable factors are tangible and intangible service elements that a firm can orchestrate to determine and control the desired customer experience. The coffee chain Starbucks creates a consistent in-store experience across its globally distributed network by managing both tangible elements such as the interior design of the store, music, choice location of store and beverage range as well intangible ones such as customer service. Try as they may, factors that are uncontrollable by firms such as, rowdy and inconsiderate patrons, can affect the customer experience. A customer's inconsiderate behavior or displayed emotions can negatively affect firm performance, employee morale and the experience of other customers. Conversely, a customer's helping behavior can enhance the experience of other customers.

Two conceptual distinctions help to categorize the different strategies a firm can deploy for customer experience management. In terms of factors, they consist of firm controllable factors and those that are uncontrollable by the firm. These factors can be further differentiated into tangible and intangible elements.

Tangible elements are those that are deterministic such as, product and service assortment, price, customer requests. Intangible factors are those elements that are immeasurable and subjective e.g., customer service, customer attitudes, social environment. Crossing both dimensions yields a 2-by-2 matrix that locates the firm controllable and uncontrollable factors in different categories (see Figure 1).

2 PROBLEM DEFINITION

2.1 *Firm Uncontrollable Factors in Managing Customer Experience*

There is an emerging literature on factors affecting customer experience that are firm uncontrollable. The original servicescape framework (Bitner 1992) consisted of objective, measurable and what Rosembaum & Massiah (2011) termed “managerially controllable stimuli” of customer behaviors (e.g., the approach or avoidance and social interactions between employee and customer). Rosembaum & Massiah (2011) expanded the framework to include stimuli that are subjective, immeasurable and “managerially uncontrollable.” The social dimensions are customer-employee relationships, “customer-to-customer interactions” like that of “a sense of *communitas* among a service firm’s customers,” the social density of the consumption setting and emotions displayed by employees and other customers. Firms can influence interactions between firm actors and employees through training and service culture. In comparison, firms have less influence over interactions between customers or peer-to-peer interactions (P2P).

P2P is a term made popular by P2P file sharing systems like Napster. P2P refers to exchanges between participants of equal power and authority to perform common tasks in a service context. P2P interactions are dynamic interactions embedded in a social network. There are many examples of firms that have harnessed P2P interactions to advance their competitive position.

Online communities for open source software provide collaborative platforms for users to share information, exchange tips and look for social support. Some firms sponsor websites to host online communities and to extend service support (Libai

et al. 2010; William & Cothrel 2000). The solutions that are generated through these online self-help communities offer firms insights for product and service development without the need for service employees.

Van Alsyne, Parker & Choudary (2016) coined the name “platform businesses” to differentiate firms that create value by persuading participation and facilitating interactions between producers and consumers, from those that dictate, control and orchestrate to optimize internal resources. The authors termed the latter firms, “pipelines” for its linear process which seek to exploit customer lifetime value contrary to “platforms” that expand the value of the total ecosystem. The authors cited platforms like Apple iPhone that aim to leverage the network effects from app developers and app users, to drive volume in participation and interactions, more so than the value of interactions. The outcome is transformative. These platforms shift to external social and community networks to draw on the wisdom of crowds and to complement their previously internal functions such as customer service, finance, human resource, marketing, operations and logistics.

Kaiser Permanente Online is a not-for-profit health maintenance organization in the United States with about 8 million members who are current patients. This firm provides a members-only web service that includes online community discussions moderated by fellow patients or peers who volunteer their participation and are trained by Kaiser Permanente as moderators (Williams & Cothrel 2000). Kaiser Permanente sets strict guidelines for these peer moderators to follow – do not police, do not stifle conversations with excessive controls, let members vent, put members at center stage. Peer support is a known success

factor in the management of chronic diseases and conditions. Through the online community support, these peer moderators encourage and support members in need. Christenson et al. (2008) coined the term, “facilitated networks” to refer to firms that make money by operating or facilitating the network. Kaiser Permanente Online is such a facilitated network that helps customers stay well through peer support.

From the case studies of design agencies, consulting firms and experience-centric service firms in different industries, Zomerdijk & Voss (2010) found limited examples of firms that manage the presence of other customers to improve the experience. The authors argued that firms have more influence over the physical environment, service delivery process and service employees than over the presence of fellow customers. Firms have yet to harness the resulting connections from P2P interactions as a lever to influence customer experience, drive customer satisfaction and loyalty. How can firms influence uncontrollable factors like P2P interactions as such, to positively impact customer experience and deliver lasting benefits that will transform the customer? For this dissertation, the author terms firm uncontrollable factors that affect customer experience as “low control determinants.”

2.2 *Low Control Determinants of Customer Experience Management*

The word “control” is borrowed from the risk management literature. In risk management, “control” is an action in response to a pre-determined risk (Hopkin 2013). For example, firms implement controls to mitigate against macroeconomic conditions such as the reduced buying power of consumers due to a high

unemployment rate. Similarly, firms often use portfolio management techniques to reduce market risks. For instance, Starbucks established their presence in different major cities worldwide. The revenue shortfall in one city can potentially be made up by rising affluence in another developing city. Firms also implement controls to mitigate against operational risks. A train service deploys contingency measures in the event of a service interruption that affects its ability to transport passengers safely from point A to point B. A theme park would implement controls like wet weather plans or activate alternative sites to move outdoor activities indoors to reduce the impact on customer experience.

The term “determinant” refers to a factor that defines or determines customer motivation and choices in customer experience. Unlike “control” in risk management literature, “control” here relates to the power or influence a firm has over a determinant not the actual behavior. “High control determinants” are firm controllable factors in the design of customer experience. In a physical store, atmospheric and environmental cues are firm controllable or high control determinants (Bitner 1992; Wakefield & Baker 1998; Baker et al. 2002; Kaltcheva & Weitz 2006). The firm’ customer service operations are high control determinants because firms can train their actors to deliver the desired service experience (Parasuraman, Zethaml & Berry 1988; Hartline & Ferrel 1996; Bowen & Schneider 2014).

“Low control determinants” are defined as factors that affect customer experience but for which the firm has a limited ability (low) to control. Customers introduce variability into the service experience (Frei 2006). This variability impacts a

firm's effectiveness in achieving its service objectives and desired customer experience. There are five customer-introduced variables, including arrival patterns, an assortment of requests, capabilities, effort, and subjective preference. Customer-introduced variables are forms of low control determinants. Frei (2006) proposed four strategies for firms to cope with these variations introduced by customers. Centered on instrumental and normative approaches, the four strategies – classic accommodation, low-cost accommodation, classic reduction, uncompromised reduction – enable firms to influence customer behavior through firm-customer interactions.

It should be stated upfront that because a variable is a “low control determinant” it does not mean that its effect is trivial. Low control determinants can significantly impact the overall total experience. Certainly, high seas can make a honeymoon cruise a nightmare, and rain certainly dampened the Woodstock experience for concert-goers. So while firms may have limited control of when these variables will deviate greatly from the norm, firms should be aware of their potential effects and mitigate their impact on the customer experience.

Another example of a low control determinant is P2P interactions. Airbnb is a P2P home sharing site that enables homeowners, also known as “hosts,” to offer their homes for rent to travelers and make extra income by hosting them. The site offers 3 million property listings across 191 countries since it began operations in 2008 (Grothaus 2015). Today, the site generates hundreds of millions of dollars in rental income and commands a valuation of US\$31 billion (Dobbins 2017). The site appeals to travelers in search of an authentic experience. Instead of the

conventional hotel stay, Airbnb users can choose a range of homestay experiences from local residences, private islands, castles, treehouses, villas, and even yurts. The site is self-regulating – Airbnb hosts review their experience with travelers or “Airbnb users” while “Airbnb users” share their reviews about their hosts, their stay, and the hospitality received. These reviews are accessible to Airbnb users and influence their behaviors, choices, and decisions.

The idea that low control determinants such as P2P interactions can be harnessed for firms to improve and transform the customer experience lack in-depth research and analysis to date.

Firm-customer interactions are linear as opposed to P2P interactions, which are networked. The dimension of P2P interactions that is high control would include firm-owned social touch point where firms can seed or sponsor peer influencers and key opinion leaders (Williams & Cothrel 2000; Court et al. 2009). Figure 2 presents the conceptual distinction along a 2 X 2 matrix – high/low control determinant and interaction types (firm-customer/P2P interactions).

3 RESEARCH OBJECTIVES

The objective of this dissertation is to first evaluate a proof-of-concept for low control determinants in managing customer experience and secondly, focus on how firms can manage a low control determinant like P2P interactions to improve customer experience. Given the potential impact of low control determinants on customer experience, firms that fail to recognize this through no fault of theirs can lead to poor customer experience.

For the proof-of-concept, the author conducted a quantitative analysis using two data sets that already existed to evaluate the impact of low control determinants on customer experience. The study aimed to find out if it is sufficient for firms to focus on high control determinants in managing customer experience and the effects of a low control determinant on customer experience. The first study proposes a conceptual model for antecedents and a situation moderator of customer experience.

The second part of the research is a qualitative case study to investigate the relationship between P2P interactions and customer experience. The second study is designed to investigate how a firm can exert its influence over a low control determinant like P2P interactions to improve and transform customer experience.

An ethnographic approach to the research and in-depth interviews were chosen to gather rich insights into the motivations, behaviors, experiences and outcomes of the Peer-to-Peer participants as well as firm employees tasked with this activity. Specifically, the second study evaluated a firm's attempt to impact customer

experience through P2P interactions in a community based health and wellness setting. By building a sense of community, the focal firm attempted to exert influence over P2P interactions to improve customer self-efficacy and deliver a transformative customer experience. In-depth interviews conducted with the firm's employees and customers helped to gather richness and depth of the phenomenon.

3.1 Hypotheses Development

3.1.1 Study 1: Quantitative Analysis

The experiential view focuses on customers' demand for enjoyment and the resultant sensation of pleasure. Firms can compete by building the desired emotional connections with customers and delivering satisfactory customer experience by orchestrating all the "clues" that customers would pick up in the customer journey (Berry, Carbone & Haeckel 2002).

Using the three types of "clues" proposed by Berry & Carbone 2007, study 1 empirically tested the effect of "clues" on customer experience and the moderating effects of low control determinant on each clue – functional, mechanic and humanic.

"Functional clues" represent the utilitarian dimension for the customer. Such a dimension includes characteristics of the firm's service offerings and benefits they bring to the customer. "Functional clues" with high positive utilitarian value would positively impact the customer experience. Both "mechanic" and "humanic clues" can evoke customer feelings of warmth and welcoming, to positively influence the customer experience. Conversely, a failure to positively modify

these clues can have a negative impact on customer experience. All three types of “clues” are firm controllable factors for customer experience.

Hypothesis 1a (H1a): Customer experience is positively related to the customer’s positive perception of the service provider’s functional clues.

Hypothesis 1b (H1b): Customer experience is positively related to the customer’s positive perception of the service provider’s mechanic clues.

Hypothesis 1c (H1c): Customer experience is positively related to the customer’s perception of the service provider’s humanic clues.

Service settings that are outdoor are vulnerable to effects from the environment especially climate factors including rain and temperature. Low control determinants as such cannot be directly managed by firms but can impact the desired customer experience. However, firms can implement risk mitigation measures to moderate the impact of low control determinants on customer experience. Climate factors like amount and duration of rainfall directly limit customer movement outdoors and affect outdoor activities. Firms that manage outdoor parks and playgrounds have mitigation and contingency measures to reduce the detrimental effects of rainfall on visitor-ship and visitor experience. A rain shower followed by cool weather will positively influence customer experience while a long thunderstorm that bars any outdoor activities will negatively affect the customer experience. In any tropical climate, operators of outdoor theme parks have no influence over the outdoor temperature or humidity levels. Regardless of controllability, climate factors can have varying effects on customer experience. While hot and humid weather may affect customers

experience outdoors negatively, a nice, breezy day would probably have a positive impact on customer experience.

Relative humidity measures the water vapor content of the air. It refers to the ratio of partial pressure of water vapor to the equilibrium vapor pressure at a given temperature and is usually expressed by percentage. Relative humidity follows a fairly consistent pattern throughout the year in Singapore. On average, the annual relative humidity is 83.9 percent, based on data recorded since 1982 by the Singapore Meteorological Service. While relative humidity does not fluctuate widely from month to month, the variation within the day are significant and are affected by the amount of rainfall. For example, relative humidity in the morning before sunrise can be above ninety percent and the reading can drop to below 60 percent in the mid-afternoon on days without rain. The temperature of our human body is regulated by evaporative cooling, primarily enabled through perspiration. A higher relative humidity slows the rate of evaporation from one's skin surface and one tends to feel hotter than the actual temperature when relative humidity is high. Conversely, when relative humidity is low, one's perspiration can be more easily gotten rid of by air and one feels much cooler than the actual temperature. Thus humidity affects one's comfort level because it directly affects the evaporation rate of one's perspiration from the body (Berglund 1998).

The extreme levels of relative humidity can cause discomfort and dissatisfaction with one's thermal environment. A low relative humidity can cause discomfort such as nose bleeds and respiratory problems; a high relative humidity creates discomfort and dissatisfaction with one's thermal environment. A comfortable

range is typically between 50 to 60 percent, which is the minimum reading of relative humidity in Singapore's climate. Using relative humidity as the low control determinant, this research posits:

Hypothesis 2a (H2a): Relative humidity moderates the link between functional clues and customer experience.

Corollary 2ai: A low relative humidity amplifies the link between functional clues and customer experience.

Corollary 2a ii: A high relative humidity attenuates the link between functional clues and customer experience.

Hypothesis 2b (H2b): Relative humidity moderates the link between mechanic clues and customer experience.

Corollary 2bi: A low relative humidity amplifies the link between mechanic clues and customer experience.

Corollary 2b ii: A high relative humidity attenuates the link between mechanic clues and customer experience.

Hypothesis 2c (H2c): Relative humidity moderates the link between humanic clues and customer experience.

Corollary 2ci: A low relative humidity amplifies the link between humanic clues and customer experience.

Corollary 2c ii: A high humidity attenuates the link between humanic clues and customer experience.

Figure 3 provides the conceptual model for the study 1.

3.1.2 Study 2: Qualitative analysis

A sense of community refers to “a feeling that members have of belonging, a feeling that members matter to one another and to the group, and a shared faith that members’ needs will be met through their commitment to be together” (McMillan & Chavis 1986). The term “community” can be defined geographically such as, neighborhood, town, city or be applied in a relational sense that refers to the quality of personal relationships. There are four elements that engender a sense of community, (1) membership, (2) influence, (3) integration and fulfillment of needs, and (4) shared emotional connection (McMillan & Chavis 1986).

Membership is the feeling of belonging and personal relatedness. Members create boundaries to further the sense of emotional safety and security. Language, ethnic group, dressing, and ritual are different forms of boundaries. In a tightly knit community, the influence of a member on a community and the influence of a community on members are mutual. Individual members will feel pressure to conform to community influences or standards to gain consensual validation. A strong sense of community is reinforced when members meet their respective needs while they meet others’ needs. The integration and fulfillment of members’ needs bring about the community’s success and enhances individuals’ competencies and capabilities. A shared emotional connection is an affective community bond. Members’ experience of positive events and the joint resolution of difficulties, strengthen the emotional bond. These experiences contribute to a

members' memories over time and become the shared history that members of a community can identify with.

Community engagement develops when members identify with a community.

“Community engagement” refers to the members' intrinsic motivation to interact, cooperate and help other members voluntarily (Algesheimer et al. 2005).

Members help each other, participate in joint activities and volitionally that enhances value for themselves and others. Therefore, the first proposition in study 2 posits that:

Proposition 1: A sense of community is positively related to community engagement.

Although McMillan & Chavis (1986) have defined the four elements of a sense of community, they stopped at evaluating a firm's influence over P2P interactions in the community.

Libai et al. (2010) acknowledged that online peer-to-peer problem-solving communities that are self-organized lack the hierarchical system of governance and control. Instead of an authority-driven governance mechanism, the authors identified two mechanisms at work in self-organized online brand communities: reputation-based versus normative governance mechanisms. In reputation based governance mechanism, members gained recognition and earned status for participation. For example, eBay awards user ranks to recognize eBay users who participate, exchange advice and offer tips to fellow users in the online

community. Normative governance mechanism leverages communal norms to regulate customer-to-customer or peer-to-peer interactions. Social exchange theory predicts that regular and consistent reciprocal exchanges between members promote trust and commitment. Over time reciprocal exchanges between members become mutually rewarding.

Kaiser Permanente Online (a California based healthcare organization) as the sponsoring organization, adopted a facilitator role to govern the group of online peer moderators. As the facilitator, Kaiser Permanente influences the development of group norms and encourages their acceptance of these standards. As members accept these norms as congruent to their values and goals, this internalization strengthened the sense of community and led to an increase in community engagement.

Proposition 2a: Perceived normative community pressure moderates the link between a sense of community and community engagement;

Proposition 2b: The link between a sense of community and community engagement is weakened by an increase in normative community pressure;

Proposition 2c: The link between a sense of community and community engagement is amplified by reduced normative community pressure.

Through community engagement, members strengthened their social network and support. Members have access to new information through other members and expert resources to confide in and solve problems. This P2P interaction improves the self-efficacy of individual members in the community. Self-efficacy refers to

one's belief in his or her capabilities to perform a task and how much effort it will take to do so (Ford & Dickson 2012). A person with high self-efficacy will sustain his or her effort to perform a specific task if he or she believes that success can be attained. The converse applies to a person low on self-efficacy. Following this logic, a person's ability to care and access care affects his or her health outcomes and satisfaction with healthcare experience. That is, when the patient feels that the situation is not achievable their satisfaction drops dramatically. Thus, an improvement in self-efficacy among members will likely increase perceived control over their health and subjective well-being (Rosenbaum & Massiah 2011).

Study 2 evaluated the total customer experience and adapted the concept of brand experience (Brakus, Schmitt & Zrantonello 2009) to define customer experience as a customer's subjective responses evoked by experiential attributes related to the brand along four dimensions – sensory, affective, intellectual and behavioral. Hence the following propositions:

Proposition 3: Increased community engagement leads to improved self-efficacy.

Proposition 4: Improved self-efficacy will enhance the customer's experience.

Figure 6 describes the conceptual model for the propositions in study 2.

3.2 *Research Design and Methods*

3.2.1 Study 1: Sample and Procedures

Study 1 uses archival survey data that was previously collected through face-to-face interviews with 2,605 respondents over a 4-month period at an outdoor attraction in Singapore, a tropical island resort. This island resort draws both

domestic as well as international visitors. It is easily accessible by foot from the main island and offers different modes of transport from the main island including car, coach, and rail. The island resort occupies an area of 500 hectares and provides a variety of attractions for kids, youths, families, and adults. Besides entertainment parks, aquariums, museums, golf courses, water sports facilities and beaches, there are hotels and resorts for overnight stays. Visitors are drawn to the island resort for a variety of reasons, to have fun and enjoyment, to relax and unwind, or simply to spend more quality time to bond with families and friends.

The operator of the island resort conducted face-to-face interviews with visitors periodically to evaluate visitor experience on the island. The archival survey data used for this research was data collected over a four-month period from April to July. The face-to-face interviews were conducted by survey administrators hired by the island resort. These surveyors were distributed at pre-fixed points of entry and exit, across the island resort and randomly recruited interview respondents using street intercepts. Participation was voluntary, and the visitors who qualify as interview respondents are those who have completed their visit to the island resort and aged between 18 to 64 years at recruitment. The surveyors administered the interviews using a structured questionnaire that evaluated the respondents' perception of functional, mechanic and humanic clues and consumption experience. Table 1 lists the items in the structured questionnaire used by the surveyors. Surveyors recorded the age of respondents according to age brackets during the face-to-face interviews. Among the interview respondents, 20% of them fell into the age group between 25 to 29. Figure 4 provides the distribution of all 2,605 respondents by age group.

The meteorological data for this study was purchased from the national meteorological services and is specific to the geographical location of the island resort of Singapore. This island resort enjoys a tropical rainforest climate that is characterized by uniform temperature and pressure, high humidity and abundant rainfall. For this study, given that visitors are outdoors mostly, relative humidity is used as the measure for low control determinant and the reading for the day of interview was used for analysis. On the average during the survey period, the daily relative humidity was 72.2-percent and temperature was 28.7 degree Celsius. From the average daily relative humidity, the visitors to the island resort were likely to feel much hotter than 28.7 degree Celsius.

3.2.2 Measure Operationalization

The five survey items identified as measures for “functional clues” are respondents’ perception of the (1) appeal of attractions, (2) variety of attractions, (3) variety of food & beverage offerings, (4) variety of activities for children, and (5) variety of activities for adults. There were two items used to measure “mechanic clues,” (1) adequacy of facilities, and (2) overall upkeep and maintenance of the island resort. An additional two items measured “humanic clues”: (1) staff competency, and (2) staff helpfulness. Respondents evaluated their perception of these clues on five-point scales, where 1=very dissatisfied to 5=very satisfied.

The reliability of all nine variables used for the three antecedents or composite dimensions was checked using Cronbach’s alpha. Cronbach’s of the 3 dimensions

are: functional = .80, mechanic = .64, and humanic = .79. Internal consistencies of the composite dimensions are satisfactory.

Construct for customer experience

The customer experience construct is operationalized to include sensory, intellectual, affective and relational or social context dimensions (Brakus, Schmitt, & Zarantonello 2009). Respondents were asked to evaluate their agreeableness to each dimension: affective (e.g., “fun and enjoyable”, “helps me to relax and unwind”), sensation (e.g., “a warm and welcoming experience”), intellectual (e.g., “a new and unique experience”), and relational (e.g., “to spend quality time with my family/friends”). Respondents evaluated each dimension on a five-point scale, where 1=strongly disagree to 5=strongly agree. These five dimensions measure the same customer experience construct, and the reliability of a composite customer experience measure is high (Cronbach’s $\alpha = .87$). The construct for customer experience was derived from the mean value of all five dimensions.

The daily relative humidity readings from the national meteorological service provided the data source to study the moderating effects of low control determinants. Relative humidity is measured in percentage, and figures ranged from 56.6-percent to as high as 91.5-percent during the survey period. The integration of different data sources – survey responses and archival data – reduced common method bias.

Control variables

Past experiences shape customer expectations and predict overall customer experience (Anderson, Fornell, & Lehman 1994). Since respondents with prior experience will have expectations formed from earlier visits to the island resort, advertising messages or word-of-mouth influences, the control variable included into the equation “expectancy disconfirmation.” Respondents with previous experience are more familiar with the offerings on the island resort. Hence respondents were asked to evaluate their overall experience from that visit against their expectations before, on a five-point scale, where 1 = much worse than expected, and 5 = much better than expected.

Table 2 tabulates the results from the correlation analysis.

3.3 *Study 1: Findings and Results*

3.3.1 Measurement Model Tests

A structural equation model is used to conduct confirmatory factor analysis. This analysis used a package for structural equation modelling implemented in the R system for statistical computing called lavaan (Rosseel 2012). Figure 5 shows the estimated structural equation model. The fit measures for the proposed model suggest a reasonable fit. The chi-square statistic $\chi^2 (1839.918) = 253.00$ $p < 0.001$ is statistically significant. The ratio between the chi-square statistic and the number of degrees of freedom was 7.272, suggesting an adequate fit. In addition, the goodness-of-fit index (GFI) = 0.946 and the Root Mean Square Error of Approximation (RMSEA) is = 0.049 (90% CI ± 0.002), all indicating acceptable fit (Kenny 2015).

3.3.2 Hypotheses Testing

In keeping with the hypotheses proposed earlier, all three clues are expected to positively influence customer experience. In support of H1a, the coefficient for the latent variable representing functional clues is positive. After controlling for customer expectation based on past experiences or expectancy disconfirmation, the direction of impact is positive as predicted and the effect of the coefficient is statistically significant ($\beta = 0.59, p < .001$). This indicates that the customer's positive perception of functional clues is associated with increased customer experience. From the estimated means, functional clues have the largest impact on customer experience after controlling for expectancy disconfirmation. Table 3 tabulates the results of the regression output.

The coefficient for mechanic clues is negative although the impact on customer experience is small and not significant ($\beta = -0.09, n.s.$) after controlling for customer expectation. H1b can't be confirmed. This finding is unexpected.

Mechanic clues were operationalized with items that evaluated the sufficiency of facilities and amenities and the overall cleanliness and maintenance at the attraction. Both facilities that are shelter, resting stop, restrooms and upkeep and overall maintenance of the attractions are expected to positively cue the customer senses to improve customer experience. The bivariate relationship between facilities and upkeep with each of the observed or manifest variable of customer experience are positive and significant. These findings and results are discussed in the next section.

The coefficient for latent variable of humanic clues is positive as predicted and the effect of the coefficient statistically significant ($\beta = 0.13, p < .01$). Both functional and humanic clues have a significant positive impact on customer experience as predicted, in support of H1a and H1c.

The moderator, which is relative humidity in this study, is posited to affect the direction and strength of relationship between each clue and customer experience. The main effect of relative humidity on customer experience is negative and significant ($\beta = -0.002, p < .05$). To support H2a, H2b and H2c, the impact of the interaction term of relative humidity and each of the clues are expected to be negative and significant (Baron & Kenny 1986). However, all three posited moderating effects of relative humidity on functional ($\beta = -0.01, n.s.$), mechanic ($\beta = 0.01, n.s.$) and humanic ($\beta = -0.00, n.s.$) clues respectively, are not significant. The moderating effects of relative humidity on functional and humanic clues are negative as predicted but insignificant ($\beta = -0.01, n.s.$). The moderating effect of relative humidity on mechanic clues is positive although its effect is not significant.

3.4 *Study 1: Discussion*

This research provided empirical evidence for the drivers of customer experience especially that of functional and humanic clues in the service context. Based on the regression analysis, the effect of mechanic clues on customer experience was negative, contrary to H1b. In the survey, the measures for the mechanic clues construct were the sufficiency of facilities and amenities as well as their

maintenance and upkeep. While the direction is indeed negative against the predicted, the effect was however not significant.

The interaction effect of relative humidity and mechanic clues on customer experience was positive although not significant. The positive interaction effect suggests that a high relative humidity amplified the link between mechanic clues and customer experience while a low relative humidity attenuated the link between the predictor and outcome variable. A possible explanation is that at high relative humidity, visitors to the island resort could have chosen to visit air-conditioned indoors in anticipation of the high humidity. Hence relative humidity was found to amplify the effects of mechanic clues on customer experience. Under low relative humidity, visitors might have preferred outdoor and open-air activities over the sufficiency of facilities and amenities. This could explain the attenuating effects of mechanic clues on customer experience under low relative humidity levels.

The regression analysis did not confirm the predicted moderating effects of relative humidity on functional, mechanic and humanic clues on customer experience. Although the interaction effects of relative humidity on functional clues and humanic clues respectively, were negative, the effects were not significant. These results do not necessarily negate the proof-of-concept for low control determinant. Selection bias could explain the results. A high relative humidity negatively impacts customer experience as evidenced by the significant negative impact of relative humidity on customer experience. An analysis of

changes in attendance rate with relative humidity and the nationality could be included in future analysis to determine if the effects of selection bias.

Another explanation for the disconfirmation of hypotheses H2a, H2b and H2c could be the hourly fluctuation of relative humidity levels throughout the day. Relative humidity fluctuates widely within the day, and yet the data used for analysis was the average daily reading instead of the reading at the hour or time of visit. The average relative humidity for the day could have been 89-percent, but the relative humidity during the face-to-face interview could be 65-percent. This might explain the lack of empirical support for the effects of relative humidity. Another explanation could be the saturation of facilities and amenities in the island resort. The facilities and amenities are widely accessible on the island resort so much so that visitors could easily find respite from the heat thus limiting the negative impact of high relative humidity level on customer experience.

Although the regression analysis fails to confirm the moderating effects of a low control determinant, this does not rescind the proposition for the concept of low control determinant. Other low control determinants have not been included in this study. Study 1 did not incorporate other low control determinants like P2P interactions, haze, or even air traffic sounds. Study 2 proceeded to study how a firm can exert influence over P2P interactions and its effect on customer experience.

4 STUDY 2

4.1 *Sample and Procedures.*

Study 2 employed the ethnographic research method to evaluate how a service provider influenced peer-to-peer interactions. The research was based on a case study of a service provider who is a healthcare organization that operates three senior activity centers. The healthcare organization is a regional health system in public service, responsible to care for the populace in northern Singapore. Besides specialist outpatient clinics, acute and community hospitals, this healthcare organization operates three senior activity or wellness centers in the public housing residential estate. Opened in April 2016, these senior activity centers target residents in the neighborhood estate including retirees as well as patients with poorly managed chronic conditions. The senior activity or wellness centers conduct health and non-health related programs and activities for residents. The healthcare organization conceived of the wellness centers as a first step to promoting supported self-management of community-dwelling seniors.

These wellness centers adopted the concept of a “third place” coined by Oldenburg & Brissett (1982). A third place is one that is “outside of workplace and the home” that provides a common meeting ground enabling individuals to participate in friendly chatter and banter. P2P interactions take place in social networks across different service settings and at third places. Third places do not require formal membership and customers of a third place can participate actively, enjoy and entertain one another. They visit a third place to gain social support from other customers there. Individuals who have lost social support due to

negative life events can find solace by forming supportive ties with customers at third-places (Rosenbaum & Massiah 2007).

Each wellness center is sited in the void deck of public housing apartment blocks and located within a 600 meters radius of each other. A void deck is an open communal space found on the ground floor of a high rise (about 10-storey high) apartment block in Singapore. The living units of most public housing apartment blocks are sited from level two and above. Residents in the block or neighborhood, use the void deck as a stopping place or thoroughfare to traverse to the upper floors to their dwelling units or in between housing blocks (Ooi & Tan 1992).

In-depth interview was the primary method of data collection used for all three groups of individuals: (1) administrators of the health system, (2) healthcare workers of the health system, and (3) member residents from each of the three senior activity or wellness centers (henceforth “Centers”). Groups 1 and 2 are employees of the regional health system. These employees are directly involved in the conceptualization, resource gathering, planning, daily administration and operations of the Centers. There are six of them including three center managers. Each Center Manager is responsible for one wellness center and they see to the day-to-day running of the Center. In addition, community nurses who are scheduled to man the community nurse post located in each of the Centers were invited to participate through one of the administrators.

The author visited the Centers and directly approached the administrator(s) who were on-site to invite their participation. Using a snowball sampling procedure, employees who agreed to participate were requested to refer their colleagues to participate in the research. In all, six administrators (group 1) and four community nurses (group 2) were interviewed. Subject to the availability of the interview participant, in-depth interviews were conducted by phone or face-to-face with individuals from groups 1 and 2. Oral consent was obtained from those who agreed to be interviewed over the phone while those interviewed face-to-face provided their written consent (see [table 4](#) for the template used for log and record of respondents' oral consent and [appendix 1](#) for the written consent form for the Center administrators).

The third group of interview participants are member residents and caregivers of member residents from the Centers. They were recruited using a systematic sampling technique. Each day, up to 60 residents turn up at each Center. On arrival at the Centers, member residents would log their names and time of arrivals into an attendance sheet at the respective Center before commencing with the Center's activities. The Center managers maintained the daily attendance sheets that contained names of member residents and their time of arrival. At the author's request, the respective Center manager assisted to select every third entry in the attendance sheet and sought consent from each shortlisted member resident before referring him or her to the author. The author invited members' participation and sought their oral consent as a research participant before the start of the face-to-face interview (please refer to [appendix 3b](#)). The interviews were conducted in their language of choice – English or Mandarin.

The interviews were semi-structured and used a research protocol generated from the propositions (see appendices 3a to 3b). Additional sources of evidence were collected through observations and participation in some activities at the Centers to verify against responses gathered from the interviews. Appendices 4 and 5 are examples of the registration forms and attendance sheet used at the Centers.

The duration of each interview ranged from 15 to 60 minutes. The interviews with administrators took at least 30 minutes. The interviews with each member resident or caregiver of member resident took about 15 minutes at minimum.

These Centers are set up with two partners. One partner supports the Centers' programs and activities providing resources and capabilities where appropriate. These resources and capabilities include fitness instructors for the morning exercises at the initial inception of the Centers. The other partner sponsors the space, allowing the Centers to be co-located with its eldercare daycare facility for mentally infirmed seniors. Since both partners are not directly involved in planning for the Centers and implementation of its daily programs and activities, they were not invited as interview participants for this study.

In all, thirty-nine in-depth interviews were conducted that gathered overall experience and gained insights into the intrinsic motivations of each interviewee's role, participation and reported outcomes. The interviews generated 356 pages of transcripts (please refer to [appendix 7](#) for the interview transcripts). The transcripts in Mandarin were translated into English by the author and verified with respondents to ensure that the intent and meanings are consistent.

A three-part iterative analytical technique was used to develop an understanding of how firms can exert influence over P2P interactions (Eisenhardt 1989; Yin 1994). The first part was the process of constant comparison, coding and memoing of data from in-depth interviews and participant observations to construct preliminary working categories. The second part uses contemporary marketing theory to interpret and reconstruct the categories. Finally, the categories were integrated with relevant marketing and organization literature to propose an implementation framework that firms can adopt to influence low control determinants.

4.2 *Findings*

4.2.1 **Sense of Community**

McMillian and Chavis (1986) asserted that individuals gained a sense of community when they derived four benefits from being part of a specific group. These four benefits are: (1) membership, (2) fulfillment, and integration of needs, (3) shared emotional connection and, (4) influence.

The residents at the wellness centers engaged in a daily (Monday to Friday) morning routine of physical exercises. The wellness centers open at 8.30 am by the center managers who often arrive earlier to find residents waiting outside the Centers for them to unlock the place. As soon as the Centers are opened, residents would file in and help with getting the Centers ready for themselves and other residents to have exercises in the spaces. Those who were abled-bodied helped with the physical chores to push aside the door panels, then quickly stacked the

chairs and tables aside, completed their registrations and secured a space in the lineup ready for the morning exercises.

Each day of the work week begins with physical activities that last for an hour. There are different programs for various functional abilities. The Centers organize high-intensity cardiac exercises like Zumba for the physically abled residents in nearby open spaces, and for those who were weaker and non-ambulatory, they would remain in the Centers for their exercises. Residents who needed support for mobility could stay in the Center and remained seated while participating in low-intensity exercises. Those who were wheelchair bound could remain in their wheelchairs during the group exercise. Meanwhile, the center managers joined in the exercise, encouraged and guided the members along.

Based on findings from the ethnographic research, the following section discussed those four individual benefits or elements (McMillian & Chavis 1986; Algesheimer, Dholakia & Hermann 2005; Rosenbaum, Ostrom & Kunitze 2005) that contributed to an individual's a sense of community.

Membership

Membership refers to the feeling of belongingness and personal relatedness created through boundaries like language, ethnic group, and rituals. When interviewed all resident respondents agreed that they considered themselves members of the respective Centers despite the absence of any formal membership. This is unlike the practices of healthcare organizations such as Kaiser Permanente Online that was mentioned in section 3.1.2.

At the Centers, the members' feeling of belongingness need not be formed through formal membership. The Centers did not impose a fee on residents to join in any of the centers' activities or to use the Centers' resources such as books and newspapers. There were no mandatory and lengthy membership forms to complete. Instead, the center managers would administer the forms at their discretion like when they saw that the residents were beginning to turn up regularly. Their rationale was to reduce the entry barrier and encourage residents to explore the space.

The registration form asked for simple demographic information like name, telephone, date of birth, race, language, dialect spoken and emergency contact person. These were framed in the interest of the resident. Also, center managers would evaluate and indicate the individual member's frailty and functional mobility using the clinical frailty scale. The clinical frailty scale is widely adopted in healthcare and the measure is reported on a nine-point scale (Bagshaw et al. 2014). The scale ranges from 1 being "very fit" to 9 being "terminally ill" (please see [appendix 4](#) for a description of each point on the scale). Using the clinical frailty scale, an estimated eighty percent of a sample population of residents at these centers were "Well" and "Managing Well" (as at February 2017).

Throughout the day, the regulars would register their names and telephone numbers on an attendance book on their arrival at the respective Centers. The center managers displayed the attendance books in areas that were visible and

easily accessible to all walk-in residents. The regulars would fill-in their attendance before proceeding with their activities at the Centers.

The registration process was a ritual for regulars. One can immediately decipher the regulars from the curious onlookers by their spontaneous action – registration – on arrival at the Centers. A ritual is one of the formats of boundary that could delineate members from non-members. Past literature found such boundaries to further members' sense of emotional safety and security (McMillan & Chavis 1986).

The morning exercise was another form of ritual for member residents. Of the twenty-nine residents interviewed, only one visited the center weekly and another five visited twice a week. The majority or twenty-three of them visited the center daily or almost daily. One of the residents explained that except on days of her medical appointments, she has been visiting the Center daily since it opened in April 2016.

The regular visitors participated in the ritual-like one hour morning exercises. While the type of exercises and music might vary by the day, the morning ritual invariably created buzz, laughter, and sounds of happy claps in the neighborhood.

Those who were new and curious were quickly acknowledged by the center managers who could be seen greeting every member and checking that the space would be safe for the morning work-out. The atmosphere was always warm and friendly. The center managers engaged any curious onlookers with friendly chats

and encouragements to join in or to simply observe the exercise proceedings. The neighborliness and warmth put everyone – both new and regular – at ease and added to the sense of emotional safety and security of the Centers.

Integration and Fulfillment of Needs

The literature in community building identified the integration and fulfillment of needs as one of the benefits that keeps members to a group (McMillan & Chavis 1986). A sense of community is developed and reinforced when members meet their respective needs while they fulfill others' needs. The interviews uncovered this as one of the benefits to member residents at the Centers.

Some residents are there to participate in the morning group exercises and perceived the group activity to be more motivating contrary to individual exercises that can feel lonely. Mr R, a Malay resident who suffered a stroke, was one of those who needed to exercise and the motivation from peers. He was mentioned on multiple occasions by the administrators, his wife, and other residents. His attitude and motivation levels improved when he started to take part in the exercises at the Center. The encouragements from member residents as well as the praises from the exercise instructor, drew him out of his withdrawal.

The following are excerpts from other residents when asked for their reason of joining the Center:

“I like it here. There are so many programmes like line dancing, cha-cha, exercises, such variety! And on festivals like Deepavali, Chinese New Year,

Christmas, there are celebrations. There will be lots of people here during celebrations. Time passes very fast over here because there are so many aunties here to chat with.” – No. 007

“When my husband was alive, I had to take care of him. Now that he has passed on, I have more time. Besides my children are all big, even my grandchildren are big already. I have eight children and I live with my daughter.” – No. 006

It seems that there is nothing unusual with the exercise routine. Being in the heart of the residential estate helped the Centers to draw residents who were living nearby. However, not all of them lived within walking distance. From the visitors' heat map prepared by the administrators (please refer to [appendix 6](#)), ten-percent of member residents lived more than a 600-meter radius away from each of the Centers. The distance did not deter these members. In one case, a resident who was suffering from Parkinson's Disease visited the eldercare center next door to the Center every morning for therapy. Now he would spend his time at the Center after his daily therapy sessions to play the game Rummy-O with fellow members, to attend talks and dancing classes. 'Rummy-O' is a board game that is mentally stimulating and is often played at the Centers especially among the elderly.

The residents have taken to the Centers like their second home or an extension of their home – truly a third space. The Centers satisfied more than the functional and relational needs of individual residents. The center managers were continuously looking out for opportunities where residents could support each other and uncovering their strengths for contributions.

One of the administrators explained how he went about to uncover the capabilities among residents and this included a lady resident who was once frail. The lady resident was one of those patients with poorly managed chronic conditions. Some examples of such chronic conditions are chronic obstructive pulmonary disorder, diabetes mellitus, rheumatoid arthritis, and organ failure. Due to her conditions, this lady resident aged 51 was re-admitted frequently into the hospital soon after discharge. Her care was assigned to a community care team that comprised doctors, nurses, pharmacists, and allied health therapists.

Such home visit interventions were useful to help the community care teams identify reasons that might interfere with a patient's recovery. For this lady, her fear of falling immobilised her and she was reluctant to leave her house. The team encouraged her to visit one of the Centers situated within walking distance from her home. At the Center, the center manager paired her up with a 64-year-old lady who was fit and active. The older lady befriended her and walked her daily to and from the center. In addition, she would engage the younger but weaker lady resident in simple cognitive and physical games. Soon, her self-confidence and physical strength improved and the center manager readily got her to help with simple gardening chores.

There was another instance of an 84-year-old female resident who started daily morning exercises at the Center on a wheelchair. Peer support and her persistence paid off. She could walk subsequently, although not yet steadily. Instead of a wheelchair, she requires only a walking frame to move about now. Similar stories

were shared about the integration and fulfillment of members' needs throughout interviews with residents, community nurses, center managers and administrators.

Shared Emotional Connection

The third of four benefits to individuals of a community is – shared emotional connection. Residents motivated each other and offered help to caregivers who might struggle with their charge. They readily share stories of residents who have made progress from these regular morning fitness regimes, like the story of Mr R who made dramatic progress from a reclusive wheelchair bound to a motivated and confident-looking uncle.

One of the administrators related Mr R's story and how his wife had supported him in the process:

“(we) had one uncle. He's very new at 260 (one of the three Centers) ... Mr R... came to the center in February. He had a stroke so he had a brain operation. He doesn't really move very much. He's always on the wheelchair with his wife. ... (when) I saw him last week, his cheeks were so pinkish and rosy and he waves (to me). I was like, “Huh?” (surprised and) I turned to Mr T (the center manager) (for an explanation), “Eh??” (what's going on?) Then he was like, “Yeah he became very well.” So he comes down for exercises now. A lot of the credit has to go to the wife. ... she comes everyday and (although) she lives across the street... it's very difficult for her to actually push (him on his wheelchair) but she does it everyday or at least 4 days a week, just to bring the uncle (Mr R) to the wellness center, do the exercise together, chill, hangout and chitchat. So she has offered to

cook. She cooked also for the whole community and she said, “Since I’m going to cook for uncle anyway... I’ll cook for the whole community.” Yeah he’s really become very well. And we have an exercise instructor ... (who) said, “I think he should be able to stand in a few more weeks, few more months at the rate he’s going.” He can lift his own legs already, which he couldn’t do. The auntie was also saying, “Yeah now it’s easier to wheel him out of the house because he can at least shift a little of his weight.” So he’s willing to also walk... like those zigzag wheelchair ramp? ... He walks the zigzag instead of the stairs. So it’s actually quite good.” – No. 024

These inspiring stories when related to others reinforced the transformative value created by the Centers and how the Center had brought the neighborhood together. The morning exercises filled the Centers and vicinity with an air of positive energy, laughter, and even glee. The exercise instructors played a central role in jiving up the mood and gaining participation. At the end of the hour-long exercises, there was an air of accomplishment as residents felt that they have persevered through. The sense of accomplishment bound together members of the group. One resident described as such:

“Every day! 5 days (a week). Because we’ve got nothing to do in the morning. (we) Come here, ... we exercise. Exercise together more happy than we do at home alone (sic),” – No. 003

This shared emotional bond was built daily, slowly but surely and steadily. After the exercises, many helped to return the tables and chairs to prepare for the

morning breakfast. Most residents stayed on to join in a simple breakfast of coffee with toast or nutritious soup and catch up with each other. Conversations were rife about a range of topics such as family matters, programs at the centers, plans for the day, marketing tips, exchange of culinary know-hows. The residents got to know each other personally when they previously had no reason to exchange names even though they may be living in the same neighborhood.

“The ladies themselves admitted, “We have been neighbors for eons but we only knew each other when we met here, at the Wellness Kampung.” Because if you think about it, to be fair, where is the platform and the social setting for such interactions to take place? There isn’t.” – no. 031

This shared emotional connection was also established from key milestone events at the Centers. All three Centers were un-officially opened in April 2016 but officially opened on September 2016. The official opening was graced by a political office holder and members of the media were invited to report about the Centers. For the official opening event, the center managers gathered residents to help with the opening performance. One of the residents related her experience:

“I was at block 765(one of the wellness centers) for the opening ceremony and went there many times for rehearsals. It was a group activity and we were trying to encourage the elderly there to participate.” – No. 001

Through numerous rehearsals and preparatory activities besides the opening performance, residents developed shared memories of the good and bad times.

Not all memories were positive. There were numerous occasions including quibbles and fights among the residents. The joint resolution of difficulties pulled the community closer and these memories turned into shared history that members of the Centers could identify with. A center manager recounted how the residents rallied around him when confronted by an unreasonable resident who turned aggressive:

“We have a karaoke room. We only allow members to join the room because we switch on the air conditioner so some people like to go in to enjoy the cool air. So he would walk in and I would pull him out and say “Cannot ... go inside there. This is for members only.” Then he would argue and say “I’m a senior. I’m pioneer generation. I can go anywhere I like.” I told him “Cannot. These are our rules here.” He upset quite a number of people and a few aunties actually came forward to help me. They chipped in to talk to him and he got mad and exclaimed “Wah, all of you gang up against me.” The argument shifted from between the both of us to him and the aunties ... Because (one of) the aunties was trying to shift her chair away and the uncle said “Wah, you want to fight?” She said she wasn’t but he kept going on. ... He was very violent and was shouting so I called the police. He even scolded the police. ... eventually the police warned him and took him away. That was the most serious case.” – No. 030

This same story was recounted by at least three other members at the Center during their respective one-on-one interviews. Besides working through difficulties together, center managers and residents resolved differences together. In the process, they were more motivated to keep the center vibrant and active

having surmounted the barriers jointly. One of the center managers, and residents in his Center, recounted the differences in opinions among residents when they started providing daily lunch at the Center. Some residents contributed cash and others contributed perishable food. However, the plan did not work and in consultation with the center manager, a few residents started to seek token monetary donations from residents who wished to consume lunch. Since not everyone agreed to the monetary donation, conflicts and disagreements soon ensued to the extent of complaints lodged with the authority. The conflicts were subsequently resolved and residents agreed to a minimum sum of \$1 each whenever one would take lunch at the Center.

These shared emotional connections were not merely serendipitous occurrences. The center managers make deliberate attempts to build shared positive memories through the creation of, and driving participation in, group activities including national competitions. One of the center managers rallied a group to take part in the Rummy-O competition nationally. The center manager related how he created the opportunity and took time on weekends to support the participants for the competition where they won two prizes:

“Two months ago, I sent a group of people to take part in the Rummy-O ... it’s a national competition. ... (held at) the CC (Community Club) ... So I chose 4 (residents)..., I make them come and ... train for one month, ... and then I used my own car to send them there (venue of competition). It’s a Sunday ... (you) have to sacrifice yourself. ... (On) that day, (there were) 160 participants, but only fifteen prizes! I have four participants, (they) won two of the (fifteen) prizes! One

was (awarded) the eighth position, the other the fifteenth. So they were very happy. ...one of the participants' ... daughter-in-law made a poster of the participant at the prize ceremony ... for me to display at the center. ... (this) made them proud." – No. 023

Influence

The fourth benefit that past research has defined as a contributor to a sense of community is influence. This mutual influence impressed upon each of the residents interviewed for the study. They knew they each have a role to play in keeping the Centers vibrant and sustaining the programs and activities. Similarly the residents' behaviors and actions such as in physical activities and dietary choices, were influenced by the centers' programs and activities.

The Centers were set up with a health agenda which was hard coded into the center's purpose and physical design. Every operating day starts with exercises and the frailty prevention program is held weekly. The community nurse visits the centers weekly and occupies the consultation rooms to conduct health checks or one-on-one health consultations with residents.

What is also hard coded in the physical design is the open kitchen that is featured in every Center. The open kitchen becomes a centerpiece that draw curious onlookers. Some residents initially thought that these Centers were cafés but found out that they could make themselves a coffee or get a drink for free. Some asked if they could cook at the Center. To the center managers, such a question

becomes a prompt for them to ask in turn if the onlookers would be interested in cooking and if so, extend the invitation to join the centers.

The center managers further exerted their influence by ensuring that the food prepared in the open kitchens would be healthy. Residents are influenced by the healthier cooking in these kitchens as pointed out by the community nurses:

“Like (the wellness center at block) 260... the auntie will cook those healthy foods. Then the people there also will follow. Nowadays they start referring cases (diabetes patients from the hospital) to us (community nurses). ...” – No. 027

Community nurses did not limit their consultations to the treatment of disease conditions. Instead, they exerted their influence on residents by first building trust and rapport with them and shaped their decisions for healthier living. When they were not seeing any resident in the consultation rooms, the nurses would be out of the rooms to get to know the residents and would participate in the activities with them. One of the community nurses shared how she advised a resident to access the social support of a home improvement program for mobility and comfort of elderly residents, which then enabled the resident to successfully install appropriate safety grab bars at home that can prevent falls:

“... maybe I really did something for that lady ... after ... I did the falls assessment. ... I advised her (on) a lot of things, like ... the EASE (Enhancement for Active Seniors) program. They ... install all the (safety) bars (at her home)...

she's very happy. ... at least from here (the centers), ... we (get to) talk to them, ... we can assess them and talk to them.” – No. 029

The residents responded by making changes to their behaviors and actions. From regular cooking demonstrations and health talks by certified dietitians and nutritionists, the residents adapted their traditional recipe to cook with less sugar, less oil, less salt and healthier alternatives, such as replacing coconut milk with low-fat milk.

The residents observed the health related messages – “No added sugar and salt”, “Use less oil” –conveyed by visual cues displayed in the open kitchen and would learn to prepare their meals accordingly. Example, there was no instant three-in-one coffee at all the Centers due to its high sugar content. Only wholemeal bread and not white bread, were available at the Centers. Condensed milk that was commonly added to coffee and tea in the local diet, was also not available at the Centers due to the saturated fat and sugar content.

The Centers were deliberately kept lean in staffing due to budget constraints. This became a reason when encouraging residents to self-help which most of them did.

The residents also played a part in shaping the Centers' programs and activities which were mostly started by themselves. For example, when the residents wanted to learn singing, the center manager encouraged them to find their instructor and karaoke equipment. To which, they successfully executed and the singing classes are still being held to this day.

Community Engagement

As members established their identity with the community, they would be engaged to the community or intrinsically motivated to interact, cooperate and help other members voluntarily (Algesheimer et al. 2005). The first proposition posited that a sense of community is positively related to community engagement.

Interaction. Residents acknowledged each other's presence at the Centers. The interaction amongst residents crossed ethnic groups – Chinese, Indians and Malays. During the interviews, residents were quick to point out that everyone at the Center was a friend regardless of language spoken, race and religion. While ethnic groups can be a boundary condition for communities or cliques to form (McMillan & Chavis 1986) due to differences in spoken language and cultural practices, it was certainly not the case at the centers studied in this research. Ethnicity did not feature as a boundary condition at the Centers. Residents and center managers highlighted the inter-racial camaraderie during interviews. For example, member residents regardless of ethnic groups, contributed time and resources to organize and participate in inter-ethnic festival celebrations at the Centers such as, Deepavali celebrated by the Indians, Chinese New Year celebrated by the Chinese, and Christmas which is predominantly celebrated by the Christians. Most of the residents conversed in simple English. Beyond which, nonverbal cues like a mutual smile and nod added to the sense of warmth and welcoming at the Centers. For some of the residents, there was no one at home in the day thus programs and activities at the Centers kept them occupied and the friends there fulfilled their relational needs.

One of the administrators pointed out that the morning routine was like the glue that bound the regulars and that evolved into genuine care and concern for each other:

“... the exercise is a common activity that they identify with the group. They share that common bond already with the regulars. It becomes a routine that you come in, you do (the exercises), after that you eat, spend the time... It’s ... a routine that will fill up literally almost the whole morning. As opposed to in the past, even if you have a helper, you’ll just be with the helper and the four walls. Now you come down, you’re happy because you are able to interact, be it even simple things like coloring, calligraphy, playing Rummy-O, or even just chit-chatting, whatever.

There are people around, activities right... obviously (sic) every now and then you have people coming in to cook food. ... I think there is at least a certain form of bond, a certain form of caring for each other. Maybe love may be too strong a term for now but definitely the care and concern is there for each other. And you can sense that ...I think that’s also what’s driving them to come back.” – No. 031

The personal relatedness this community exhibited stemmed from the familiarity with one another through the daily morning exercise routine. The residents got to know each other through the regular exercises, friendships were forged and they learned to lookout for each other. Based on the interviews, all resident respondents agreed that they have friends at the Centers. One of the residents (no. 001) recounted that “When I am not here on Wednesday, they will inquire why didn’t I come.”

The following are excerpts from interviews with residents on peer interactions at the centers:

“(I come here) for the exercise. Besides exercise, I like to be with the group. I have friends here and get to know new friends.” – No. 004

“(I have) a lot of friends (here). I get to sit around to chat (with them) about anything like food and all. I am single and I cannot do without friends. When you are out, you depend on your friends. So you need to have a lot of friends. – No. 007

Cooperate. Besides interactions, members who are engaged cooperate with one another. Based on results gathered from the ethnographic research, the residents cooperated with each other as well as the center managers. For example, the researcher observed that the residents supported the center managers requests to register their attendances each time they arrived at the respective Centers. Despite the inconvenience, caregivers would log their attendance when they arrived at the Centers with their charge who were seated on wheelchairs. Although the registration of attendance was not a requirement, the center managers encouraged residents to do so. One of them explained the requirement as a means to helping residents improve their memory:

“I also told them it’s good for them because as they write, they will remember how to write their names and phone numbers (sic).” – No. 030

The residents chipped in and did their part in keeping the Centers clean. For example, they shared during the interviews that they would wash cutleries after use. They also kept the floors at the Centers dry because they recognized that wet floors would endanger the safety of the frail. When asked, all the residents expressed that they did not perceive these as rules with consequences if not followed. Instead, they realized the need to respect the communal space.

Help One Another. Besides interaction and cooperation, members who are engaged help each other voluntarily and that will enhance value for themselves and others. These helping actions were evident from data collected from the ethnographic research. Fourteen of the twenty-nine residents interviewed were volunteers at the Centers and were assigned additional duties by the center managers. Among them were exercise instructors, dance instructors, phonics instructors, center cooks, instructors for simple English and Chinese phonetics.

The instructor who conducted classes for Chinese phonetics had been sick and was non-ambulatory at one time. Today she is fully ambulatory. She attributed her fitness level today to the doctors who cared and treated her. In return, she felt the need to contribute by volunteering her time and efforts to teach illiterate residents how to read through Chinese phonetics.

Seven of fourteen volunteers were befrienders of elderly who lived alone and were at risk of social isolation. Referred to as “kampung buddies,” they were required

to deliver meals to their charges at their homes. The administrators guided them on how they could strike conversations with these elderly:

“...(at) every household, spend 5 minutes. Just spend 5 minutes ... (to) talk about the food. Do you like the food that you’re eating yesterday? How do you like the taste? Any feedbacks that we can tell the kitchen? How is your day? When is your next (medical) appointment? ... Does any of your family members visit you? Things like that... simple things like that. It’s very easy. It’s doable. It doesn’t take a long time. So each of the volunteer takes about 30 minutes (with the food distribution) and one auntie told me... (that) she can clock steps” – No. 024

By organising the help and shaping how residents could interact with one another, several developments arose. For example, one elderly at risk of social isolation was persuaded by his kampung buddy to visit the Center for his lunch. He now visits the Center whenever he can, and if he could not leave his apartment, he would call his kampung buddy and remind him to bring lunch.

Other volunteer duties were as mundane as refilling toilet paper in the centers’ restrooms, attending to the needs of wheelchair bound residents at the centers. There were ample opportunities for residents to help one another even if the center managers had not assigned any duty. One of the Malay residents recounted how she had coached a domestic helper in caring for her elderly charge who was suffering from dementia. She knew how to handle persons with dementia from her own experience when caring for her mother who had dementia. Irrespective of the nature of help, interviews revealed that these duties and opportunities to help gave

residents a sense of purpose at the centers and sustained their frequency of visits.

The cook at one of the centers had this to say:

“My children are all grown up. I have nothing to do at home with my husband. I used to go out with friends to shop or for coffee at Northpoint (Shopping Center). ... I had wanted to come here to learn line dancing, I don't know how I ended up doing this. Now I don't have time for myself because I am very busy. When I am not here, I worry that the residents here have nothing to eat. Many of them are elderly. Besides they are used to me cooking lunch here.” – No. 037

This sense of purpose compelled this center's resident cook to sacrifice her time to prepare meals for members at the Center, many of whom were elderly residents. She rationalized that if she did not cook, the elderly members at the resident would have to find their way to a distant coffeeshop for lunch. Thus leaving the Center vacant. By her providing lunch, they would have a reason to remain at the Center for lunch after the morning exercises to interact with each other, play games and be engaged in other activities.

When asked for the reason(s) why they join the Centers, all twenty-nine residents could cite at least one reason. Seventeen of them cited the morning group exercises as the primary reason for their joining the Center. Although the morning group exercise was a key activity that drew residents to the Center, the purpose of this activity was for the individual self. A stronger driver for a sense of purpose was derived from helping others at the centers. The volunteers at the centers were highly motivated to perform their duties every day at the expense of their personal

time and resource. Fourteen of the residents interviewed were active volunteers at the centers and they were devoted to helping the center managers see to the daily operations at the centers for the benefit of fellow residents. Volunteers like the center cooks, exercise instructors, etc, were motivated intrinsically because their contributions enhanced value for both themselves and the community. As another volunteer pointed out:

“We as volunteers often fork out our own cash to buy some food to cook here for the elderly who has no place to go to. These elderly also have no children and they are bored. We encouraged them to stay behind for lunch. Every one of us contribute a little to fund their meals. These elderly folks do not work and they have nothing. It is a small gesture (on our part) to support their meals.” – no. 010

The contributions of these volunteers demanded their personal time, resources, and efforts. Regardless they did so on their own volition to benefit the community. Such prosocial behaviors (O'Reilly & Chatman 1986) go beyond the mere sense of emotional safety and security from being members of the Centers. Providing further support for P2P interactions as an effective mechanism to promote supported self-management and improve overall well-being of community-dwelling seniors.

The center managers played a key role as a catalyst for community engagement. At one of the Centers, five residents agreed to be exercise instructors after the center manager highlighted the lack of budget for a fitness coach.

“... I am here every Wednesday to lead the elderly in stretch band exercises. I started as a participant and now together with 5 other members, we are leading the stretch band exercises. Sometime ago, Mr W (one of the center managers) told us that the Center could not afford the fees for the fitness coach and he appealed to us to lead the other members in the exercises. With our help, he would then be able to sustain the weekday exercises in this Center. Moreover, he told us at that time that the Center was to be officially opened on 15 September (in 2016) and he hoped that we could lead in the exercises to show the Member of Parliament. That was how I agreed and have kept to this routine since. I lead the stretch band exercises weekly on Wednesday and Thursday.” – No. 001

These stories were shared and written up by the healthcare organization and published in their newsletters and annual reports. The positive feedback loop reinforced residents' prosocial behaviors which in turn led to a greater sense of ownership and accountability. The data supported proposition 1 that a sense of community is positively related to community engagement. In addition, the four elements that engendered a sense of community, the center managers actively uncovered capabilities and capacities among residents encouraged their participation as volunteers which further extended the impact of P2P interactions. Community engagement was not left to chance. The administrators were the catalysts for community engagement.

All four elements that engendered a sense of community – membership, fulfillment, & integration of needs, shared emotional connection, and influence – were evident from the interviews with residents, center managers and

administrators. A strong sense of community was manifested from the frequency of members' participation, the visible improvements in residents' functional abilities and number of volunteers who were committed to keeping these centers in operations. The sense of community was reinforced when residents worked together to organize events and activities and to overcome differences, issues and difficulties. Each of the twenty-nine residents interviewed reported a sense of purpose at the Centers especially the fourteen of them who offered their services voluntarily lending support for proposition 1 that a stronger sense of community led to greater community engagement.

Perceived Normative Pressure

Proposition 2 conjectured that perceived normative pressure moderates the link between a sense of community and community engagement. Normative community pressure is a form of pressure introduced by communal or group norms (Frei 2008; Libai et al. 2010). Normative community pressure is high if the norms are not congruent with a member's values and goals. The pressure is low when members accept these group norms as congruent with their values and goals. Hence the link between a sense of community and community engagement is weakened by an increase in normative pressure (proposition 2b) and the link is amplified by reduced normative community pressure (proposition 2c).

Invariably there was pressure to conform at the Center. In the morning when residents, including the center managers were engaged in the physical workout, anyone not doing so would likely be the odd one out and would feel pressure to join in.

Communal norms often regulate P2P interactions. The author was present to observe the morning proceedings, and the atmosphere was infectious. One felt pressured to join in the simple workout and residents encouraged each other to try different physical moves. Peers, center managers, and instructors were quick to acknowledge, audibly, individual's functional improvements. There was no need for any visual identifier like the same outfit, cross-trainers or special equipment; anyone regardless of age and ability could follow the exercises.

The exercises were not entirely self-organized. While the instructors were residents themselves, the center managers ensured variations in the morning workout to entice the residents.

To remind residents to keep the centers clean, the center managers placed cues throughout the centers as reminders. Moreover, these cues were designed to communicate the rationale and necessity behind the house rules. The residents would remind each other to return things after use. The center managers were role models. They would perform the cleaning tasks and would rally residents to help. One of the residents related:

“Everyone follows the rules here because we have a good leader, Mr W (the center manager). He showed us what to do and we follow him. People here will look around and observe. If they are not sure, they will ask. From my observation, they will follow the rules. We all know that this is a communal facility and service. ... This facility is free and available to everyone. So Wellness Kampung is not obliged to employ dish washers or toilet cleaners. Wellness Kampung is a facility

for our exercises, for our use and at our convenience. Since everyone knows this, we all will be motivated to follow the rules, help each other out and keep the place clean. The leader (center manager) is very important. He is constantly reminding us to keep the place clean, keep the toilets clean, don't litter, wash after ourselves. You will notice that after the exercises, everyone will voluntarily return the chairs and place back the tables. You can see for yourself." – No. 001

The residents did not feel the pressure to conform. The requirements of the Centers were consistent with their values and goals. When residents were asked about the rules at the Center, most responded with, "Rules? No rules.", "Nothing much.", alternatively, "I am not sure." However, they soon recalled that they were expected to be respectful, clean after themselves and felt that it was expected of such a communal facility. Some readily acknowledged that they had seen other residents who left their used cups behind but thought nothing of helping them wash their cups citing age and reduced mobility as likely reasons for their lack of cooperation.

Perceived normative community pressure was low among the group of residents interviewed. These observations supported proposition 2 that the link between a sense of community and community engagement was amplified by reduced normative community pressure.

The ones who felt pressured to conform might have chosen not to return to the Centers. One of the center managers related an incident where he had to turn away a hot-tempered resident who offered cakes on goodwill to the Center and these

cakes were mouldy. He reminded the resident of the health standards of the Center and that turned off the resident who subsequently never returned to the Center.

One of the Centers that provided residents with lunch daily in exchange for \$1 per meal has had to deal with residents who refused to contribute but wanted to consume lunch for free. Those residents who refused to contribute soon stop showing up at lunchtime when the norm of giving at least \$1 was established at the Center. The center managers played a critical role as influencers in developing and establishing norms. One of the center managers was quick to highlight the need to have advocates and the need for frequent communication to encourage members' acceptance of these norms:

“Everytime they do the exercises... I will talk to them because communication is very important. When you do not communicate, they would not know. Sometimes ... (as) newcomers, they don't know. They thought, “This is a coffeeshop. This is a public area. I don't care.” But I tell them, “No, ...(you) must treat this as your second home. ...” So... slowly slowly... they (are) now used to it already. After eating ... they (would) wash (after) themselves already. Wash the plate everything. ... It's not a problem. But (I) have to talk to them (continuously) ... communication. ... so long as they're happy, then they're willing to ... offer their help.” – No. 023

Besides, center managers would give recognition to members who are participating and contributing to the Centers' operations. A center manager described a scenario when he was short of funds to continue the engagement of a

professional fitness instructor (“Mr K”). He then related how he overcame the problem by ‘headhunting’ potential leaders for the morning exercises. He used the power of the crowd to recognise these potential leaders. The recognition encouraged them to commit their time as exercise instructors and be fitness role models at the Center. Since then, this group of instructors have consistently held the 8 o’clock morning exercises for residents at the centers.

The center managers took pains to recruit and recognise these volunteers. These volunteers were mostly those whose own values and goals were congruent with the Centers’. The center managers accorded recognition not in the form of gifts but personalised privileges. Example, a form of privilege is the opportunity to be interviewed by the broadcast media about the Center or to play host to very important visitors at the Centers. One of the center managers explained that those who are genuine volunteers are not seeking returns, they contribute out of passion and the desire to be useful:

“... because I myself have been volunteering for many years so I know inside out of being a volunteer. ... I know what drives volunteers. Some volunteers do it purely for passion and they don’t need rewards. But some volunteers come here ... to find out if there’s anything (in it) for me. ... Or some come here just to be associated. ... we have to be very careful. But I wouldn’t turn down any volunteers either. There are many things that you can volunteer. It is as simple as when you see paper on the floor, you pick it up. That’s volunteering to me.” ... the thing I want to ask them is, “Are you committed every day? Every week?” That’s different. For example, the ...meals-on-wheel one (kampung buddies)... At first,

there were quite a lot of volunteers. ... around 10 volunteers. But today, there are only 2 or 3 anchor volunteers. ... it illustrates a point. Some are doing it on an ad hoc basis and it's easy to get people (like that). But when you do it on a sustainable basis, it calls for a different type of person.” – No. 30

Self-efficacy

Through community engagement, P2P interactions in the form of regular and consistent reciprocal exchanges will improve an individual's self-efficacy (Ford & Dickson 2012). Proposition 3 posited that an increase in community engagement is related to improved self-efficacy.

From data gathered from the interviews, the author found that members at the centers encouraged one another to participate in the daily physical exercises which improved capabilities in the activities and reinforced efforts to do so. In addition, the access to care that members have through the center enhanced their confidence to effective lifestyle modifications for improved health outcomes. Among the twenty-nine residents interviewed, fourteen of them expressed improvements in their personal functional abilities and physical strength through participation in the morning group exercises from Mondays to Fridays. For example, one of the resident who had a knee operation could walk better and without pain through exercises and peer support. These were visible improvements that fellow residents witnessed. Each one of the three administrators, three center managers and four nurses, could recount the anecdotes during the interviews. Hence these residents' stories were shared readily which further reinforced their confidence and self-

efficacy. These observations supported proposition 3 that postulated improve self-efficacy as an outcome of community engagement.

During the interviews, the administrators alluded to instances where persons with chronic conditions like diabetes would abstain from high sugar and high fat diet in preparation for the doctor's appointment with the aim of attaining an acceptable blood sugar and cholesterol readings. Unfortunately, they would readily abandon their abstinence immediately after the doctor's appointment. Such actions are detrimental to the patients in the long run when in fact patients themselves should be the ones in control of their health, not the experts. By helping patients to gain confidence in their abilities to manage their own conditions through social network and support, they would regain their sense of control over their health.

As an example of this phenomenon, a caregiver for her mother aged 70 who suffered a fall and was wheelchair bound, related how her mother regained her confidence after spending months at the Center participating in the morning exercises. The exchanges between her mother and residents in similar conditions boosted her confidence that she could regain her ability to care for herself.

One of the programs conducted by the healthcare organization at the Centers is a frailty prevention program called "Share-a-Pot". The program aims to improve the physical cognitive and social well-being of community-dwelling seniors. Besides physical assessments, the program encourages walking by giving each participating resident with a pedometer. This gamification of physical activity promoted P2P interactions and a level of competitiveness among the residents by

giving them a conversation piece and an opportunity to outdo each other in the number of steps. Most importantly, they gained confidence in their own physical independence. One of the residents who used to be overweight and living with diabetes disclosed proudly the number of steps she has accumulated at the time of the interview in the morning:

“With exercises, I feel that I am in better control. I walk a lot also. See my pedometer, I have accumulated so many steps today! (she showed the app that recorded her steps) See that was for yesterday. It was raining so I walked less. The other day, I had accumulated more than twenty thousand steps. Look at this ... today! ... Just this morning alone, I have accumulated six thousand over steps. By night time, it’ll be easily ten to twenty thousand!” – No. 009

The residents improved in self-efficacy from attending the health talks and exchanging tips. The access to reliable health information supported their motivation to make healthier choices and the peer support instilled the belief that modifications were possible, not impossible: The following are several indicative quotes:

“Yesterday I attended the talk at the wellness center at block 765. Now I know better what food items are high in sugar. Some are labeled as no sugar but the sugar level is actually very high. Dr T delivered the talk (there).” – No. 010

“...you eat alone so even if it’s unhealthy food, you’ll eat it. There’s nobody to tell you what is the right thing or wrong thing. The social networking is not there.

So when you're in trouble, there's nobody to help you because you don't know where or who to go to. Whereas the aunties here, even if they're mainly gossiping, eventually they know that there is always somebody who knows something. Right? And they can give you advice; whether it's the right advice or wrong advice – never mind. At least you air it out, sooner or later it'll go to the right ear and the people with the right skills can come and help you. Right? The probability is higher. But when you keep to yourself and you don't do this ...” – No. 030

In summary, the residents at the centers benefited by learning from experts like doctors, dietitians and nurses, at the centers and drawing lessons from fellow residents' past experiences. The visible improvements of their peers gave them confidence that they too could develop healthier habits and lifestyle. Their encouragement for each other supported the assimilation of new habits such as, eating wisely or exercise regularly, and they persisted in their efforts in the tasks. These data provided evidence to support proposition 3 that community engagement leads to improved self-efficacy.

Customer Experience

An individual with high self-efficacy will sustain his or her efforts to perform a specific task in the belief that he or she will be successful in the task. In the context of the Centers, a member's commitment to exercise was sustained through routine and peer encouragement. The improvements in functional ability reinforced a member's confidence in his ability to improve his or her health and the perceived control over health further enhanced his or her subjective well-being (Rosebaum & Massiah 2011). Proposition 4 posited that improved self-efficacy

will enhance the customer experience. Data gathered from interviews with residents when asked about overall experience were positive. Apart from two residents whose comments about their experience at the Centers were neutral, the rest of the residents used “very good” to describe their overall experience with the Centers and the friends they have.

The data gathered supported proposition 4 that improved self-efficacy was related to better customer experience among the member residents. In addition, twenty-five of 29 residents interviewed have also recommended their friends to the Center and were committed to continue in doing so:

“Yes, I am very happy and I encourage them to exercise. My friend lives near me and I encourage her to come here to exercise.” – No. 009

“Every one feels this is very good, very happy. I have also recommended many people here.” – No. 011

Residents also felt good that they can assist fellow residents in need. One of the residents described how each of them would befriend fellow residents and accompany them for morning walks:

“Yes, they all enjoy the daily morning exercises. It’s good for health and good for them. After the exercises, we bring them for a walk around the HDB blocks. I’ll bring them to walk for two or three rounds. Many of them are single and they suffer from dementia. So we help them as much as we can. ... Yes, I have

recommended. Like those elderly there (social isolated elderly), I got to know of them upstairs (through volunteering as a kampung buddy and delivering meals to the homes) and he has no place to go. I asked him to come and also brought two others here. This is a good place, you get to exercise and chit-chat with friends. So they are happy.” – No. 010

In summary, the data gathered provided support that residents experienced improved self-efficacy from participating in the centers’ programs which in turn enhanced their perceived control over their health and positively transformed their subjective well-being. From the face-to-face interviews, twenty-seven of 29 residents rated their experience at the centers as “very good” and twenty-five of them have recommended friends to the centers. These data collected from interviews lent support for proposition 4 that improved self-efficacy enhanced the customer experience.

5 DISCUSSION

5.1 *Managerial Implications*

5.1.1 **Exerting Influence on P2P Interactions**

The data collected from ethnographic research supported all four propositions. In addition, the researcher observed that the healthcare organization, studied in this case, acted as a catalyst to transform the residents' experience. The center managers, administrators and healthcare professionals persuaded participation and interactions among residents. Instead of being a mere provider or producer of health-related services, the approach was not paternalistic but one that focused on drawing a volume of participation and interactions. This observation was consistent with the concept of "platform business" proposed by Van Alsyne, Parker & Choudary (2016). While the focus was to expand the value of the total ecosystem i.e., the community, there still should be some ground rules. In the case studied, the center managers took the lead in setting ground rules at the centers. They actively drew on the wisdom of crowds by drawing upon residents' capabilities and capacities to complement functions at the centers in roles such as exercise instructors, center cooks, cleaners, befrienders. The residents perceived the center managers as their leaders and yet these center managers also lead by stepping back and taking a backseat for member residents to drive their initiatives.

How then can a firm exert control of low control determinant like P2P interactions that expands the value of the total ecosystem like the "platform business?"

Implementing the four elements identified in community building is a start. In addition, the setting up of group norms and the shaping of such norms through reputation-based governance mechanism are necessary to reinforce the community

norms. What is crucial is the strategic objective of these centers. The centers were set up not to drive customer satisfaction, loyalty, repurchase, and willingness to recommend. Instead the focus was on improving well-being. Interestingly the impact on the residents' well-being was not through the "pipeline business," it was through the consistent and continuous persuasion to promote residents' participation that brought about increased self-efficacy and overall well-being.

The residents found meaning in giving and contributing at the centers. They assumed customer service functions like befrienders, resident cooks, instructors; as well as the marketing role by recommending friends to the centers. The outcome was transformative. Residents were drawn into the Centers through an intrinsic motivation, and a sense of purpose. An example of this commitment was demonstrated by an 83-year-old resident who was assigned to deliver lunch, but had to go for her cataract surgery. Overcome by guilt that her charges may miss their meals, she asked if she could apply for medical leave and if she could know who will be assigned to be her replacement so she may remind them of their duties.

As a provider of healthcare services, and for that matter the same is true for many firms, the move to the role of a facilitator is not second nature. The move calls for a shift in belief systems that control lies not in the providers who are deemed to be the experts but in the recipients. The outcome is a role transformation in consumers who can in turn become complements to a firm's previously internal functions like customer service and marketing. Consumers become proactive co-creators instead of passive recipients of value (Chen et al. 2010). They proactively

offer information about latent needs, jointly make decisions with the facilitator, and produce new services. When selected residents were assigned as leads to fellow residents for the morning exercises, the continuity and reliability of service offerings at the centers were assured. When center managers paired the able bodied with the frail, empathy for those who are unwell and unhealthy tended to improve with time.

Resident respondents, and center managers, continuously pointed out that community marginalization of the elderly and frail, could be reduced through increased empathy for those in need. When consumers become contributors or producers of service, service quality improves, customization increases and in this case, the overall well-being of residents was enhanced.

To play the role of a facilitator calls for a reframing or paradigm shift of a firm's operating model. From one that is linear where knowledge, resources, and supply are controlled institutionally and unilaterally provided by the firm, to one that "adopts & adapts" to customers' needs and leverages P2P interactions for value cocreation. In a physician-centric healthcare model, expertise and control lie in the hands of the provider. The patients who are in vulnerable position during illness depended heavily on the physician managing them. As much as they try to submit themselves to the physician's advice and recommendations, some are overwhelmed and at a loss as to what to do when left on their own devices. P2P interactions or support is virtually non-existent in a physician-centric model where knowledge and resources are centrally controlled. Contrary to a physician-centric healthcare model, P2P interactions form the backbone of the customer experience

in a community-based care model like the facilitated networks observed in the Centers. Although the firm is not in direct control over P2P interactions in a community-based care model, such a model can be more cost effective. Data from the ethnographic research demonstrated that improved self-efficacy enabled patients to gain control over their chronic condition and reduced over reliance on expensive specialists' care. The over reliance on specialists' care does not necessarily translate into higher revenues for healthcare providers in light of cost pressures today. From a firm's perspective, a community-based care model is more cost effective as the assets are provided by the community instead of the firm. In addition, as community-dwelling seniors learnt to care and support each other, the community developed self-reliance and a positive culture of empathy for the elderly and sick.

Such a paradigm shift calls for a change in the firm's operating model to one that is decentralized, democratized and disintermediated.

5.1.2 Firm Operating Model

Decentralization

Decentralization refers to a restructuring of authority. In this case, while the health agenda is a central objective of these Centers, the administrators encouraged residents to suggest, plan, organize and implement activities on their own. In so doing, the residents learned to resolve problems that surface in the process. The rules are however pre-defined and communicated by the center managers. For instance, when residents expressed their eagerness for a singing class, the administrators readily gave them the authority to appoint their singing instructor

and source for an appropriate sound system. The conditions attached were: (1) residents are to keep the noise level down since the Centers are located in the void deck of residential apartment blocks, (2) residents who are learning to sing have to attain a good enough standard to perform to occupants in nearby nursing homes, and (3) residents are not to set additional rules like exclusive rights to the karaoke room for the singing group.

Although the administrators admitted to an element of serendipity in the decentralization of authority and decision making, their intent was to encourage spontaneity, enhance the residents' self-efficacy, empower and instill in them a sense of ownership:

“we intentionally ... again also because of budget... that anything and everything that you want to do with our (Centers), “You want? You do. You go and figure out. Get whatever it is. We facilitate, help but everything else is ground up.” Because we want them to see “You take your initiative in the community.” - No. 31

“... we want the center to be run really lean, just by one or maybe one and a half employees. So then they have to work with a pool of volunteers and that's when the community building, that's when the social bit comes in. So we're looking at some of the resources that these residents can offer – so whether it's cleaning; I can volunteer to lead this exercise program; I can do 'Food For Life' for you; I volunteer to do health screening for you at the hospital and what not – so to manage that.” – No. 24

The center managers played a vital role in this decentralized approach by drawing on the wisdom of crowds – the resident – to complement the centers’ operations. They were highly resourceful and were able to persuade the community to jointly cope with issues and demands. While the center managers welcomed volunteers, they have to ensure that the activities were aligned to objectives of the Centers and not be distracted by other agenda. They had to keep a close watch and check that its values such as shared responsibility and shared outcomes, were adhered to. The decentralized approach enable center managers to adapt to the resident profile in the neighborhood. However decentralization posed a challenge for scaling up such a community-based care model. The following are a few indicative quotes from a center manager and an administrator on how they manage the decentralization of authority:

“I’m the only one running the show. It’s also a given that the running of the center is successful and smooth. If there are any troubles along the way and I cannot solve it, I will need to escalate it to my boss or the hospital so they can send their staff to back me up or send some help. ... If I can do it, I’ll do it. If I need help, I know that I will always have support. Anything in between will be the grey area. Of course there will be grey areas, right? Some grey areas can even be solved with the help of residents. You know, so sometimes you try to leverage, as much as possible, on the help of the residents. ... It will be very difficult to set up a center and start thinking big what we want to achieve mainly because every center has its own culture. This is because of the makeup of the community around the center. Different communities have different types of people. So if you ask me to go to another center to manage, maybe the whole scenario will be different.” – No. 30

“Sometimes they will contribute in kind, so they’ll say, “I will buy bread.” I mean it’s not mandatory, so sometimes they’ll say, “Skills. I used to teach. So if there are any kids coming in here, I don’t mind tutoring them.” Some of them say, “I have a lot of grandkids. I take care of them all the time.” So they will help each other take care of the grandkids sometimes. So we leave that in a way a little more open-ended, for them to tell us what do you think you can contribute to this environment? So they’ll help you clean...” – No. 024

“But we need to go and scale it to that level, to that extent that this should be almost like a franchise. So that at least we can spread out. So right now... the cost is on the thinking part, the planning.” – No. 031

Democratization

Setting up the wellness centers in the residential estate democratized access to healthcare facilities and opened up access to health related resources to more people. For the well and healthy, the access to healthcare experts was brought closer with the presence of community nurses at the Centers. To promote community bonding, most residential estates have community centers or clubs that maintain fitness clubs and conduct classes for residents. However, unlike the Center’s model, residents’ access to these facilities is limited by formal membership. This switch from feeling that they were a “consumer in a service providers’ place of business” to a member of a shared community provided a very powerful motivator for compliance, shared responsibility, shared outcomes and true community building.

In contrast, there was no formal contracts that governed membership at the Centers. The access to space in these Centers was democratized. Each Centers was an extension of the residents' daily living. There was no main door, no reception, and no formal registration process before one enters. There was no need for one to navigate. By design, the entire Center was presented at a glance as soon as the foldable glass door panels were pushed aside. Even after operating hours, the glass panels on the foldable doors allow anyone walking pass to peer into the space.

These Centers occupied the void deck of the residential blocks which is an open communal space on the ground floor of a high rise apartment block (Ooi & Tan 1992). The administrators realized the value of retaining the common space shared with everyone in the neighborhood and designed the Centers as a third space (Oldenburg 1982). A space that encourages anyone to flow in and given the lean staffing ratio, one hardly perceived that staff members were "guarding" the place. Sixty to 70 residents visited each Center daily. A curious onlooker may see people just like him- or her-self in the Center and the daily activities were displayed visibly for consideration. The entry barrier was meant to be minimized and member residents did not hesitate to approach any curious onlooker and share with them about the Center. As one of the administrators explained:

"So somehow, the building (for community center or club) has either by architecture or design or programming, ... make it a closed door. So whether it's now predominantly a tuition and enrichment center... Basically Community Centers are classroom, a conglomeration of classrooms. You enrol for class? So

you come to Community Center. You enrol for sports? You come. You don't enrol for sports? You don't come. ... In fact, it should be as open as possible because then it will be a magnet. The more activities, the more noise, the more it will draw. At least it will draw curiosity and people will get the choice whether "I want to join or I don't want to join." So that was why it (the wellness centers) needed to be open in contrast to a Community Center, which is basically a classroom. It (the community center) is ... closed You contract to come in 8 weeks for lessons, you pay this amount? Ok you get to come in regularly for 8 weeks you'll do this. But that's contractual. This (at the wellness center)? There's no contract here in this kind of setting. So I think that helps." – No. 22

"...if I'm someone who's quite shy and a majority of the elderly... a large proportion of the elderly that we know... newly retired, or ... they were homemakers... they have not really mixed in a big group... they were never part of like a group... so for them, it's quite difficult for them to pluck up the courage and say, ... just to go in and see what are the activities. So we wanted to make sure that if you walk by, you know. And it's not a gated community ... (but) it's an open community; anybody can just flow in. If you have a question, you come in, ... It's very much the community running it and you come in and say, "Hey!" Then they will ask you, "Who are you looking for? What do you need? Or do you want to know about activities? Oh the calendar is there." So it's like there are no secrets." – No. 024

Indeed consuming "is never just an experience, a disinterested end in itself." (Holt 1995). As Holt (1995) described, experiences are "lived" and they are "means that

we use to draw ourselves closer to valued objects and resources we used to engage other.” As observed from the case, there was the additional element of fulfillment, drawn from an increase in self-efficacy and from participation in and making a meaningful contribution to the community. It is almost as if these residents, many of whom were retired, regained their dignity for being useful once more. The result is a transformation for the residents through an improvement in subjective well-being. This was indeed the firm’s objective as expressed by one of the administrators during the interviews:

“I want to give the dignity back to them. To find a way, to say, “For the short window that you’re able to contribute, I give you that recognition.” ... So we’re trying, pushing and say, “Can we do it? Can we do it?” Even if the guy is coming in a wheelchair, make phone calls or what, I say, “It doesn’t matter.” So I am trying to encourage people and say, “Yeah, in the beginning, it may take some pain. Right? Ourselves...” But look beyond.” – No. 31

Disintermediation

Disintermediation occurs when consumers are themselves the first responder to those who are in need. The ‘kampung buddies’ delivered meals to the elderly in need, and they spent at least 5 minutes to converse with and get to know their beneficiaries. This disintermediated the access to social support for the marginalized. The residents in the community learnt to care for each other including for those who are marginalized. To-date, at least two of the beneficiaries have started to remove themselves from isolation to visit the Centers daily.

Access to healthcare services was disintermediated with community nurses stationed at the centers. Pushing the healthcare professionals closer to residents in the neighborhood has allowed those suffering from chronic diseases to learn and manage their conditions better before complications arise. Through better self-management and increased empathy as community-dwelling seniors learned to care for each other, the Centers catalyze a system for supported self-management.

Out in the community, the firm adopts an operating model that is, decentralized, democratized and disintermediated, to exert influence over P2P interactions. The experience platform is unlike the institutional setting of a hospital where control is in the hands of the firm, as the provider, but one that is aligned to the needs and tightly integrated into the daily living of the firm's target customer segment.

5.1.3 Service Management & Customization

Latent customer motivations and needs were discovered and uncovered through the center managers. Although the Centers were originally incepted to target patients of its hospitals particularly those who were frail and with poorly managed conditions that require frequent re-admissions for acute care, the user groups of the Centers soon evolved into those who were well and healthy. All three Centers have served 1,600 residents since its official opening. Based on data collected from twenty-five percent of the population registered at these Centers, the well healthy residents formed 22% of member residents. Those with at least one existing chronic condition made up forty-four percent of the sample population (see [appendix 6](#)). The firm was quick to acknowledge and recognize that due to social taboo, those who are sick often do not leave the house.

Irrespective the Centers responded to the needs of the unexpected resident profiles at the Centers i.e., well healthy residents. The center managers sourced for those among them who were willing and ready as volunteers to complement the centers' operations. As it stands, the operating model and how they would continue to expand the value of the community are evolving as roles and functions of volunteers are customized based on health status, social needs.

The following are excerpts from the interviews that underscored the centers as a living lab (Bergvall-Kareborn & Stahlbost 2009) for innovation in community-centric services and the ongoing need for customization:

“I think there’s still this view that when you’re sick, ... you should not be seen by the public. You have to make sure you’re in the pink of health then ... you rejoin everybody. So you must fix yourself first ... There’s still this idea that sickness... you must make sure you can handle yourself before you go out.... So what we see out in the (Centers) are people who are mostly not sick. If they are sick or if they are disabled, they have overcome it. So these are resilient people. We do see a stronger community because ... there’s a certain courage and boldness to come despite of whatever... negative parts of our lives, poverty (, health status) and all that. So I may be poor but I go there and I am not ashamed to go there.” – No. 22

“So we have some who are well and healthy. So we are trying to use them as role models and... good role models for the others. So not so much to say, “Wah, look at this auntie, she’s perfect. Everybody must follow her routine.” But rather to say,

for her to also have that discussion to keep the discussion going... so she will share, “Oh so what do I do? I make sure I don’t eat too much rice. I always make sure I eat enough vegetables. Where to buy the cheapest vegetables?” You know, things like that.” – No. 024

“When we target, we want to target first and foremost, broadly, the residents. And then after that, we need to find out to figure out among them who are the ones with health issues that we could help; who are the ones with more serious health issues that we could then work and consult with the provider.” – No. 031

5.1.4 Community Engagement and Participation

The center managers were regarded as village heads, the information source and connector. They were the vital link to promote a sense of community and community engagement among residents (proposition 1). The residents looked up to them and they could relate to them because they were just like one of them.

These center managers were themselves volunteers with the firm previously; they had worked as healthcare assistants to assist home care nurses who visited patients at home and have first-hand knowledge of the social challenges that patients were coping with.

They conveyed humanic clues and evoked a sense of warmth among residents with their hospitality. More than that, residents responded to their calls for help and participated in the centers’ activities.

To these center managers, their role is more than a job but the catalyst for social network and bonding in the neighborhood. Their ability to relate to residents helped discover and uncover capacities and capabilities in the community. Without these center managers, residents would engage in their own respective terms at the centers that would not allow communal norms to be developed. One resident put this across aptly:

“The Center Manager here would identify the members who can lead and invite them to step up. This Center Manager is very welcoming. He would invite people to come and this is especially helpful for the elderly. The elderly feels that someone cares for them and they are not being neglected. This Center Manager is very enthusiastic and hospitable. He would invite the residents in, take the chairs for them, encourage them to exercise. Even if it is just a little exercise. So I feel the leader is critical; he energizes the whole neighborhood.” – No. 001

5.2 *Transformative Experience*

This dissertation expounded the concept of low control determinants in customer experience. Such determinants affect customer experience but are uncontrollable by firms. In designing and managing customer experience, firms can account for these low control determinants and evaluate its impact on customer experience. A low control determinant like P2P interactions should not be left to chance. Instead through deliberate design and implementation, P2P interactions can be harnessed to deliver transformative experiences for customers.

The case study brought to bear the significant role of a firm in creating experiences that yield transformation for lasting customer benefits and contributed to transformative service research (Ostrom et al. 2015; Rosenbaum 2015).

Transformative experience goes beyond differentiating with experiences that yield positive memories. Promoting P2P interactions is more than managing customer experience with service delivery processes, product and service attributes, price or functional clues as well as mechanic and humanic clues (Berry and Carbone 2007). Those are essential to help firms generate “customer value proposition” although they are not necessarily transformative (Pine & Gilmore 1998; 2013).

P2P interactions are transformative for customers because they can drive community engagement, uncover capacities and capabilities amongst customers to be co-producers, increase customer self-efficacy and improves customer overall well-being.

The Centers in the case study deployed a combination of functional clues, mechanic clues and humanic clues. Functional clues evoked the utilitarian value which was conveyed by the presence of health promoting programs and activities namely, community nurse posts, assortment of morning exercises, variety of health forums and an open common space filled with resources for the residents. Mechanic and humanic clues evoked emotions in customers. The former refers to the upkeep and maintenance of the space jointly by center managers and residents. Humanic clues would refer to the interactions between firm employees and residents. The residents were full of praise for the Centers and center managers despite the expectations to self-help and contribution. Customers were satisfied despite the thin and lean manpower and expectations of them to contribute and co-

create. This model of service management that is lean and yet still delivers transformative outcomes for customers suggest managerial implications for customer and employee management in service design. Irrespective of manpower constraints, a firm could facilitate and play the role of a catalyst to engage the community, improve self-efficacy and deliver lasting customer benefits.

A firm can potentially harness informal networks and P2P interactions as a strategy for transformative value at lower operating costs. Customers can help each other navigate new services, share information and know-how or solve service problems. Customers can be more effective than firm sponsored resources in achieving the desired outcomes at a fraction of the cost as evident from study 2. The volunteers who kept the programs and activities going at all three Centers were not paid even though they are a part of the focal firm's extended network. Through these volunteers, the firm could operate in a cost-efficient manner; besides the overheads of the centers, only the manpower costs of the center managers were firm-sponsored.

Although the findings from study 2 is limited by sample size and set against the healthcare industry, they offer prescriptive value for managers to expand firm capabilities and capacities without corresponding increase in costs. Instead of firm-sponsored customer service, firms can potentially harness P2P interactions and activate prosocial behaviors among customers to encourage customers to help each other. Since most customers could appreciate the issues that surface in the consumption process, they may be more empathetic and thus more effective in helping fellow customers in problem-solving. P2P interactions therefore offer a

promising strategy for firms to harness and leverage as one of its capabilities at minimal cost impact to deliver superior outcomes.

Through building a sense of community and providing a third place, the behavior of member residents at the centers, from their daily interactions to their usage patterns, offer a rich playing field or living lab for market research. Through such a set-up, a firm can gain insights into the intrinsic motivations and latent needs of customers' and prospective customers'. Prospective customers of the subject firm also included caregivers of the frail elderly since the Centers appealed to residents of varying health conditions as well as their caregivers. The centers therefore provided invaluable opportunities for the healthcare organization to leverage such community platforms to uncover demands, create novel services, prototype service offerings and develop new markets. The ability to witness the habits and behaviors of the caregiver and the residents together in a naturally occurring setting provided a window into the day-to-day opportunities and difficulties in implementing care.

In many markets confronted by the silver tsunami, living labs like the wellness centers would be fertile grounds for marketers to test, prototype and develop services for elderly consumers.

5.3 Limitations and Future Research

The focal firm in study 2 conceived of the wellness centers as a first step to promoting supported self-management of community-dwelling seniors. The objective was for these community-dwelling seniors to be more informed,

engaged and thus better able to care for each other. The strategy is termed Asset Based Community Development (ABCD) which is a community-based development approach premised on the strengths and capacities of the community to drive positive change (Mathie & Cunningham 2003). The outcome the focal firm was after was a community that is healthy and in better control of their health conditions. Future research should explore how self-efficacy influenced health at different levels – individual, community, and population. And would improved self-efficacy reduce consumption of public healthcare resources in acute hospital services? From a public health perspective, what would be the impact of such wellness centers on the rate of chronic diseases? Would improved self-efficacy defer the onset of diseases? What would be the impact of community engagement in community resilience especially in times of need and crisis?

The ethnographic research in study 2 was conducted in a healthcare setting; healthcare as a service is an example of a credence good. Typified by information asymmetry, consumers often subjected themselves to the “diagnoses and treatment” of medical and healthcare professionals perceived as the experts. The ethnographic research provided a perspective that was less paternalistic; a perspective in which the healthcare provider actively influenced P2P interactions for community-based care. The resulting outcome was one that not only expanded the value of the total ecosystem but improved self-efficacy and initiated a positive transformation among the residents in terms of wellness, community, and social cohesion.

In study 2, the firm had operated on lean resources and funding; residents need not pay a fee to be part of the network. Could this explain why residents readily participate as volunteers and befrienders to help one another? The facilitated networks described by Christensen, Grossman & Hwang (2008) had profited from formal membership fees. How would the dynamics change when members are required to pay a fee to participate in activities at the Centers? How could a firm harness P2P interactions to develop new revenue streams and uncover new markets? Future research should also explore the funding mechanism appropriate for such a facilitated network.

Conventionally facilitated networks would bring together patients or people of the same conditions to facilitate their interactions. Such a structure was not observed in the ethnographic research. Instead the patients and people of varying health and frailty status interact. There were some guidance provided for those who were befrienders of the socially isolated elderly. Other than that, the lack of a close match in the networks established at the Centers seemed to minimise community marginalization of members who were unwell unhealthy. Further research should evaluate both the positive and negative impacts that would be caused by different constituents of facilitated networks.

While the qualitative research in study 2 had presented rich contextual background and substantial insights into latent motivations and behaviors of both service providers and recipients, the study was limited by the size of its sample. This methodology failed to provide statistical confidence for the outcomes and efficiency of P2P interactions. The findings offered associations of the constructs

described by the four propositions such as, community engagement and self-efficacy at best. Also, the timing of the ethnographic research presented further limitations on the study. The centers were operational for just a year and its impact on residents and the community might be still evolving. For statistical confidence, future research could be designed with a larger sample size and incorporate pre- and post-test data for cause and effect analysis. A large scale study with panel data could serve to affirm the cause-effects and impact of P2P interactions as well as changes in customer attitudes over time.

The study was also confined to the political, economic, social and cultural context of one country. The findings were therefore country specific. Future research should evaluate the objectives that P2P interactions could serve and how P2P interactions in a different country could be used by firms to manage costs, improve outcomes and deliver transformative value.

Additionally, household income, technology and health literacy levels were correlated with educational background of the populace. Study 2 was conducted for wellness centers located in northern Singapore that has a higher density of public housing. The location of the wellness center in the heart of Singapore-styled public housing could likely influence how residents interact with each other compare with a neighborhood where homes are sparsely located and neighbors hardly see each other. Thus these findings might vary by profiles of different populations. The cost efficiency of P2P interactions might also manifest differently in different industry contexts. Compared to one that is profit-driven, the focal firm in study 2 is a public service that is not profit-driven and serves the

public good. This might explain its ability to harness P2P interactions and its effectiveness in lowering operating costs. The same might not apply to a firm that is profit-driven. Future research should explore the efficiency of P2P interactions in different industry settings including government-to-consumer, government-to-business, business-to-business, and business-to-consumer, as well as the design of different incentive schemes to effectively harness P2P by industry contexts including those that are profit-driven.

There are parallels to be drawn from the qualitative research study to similar contexts in education. Take the example of an MBA class. The instructor could influence P2P interactions positively and guide positive transformation from peer exchanges and support. However given the limited setting of study 2, future research should investigate into how P2P interactions can be a leverage for customer satisfaction and customer experience management? Consumers' trust in user communities and information from peer reviews are typically higher than firm-sponsored social touchpoints like social influencers, key opinion leaders and firm owned information supply like corporate websites (Achrol & Kotler 2012). Future research could evaluate the setting that will enable firms to harness P2P interactions for transformative value.

Future research should also expand the investigation of various low control determinants in building a sense of community and in delivering transformative experiences. P2P interactions was the low control determinant investigated in study 2. Other low control determinants such as customer profiles and cultural factors should be studied to review how such a determinant would affect the

elements in community building, community engagement and factors contributing to well-being. For example, how would differences in health statuses affect the design of communal norms? How would cultural differences affect the set-up of a third place?

In study 2, the catalytic role of the center managers were key drivers of community engagement. Study 2 was conducted in the off-line world. In the online communities, how could a firm effectively formulate such a catalyst to drive engagement and transformation?

Promoting P2P interactions to encourage social bonding can bring about positive and negative outcomes. Future research could identify how P2P interactions can be shaped positively to advance community development and impact community well-being. Study 2 also identified three Ds for firms interested to influence P2P interactions – decentralize, democratize and disintermediation. Further studies could develop the concept and investigate the impact of each D-strategy in different industry setting will be required.

In conclusion, this dissertation has contributed to the body of work in customer experience management. First, by introducing the concept of low control determinant and its impact on customer experience. Secondly, put forward a managerial implementation framework for a firm to exert semi-control over a low control determinant like P2P interactions through an operating model that is decentralize, democratize and disintermediated. Third, advance our understanding

of how a firm can deliver a transformative experience of lasting customer benefits.

Thus contributing to the body of work in transformative service research.

Bibliography

- Achrol, R. S., & Kotler, P. (2012). Frontiers of the Marketing Paradigm in the Third Millennium. *Journal of the Academy of Marketing Science*, 40(1), 35–52.
- Algesheimer, R., Dholakia, U. M., & Herrmann, A. (2005). The Social Influence of Brand Community: Evidence from European Car Clubs. *Journal of Marketing*, 69(3), 19–34.
- Anderson, E. W., Fornell, C., & Lehmann, D. R. (1994). Customer Satisfaction, Market Share, and Profitability: Findings from Sweden. *Journal of Marketing*, 58(3), 53–66.
- Bagshaw, S. M., Stelfox, H. T., McDermid, R. C., Rolfson, D. B., Tsuyuki, R. T., Baig, N., Artiuch, B., Ibrahim, Q., Stollery, D. E., Rokosh, E., & Majumdar, S. R. (2014). Association between Frailty and Short-and Long-term Outcomes among Critically Ill Patients: A Multicentre Prospective Cohort Study. *Canadian Medical Association Journal*, 186(2), E95–E102.
- Baker, J., Parasuraman, A., Grewal, D., & Voss, G. B. (2002). The Influence of Multiple Store Environment Cues on Perceived Merchandise Value and Patronage Intentions. *Journal of Marketing*, 66(2), 120–141.
- Baron, R. M., & Kenny, D. A. (1986). The Moderator–Mediator Variable Distinction in Social Psychological Research: Conceptual, Strategic, and Statistical Considerations. *Journal of Personality and Social Psychology*, 51(6), 1173–1182.
- Berglund, L. G. (1998). Comfort and Humidity. *ASHRAE Journal*, 40(8), 35–41.
- Bergvall-Kareborn, B., & Stahlbrost, A. (2009). Living Lab: An Open and Citizen-centric Approach for Innovation. *International Journal of Innovation and*

- Regional Development*, 1(4), 356–370.
- Berry, L. L., & Carbone, L. P. (2007). Build Loyalty through Experience Management. *Quality Progress*, 40(9), 26–32.
- Berry, L.L., Carbone, L. P., & S. Haeckel (2002). Managing the Total Customer Experience. *MIT Sloan Management Review*, 43(3), 85–92. Cc
- Bitner, M. J. (1992). Servicescapes: The Impact of Physical Surroundings on Customers and Employees. *Journal of Marketing*, 56(2), 57–71.
- Bitner, M. J., Ostrom, A. L., & Morgan, F. N. (2008). Service Blueprinting: A Practical Technique for Service Innovation. *California Management Review*, 50(3), 66–94.
- Bowen, D. E., & Schneider, B. (2014). A Service Climate Synthesis and Future Research Agenda. *Journal of Service Research*, 17(1), 5–22.
- Brakus, J. J., Schmitt, B. H., & Zarantonello, L. (2009). Brand Experience: What is it? How is it Measured? Does it Affect Loyalty? *Journal of Marketing*, 73(3), 52–68.
- Broniarczyk, S. M., Hoyer, W. D., & McAlister, L. (1998). Consumers' Perceptions of the Assortment Offered in a Grocery Category: The Impact of Item Reduction. *Journal of Marketing Research*, 35(2), 166–176.
- Christensen, C. M., Grossman, J. H., & Hwang, J. (2008). The Innovator's Prescription: A Disruptive Solution for Health Care (pp. 149–182). McGraw-Hill.
- Court, David, Dave Elzinga, Susan Mulder, & Ole Jorgen Vetvik (2009). The Consumer Decision Journey. *McKinsey Quarterly*, 2009(3), 96–107.
- Dobbins, J. (2017, Apr 7) Making a Living with Airbnb. *The New York Times*. Retrieved from: <https://www.nytimes.com/2017/04/07/realestate/making-a->

[living-with-airbnb.html?_r=0](#)

- Edvardsson, B., Enquist, B., & Johnston, R. (2005). Cocreating Customer Value through Hyperreality in the Prepurchase Service Experience. *Journal of Service Research*, 8(2), 149–161.
- Eisenhardt, K. M. (1989). Building Theories from Case Study Research. *Academy of Management Review*, 14(4), 532–550.
- Frei, F. X. (2006). Breaking the Trade-off between Efficiency and Service. *Harvard Business Review*, 84(11), 92–101.
- Frei, F. X. (2008). The Four Things a Service Business Must Get Right. *Harvard Business Review*, 86(4), 70–80.
- Friedman, T. (2017, Aug 2). Climate Shifts Aren't Limited to the Weather. *The New York Times*. Retrieved from:
<https://www.nytimes.com/2017/08/02/opinion/climate-change-technology-globalization-china.html>
- Ford, R. C., & Dickson, D. R. (2012). Enhancing Customer Self-efficacy in Co-producing Service Experiences. *Business Horizons*, 55(2), 179–188.
- Gentile, C., Spiller, N., and Noci, G. (2007). How to Sustain the Customer Experience: An overview of Experience Components that Co-create Value with the Customer. *European Management Journal*, 25(5), 395–410.
- Gottlieb, K. (2013). The Nuka System of Care: Improving Health Through Ownership and Relationships. *International Journal of Circumpolar Health*, 72(1), 21118.
- Grothaus, M. (2015, Mar 26). How to Make a Killing on Airbnb. *Fast Company*. Retrieved from: <https://www.fastcompany.com/3043468/the-secrets-of-airbnb-superhosts>

- Hartline, M. D., & Jones, K. C. (1996). Employee Performance Cues in a Hotel Service Environment: Influence on Perceived Service Quality, Value, and Word-of-mouth Intentions. *Journal of Business Research*, 35(3), 207–215.
- Holt, D. B. (1995). How Consumers Consume: A Typology of Consumption Practices. *Journal of Consumer Research*, 22(1), 1–16.
- Hopkin, P. (2013). Risk Management. United Kingdom: Kogan Page.
- Huffman, C., & Kahn, B. E. (1998). Variety for Sale: Mass Customization or Mass Confusion?. *Journal of Retailing*, 74(4), 491–513.
- Hui, M. K., & Bateson, J. E. (1991). Perceived Control and the Effects of Crowding and Consumer Choice on the Service Experience. *Journal of Consumer Research*, 18(2), 174–184.
- Janakiraman, N., Meyer, R. J., & Morales, A. C. (2006). Spillover Effects: How Consumers Respond to Unexpected Changes in Price and Quality. *Journal of Consumer Research*, 33(3), 361–369.
- Kaltcheva, V. D., & Weitz, B. A. (2006). When Should a Retailer Create an Exciting Store Environment?. *Journal of Marketing*, 70(1), 107–118.
- Kenny, D. (2015, Nov 24). Measuring Model Fit. Retrieved from: <http://davidakenny.net/cm/fit.htm>
- Lemon, K. N., & Verhoef, P. C. (2016). Understanding Customer Experience Throughout the Customer Journey. *Journal of Marketing*, 80(6), 69–96.
- Libai, B., Bolton, R., Bügel, M. S., De Ruyter, K., Götz, O., Risselada, H., & Stephen, A. T. (2010). Customer-to-Customer Interactions: Broadening the Scope of Word of Mouth Research. *Journal of Service Research*, 13(3), 267–282.
- Mathie, A., & Cunningham, G. (2003). From Clients to Citizens: Asset-Based

- Community Development as a Strategy for Community-Driven Development. *Development in Practice*, 13(5), 474–486.
- McMillan, D. W., & Chavis, D. M. (1986). Sense of Community: A Definition and Theory. *Journal of Community Psychology*, 14(1), 6–23.
- Meyer, C., & Schwager, A. (2007). Customer Experience. *Harvard Business Review*, 85(2), 116–126.
- Neslin, S. A., Grewal, D., Leghorn, R., Shankar, V., Teerling, M. L., Thomas, J. S., & Verhoef, P. C. (2006). Challenges and Opportunities in Multichannel Customer Management. *Journal of Service Research*, 9(2), 95–112.
- O'Reilly, C. A., & Chatman, J. (1986). Organizational Commitment and Psychological Attachment: The Effects of Compliance, Identification, and Internalization on Prosocial Behavior. *Journal of Applied Psychology*, 71(3), 492–499.
- Oldenburg, R., & Brissett, D. (1982). The Third Place. *Qualitative Sociology*, 5(4), 265–284.
- Ooi, G. L., & Tan, T. T. (1992). The Social Significance of Public Spaces in Public Housing Estates. *Public Space: Design, Use and Management*. Singapore, 69–81.
- Ostrom, A. L., Parasuraman, A., Bowen, D. E., Patricio, L., & Voss, C. A. (2015). Service Research Priorities in a Rapidly Changing Context. *Journal of Service Research*, 18(2), 127–159.
- Palmer, A. (2010). Customer Experience Management: A Critical Review of an Emerging Idea. *Journal of Services Marketing*, 24(3), 196–208.
- Parasuraman, A., Zethaml, V. A., & Leonard L. Berry, L. L. (1988). SERVQUAL: A Multiple-Item Scale for Measuring Consumer Perceptions of Service

- Quality. *Journal of Retailing*, 64(1), 12–40.
- Patrício, L., Fisk, R. P., & Falcão e Cunha, J. (2008). Designing Multi-Interface Service Experiences: the Service Experience Blueprint. *Journal of Service Research*, 10(4), 318–334.
- Patrício, L., Fisk, R. P., Falcão e Cunha, J., & Constantine, L. (2011). Multilevel Service Design: from Customer Value Constellation to Service Experience Blueprinting. *Journal of Service Research*, 14(2), 180–200.
- Pine, B. J., & Gilmore, J. H. (1998). Welcome to the Experience Economy. *Harvard Business Review*, 76(4), 97–105.
- Pullman, M. E., & Gross, M. A. (2004). Ability of Experience Design Elements to Elicit Emotions and Loyalty Behaviors. *Decision Sciences*, 35(3), 551–578.
- Rosenbaum, M. S., & Massiah, C. A. (2007). When Customers Receive Support from other Customers: Exploring the Influence of Intercustomer Social Support on Customer Voluntary Performance. *Journal of Service Research*, 9(3), 257–270.
- Rosenbaum, M. S., & Massiah, C. A. (2011). An Expanded Servicescape Perspective. *Journal of Service Management*, 22(4), 471–490
- Rosenbaum, M. S., Ostrom, A. L., & Kuntze, R. (2005). Loyalty Programs and a Sense of Community. *Journal of Services Marketing*, 19(4), 222–233.
- Rosenbaum, M. S. (2015). Transformative Service Research: Focus on Well-Being. *The Service Industries Journal*. 35(7–8), 363–367.
- Rosseel, Y. (2012). lavaan: An R Package for Structural Equation Modeling. *Journal of Statistical Software*, 48(2), 1–36. Retrieved from: <http://www.jstatsoft.org/v48/i02/>
- Rust, R. T., & Chung, T. S. (2006). Marketing Models of Service and

- Relationships. *Marketing Science*, 25(6), 560–580.
- Schmitt, B. (1999). Experiential Marketing. *Journal of Marketing Management*, 15(1-3), 53–67.
- Sousa, R., & Voss, C. A. (2006). Service Quality in Multichannel Services Employing Virtual Channels. *Journal of Service Research*, 8(4), 356–371.
- Tax, S. S., McCutcheon, D., & Wilkinson, I. F. (2013). The Service Delivery Network (SDN) a Customer-Centric Perspective of the Customer Journey. *Journal of Service Research*, 16(4), 454–470.
- Thompson, B. (2004). Exploratory and Confirmatory Factor Analysis: Understanding Concepts and Applications. *American Psychological Association*.
- Van Alstyne, M. W., Parker, G. G., & Choudary, S. P. (2016). Pipelines, Platforms, and the New Rules of Strategy. *Harvard Business Review*, 94(4), 54–62.
- Van Alstyne, M., Parker, G., & Choudary, S. P. (2016). 6 Reasons Platforms Fail. *Harvard Business Review Digital Articles*, 31 Mar 2016, 2–6.
- Verhoef, P. C., Neslin, S. A., & Vroomen, B. (2007). Multichannel Customer Management: Understanding the Research-Shopper Phenomenon. *International Journal of Research in Marketing*, 24(2), 129–148.
- Verhoef, P. C., Lemon, K. N., Parasuraman, A., Roggeveen, A., Tsiros, M., & Schlesinger, L. A. (2009). Customer Experience Creation: Determinants, Dynamics and Management Strategies. *Journal of Retailing*, 85(1), 31–41.
- Wakefield, K. L., & Baker, J. (1998). Excitement at the Mall: Determinants and Effects on Shopping Response. *Journal of Retailing*, 74(4), 515–539.
- Williams, R. L., & Cothrel, J. (2000). Four Smart Ways to Run Online

- Communities. *MIT Sloan Management Review*, 41(4), 81–91.
- Winsted, K. F. (1997). The Service Experience in Two Cultures: A Behavioral Perspective. *Journal of Retailing*, 73(3), 337–360.
- Yin, Robert K. (1994). *Case Study Research: Design and Methods*. Sage Publications, 2013.
- Zomerdijk, L. G., & Voss, C. A. (2010). Service Design for Experience-centric Services. *Journal of Service Research*, 13(1), 67–82.

Figures

Figure 1: 2X2 Matrix of Factors in Customer Experience Management

Intangible	<p>Situation moderators e.g., culture (Hui & Bateson 1991; Winsted 1997; Poon et al 2004; Verhoef et al 2009)</p> <p>Social environment & external touch points e.g., P2P interactions, social media (Verhoef et al 2009; Lemon & Verhoef 2016)</p> <p>Customer attitudes e.g., price sensitivity, involvement; capability; effort; socio-demographics; subjective preference (Verhoef et al 2009)</p>	<p>Customer experience in alternative channels (Neslin et al 2006; Patricio et al 2008; Sousa & Voss 2006; Verhoef et al 2007)</p> <p>Customer service (Parasuraman et al. 1988; Hartline & Ferrel 1996; Bowen & Schneider 2014)</p> <p>Service delivery network (Patricio et al 2011; Tax et al 2013)</p>
Tangible	<p>Customer moderators e.g., arrival patterns; requests (Frei 2006; Verhoef et al 2009)</p> <p>Situation moderators e.g., climate, season, economic climate (Verhoef et al 2009)</p>	<p>Product & service assortment (Broniarczyk, Hoyer & McAllister 1998; Huffman & Kahn 1998; Baker et al 2002; Janakiraman, Meyer, & Morales 2006)</p> <p>Physical environment (Bitner 1992; Berry, Carbone & Haeckel 2002; Rosenbaum & Messiah 2011)</p> <p>Price e.g., promotions, loyalty programs (Wakefield & Baker 1998; Baker et al 2002; Kaltcheva & Weitz 2006)</p> <p>Atmosphere e.g., design, sound, scent, taste, temperature (Bitner 1992; Wakefield & Baker 1998; Baker et al 2002; Kaltcheva & Weitz 2006)</p>
	Firm Uncontrollable (Low Control)	Firm Controllable (High Control)

Figure 2: 2X2 Matrix of Firm Control and Interaction Types

<p>P2P</p>	<p>P2P interactions and exchanges (Libai et al. 2010; Algesheimer, Dholakia & Herrmann 2005; Rosenbaum & Massiah 2007)</p> <p>Customer-owned touch points e.g., third-party instructional videos (Lemon & Verhoef 2016)</p> <p>Social/external touch points e.g., independent information sources, social media (Verhoef et al 2009; Lemon & Verhoef 2016)</p>	<p>Firm owned social touch point e.g., peer influencers, key opinion leaders (Williams & Cothrel 2000; Court et al. 2009)</p>
<p>Firm-Customer</p>	<p>Customer-introduced variability (Frei 2006)</p> <p>Customer past experiences (Oliver 1977; Verhoef et al. 2009; Sivakumar et al. 2014; Lemon & Verhoef 2016)</p>	<p>Product & service assortment (Broniarczyk, Hoyer & McAllister 1998; Huffman & Kahn 1998; Baker et al 2002; Janakiraman, Meyer, & Morales 2006)</p> <p>Price e.g., promotions, loyalty programs (Wakefield & Baker 1998; Baker et al 2002; Kaltcheva & Weitz 2006)</p> <p>Physical environment (Mehrabian & Russel 1974; Bitner 1992; Berry, Carbone & Haeckel 2002; Rosenbaum & Messiah 2011)</p> <p>Atmosphere e.g., design, music, scent temperature (Bitner 1992; Wakefield & Baker 1998; Baker et al 2002; Kaltcheva & Weitz 2006)</p> <p>Customer service (Hartline & Ferrel 1996; Coelho et al 2011; Bowen & Schneider 2014)</p> <p>Service delivery network (Patricio et al 2011; Tax et al 2013)</p>
	<p>Low Control</p>	<p>High Control</p>

Figure 3: Conceptual Model for Antecedents and Situation Moderators of Customer Experience

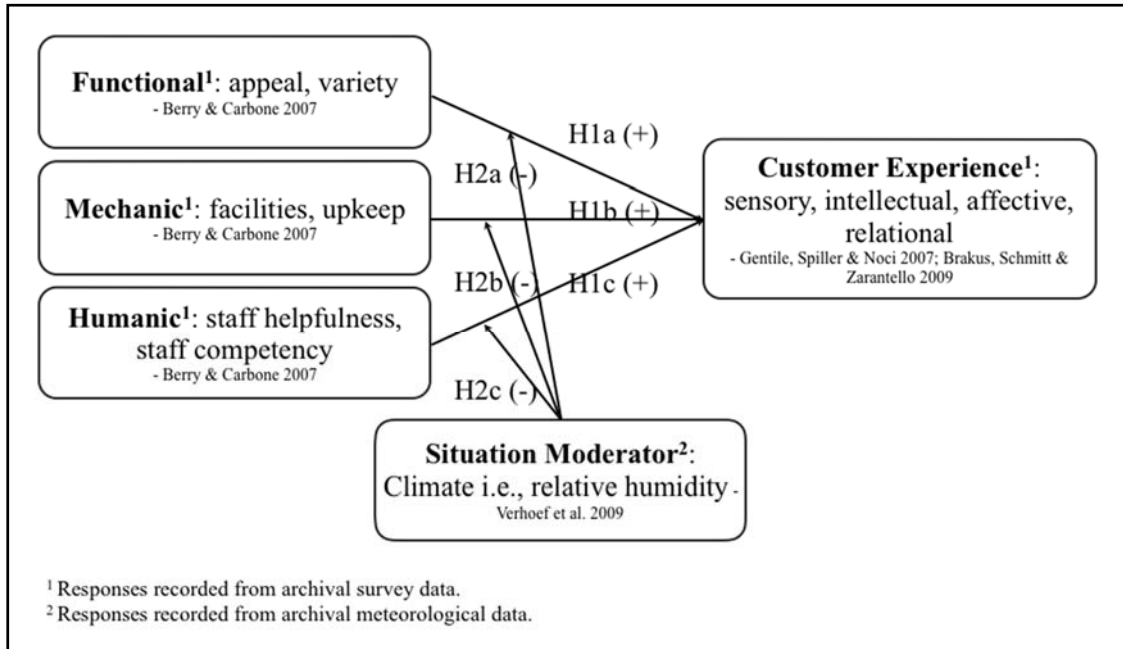


Figure 4: Distribution of Interview Respondents by Age Group (Study 1)

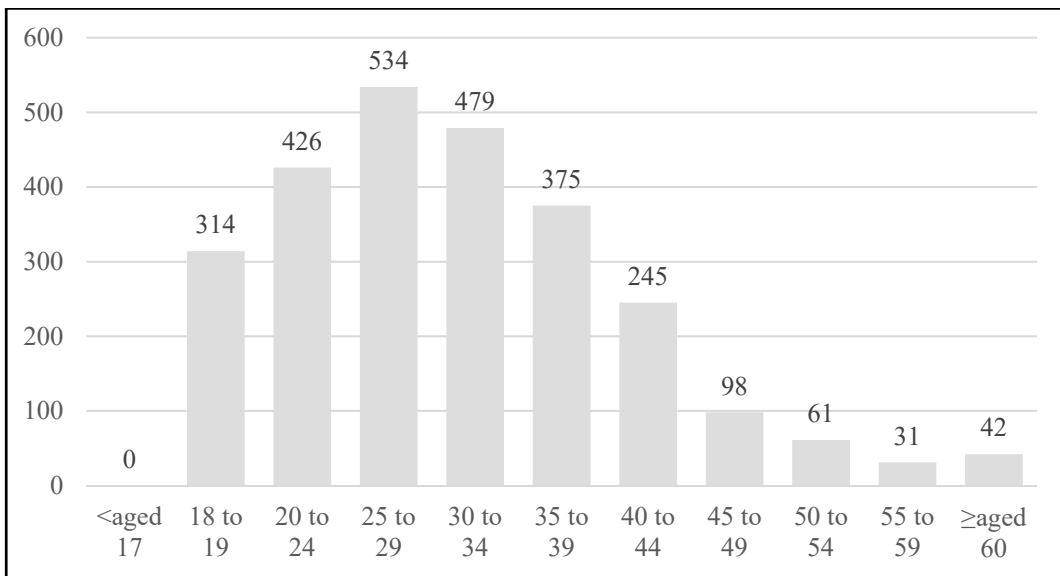


Figure 5: Estimated Structural Equations Model

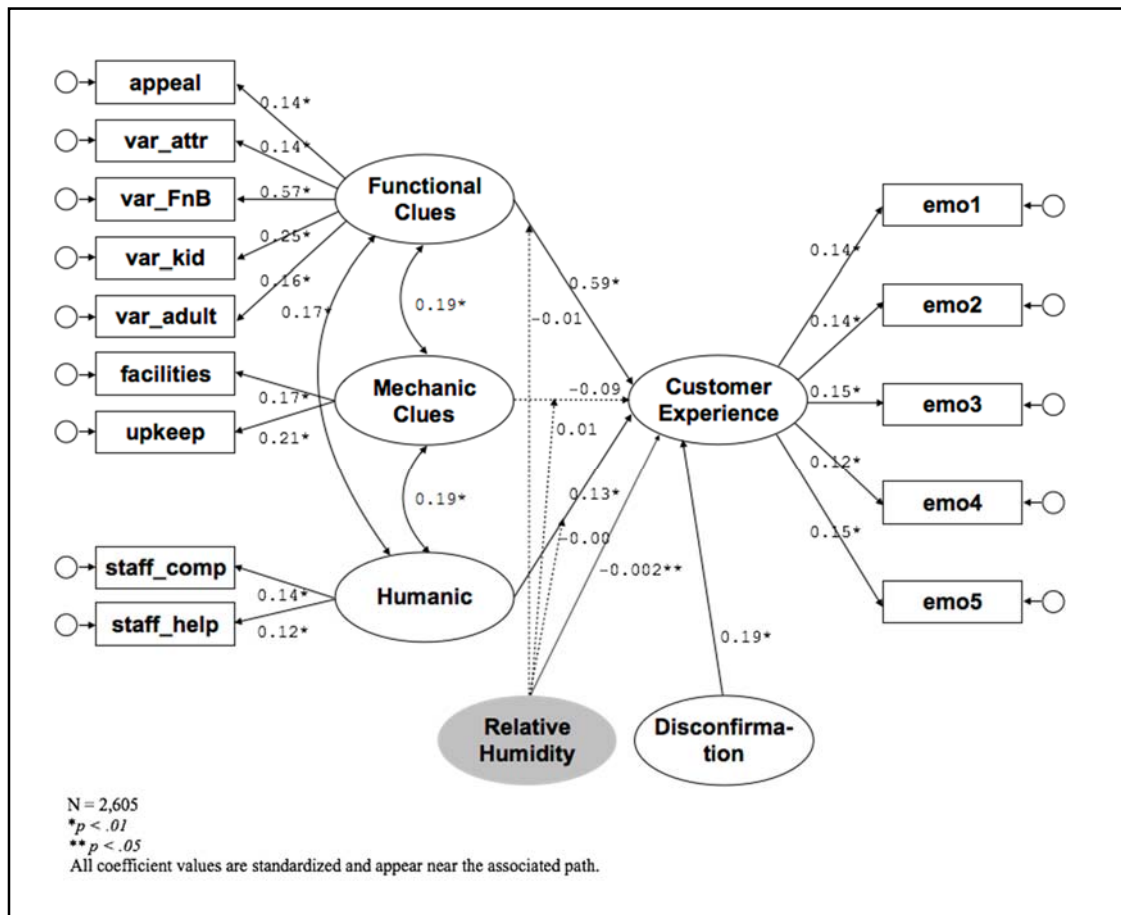
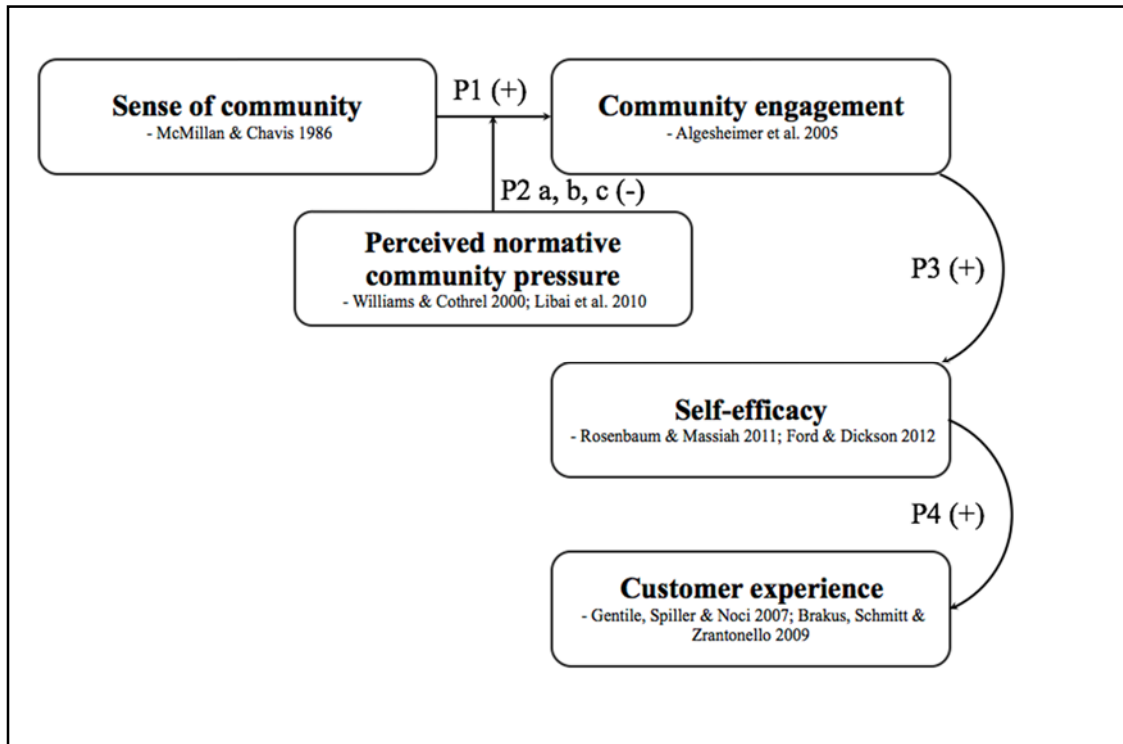


Figure 6: Conceptual Model of Study 2



Tables

Table 1: Survey Questionnaire – Visitor Experience

Introduction: Good day. We would like to invite you to participate in a Survey to rate your experience today. It will take approximately 15 minutes. We assure you that all feedback received will be kept strictly confidential and will not identify you in any way.

No.	Measure	Question
1	Demographic	Please tell me which of these age groups you belong to?
2	Demographic	May I know your residential status?
3	About Visit	Did you stay / are you staying at one of the hotels in [Attraction]?
4	About Visit	Have you completed your visit on [Attraction] Island?
5	Satisfaction	Overall, how satisfied are you with your visit to [Attraction]? 1. Very dissatisfied 2. Somewhat dissatisfied 3. Somewhat satisfied 4. Satisfied 5. Very satisfied
6	Satisfaction with	Taking your overall experience into consideration, please rate your satisfaction of each item on a scale of 1 to 5 here 1 is “very dissatisfied” and 5 is “very satisfied”.
6a	Functional cues	1. Appeal of the attractions in general 2. Variety of attractions in general 3. Variety of food and beverages offered at [Attraction] 4. Variety of activities for children

No.	Measure	Question
6b	Mechanic cues	5. Variety of activities for adults
6c	Humanic cues	6. Sufficiency of facilities and amenities 7. Overall cleanliness and maintenance at [Attraction]
		8. Efficiency and knowledge of service staff (staff competency) 9. Helpfulness of service staff
7	Customer Experience	Based on your overall experience in [Attraction] today, please tell me how much you agree or disagree with the following statements on a scale of 1 to 5 where 1 is “very dissatisfied” and 5 is “very satisfied”:
7a	Sensory	1. [Attraction] provides me with a warm and welcoming experience during my visit
7b	Intellectual	2. I enjoyed the new and unique experience in [Attraction]
7c	Relational	3. [Attraction] is the place to spend quality time with my family/friends
7d	Affective	4. [Attraction] is a fun and enjoyable place 5. [Attraction] helps me to relax and unwind
8	Expectancy Disconfirmation	How did your overall experience at [Attraction] today compare to your expectations before you came here? 1. Much worse than expected 2. A little worse than expected 3. About the same as expected 4. A little better than expected 5. Much better than expected
9	Climate (sourced from meteorological service)	Relative humidity (in percent)

Table 2: Mean, Standard Deviation and Correlation among Variables

	Variables	Mean	s.d.	1	2	3	4	5	6	7	8	9	10	11
1	RH	72.22	8.19	1	-	-	-	-	-	-	-	-	-	-
2	Appeal	4.34	.59	-	1	.636*	.391*	.487*	.553*	.518*	.408*	.487*	.456*	.443*
3	Var_attr	4.31	.61	-	.636*	1	.398*	.485*	.559*	.508*	.421*	.494*	.478*	.441*
4	Var_FnB	4.02	.87	-	.391*	.398*	1	.334*	.366*	.377*	.282*	.357*	.363*	.235*
5	Var_kid	4.22	.67	-	.487*	.485*	.334*	1	.557*	.455*	.333*	.411*	.427*	.387*
6	Var_adult	4.29	.60	-	.553*	.559*	.366*	.557*	1	.492*	.449*	.453*	.460*	.413*
7	Facilities	4.26	.62	-	.518*	.508*	.377*	.455*	.492*	1	.473*	.487*	.515*	.348*
8	Upkeep	4.41	.59	-	.408*	.421*	.282*	.333*	.449*	.473*	1	.419*	.489*	.265*
9	Staff_comp	4.34	.60	-	.487*	.494*	.357*	.411*	.453*	.487*	.419*	1	.635*	.337*
10	Staff_help	4.39	.59	-	.456*	.478*	.363*	.427*	.460*	.515*	.489*	.635*	1	.316*
11	Emo1	4.36	.69	-.016	.443*	.441*	.235*	.387*	.413*	.348*	.265*	.337*	.316*	1
12	Emo2	4.43	.58	-	.490*	.510*	.265*	.443*	.471*	.429*	.342*	.425*	.391*	.464*
13	Emo3	4.43	.61	-	.500*	.514*	.276*	.483*	.481*	.457*	.332*	.430*	.387*	.511*
14	Emo4	4.51	.54	-	.428*	.453*	.190*	.413*	.447*	.377*	.335*	.395*	.408*	.398*
15	Emo5	4.50	.55	-	.486*	.481*	.223*	.426*	.460*	.389*	.301*	.419*	.372*	.474*
16	Disconfirmation	4.45	.57	-	.442*	.446*	.230*	.408*	.426*	.400*	.311*	.421*	.401*	.441*

Table 3: Regression Output and Results of Moderating Effects

Regression	Estimate	Std.Err	Z-value	P(> z)	Std.lv	Std.all
Func	0.591*	0.062	9.470	0.000	0.682	0.682
Mech	-0.090	0.088	-1.013	0.311	-0.105	-0.105
Human	0.134*	0.049	2.717	0.007	0.161	0.161
RH	-0.002**	0.001	-2.451	0.014	-0.005	-0.038
Discfm	0.191*	0.009	20.297	0.000	0.484	0.336
Func X RH	-0.008	0.006	-1.394	0.163	-0.077	-0.077
Mech X RH	0.008	0.009	0.865	0.387	0.075	0.075
Human X RH	-0.000	0.007	-0.004	0.997	-0.000	-0.000

* $p < .01$, ** $p < .05$

Appendices

Appendix 1: Interview Consent Forms for Administrators

Introduction and Research Background (including Record of Written Consent)

Title	:	Beyond Firm-Customer Interactions to Better Customer Experience
Principal Investigator	:	Caroline Lim Doctoral student, Singapore Management University

For Administrators

Introduction

You are invited to participate in a research I am studying how a firm manages customer experience through peer-to-peer interactions. You are selected because you had participated in the planning and implementation of Wellness Kampungs.

Research background

I therefore would like to request 30 to 60 minutes of your time for a face-to-face interview about Wellness Kampung. During the interview, I will be asking you about the role you play in the wellness centers, the purpose of these wellness centers and your assessment of its achievements since its inception. The findings from the study will contribute towards the body of knowledge about the management of customer experience especially in the area of peer-to-peer interactions.

There is no anticipated risk or benefit to your participation. If you agree to participate, you can ask me any questions you want before or throughout. You can skip any questions at any time without penalty. You can also withdraw at any time during the interview without giving a reason and without any consequence. You will remain anonymous in the study. I will audio record our interview and the transcripts published in the research without mention of your name. I will not identify you when direct quotes are used from your responses. Your responses will be kept confidential, and only the Principal Investigator will have access to them.

Meanwhile, should you have any questions on the research study, you may contact Caroline Lim at 91153398 or sllim.2012@phdgm.smu.edu.sg or her supervisor Prof Philip Charles Zerrillo at pzerrillo@smu.edu.sg. Should you have any questions on your rights as participants and wish to contact someone unaffiliated with the research team, you may also contact the Secretariat of the SMU Institutional Review Board at 682801925 or irb@smu.edu.sg. When contacting SMU IRB, please provide the Title of the Research Study and the name of the Principal Investigator, or quote the IRB approval number (IRB-17-074-A074(617)). If you wish to receive a copy of this participant information sheet and informed consent form for your records, please let me know.

If you agree to participate in this research study, please read and sign the following written informed consent.

Written Informed Consent

Principal Investigator's Declaration:

I have explained and defined in detail the research procedures in which you have consented to participate.

I also declare that the data collected for this research study will be handled as stated in the participate information sheet.

Caroline Lim

Date

Principal Investigator's Name
and Signature

Participant's Declaration:

I understand that participation is voluntary. There is no anticipated risk or benefit to my participation. Refusal to participate will involve no penalty.

I declare that I am at least 18 years of age.

My decision to participate, decline, or withdraw from participation will have no adverse effect on my status at or future relations with Singapore Management University or my organisation

I have read and fully understood the contents of this form, and hereby give consent to the Singapore Management University research team and its affiliates for this project to collect and/or use my data for the purpose(s) described in this form.

I shall answer the questions based on my own experience and I understand that I should not mention names of my colleagues or customers to ensure their confidentiality.

Participant's Name and Signature

Date

Appendix 2: Interview Consent Forms for Customers/ Residents

Introduction and Research Background (including Record of Oral Consent)

Title	:	Beyond Firm-Customer Interactions to Better Customer Experience
Principal Investigator	:	Caroline Lim Doctoral student, Singapore Management University

For Customers

Introduction

You are invited to participate in a study because I wish to understand your feelings and experiences with the Wellness Kampung. You are selected because you have visited and/or participated in activities at one of the Wellness Kampung.

您被邀请参加这项研究，因为我希望了解您对“养身村”的感受和体验。您会被选中参与这项研究，因为您在“养身村”参加了一些活动。

Research background

Our interview will take about 15 min of your time. For the interview we will discuss your reason(s) for joining the wellness center, your frequency of visit and duration of each visit, your overall experience including the types of programs and activities you participate in. The findings from the study will go towards contributing to the body of knowledge about customer experience especially how peer-to-peer interactions contribute to better experience.

我的研究采访大约需要 15 分钟的时间。通过这项采访，我想了解您为何加入“养身村”，您到“养身村”的次数和每次会逗留多久，您的总体感受和体验，包括您所参与的课程和活动。研究结果将有助于客户体验的了解，特别是对等交互如何提升客户的体验。

Oral consent (to be repeated before start of interview)

There is no anticipated risk or benefit to your participation. If you agree to participate, you can ask me any questions you want before or throughout. You can skip any questions at any time without penalty. You can also withdraw at any time during the interview without giving a reason and without any consequence. You will remain anonymous in the study. I will audio record our interview and the

transcripts published in the research without mention of your name. I will not identify you when direct quotes are used from your responses. Your responses will be kept confidential, and only the Principal Investigator will have access to them.

您参与否并没有任何风险或好处。如果您同意参与，您可以随时向我提问。您可以随时跳过任何问题，而不受任何不利的后果。您也可以随时在面试中撤回，而不需给我任何理由。您将在研究中保持匿名。我将会把我们的研究采访录下来，但不会在研究报告中提及你的名字。当我用您的引述时，我也不会识别那段引述是您的。您的回复将被保密，唯有我才能存取录音。

Meanwhile, should you have any questions on the research study, you may contact Caroline Lim at 91153398 or sllim.2012@phdgm.smu.edu.sg or her supervisor .Prof Philip Charles Zerrillo at pzerrillo@smu.edu.sg . Should you have any questions on your rights as participants and wish to contact someone unaffiliated with the research team , you may also contact the Secretariat of the SMU Institutional Review Board at 682801925 or irb@smu.edu.sg. When contacting SMU IRB, please provide the Title of the Research Study and the name of the Principal Investigator, or quote the IRB approval number (IRB-17-074-A074(617)). If you wish to receive a copy of this participant information sheet and informed consent form for your records, please let me know.

如果您对这项研究项目有任何疑问，请致电 91153398 或电邮 sllim.2012@phdgm.smu.edu.sg 与我联系(或者于我的主管联系 – Prof Philip Charles Zerrillo, pzerrillo@smu.edu.sg) 。如果您对身为研究参与者的权利有任何疑问而想联络与研究项目无相关的人，您也可以联系新加坡管理大学研究审查委员会秘书处，电话为 682801925 或者 irb@smu.edu.sg。您需要向新大的研究审查委员报上研究项目的标题，研究人员名字，或审查委员的批准号码(有待处理号码)。您也可以向我索取这项研究的参与信息和知情同意表格

I have explained and defined in detail the research procedures in which you have consented to participate. I also declare that the data collected for this research study will be handled as mentioned earlier.

我已经详细和明确地解释整个研究采访的过程，也同时得到您参与的同意。我还声明，本研究收集的数据将如前所述处理。

Are you willing to take part? May I have your permission to re-contact you to clarify information? Now I'd like you to listen to the following carefully to ensure

that you fully understood to give your consent.

你愿意参加吗？访问后，如果我有任何提问，能否联系您澄清？ [*Proceed if affirmative*] 现在，请您仔细听以下的内容，以确保你完全理解你同意参与这项研究：

You understand that participation is voluntary. Refusal to participate will involve no penalty.

你明白您的参与是自愿的。如果您拒绝参与您将不会受到惩罚。

You are at least 18 years of age.

你至少年满 18 岁。

Your decision to participate, decline, or withdraw from participation will have no adverse effect on your status at or future relations with Singapore Management University and Wellness Kampung.

您决定参与，拒绝或退出参与研究，将不会影响对您在新大和养身村，或未来与新大和养身村的关系。

You have fully understood what I have said thus far, and hereby give consent to me to collect and/or use your data for the purpose(s) I have described.

你完全理解了我所说的话，特此同意由我身为新大研究生向你收集和使用研究有关的资料。

May I have your consent to proceed?

如您同意，我将开始采访。

[If affirmative, to proceed with the paragraph below. If not, terminate the interview.] With your permission, I will start the interview and audio recording.

我现在就开始采访和录音。

Appendix 3a: Interview Protocol - Administrators

<p>This interview protocol lists the topics in the interviews with administrators of a public healthcare entity, operation managers of wellness centers organized by the healthcare entity and customers at each of the three wellness centers.</p>	
Interviewee	Question items
For all:	Introduction, research background and oral or written consent
For Administrators:	<ol style="list-style-type: none"> 1. Role in the wellness centers 2. Reasons, motivation and purpose of the wellness center 3. Difference between wellness center and hospital 4. Design principle of wellness center 5. Support and resources for wellness centers 6. Target users of wellness center 7. Management of wellness center operations 8. Compare wellness center against others 9. Wellness center and its role in community building 10. Link between community building and healthcare agenda 11. Importance of community engagement 12. Management and governance mechanism of community building 13. Importance of driving customer participation 14. Concrete examples of achievement(s) through wellness centers

<p>This interview protocol lists the topics in the interviews with administrators of a public healthcare entity, operation managers of wellness centers organized by the healthcare entity and customers at each of the three wellness centers.</p>	
Center manager	<ol style="list-style-type: none"> 1. Programs and activities at the wellness center 2. Concrete examples of facilitating peer-to-peer interactions 3. Concrete examples of promoting and driving customer participation 4. Management of disputes and issues among residents/customers
Community nurse	<ol style="list-style-type: none"> 1. Routine of a nurse at the community nurse post in wellness center 2. Experience with residents/customers of the wellness centers 3. Concrete examples of interactions with customers at wellness centers 4. Compare community nurse versus nurse in hospitals and specialist clinics

Appendix 3b: Interview Protocol – Customers/Member Residents

This interview protocol lists the topics in the interviews with administrators of a public healthcare entity, operation managers of wellness centers organized by the healthcare entity and customers at each of the three wellness centers.	
Interviewee	Question items
Residents/Customers	<ol style="list-style-type: none"> 1. Brief demographic profile – gender, age, education level 2. Feelings towards and experience with wellness center 3. Reason for joining the wellness center 4. Frequency of visit and duration of each visit 5. Sense of belonging to the wellness center 6. Number of friends and close friends at the wellness center 7. Programs and activities at wellness center 8. Types of volunteer activity 9. Knowledge of rules enforced 10. Concrete examples of other customer experience of the wellness center

Interview Protocol - Customers (in Mandarin)	
Note: Ensure that the introduction, research background and oral consent will be in Mandarin to customers who have chosen to be interviewed in Mandarin.	
受访者	受访项目
Customer 客户	<ul style="list-style-type: none"> • 记录基本信息- 性别，年龄，教育 • 您加入养身村原因 • 您对养身村的感受和体验 • 每次访问的次数和逗留时间 • 对养身村的归属感 • 在养身村有几个朋友和亲密朋友 • 在养身村所参与的节目和活动

Interview Protocol - Customers (in Mandarin)

Note: Ensure that the introduction, research background and oral consent will be in Mandarin to customers who have chosen to be interviewed in Mandarin.

- 还有参与些什么志愿活动
- 对养身村的执行规则知道多少
- 养身村其他客户体验的具体例子

Appendix 4: Clinical Frailty Scale

Clinical Frailty Scale*



1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.



2 Well – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.



3 Managing Well – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.



4 Vulnerable – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being "slowed up", and/or being tired during the day.



5 Mildly Frail – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.



6 Moderately Frail – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.



7 Severely Frail – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).



8 Very Severely Frail – **Completely dependent**, approaching the end of life. Typically, they could not recover even from a minor illness.



9. Terminally Ill - Approaching the end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise evidently frail**.

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging. Revised 2008.
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

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Source: Bagshaw et al. 2014

Appendix 5: Attendance Sheet

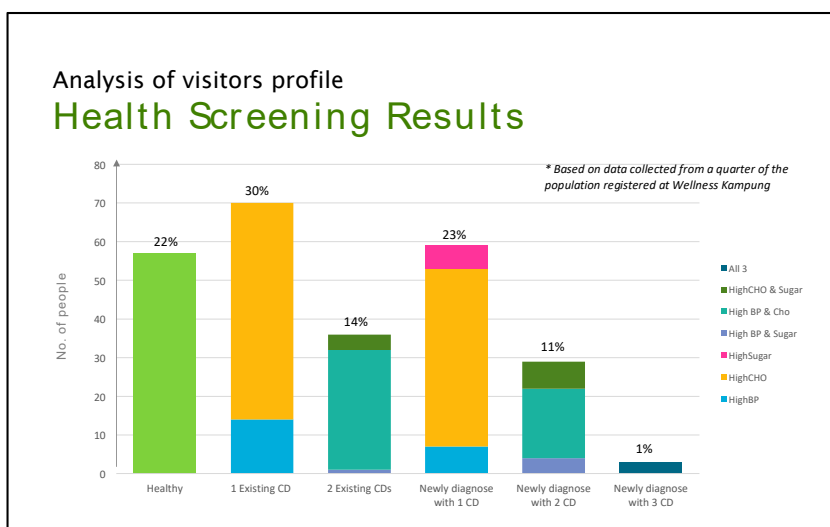
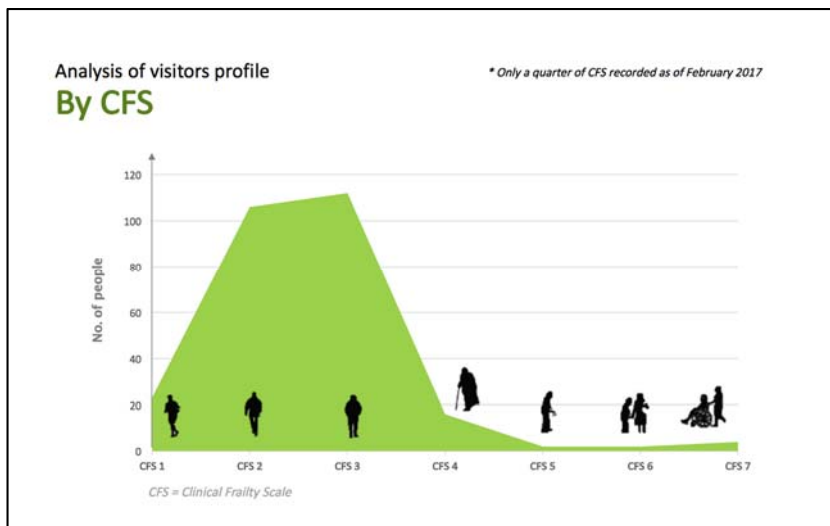
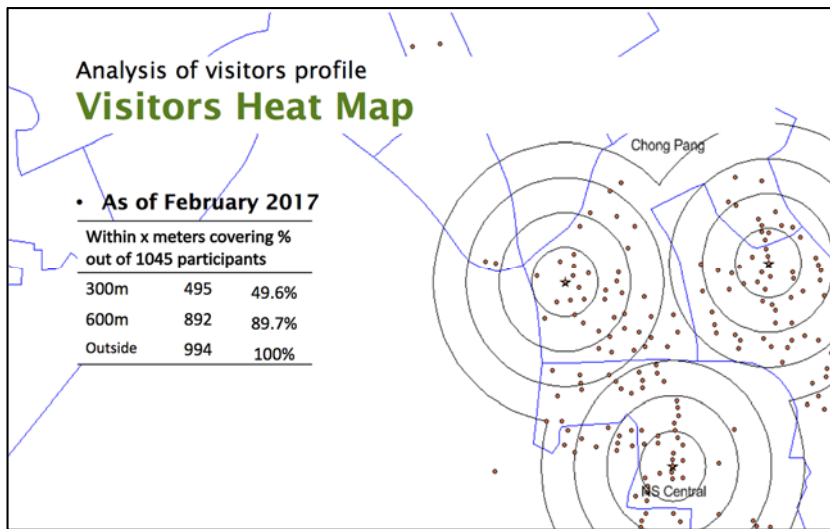
KAMPUNG WELLNESS 260 **260 中心** **DATE:** _____

	Name 姓名	Phone 电话	Blk No大牌	CFS	B/C/D
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CFS :
Clinical Frailty Score

B/C / D :
Blood Pressure
Cholesterol level
Diabetes

Appendix 6: Analysis of Visitor Profile



Appendix 7: Interview Transcripts

No. 001 – Interview Code 2017001-115 Chinese (interview in Mandarin)

1. Brief Demographic Profile

Principal Investigator

Could you share with me how old are you?

Interviewee

51

Principal Investigator

What about your education level?

Interviewee

A levels.

2. Feelings Towards & Experience with Wellness Center

Principal Investigator

Please share with us, your feelings and experiences of this Wellness Kampung (WK).

Interviewee

Very good. There's more buzz with this Center. The Center has energized the aunties and uncles in the whole neighborhood. They all come down to some exercises. Through word-of-mouth, more people come to know about this Center, more and more people participate.

Principal Investigator

Did you come here on your own?

Interviewee

I also learnt about this from others. They told me that there is a wellness center here and it organizes the stretch band (aka, theraband) exercise workout. Originally, I came because there was a coach for the stretch band exercise every Wednesday. I perspired a lot and I like it. It is scheduled every Wednesday morning from 8.30 to 9.30am. On Friday, there's Zumba.

3. Reasons for Joining the Wellness Center

Principal Investigator

Why do you come here?

Interviewee

I saw three centers opened, at blocks 260, 765 and this one which is 115. I feel that WK@115 is the most active and enthusiastic because of the Center Manager and his leadership style. He is constantly looking for people to help, to lead, and to participate. For example, when there was an exercise coach whose term ended in three months, he did not just terminate the exercise program. At block 765, they have ended the exercise program on Wednesday; the exercise is only held on Friday now. The Center Manager here would identify the members who can lead and invite them to step up. This Center Manager is very welcoming. He would invite people to come and this is especially helpful for the elderly. The elderly feel that someone cares for them and they are not being neglected. This Center Manager is very enthusiastic and hospitable. He would invite the residents in, take the chairs for them, encourage them to exercise. Even if it is just a little exercise. So I feel the leader is critical; he energizes the whole neighborhood.

Principal Investigator

Have you been to other WK?

Interviewee

I go for Zumba at block 260. I was at WK@765 for the opening ceremony and went there many times for rehearsals. It was a group activity and we were trying to encourage the elderly there to participate. I do not know WK@260 very well, I'm ok with WK@765. I know WK@115 best. I come here every week even if I am unwell, I'll try to be here to show my face. When I am not here on Wednesday, they would inquire why didn't I come.

4. Frequency Of Visit And Duration Of Each Visit

Principal Investigator

How often do you come here? How long do you stay each time?

Interviewee

At least twice weekly, about an hour to an hour and a half, I'll be here for exercises then I'd be home for show to get ready for work. I would visit occasionally too.

Principal Investigator

Before the start of this Center, how do you spend your time in the morning?

Interviewee

Before this, every Monday and Thursday, I would go to block 299 for yoga. It was also led by volunteers. After yoga at 6.45am, I would proceed to the open field opposite block 126 to join the seniors there. I join them in whatever exercises they are doing and then I would go for my jog.

(Interrupted by Mr W (Center Manager): "She is the leader for Wednesday's exercise, the theraband exercises. She was featured in the newspaper before. *passes the newspaper cutting of interviewee on the newspaper article* Look at this beauty here, yes, on stage then...")

Interviewee: Thank you for your praises. I was there because of Mr W. Yes, that's me!")

5. Sense Of Belonging To The Wellness Center

Principal Investigator

Do you see yourself as a member of this Wellness Kampung?

Interviewee

Yes. Besides I am here every Wednesday to lead the elderly in stretch band exercises. I started as a participant and now together with 5 other members, we are leading the stretch band exercises. Sometime ago, Mr W told us that the Center could not afford the coach fees and he appealed to us to lead the other members in the exercises. With our help, he would then be able to sustain the exercises in this Center. Moreover, he told us at that time that the Center was to be officially opened on 15 September and he hoped that we could lead in the exercises to show the Member of Parliament. That was how I agreed and

has kept to this routine since. I lead the stretch band excises weekly on Wednesday and Thursday.

6. Number of Friends & Close Friends at the Wellness Center

Principal Investigator

How many friends do you have here?

Interviewee

Here? Many, I live here for the past twenty-six years and I am running my business here.

Almost all the aunties and uncles whom I have met, know me (This member runs her own beautician business in the neighborhood.)

Principal Investigator

How many close friends here do you have to ask for help in times of trouble?

Interviewee

I have many because I am more hospitable and prefer to participate in many activities.

7. Programs & Activities at the Wellness Center

Principal Investigator

Besides exercises, what other activities do you participate in at this Center?

Interviewee

I see what is needed here and help in whatever way I can. I am a more active and energetic person. Besides I know most of the people here. They will call on me to stay behind and I would do so to see how I can be of help. I stay behind whenever I am available. People here like me very much and take very good care of me.

I am only able to greet and serve the members here. For cooking, there are many auntie volunteers. So I just help with greetings, chat with the members and check on their health. Because of this Center, many elderly who are alone can now participate in the Center's activities. Time passes fast when they are here and enjoy themselves. Under Mr W's

leadership, there are more participants for exercises, there are more activities and energy here.

8. Types of Volunteer Activity/ies

Principal Investigator

Do you know that there is this Kampung Buddy program here?

Interviewee

What is Kampung Buddy? Oh, meals-on-wheels... I see. No, I don't join that because it happens during my working hours.

9. Knowledge of Rules Enforced

Principal Investigator

What are the rules that you know of?

Interviewee

I'm not sure... oh yes, keep the toilets clean. And wash your own plates, bowls after use and return them to its shelves. This is so that others can use them. Every one follows the rules here because we have a good leader, Mr W. He showed us what to do and we follow him. People here will look around and observe. If they are not sure, they will ask. From my observation, they will follow the rules. We all know that this is a communal facility and service. So we must observe these rules. Hopefully when they are home, they do the same. They learn to clean after themselves and not sit and do nothing the whole day. This facility is free and available to everyone. So WK is not obliged to employ dish washers or toilet cleaners. WK is a facility for our exercises, for our use and at our convenience. Since everyone knows this, we all will be motivated to follow the rules, help each other out and keep the place clean.

The leader is very important. He is constantly reminding us to keep the place clean, keep the toilets clean, don't litter, wash after ourselves. You will notice that after the exercises,

everyone will voluntarily return the chairs and place back the tables. You can see for yourself.

10. Concrete examples of Other Customer Experience at the Wellness Center

Principal Investigator

Do you know of anyone who benefited from this WK?

Interviewee

I know of many, specially the elderly. Many adult children like this place and prefer their elderly parents to visit WK so they won't be lonely at home. When they stay home, they just sit there, play games on their mobile phone, watch TV. When they are here, they get to exercise, chat and play chess with friends.

For many of the elderly when their adult children leave for work in the morning, they are all alone at home. Now with WK, they can come every morning and stay for two hours or more. WK serves nutritious meals in some afternoons, they are free for all to share. You can pay a token like \$2, it's voluntary. Or some of them will buy their food here to share.

Principal Investigator

Have you recommended anyone here to WK?

Interviewee

Yes, many. I tell them to come here every Wednesday to join my stretch band exercises. Every Friday, we have a coach for boxing and Zumba. I'd invite them here to do some exercises.

Principal Investigator

Anything else you want to share with us before we wrap up the interview?

Interviewee

I hope WK can sustain and open more of such wellness centers. This will enable the elderly in different regions to enjoy these activities. WK is most beneficial for the elderly because they have more free time and most stay at home daily. With WK, they can join in the exercises and participate in the activities. They are more engaged and less isolated and won't fall sick. Their imagination won't run wild. With some exercises, they will wet

and that's good for their physique. Look at the aunties here, they are so active now. Those who used to be wheelchair bound or who used a walking stick and now walk with minimal support. Those who are in their seventies and eighties enjoy this very much, their feedback is positive and enthusiastic. So you can see that we are starting to lack space for many programs and activities.

Principal Investigator

Thank you.

Interviewee

Thank you very much.

No. 002 – Interview Code 2017002 Chinese

1. Brief Demographic Profile

Principal Investigator

Could share with me, how old you are and how old is your mum?

Interviewee

35. My mum is 70 this year.

Principal Investigator

What's her education level?

Interviewee

Primary school

2. Feelings Towards & Experience with Wellness Center

Principal Investigator

We'll talk about yourself first as a caregiver for your mother, your feelings, your experiences of this place in general.

Interviewee

My mum likes the environment here very much. The people here are really very encouraging and positive. Because in fact, after she suffered a fall in 2013... you know...

the usual hospital process is to refer you to the rehabilitation center and all la. We went to a few... then it's... she didn't really like it la and then when we came here, I think because of the familiarity, err we know some... the neighbors are still here... then people here like Mr W, Mdm O, they are really very good. So my mum likes it so that's very good.

Principal Investigator

Are you the main caregiver for your mother?

Interviewee

Yeah

Principal Investigator

Do you work yourself Ms Xyz?

Interviewee

Yeah. I'm self-employed so I can manage my time la.

I think people make great difference la like I mentioned just now we went to a few rehabilitation centers and I think mostly are managed by foreign workers. And the first impression... err not so on me... but when my mother went in because the other time I have relieve her there and I have to go to work and then I pick her up, she was saying that err... .. and we have a helper with us who was also a Burmese. So I think at the center there were a lot of Burmese so what my mum feedback to me was... like you know... when she err... when I sent her there, then all the maids and then all... they will just mingle mingle, like sort of neglected the...people... the patient la.

My mum suffered a fall in 2013 and after that because... when she's wheelchair-bounded, err you know, they become very demoralized because they can't do a lot of things on their own and they are like... you know, they really need someone to bring them. They're not independent anymore. So I bring. So people have to bring them around and it's not good that they just stay at home. So I try... err I know there's one at Marsiling. There's a similar set-up. Ahh so I went to AIC (Agency for Integrated Care) website and read about this and I mean the hospital people were telling me la and then I was thinking... it would

really be... because it's very simple. It's just... you're taking the void space from HDB (Housing Development Board) and then you know, it's ... easily run. I thought it would be very good if you can have more of such places la, like just now you mentioned, I have to come from Sembawang. Yeah, I thought it'll be... it'll be good if you know, we can have more such spaces and more convenient la. And then they can just come down and then my helper can just bring her down...

3. Reasons for Joining the Wellness Center

Principal Investigator

Do you see that this is a place for you?

Interviewee

Yeah, I feel quite at ease and at home, sort of. Yeah, because most of our old neighbors are around

We started coming here like err slightly more than 1 or 2 months? Mainly because my dad just passed away... in fact in err 'xxx Hospital'. Yeah, yeah my dad passed away in March and we used to stay here, this block... yeah when I was a child. Because my dad is... we placed his err ashes in this temple. We come to know this place. That's why we started coming la.

Principal Investigator

Are you still living around here?

Interviewee

Sembawang. (This is) quite near us, 5 to 10 minutes' drive.

4. Frequency Of Visit And Duration Of Each Visit

Principal Investigator

So you bring her here regularly?

Interviewee

I try to everyday because this Center is open Monday to Friday right? Every day. We've been coming every day. Yeah, except for a few days when she was unwell because sometimes she felt a bit dizzy and I don't... So I try every morning la. 8.30 to 9.30, after that it's just mingling around already...

5. Sense Of Belonging To The Wellness Center

Principal Investigator

She feel very at ease here? What made you want to stay on? Do you see yourself as a member... of this Wellness Kampung?

Interviewee

Yeah and very welcoming you see. I think the set-up is very similar to those that I have visited... like I told you like Marsiling and all... But here mainly are the people... you know, because when we come and see... eh all the neighbors and all... And then err Mr W (the center manager) and 'Mdm O' (center volunteer), they are very encouraging, telling my mum, "You have to come, you have to come. We want to see you and all." And then this naturally... Yeah yeah the feeling is good. And then I think we have sort of created a bond la.

6. Number of Friends & Close Friends at the Wellness Center

Principal Investigator

Does your mum have any friends here? How many roughly? Are they the ones whom she can go up to, to talk to, to share problems?

Interviewee

Yeah her old neighbors. I can't count leh. Because she sometimes... people just walk by then she hi hi hi! I don't even know them. Yeah *laughs* Quite a lot la... quite a lot. No no my mum don't go around talking about her problems. She keeps everything in her heart. She don't talk about problems. not even to us, you see.

7. Programs & Activities at the Wellness Center

Principal Investigator

Does she stay for lunch or for other sessions?

Interviewee

No I think she... doesn't really like and then I have to err... yeah yeah I have to go to work and all la. She doesn't really like la I think and then she'll feel tired after sitting for too long. But she's very interested in the workout.

Principal Investigator

Other than the workout, does she do any other activities? Planning to do other activities?

Interviewee

Nope it's just the workout. I think this is fine. I know they have some karaoke program and all la... But I don't think she's interested in those. *laughs* Dancing and all... she cannot dance yet.

8. Types of Volunteer Activity/ies

Principal Investigator

Do you know that there is this Kampung Buddy program here?

Interviewee

Yeah yeah I saw them doing that. I was telling them that I can help in this la. I told Mr W I would do on an ad-hoc basis la. So whenever... who's not around, then I will help la.

Principal Investigator

Have you participated in that?

Interviewee

No no no. I've been asking but they don't need me. *laughs* They don't need me. All of them are very helpful and all, you know.

9. Knowledge of Rules Enforced

Principal Investigator

What are the rules that you know of?

Interviewee

I know one and that is no gossiping... yeah they were saying. Which is very good. Aunties like to gossip ah and if they spread around, there will be a lot of problems. Yeah that's why my mum don't like to talk also because may cause problems and I don't know... *laughs*

Principal Investigator

You don't think it causes a problem... like why you all want to set this kind of rule? This is an open space... you know?

Interviewee

No no no. I think it should be highlighted. Yeah if not, it'll turn quite negative... negative and all. Disciplined. To keep everybody more disciplined.

Principal Investigator

Do you think that members here need to behave and follow the rules?

Interviewee

Of course... I mean in anywhere... when there are more people, naturally there'll be more... I don't know more problems or whatever. So I mean it's good to have a system and rules

Principal Investigator

Do the members feel that they need to follow the rules here? Do they feel like pressured that they need to follow the rules?

Interviewee

I don't think so... I think everybody is very disciplined in fact. Yeah very disciplined and very natural. Yeah not stressed or what... yeah just very natural. Yeah from observation.

10. Concrete examples of Other Customer Experience at the Wellness Center

Principal Investigator

So other than your mum, Do you know of any other residents who benefitted from this

Interviewee

Not exactly leh... because yeah... because we're only here for a short one hour... I think erm... I mean, not just physically, but I can see how they benefit. Like you know, err their spirits are better la. They are more happy and all la. Yeah yeah not just physically.

Principal Investigator

Have you recommended this Center to your friends?

Interviewee

I did I did! *points to someone in the Center* Actually this is my friend's sister. They're staying at Block 110 so I think recently, err... their mum... their mum err... my childhood friend la, secondary school friend... so the mum was diagnosed with erm... they call it MCI (Mild Cognitive Impairment)... err not yet early dementia but Mild Cognitive Impairment. Ahh she's seeing a doctor at 'Xxx Hospital' and I was telling her err... yeah in fact, they're just staying at this block you know what...

points to the block nearby

And they're not... just now you were talking about location and all... and they're not aware of this Center. In fact, yeah... we also because erm... their block is facing the road and then if we had not come to the temple, we would not have known of this set-up because it's quite hidden. Yeah and some relatives were telling us but sometimes when we come to this area, market... Chong Pang market is very popular.

I wasn't aware until people told me and I had to purposely... yeah come. The other one at Block 113... AIC the eldercare center as well la. Ahh I thought the locations are quite hidden.

Principal Investigator

Anything else you want to share with us before we wrap up the interview?

Interviewee

Err no.

Principal Investigator

Ok thanks so much Ms Xyz. I really appreciate your time. Nice to meet you. See you around here.

Interviewee

No problem no problem. Thank you. Nice meeting you.

No. 003 – Interview Code 2017003 Malay

1. Brief Demographic Profile

Principal Investigator

Do you mind sharing with me how old are you?

Interviewee

I'm now 66. (Born in) 1950.

Principal Investigator

In terms of your education?

Interviewee

My education is erm... primary 6.

2. Feelings Towards & Experience with Wellness Center

Principal Investigator

Please share with us, your feelings and experiences in this Wellness Kampung.

Interviewee

First thing this WK make us very happy. First thing ah, we are all... Singapore is multi-racial. So we're all like sisters. If the men... like our brothers... *laughs*

We are sisters and brothers down here. We walk together. In the morning, when we came here, we walked 2 rounds... see if we can 1 round, 2 rounds... go and see our own bodies how... some of them they cannot walk, they just sit down. Because I always come, I always walk 3 rounds... maybe 2 rounds. Ahh so I feel like when we walk together, we exercise together, sometimes we got old-age activity together... Like our home? We gathering you know?

My husband err 72 last year... passed away. Her age... his age is 72. So passed away because of dementia and 4th stage... ahh the urine cancer. Yeah last year July passed away... so I am active again because last time when my husband is sick, I go to work... come back. You know, 7 o'clock in the morning, I go to work then come back at 4. Then take care of my husband. I cannot take care of him because everytime he got this urine bag ah... choked... blood comes out. So I put him in YCH. It's easier for me la because I can go to work and come back and see him at the hospital... after he has already... doctor said err... have to be patient, your husband is not going to live long because err 4th stage already... maybe today, maybe tomorrow, maybe 1 year, maybe 2 years, we don't know. So after he passed away, for me, I think I relax. I can do whatever I can... because ah I'm a grassroot leader at Canberra. Ahh I do volunteer at the Canberra CC. I got a lot of suggestions ... I'm err... Malay Heritage I also doing... the Chingay... I'm so active la. Last time when my husband is healthy... after he fell sick, I cannot do all that. I stopped for a while. After he passed away, I already... shift here, I start here because nearby. I stay (at block) 110, just opposite. So I changed here. Ahh last time, I Canberra... 503A Canberra Link, executive house. I sold that. I come here. Yeah I live alone.

3. Reasons for Joining the Wellness Center

Principal Investigator

Why do you come here?

Interviewee

I got a lot of friends, all like my sisters and brothers. *laughs* Because they're very nice to me, I also very nice to them. If they're not nice to me, I approach 2-3 times, they're ok already. *laughs*

4. Frequency Of Visit And Duration Of Each Visit

Principal Investigator

When did you start coming here?

Interviewee

I think ah... probably 4-5... 5-6 months I think ah. I forget... Since December ah... January I think. (Last) Christmas I'm here. I'm here Christmas (last) December.

Principal Investigator

How often do you come here?

Interviewee

Every day! 5 days. Because ah... we've got nothing to do in the morning. Come here, rather than we feel at home... feel dull with nothing to do. Come here, we exercise. Exercise together more happy than we do at home alone ah *laughs* aiyo boring la boring. Yeah ah got friends, all together exercise... same, you feel happy what! Ahh exercise must together, cannot one person. (When alone) you maybe (working out in the) morning one day ah... aiya don't want to do already. If you (are with a) friend ah, every day, I want to do because together you know?

Ahh you feel proud! Wah she do, I do, she do! Like that la.

Principal Investigator

How long do you stay here? So every day when you come here, how long do you stay?

Interviewee

After exercise, I go back. Then if something, I'll ask Mr W (the center manager). Is there anything? Anything? I stay back. If don't have anything, just for makan soup, I say don't need. I go out makan. Like 1 hour, 1 and a half hour la... I'm here. After that, I go. Ahh go out kopitiam... go market. We... talking at kopitiam (coffee shop). Kopitiam is cheaper and stuff... we talk together. Then after that about 11 o'clock, I come back. Or sometimes the school calls me, PSG (parent support group)... ahh so I go there. PSG ah 10.30... I finish here, straight away go back, change, I go PSG. No no afternoon I didn't come. Only morning... because I've got PSG volunteer work.

5. Sense Of Belonging To The Wellness Center

Principal Investigator

Do you see yourself as a member of this Wellness Kampung?

Interviewee

Yeah ... I can be because Mr W is very cooperative and Mdm O (center's volunteer) also. They understand... about the people, who is down here... leg got problem... last time... I've just done operation, you know?

Principal Investigator

What happened to you?

Interviewee

I fell down in the workplace. I am working so after a lot of... problems you know? I think about my husband... that time my husband not yet passed away. I go, come back, rush rush... go to work. Then after work at 4, I rush to the hospital. 10 o'clock, 11 o'clock, at night I come back... sleep only 3-4 hours. Tiring you know? So I do work... I not stable, I fell down... fell down so my supervisor... because I'm too tired... take care of my husband, like that problem... so my husband... my supervisor said, "You take rest first. Go hospital check. Everything check." So doctor said I have to do the knee operation because my knee ah, both sides turned... twist. I fell down, twist you know? Ahh not because of the gel... the gel... he said it's ok but my legs two sides ah, up and down twist. I have to do operation and make it ok like that.

So I've done the operation already, about... after the operation, I still cannot walk properly. I came here. When I came here, still walk... not stable, just one month, two months operation... I just force myself to... I don't like... like very lazy lazy. I don't like. So I force myself to walk, walk, walk every day exercise. I think about 3 months, I ok already.

I (come) here (for) about 2 months ah... I (stayed for) 2 months at home, err I free a bit, I come here. One and a half months, almost 2 months, I walk normal already. Because I don't want to err... like you know what people say... aiya cannot do this one... cannot do that one. I said, "I must do! I must do!" So it healed very fast.

So I am happy here. I am always here. *laughs*

Yeah then now, I'm doing the PSG (Parents Support Group) at Ahmad Ibrahim Primary School. Because err this is from Family Court... my son... I got an only son. My son... the husband and wife split. The wife run away already. So she got the daughter then don't want to take care. Afterwards, the Family Court called me. And said, "We checked... no one. Only you. Your husband, the grandfather, passed away. Only got grandmother." So they said... the Family Court said, "This is your granddaughter. You take care of her because I know you are a very good grandmother. You're active in everywhere. So I think you can take care." I said, "No problem. I take her." So I take her, I transferred her to this school, Ahmad Ibrahim... She's from Rivervale, transferred her.

The principal said, "She never come to school. Go to school the uniform all crumpled, never iron and then she's like sometimes very sad... crying crying and said, 'My mother ran away... my father...'" You know men?! Morning want to go to work, rush... don't want to iron the clothes all everything... the uniform... then she got no time... sleep what time... makan not properly. The Family Court said... better you take. This girl... is going to spoil again. Ahh you take, you take care of her. I promised the Court I'd take her. So until today, she's very good. She's already primary 3. I took her (in) from primary 2... She became smarter. The school said she's very good, active, everything. I'm happy. Ahh she stays with me. So I now 2 persons, she with me... Morning I sent her to school.

Evening... err 1.45... 2, I take her back. Ahh maybe she got remedial... today test... oral test. She'll come back... err after school 1.45... starts at 2 until 5.10

So I checked everything... the school what time... because I'm a volunteer at PSG. I want to know, she study how... what time she'll come back? She got what time remedial? So I know... if I'm at home, I don't know everything. So I go there volunteer, I check everything.

So sometimes I ask her, "Today you got anything?" "Don't know la. Don't know la." Because you know children? You don't know? I go and check your school. So I go the volunteer group, I can at... oh oh so at least check what she's doing at the school. So I am

taking care of the children at the tuckshop... maybe they brought their food. Err... ask you all to line up, take care you all. Maybe they're fighting with each other, carrying the food fighting, pushing pushing... Ahh take care. Sometimes, that is Monday. I'm doing the tuckshop.

(On) Wednesday or Thursday, I do the art. Now they're doing the puppet so the glove they wore... we sew and make it... like face puppet. They're doing the puppet. So Teacher's Day, Children's Day, anything, they use that puppet. We are doing all about 100... about 300 plus the puppet. Together... also like together here (at Wellness Kampung), group. Today we can finish ahh... we finished 20. Next week when we come, it'll be another 20 and things like that, see how much we can finish la. So I... actually I like to do this job. I like to... not the job. It's a volunteer... things you know, like you got friends, we work together. If I do something, I feel so happy. Ahh that is my character. Last time ah, I do the Chingay all these, I am so happy because I've done something. *laughs* And I think I stay in the world, I do nothing... We're getting older but you do something oh the brain ah working. Just cannot sit down... oh nothing to do. I don't like. I like to do this volunteer one, friends, we work together. I like all this. Sundays, Saturdays, I've got my religion class. So we Sunday... people invite us, go to people's house wedding, we sing a song... all this like that la. *chuckles*

6. Number of Friends & Close Friends at the Wellness Center

Principal Investigator

So here in this Wellness Kampung, how many friends do you have?

Interviewee

A lot of friends. A lot, cannot say. *laughs* Someone newcomer, also my friend. Sometimes they come ah, I approach... where do you stay? Then sit together talk with you all. Sometimes the exercise, they cannot see, you know...far. So sometimes the exercise like that, they make like that... I say, "No, it's like this!" *laughs* So we already become friends. Then afterwards now, we eat... one table. We all gathering... so talking

with each other. We're like sisters and brothers because we if... stay at home, got no friends ah. We feel boring then we come here got friends ah, we feel happy, go back... oh got a lot of friends. So they are all very nice to me.

Principal Investigator

How many of them are your closer friends that you can go to share problems or ask for help?

Interviewee

Close friends? Not in here. I got another club. But here is when... it's on Wednesday, 2-5, we gathering... together, eat together, chitchat together and Sunday and Saturday, we gathering... this friends. This err... like all our culture one. We study and we work together... People call us for the prayers or what... this is all my very close... like the sisters and brothers... sisters... no men, all women. *laughs* Ahh like here, close but... they never go out... err I got 4... err got Indian 2, one Chinese... And err now the new Indian... Then sometimes we go out. After this, we go out, go makan prata. *laughs* Eat prata at coffeeshop. Sometimes see la... because morning I took porridge already. Err if it's still full, then I told you all, "I'm not going."

If I didn't, I just drink coffee or I just drink milo. I say, "Ok today we go out." So go market, buy things, sit down at the kopitiam, chitchat. Afterwards, go back. Ok... because I have not many jobs at home. I do nothing... just cook for me and my granddaughter. After she comes back, I... am together, I check with her. If she don't have, I go out with friends. So I not feel boring, I'm not always at home.

7. Programs & Activities at the Wellness Center

Principal Investigator

Other than the exercise what other activities do you take part in?

Interviewee

No exercise only. For the timing now, exercise la. Now they're starting Friday, the art and craft. They just started ... (at) 2 o'clock... 2.30 yeah... that day I came once after that

err... because I asked them, “When are they start colouring?” They said, “No, now just draw. Then after that colouring.” Like I’m doing the art at school, same thing...

Principal Investigator

Before this Wellness Kampung opened, right? In December right, before you come here... So before December, how do you spend your time in the morning?

Interviewee

Ohh my time... I got no time. I got no time because I rush go to work, I rush come back. When I come back from work, I didn’t go home. I straightaway go to hospital, take care of my husband all everything la until my husband really pass away then I... I told the doctor because my operation is the day when before my husband pass away. That’s why I talked to the doctor, “I cannot do the operation because my husband just passed away for 2 days.” It’s the day for... I have to go for operation for my knee la. So I said, “Give me some time.” He said, “Ok. I give you September 26, that day.” Ahh because my husband err July ahh... so he gave you time for you to relax...because you cannot stress... operation you cannot stress. You think of something... cannot. You make yourself happy then you come for operation. Then I’ve done the operation. For about 2-3 months... 2 months la, I’m not going out la, I just stay at home... go for therapist hospital ‘Xxx Hospital’.

After that, ‘Xxx Hospital’, the nurse told me, beside your block you know... you stay 110 ah, 115 ah, there is an exercise place. I don’t know here. The ‘Xxx Hospital’ staff...one of the nurses told me, “You go here better.” So every day... here therapy, 1 month two times only. You come here, you can do every day. So faster heal your leg. So after I come here for 1 month ah, I see my leg, got a lot of improvement.

Principal Investigator

So you still go back for check-up at ‘Xxx Hospital’?

Interviewee

Ah no no ... I can walk ok. No problem. No need.

8. Types of Volunteer Activity/ies

Principal Investigator

Have you heard of the Kampung Buddy program also?

Interviewee

Yeah. last time ah, I do the cooking together. Cooking, cutting all that ah but sometimes the... now I got another the PSG ah... Sometimes they call me, 10.30... I said, "I cannot help. I have to rush there." So I told the school, "I can go only once a week." Like Monday, only... I'm helping the children at canteen. So if any arts or anything ah, maybe on and off. I cannot always because I have to do here also. Err if I go there always ah, then I leave... then I leave you know. Then I never get anything. *laughs* So I said, "Once a week only down there."

9. Knowledge of Rules Enforced

Principal Investigator

Over here in this Wellness Kampung, are there rules for the people here? For the members here?

Interviewee

Yeah you must be friendly... you cannot fight. You cannot like err... you think oh... I sit this space, people cannot nearby... because sometimes it's crampy, you know... too much... not enough place. So we have to share together la. We decide like how to sit, this side or turn this side. Maybe never pack or haven't... So we must be cooperative... no fighting, no to each other... oh you Chinese, I Malay, you Indian... like that cannot. All must together... we just think like sisters and brothers ok la.

Principal Investigator

Who tell you about all these rules?

Interviewee

Because I... err very long grassroot leader. I all do this volunteer job. From there, I start already. So many years I'm at the grassroot... the grassroot leader at the Canberra CC.

Ahh very long there. I got a lot of... I showed Mr W all my certificates. You see, I laminate. I keep.

Principal Investigator

Do you feel that people must behave like they expect you to behave?

Interviewee

If like we all, we know, we... because our mindset... ok. Some of the old... are a bit dementia. They don't know. We have to go help la... if they say... like some of the ladies... one of the ladies come shouting, shouting. She doesn't want to do exercise. The maid asked her to do she doesn't want to do... shouting shouting. I told the maid, "You must understand because she's old. If she wants to exercise, you let her. If she doesn't want, you push her out. One, two rounds, you send her back here. Don't need to force her because some of the old people they already dementia. I know because my husband also like that." I explained about all these. I said, "You don't force. When you force, she's shouting." Then we do the exercise... eh wondering what the maid is doing to the auntie... shouting. Then I stopped. I stopped my exercise. I go and talk to the maid, "You bring her out. You bring her one, two rounds. Then you bring her here. If she's not happy now, you don't force her."

Ahh like that. Some of the ladies, they come, I give the chair. I ask they all to sit down because they're old. Sometimes they don't know. Ahh because I got experience with my husband. I go through all this. I take care of my mother... wheelchair, 80+. So I understand all these old people.

Ahh so I sometimes I see they all, they just come, no place, I shift to the back. I give my chair to the old. "Sit la. I go to the back." For me, I'm strong. I can move around. For they all, they are not strong. So I give they all way la. We have to understand that... just our mother ah like that. I see the old people here ah, like my father, like my mother. If you come, no place, I can shift to the back. You come and sit my place... even Mr W.

10. Concrete examples of Other Customer Experience at the Wellness Center

Principal Investigator

Do you know other residents who benefitted from coming here?

Interviewee

I saw... I saw they all... last time they do exercise. When they do, their hand like cannot carry. But now, little bit can carry a bit... Ahh can do like... one of the ladies there... sit down don't want to do... but her daughter said, "Do do!" But she don't want. But now she already carry the heavy one. That means she got do. That means they are improving because ah, she was so weak initially... ah improve a lot.

Principal Investigator

Do you recommend your friends here? To this Center?

Interviewee

I recommend... a lot la. Got Indian... 2. Got Malay... I recommend one of the ladies also... quite old down there, I asked her to come. I said, "If you can do this exercise here, inside here, slow exercise... you go to the back, harder." I said, "You just do slowly. No one is going to scold you. What you can do, you do. Slowly by slowly." I said, "Last time I also cannot walk properly. But I come here, you see, I can run. I can walk, I can run. Improve a lot!" I said, "Slowly, you don't force." When we said, she does the exercise, go back the body all aching. I said, "You don't force. How you can, your hand how high can, ok. You don't force. No one here is forcing you. Slowly, today we do a little bit. Tomorrow we do a little bit up. Daily afternoon... I think one week you can put your hand up already. Slowly by slowly la. Anything you do, you cannot force. Slowly." Then they all said, "Ok ok." They're coming.

Principal Investigator

Anything else you want to share with us before we wrap up the interview?

Interviewee

Ahh that's all only. I feel happy. You all are very cooperative. We are sisters and brothers because Mr W is very very nice. So I love this place. And because my place is just

opposite. *chuckles* After sending my granddaughter, I faster go back. I use my exercise shoe, straightaway come here.

Principal Investigator

Ok thank you.

No. 004 – Interview Code 2017004-115 Chinese (interview in Mandarin)

1. Brief Demographic Profile

Principal Investigator

Please share with me how old you are.

Interviewee

56 plus ... not yet fifty-seven. You can write fifty-seven too, by August.

Principal Investigator

What about your education level?

Interviewee

Diploma

2. Feelings Towards & Experience with Wellness Center

Principal Investigator

Please share with us, your feelings and experiences in this WK.

Interviewee

It's like a family here. We exercise together, and get to know each other. From strangers, we become friends. It's become a habit. I must come here every week, even when it rains.

3. Reasons for Joining the Wellness Center

Principal Investigator

Why do you come here?

Interviewee

For the exercise. Besides exercise, I like to be with the group. I have friends here and get to know new friends.

Principal Investigator

Before WK opened, how do you spend your time?

Interviewee

I would visit the park on my own in the morning for some exercises. I initially started exercising with friends. But after they shifted, we stopped and did our own exercises. Now other than the exercises at WK, we still do our own exercises like jogging or stretching exercises. I learnt yoga before.

4. Frequency Of Visit And Duration Of Each Visit

Principal Investigator

How often do you come here? On average how long do you stay during each visit?

Interviewee

I come here twice a week. Every Wednesday and Friday. I stay for about an hour to 2 hours. I will chat with my friends then go to the market. *chuckles* At the market, I will chat with my friends some more before I go home. I cannot do this everyday, else I cannot finish my housework. Some of my friends became volunteer when they come here. They became kampung buddies.

5. Sense Of Belonging To The Wellness Center

Principal Investigator

Do you see yourself as a member of this Wellness Kampung?

Interviewee

Yes, that's why I come here regularly. But my time is tight, so I can visit only twice a week. On other days, I'm busy at home. Although I don't work, there are a lot of household chores. But I make an effort to visit twice a week.

6. Number of Friends & Close Friends at the Wellness Center

Principal Investigator

How many friends do you have here?

Interviewee

My friends? How many are my friends? About ten, ten very good friends. We all come here together. But some have started work and now left with seven or eight of us. We all agreed to come here.

Principal Investigator

What about closer friends? Those whom you will discuss your problems with and can help you with problem solving?

Interviewee

Oh, here there are four or five of them.

7. Programs & Activities at the Wellness Center

Principal Investigator

When did you start to join the programs here?

Interviewee

About a year ago, I started with the exercises. I don't recall when WK opened. But we have been here for more than a year.

Principal Investigator

What kind of activities do you do?

Interviewee

Stretch band exercises since WK started. There are other exercises on Friday, once every three weeks. We will learn whatever the coach teaches. I don't attend other lessons but my friends do. Some of them learn culinary skills here.

8. Types of Volunteer Activity/ies

Principal Investigator

Do you know that there is this Kampung Buddy program here?

Interviewee

No I don't. I only come here for the exercises.

9. Knowledge of Rules Enforced

Principal Investigator

What are the rules that you know of?

Interviewee

That would include being sociable, hygienic. Clean after ourselves, like wash the cutleries after use. Occasionally there will be some unhappiness like when we remind the elderly members. But they are like that. When we are old, we behave that way too. So we try to be courteous and sociable.

Principal Investigator

Do you think the members here are courteous to each other?

Interviewee

Yes. I see that most of them are self-motivated ... they will queue up, they are orderly, keep the toilet clean, they will queue to use the toilet and wash the dishes. Of course they are!

Principal Investigator

When you see someone who didn't wash his or her own bowls, would you tell him or her off?

Interviewee

No, I wouldn't dare to. Most of them do wash their own bowls and are spontaneous in following the rules here.

10. Concrete examples of Other Customer Experience at the Wellness Center

Principal Investigator

Do you know of other members who benefited from this Center?

Interviewee

Yes, I heard of a few of them from my friends. They said they improved from not being able to balance to... balancing steadily. These elderly members are consistent in their daily exercises. Many of them are much older like in their eighties but they are still strong and able to do many moves that younger ones like us cannot do.

Principal Investigator

Have you recommended any one to the WK?

Interviewee

We should tell more people about this Center. My neighbors often asked where we are going. We would invite them to join us here at WK@115. They said they would come but I am not sure if they do. Some of them may not come because they are busy but some really do not know of this Center. I thought this Center is well managed, there are calligraphy programs and many others. But it is hard to commit to come here every day. Such a Center benefits the elderly who lives nearby. They should come here and do the exercises that are very easy to follow. There are many who come here regularly and I often see new faces here besides the regular. I like it this way. Well there is at least a place for us to come together regularly.

On Wednesday, one of us will be the exercise instructor, no change. This motivates us to come. As for the exercises on Friday, the coach keeps changing, it's irregular. When it stops, it's hard to build up the momentum you know. That's why we need to keep it going regularly. So between the exercises on Wednesday and that on Friday, there are more participants on Wednesday.

Principal Investigator

Ok thank you very much.

No. 005 – Interview Code 2017005 Malay

1. Brief Demographic Profile

Principal Investigator

How old are you?

Interviewee

64 plus

Principal Investigator

What education have you been through?

Interviewee

Secondary school.

2. Feelings Towards & Experience with Wellness Center

Principal Investigator

Have you tested yourself for blood pressure?

Interviewee

Yes, normal err I'm going to... I have an appointment at polyclinic there, Yishun Polyclinic... (to check) everything la for medicine, for high blood pressure, cholesterol, everything. No, I have no diabetes.

Principal Investigator

Let's talk about your experience and feelings at this Wellness Kampung (WK).

Interviewee

Ahh so good. A lot of friends here. Yeah can exercise every day. Yeah yeah say hi... every day after exercise, we go to the market. For the children also, we're friendly. We ask, "How's your children?" like that.

3. Reasons for Joining the Wellness Center

Principal Investigator

When did you start to come here?

Interviewee

Err first anniversary here. First anniversary here. On a... May... June... July... August or September like that.

Principal Investigator

What did you do when you first come?

Interviewee

the first time... usually register. Yeah for the members... can do some exercise here.

That's all. Because nothing at home in the morning... because my children are all adults... one of them married, then I have free time in the morning. Ahh that's why I come here. Then after that, I go market... or do market shopping like that.

Principal Investigator

Why do you want to come for the exercise?

Interviewee

Why? Err mostly for exercise... make me healthy, make me a lot of friends. That's all, enjoy for our friends here. *laughs*

Principal Investigator

Before this WK opened right, how did you spend your time?

Interviewee

Ah... I walk at Chong Pang park there. But err one week two times only. Yeah sometimes... no friends to go. That's why. And that's why I come here, a lot of friends here, very happy, together. Yeah, happy! Very happy *laughs*

4. Frequency Of Visit And Duration Of Each Visit

Principal Investigator

How often do you come here?

Interviewee

one week 5 times. Every day! *laughs*

5. Sense Of Belonging To The Wellness Center

Principal Investigator

Do you see yourself as a member of this Wellness Kampung?

Interviewee

Yes correct. I'm a member here. I like here! *laughs* Friendly here!

6. Number of Friends & Close Friends at the Wellness Center

Principal Investigator

How many friends do you have here?

Interviewee

Mostly all my friends. *laughs*

Principal Investigator

How many of them are closer where you can share problems?

Interviewee

Closer I think... err 1 or 2. Yeah mostly err... I have Chinese friends, Malay and Indian here. Yeah!

7. Programs & Activities at the Wellness Center

Principal Investigator

Other than exercising, any other activities that you take part in?

Interviewee

Err no, I have to do housework (at home).

8. Types of Volunteer Activity/ies

Principal Investigator

Do you know that there is this Kampung Buddy program here?

Interviewee

Kampung Buddy? Oh no no because they err... they have members here. Ahh they do.

9. Knowledge of Rules Enforced

Principal Investigator

Do you know of the rules here?

Interviewee

Rules? No rules. Got rules for what? No rules. I think all ok. Like, after you makan, you wash your own plates. Of course! That must do it ourselves. Because do ourselves, respect for them. Must be do ourselves mah. After we take care of everything, then we put back.

Principal Investigator

So if you see a member, if they take already, they never put back. What would you do?

Interviewee

Wah I didn't see that. Yeah! That's why I cannot say! *laughs* because they all know what they're doing. Yeah! If we're sharing, we carry the chairs together and we keep. Team la, altogether arrange la.

Principal Investigator

Do you feel that you have to behave like everyone else?

Interviewee

For that one... I can't say that. Yeah because they should know what they're doing. Before I came here, they do it already. We must do that. Yeah because our plates, our spoon everything, must put back.

10. Concrete examples of Other Customer Experience at the Wellness Center

Principal Investigator

Do you know other residents or other members who benefitted from this WK?

Interviewee

Yeah some of them yes. They benefit... err our friend (referring to Mdm K) just now, she has some leg problems. Now she's ok already ... Ok some err... ladies with wheelchairs... then now better already. They can walk.

Principal Investigator

Have you recommended friends to come here?

Interviewee

Yeah we have. Yeah our neighbor, the Indian lady here? She came here. Yes.

Principal Investigator

Anything else you want to share with us?

Interviewee

No no nothing yeah I think yeah good. Good to have friends all these together. That's all.

Thank you very much.

No. 006 – Interview Code 2017006-115 Chinese (interview in Mandarin)

1. Brief Demographic Profile

Principal Investigator

Please share with me how old are you?

Interviewee

I am already 81. I exercise six times every week. I hardly fall sick ... *laughs*

Principal Investigator

What about your education level?

Interviewee

I have very little education. I can't write, I can read and ... converse.

2. Feelings Towards & Experience with Wellness Center

Principal Investigator

Please share with us, your feelings and experiences in this Wellness Kampung (WK).

Interviewee

I feel very good. *laughs*

3. Reasons for Joining the Wellness Center

Principal Investigator

Why do you come here?

Interviewee

When my husband was alive, I have to take care of him. Now that he has passed on, I have more time. Besides my children are all big, even my grandchildren are big already. I have eight children and I live with my daughter. I have four sons and four daughters. The eldest is 58 and the youngest is about forty. Some of them are in Singapore, three of them stay in Malaysia. I was a Malaysian. When my kids come to Singapore for their higher education, I applied to join them here.

4. Frequency Of Visit And Duration Of Each Visit

Principal Investigator

How often and how long do you stay each time?

Interviewee

Not fixed. Sometimes, I stay till 5pm, other times till 3pm. It depends. I know I should not sit for too long (playing “Rummy-O” card game), it is tiring. I used to play for very long till 5pm. Now I don’t. After I play, I walk about a little then rest, and return to play. I cannot sit for too long.

5. Number of Friends & Close Friends at the Wellness Center

Principal Investigator

How many friends do you have here?

Interviewee

About 10. Quite a lot but I am not close to all. Only some.

Principal Investigator

How many are closer friends?

Interviewee

Around two or three of them. They come here daily.

Principal Investigator

How do you spend your time before WK opens?

Interviewee

I don't live here previously, I just moved here.

Principal Investigator

When did you move here?

Interviewee

I moved here in February, WK opened in March. I lived in Toa Payoh a year ago.

6. Programs & Activities at the Wellness Center

Principal Investigator

What do you participate in? Besides exercises, what activities do you participate in at WK?

Interviewee

After the morning exercises, I'll help to distribute food. After that, I'd join in the card game ... what is that called... (Rummy-O). I also learn singing here, every Thursday, that's yesterday. It's free over here.

7. Types of Volunteer Activity/ies

Principal Investigator

What do you do as a Kampung Buddy?

Interviewee

As a volunteer, I distribute food to the less mobile residents every Monday to Friday at noon. They are not mobile, need walking stick to move about and cannot get out of their homes. So I bring the meals to them on weekdays. On weekends, I don't have to distribute. There is a female resident who is not lucid and I don't dare to engage her. When I bring the meals to her, I just call out to her, leave them at her doorstep and walk away.

8. Knowledge of Rules Enforced

Principal Investigator

What are the rules that you know of?

Interviewee

Nothing much. Wash after yourselves. It's not difficult. Do not gossip.

Principal Investigator

What do you do when you see others who do not wash their own cups or cutlery, or keep the toilets clean?

Interviewee

No lah, most of them will wash after themselves and keep the place clean.

9. Concrete examples of Other Customer Experience at the Wellness Center

Principal Investigator

Do you know of other members who benefitted from WK?

Interviewee

No *laughs* some of them don't exercise and cannot be persuaded. It's up to them, they are so old after all.

Principal Investigator

Have you recommended your friends here? Will you recommend anyone in the future?

Interviewee

No, they all come on their own. I'll recommend in future...

Principal Investigator

Anything else you want to share with us before we wrap up the interview?

Interviewee

No. *laughs*

Principal Investigator

Thank you.

No. 007 – Interview Code 2017007-115 Chinese (interview in Mandarin)

1. Brief Demographic Profile

Principal Investigator

Please share with me how old you are.

Interviewee

I am 57 this year ... no, should be 67.

Principal Investigator

What about your education level?

Interviewee

I studied till secondary school.

2. Feelings Towards & Experience with Wellness Center

Principal Investigator

Please share with us, your feelings and experiences in this Wellness Kampung (WK).

Interviewee

Wow, A lot of friends. I get to sit around to chat about anything like food and all. I am single and I cannot do without friends. When you are out, you depend on your friends. So you need to have a lot of friends.

3. Reasons for Joining the Wellness Center

Principal Investigator

Why do you come here?

Interviewee

I like it here. There are so many programmes like line dancing, cha-cha, exercises, such variety! And on festivals like Deepavali, Chinese New Year, Christmas, there are celebrations. There will be lots of people here during celebrations. Time passes very fast over here because there are some many aunties here to chat with.

Principal Investigator

How did you know about WK?

Interviewee

I actually didn't know until my friend told me about this Center. She participated in the one at Ang Mo Kio. No one told me about this Center until one day my friend asked me about this WK@115 and brought me here. I liked it immediately because the aunties here are all so friendly. That's how I ended up here.

Later, I along my Malay auntie friend. But there are few Malays here. Some of them have been here for very long so they made friends. But after two or three days, she didn't want to come. She felt that she could not communicate with the Chinese aunties as they don't speak English.

She said it's boring and didn't want to come anymore. So I come here on my own.

The Chinese stay here longer than the Malays as there are fewer Malays here. Most Malays are here to learn "Wee-robics" from the uncle on Monday. My Malay neighbor find it boring and refuse to come anymore. She is impatient lah.

I also didn't know about this place until my friend told me about this. After she brought me here, I stayed on.

4. Frequency Of Visit And Duration Of Each Visit

Principal Investigator

How often do you come here?

Interviewee

Whenever I am free. There are many exercises here. I don't come here every day. I live nearby, so when I am free I'd walk over. No need to take transport. It's convenient for me!

Principal Investigator

How long do you stay here?

Interviewee

I don't stay till the afternoon. Like there's line dancing today, so I'll stay till then which is about 9 to 10am. On Wednesday, there's "Share-a-Pot", I'll come and hang around to chit-chat with others. I'll go home since there are no programs in the afternoon. When I

go out, I won't come. I'll come on Mondays for exercises, Thursday for cha-cha. When there's cha-cha, I'll stay till 11am and return home to take a nap. I return at about 1pm for other activities like card games and can stay till 4pm.

The aunties here are very good. They can talk a lot and they also stay till 4pm. They have nothing to do so they stay here.

5. Sense Of Belonging To The Wellness Center

Principal Investigator

Do you help whenever there are activities here?

Interviewee

They have a lot of volunteers to help out whenever there are activities. I am here to join in the fun, they don't need my help. I come to join in the celebration, singing and games. I come here because this is near my home.

6. Number of Friends & Close Friends at the Wellness Center

Principal Investigator

How many friends do you have here?

Interviewee

I can't tell. There are so many. I know all of them.

Principal Investigator

Among them, how many are closer whom you can share and solve problems?

Interviewee

Close ones ... not too many, a few only. There are a few close ones.

Principal Investigator

When did you start to come here?

Interviewee

About a year ago, last May or June.

7. Programs & Activities at the Wellness Center

Principal Investigator

What do you do when you come here in the morning?

Interviewee

In the morning, there are exercises held outdoors. After the exercises, I'll stay back to chat with the aunties. There are many programs to learn like drawing, calligraphy, and more.

8. Types of Volunteer Activity/ies

Principal Investigator

Did you join them in the Kampung Buddy program to distribute meals?

Interviewee

No, I am not free for those. They distribute the meals every morning. I am not free every morning, I have to go back to do housework.

9. Knowledge of Rules Enforced

Principal Investigator

What are the rules that you know of?

Interviewee

Yes, they set rules like wash the plates after use. Don't drip water on the floor as the slippery floor can cause the elderly members to slip and fall. So drip the cups and plates dry. When you use the toilet, keep the floor dry. Don't throw wastepaper all over. The volunteers work very hard to clean the toilet especially when it is dirty. They also remind us to flush the toilet after use, etc.

Principal Investigator

Are these rules unnecessary?

Interviewee

I think these rules are necessary. You have to treat this like our home and not throw wastepaper everywhere. We should respect this space. Keep the toilet dry and not wet. No one can use the toilet when it is dirty.

Principal Investigator

Do members here know of and follow the rules?

Interviewee

Yes, most of them may not know so much but they do keep the toilet clean. They also remind us to wash our cups and not drip water on the floor. It can be dangerous for the elderly when the floor is wet.

Principal Investigator

Would you remind others if they don't follow the rules?

Interviewee

Yes, I would. If I see any of them with wet and dripping cutleries, I'd tell them. The Center Manager also remind the members. Because the wet floor is dangerous to the elderly.

10. Concrete examples of Other Customer Experience at the Wellness Center

Principal Investigator

Do you know of others who benefited from WK?

Interviewee

They all like it here. Everyone gives very good feedback. Most like the health checks, "Share-a-Pot", exercises, etc. I enjoy the singing and dancing here.

Principal Investigator

Have you recommended any others here?

Interviewee

Of course I will recommend to those whom I know and are willing to come here. My Malay neighbor came for a few days and didn't return. So those who come should come here regularly. Better to recommend WK to Chinese but my Chinese neighbors cannot

move around. Their legs hurt but they participate in programs elsewhere so I don't recommend them this Center.

Principal Investigator

Before WK opens, how do you spend your time in the morning?

Interviewee

Most times, I stay home. Occasionally I'll go out.

Principal Investigator

Anything else you want to share with us before we wrap up the interview?

Interviewee

Any gift for me? Just kidding.

No. 008 – Interview Code 2017008-115 Chinese (interview in Mandarin)

1. Brief Demographic Profile

Principal Investigator

Please share with me how old you are.

Interviewee

Eighty years old.

2. Feelings Towards & Experience with Wellness Center

Principal Investigator

Please share with us, your feelings and experiences in this Wellness Kampung (WK).

Interviewee

I'm here to learn (exercises), I'm very good. I enjoy the learning. Really, I have learnt a lot since.

3. Reasons for Joining the Wellness Center

Principal Investigator

Why do you come here?

Interviewee

I had pain in the joints previously. I fell at home once and was admitted into 'xxx Hospital'. The doctor at 'xxx Hospital' advised me to operate. I did my surgery in 2015. Three months later, I had to undergo another surgery. I stayed at 'xxx Hospital' for a month. After discharge, I had to return for three months for rehabilitation. I am happy with the exercises here, because I don't have to bear with the pain alone. I learnt a lot here. I used to go to block 161 at 6 in the morning but it is too early. I have to get up at 5am. It's more convenient at this WK, I am happier so I come every day.

Principal Investigator

Do you live nearby? Who do you live with?

Interviewee

I live in block 121, just opposite. After my exercises here, I'll go to the market and return home. There's just me and my husband, so I don't cook, I'll buy food home. When my grandchildren are on vacation and at home, I'll cook. There are six of us including my grandchildren. My son and daughter-in-law hardly return for dinner. My daughter-in-law starts work at 11am so she doesn't return home for dinner. My son has to work overtime so he has his dinner outside before he returns home. I prepare a dinner for four. On weekends when my daughter visits me, I'll cook for everyone.

4. Frequency Of Visit And Duration Of Each Visit

Principal Investigator

How often do you come here?

Interviewee

I come here every day.

5. Sense Of Belonging To The Wellness Center

Principal Investigator

Do you see yourself as a member of this Wellness Kampung?

Interviewee

Ok, I come here. I couldn't come here yesterday because I had to bring my husband to Tan Tock Seng Hospital for a check-up. I also have to go for check-up like next month, I need to visit 'xxx Hospital' for a blood test. So I won't be able to come here in the morning unless my appointment is in the afternoon.

6. Number of Friends & Close Friends at the Wellness Center

Principal Investigator

How many friends do you have here?

Interviewee

Altogether, I have many. It's like a festive celebration, birthday ... I can chat with so many of them. I often delay the time to go home because of there's so much to chat with them.

Principal Investigator

How many closer friends do you have? Those who can share in and solve your problems?

Interviewee

It's hard to say. Many, I can chat with any one of them.

7. Programs & Activities at the Wellness Center

Principal Investigator

Besides the exercises, what activities do you participate here?

Interviewee

Some exercises, and some cooking. I cook for my husband and grandchildren every night.

I don't cook at this Center, the younger members will cook here. I am old already, I let the young ones do the cooking. They are very good with cooking, you know?

I have lots to do at home, laundry, and all. I don't have time to take part in activities here.

I am uneducated.

When I go home, I have to collect the laundry before it rains.

Principal Investigator

Before WK open, how do you spend your time?

Interviewee

Stay home, I like to do things at home. Fold clothes... I used to make kueh kueh.

Principal Investigator

You can make kueh kueh here too?

Interviewee

No cannot. You need a lot of pots, making kueh-kueh demands skills and the correct type of pots.

8. Types of Volunteer Activity/ies

Principal Investigator

Do you join them to distribute meals as a Kampung Buddy here?

Interviewee

No, I cannot. My legs were operated on before. They are weak, I cannot go far. I don't dare to take part in the volunteer work until my legs are well. I am already 80 years old, I cannot walk too far. I use a pushcart for my marketing.

9. Knowledge of Rules Enforced

Principal Investigator

What are the rules that you know of?

Interviewee

Wash after yourself.

Principal Investigator

Are these rules unnecessary?

Interviewee

Not unnecessary. I don't think so. The people here are volunteers. I try to help to move chairs and tables but they tell me it's ok, they can do the moving.

10. Concrete examples of Other Customer Experience at the Wellness Center

Principal Investigator

Do you know of other members who benefited from WK?

Interviewee

It depends, some people are lazy. I try to help. They tell me it's ok. I can help.

Principal Investigator

Have you recommended others to this WK? Like your neighbors?

Interviewee

Most of them live nearby and come here on their own. I join this Center on 7 September. I like exercises. I used to get up at 5am to take my medication for cholesterol, high blood pressure... and join in the exercises at 6am over at block 112. At this Center, I do not need to get up so early, I can come at 8am. Now I can move around a lot more.

Principal Investigator

Thank you, please take care.

Interviewee

It's ok, I can do it myself slowly. Bye Bye.

No. 009 – Interview Code 2017009-115 Chinese (interview in Mandarin)

1. Brief Demographic Profile

Principal Investigator

Please share with me how old you are.

Interviewee

I will be a senior citizen next year. I'll collect my senior citizen card next July. I'm already 59 this year.

2. Reasons for Joining the Wellness Center

Principal Investigator

Why do you come here?

Interviewee

I was originally very fat. I exercise now, I come to WK@115 to exercise. That's no secret.

My family has history of diabetes. My mother and brother suffered from diabetes. My mother has passed on. She has six brothers and they have diabetes. I am afraid if my genes, I am here to exercise. Both my younger brothers have diabetes and are on insulin. I practiced taiji and qigong every day. For two days a week, I am here to exercise including stretch band exercise and boxing. I am running here and there, so I have lost weight since.

3. Sense Of Belonging To The Wellness Center

Principal Investigator

Do you see yourself as a member of this Wellness Kampung?

Interviewee

Yes, I am very happy and I encourage them to exercise. My friend lives near me and I encourage her to come here to exercise. I live in block 131, opposite the bus stop. My brother lives opposite in block 113. I visit him everyday. I am the only one closest to him. My older brother and sister live far away, my sister lives in Clementi. Then my other brothers are in Woodlands and Sembawang. No one else can care for my younger brother as I am the closest to him. My younger sister lives in block 400 something, which is a distance away. They all have to work so I can care for my younger brother. I also take care of my mother-in-law who is in her 80s.

Principal Investigator

Do you bring your mother-in-law here?

Interviewee

My mother-in-law is bed bound. I can't care for her on my own. So my husband agreed to put her in the nursing home. So I have to check on her in the nursing home and check on

my younger brother. The people at this Center reminded me to take care of myself now that I have to run around to care for my mother-in-law and younger brother.

I used to have problems with my knees in my early 50s. They hurt when I go down the stairs. My brother had a stroke and had to go to 'Xxx Hospital' and the polyclinic for check up. So I had to bring him and gradually I fall sick myself. Before my mother-in-law was placed in the nursing home, it was very hard to care for her and my younger brother at the same time. I could not care for myself when I had to care for both mother-in-law and younger brother. I had no time to exercise.

Now that my mother-in-law is in the nursing home, I have some respite, and can better care for my younger brother who is single and has no family.

Both my parents are no longer around so my brother lives alone. When he is sick and had to call ambulance in the middle of the night, I have to be the one to help him. So I couldn't rest because of him. It was very difficult for me because I have to bring him to 'Xxx Hospital' Emergency Department and after discharged, he was readmitted again. It was a huge burden financially too. I had to pay for his medical bills too. It was a big headache.

Now I exercised to relax myself. It was a struggle. I had to visit my mother-in-law at the nursing home, care for my brother, travel about to also care for my husband and children. It was tiring.

With exercises, I feel that I am in better control. I walk a lot also. See my pedometer, I have accumulated so many steps today! *shows the app which records her steps* See that was for yesterday. It was raining so I walked less. The other day, I had accumulated more than twenty thousand steps. Look at this ready for today *shows the app which records her steps*

I accumulated ten to twenty thousand steps each day. I don't lie. I exercise every day, it's recorded. Just this morning alone, I have accumulated six thousand over steps, but night time, it'll be easily ten to twenty thousand!

4. Number of Friends & Close Friends at the Wellness Center

Principal Investigator

How many friends do you have here?

Interviewee

I have many friends. Did you see that they greet me wherever I go? *laughs*

Principal Investigator

How many are your closer friends?

Interviewee

Many friends. Everyone here is easy to talk to. The Center Manager is very good and everybody likes him.

I tell people that there's no fear here. The people working here are very good. When you come here to exercise, you get to do your blood test, check your blood pressure, blood sugar, every Monday.

I use to have high blood sugar because I don't exercise. It was as high as 11 plus, and once 9 plus. I didn't have enough exercise because I had to care for two people. The lowest it went was 7.7.

Finally, I took time to exercise but the sugar level remained at 7.2. Now that I am here, I get to do different exercises like exercise band, boxing, yoga, Zumba, my blood sugar has gone down to 5.5. I am very happy, blood sugar is now maintained at normal levels.

I just checked the other day and was surprised that it was only 5.5. So I say, no matter how busy, one must make time for exercise.

Even though I am busy, I don't just exercise. I also meditate and recite the Buddhist sutra. So I find that one day's time is always not enough for me. I recite the Buddhist sutra in every morning. I pray for everyone, good health for all, and for those in WK@115. I pray for their good health, I pray not for myself but for everyone in the world, the whole of Singapore. I pray for their good health.

I have sympathy for the older folks. They have pain and aches everywhere. So it is a good thing for us to help them. That's why I am a volunteer, and I distribute the meals.

5. Programs & Activities at the Wellness Center

Principal Investigator

Besides the exercises, what other programs do you participate in?

Interviewee

I take part in the activities. Sometimes my friend invite me to one-day tour around Singapore. Here (at WK) we celebrate birthdays, one year anniversary. We join them especially when they needed extra help to distribute food to the elderly folks. I am a senior too but many of them are older than me. So we want to share the food with them. I am very happy as a volunteer. I feel good helping others and strangely I feel healthier. I feel I am doing the right thing, helping others is good.

I don't wish to wait till I'm old when I wish to help but am unable to.

Just the other day, I saw a girl pushing her father on wheelchair and begging on the streets. She looked pitiful. Her face had old wounds and was full of scars. Her hands looked like they were burnt. I thought she looked pitiful and put \$10 into her donation can. The people around me followed right after. *laugh*

When no one gave, nobody moved. Once I started, people followed. I was very happy to see that. She was really pitiful. My mother was very kind too, she is no longer around. I know she did the right thing so I want my children to be kind too.

Principal Investigator

How many children do you have?

Interviewee

Two, a boy and a girl. Both are very filial. My son tells me that I have good karma, that's why many people buy things for me, bring food for me. When I cannot finish the food, I'll distribute around. Like my son's friends, they buy food for me when they return from overseas. I remind them not to buy but they still buy for me. So I bring the food here to the Center to share with everyone since there are so many people here.

6. Types of Volunteer Activity/ies

Principal Investigator

Do you help in the Kampung Buddy program here?

Interviewee

Yes, I have been helping for about a year. Daily from Monday to Friday, except the weekends. We'd distribute meals to the old folks at their homes. One of them is an Indian. He knew I would bring his meals in and he would leave his door ajar. Each time I pushed the door to enter, I would shout "Hello morning!" and tell him that his meals are here. I opened the door, leave the meals on his table, take my leave and close the door for him. His legs are weak so I told him not to come out to take from me. If I press the door bell, he would get overly excited.

7. Knowledge of Rules Enforced

Principal Investigator

What are the rules that you know of?

Interviewee

Cannot bring meat. My friends bring apples, fruits to me. So I cut them out for everyone here. Sometimes I bring vegetables like kailan, kailan from Hong Kong. These are fresh and healthy, very expensive kailan. I cannot cook so much of them and I have no time to cook. So I bring them here and cook for them including my Malay friends.

Actually, it's better to not eat meat because the Malays come here. No pork. Chicken is ok, fish and seafood too. Vegetables... they cook healthy nutritious meals here. At times, they serve green beans soup, corn soup, all healthy ones such as, red beans soup, oats and cereals...

Principal Investigator

What about other rules?

Interviewee

They don't tell you to leave your cutleries on the table after eating. They remind us to flush the toilet after use, keep it clean. If anyone does not, we will remind them. The people working here will tell them. We all need to cooperate. When any auntie washes their hands and leave them dripping wet, they will remind them "hello auntie, please dry them with a paper towel. The wet floor is dangerous for the elderly who may slip and fall. Most of the members here will listen. Some are stubborn and they are unhappy when you remind them.

But this can be help because we have members who need support to walk and their legs are weak. So it is better to keep the floor dry. Sometimes I help but drying the floor with paper towels. Some people just refused to listen no matter how courteous you say to them. You remind them politely and they will listen. If you tone is poor, they may turn around and scold you. We try to cooperate with everyone.

Sometimes when we deliver meals, one of my friend cannot come because her legs hurt. I would tell her to rest and let me take over. Recently my friend complained that her legs hurt and could not deliver meals for a while. I told her that she need not worry but should give priority to herself to rest and recover.

So if you legs are unwell, you should not come for exercises or you may hurt yourself more. There are many of us here for meals deliver and we can help each other. You see, we cooperate with each other.

Mr W trust me and my friends. They know we won't fail in our assigned duty.

8. Concrete examples of Other Customer Experience at the Wellness Center

Interviewee

My brother had a stroke. At first the doctor said he cannot regain his functional abilities. But I keep encouraging him to come here for some exercises. I told him even if you cannot come down, you can exercise when you are sitting down watching TV. You can follow the instructions on TV and exercise. When you are better, and your legs are

stronger, you can stand. When you feel weak, you just sit down. So I keep encouraging him. Now he is much better. I am happier to see him improve.

When he had his first stroke, the 'Xxx Hospital' doctor told us to be psychologically prepared that he may not get over the first two weeks. We didn't believe the doctor. When he was discharged, I kept encouraging my brother to come here for exercise since he lives nearby. I told him that many elderly exercise here while he hardly did any exercises. I told him not to waste his time sitting there. I encouraged him to move, it is better to move. Then he started and slowly he can do more. Now he can use the towel (for stretching exercises). I encouraged him by telling him to recover fast so I can bring him to travel. He is very happy to hear that and told me that he will need a passport. I told him that I will bring him to make one when he recovers. So he is working hard and recovery now. He is much better now, his looks much better and my siblings exclaimed that he looks so much better.

That is because he is exercising and there is blood circulation. The exercise he does are simple ones, not the high intensity type.

A group of students interviewed me previously. They asked me what type of exercises are helpful for the elderly. I said most of them are in their 70s and 80s, so the exercises cannot be high intensity.

Their legs are weak so they cannot stand for long. You need to give them a chair. So when they feel weak, they could sit down or they might fall.

The students like my suggestions. They also asked me about hand exercises. I told them we can do the stretch band exercises but they are not for the elderly.

They lack the strength and they cannot stand for long. Not for an hour. No Yoga. No Zumba, although some can handle the fast pace.

Some of the elderly in their 70s can do boxing. And they perspire a lot. Boxing is good and perspiration helps to de-tox. But yoga is too difficult for the elderly, they cannot twist and turn. Yoga is for the younger people. If you twist wrongly, you might hurt yourselves.

Principal Investigator

Anything else you want to share with us before we wrap up the interview?

Interviewee

Good, thank you.

No. 010 – Interview Code 2017010-115 Chinese (interview in Mandarin)

1. Brief Demographic Profile

Principal Investigator

Please share with me how old you are.

Interviewee

64

Principal Investigator

What about your education level?

Interviewee

Primary 6

2. Feelings Towards & Experience with Wellness Center

Principal Investigator

Please share with us, your feelings and experiences in this Wellness Kampung (WK).

Interviewee

I come here to help the elderly. Whenever I have time, I also help Mr W (the center manager) to do some work. There are many friends here. This Center is very good.

3. Frequency Of Visit And Duration Of Each Visit

Principal Investigator

Do you come here every day?

Interviewee

I come here every day, I volunteer here. I also participated in the blood pressure ... diabetes forum. Yesterday I attended the talk at WK@765. Now I know better what food

items are high in sugar. Some are labeled as no sugar but the sugar level is actually very high. Dr Tan delivered the talk at WK@765.

4. Sense Of Belonging To The Wellness Center

Principal Investigator

Do you see yourself as a member of this Wellness Kampung?

Interviewee

Yes, I am here whenever I am free.

5. Number of Friends & Close Friends at the Wellness Center

Principal Investigator

How many friends do you have here?

Interviewee

Everyone here is my friend.

Principal Investigator

How many are closer friends whom you can share problems, and solve problems jointly?

Interviewee

Almost everyone is my close friend.

6. Programs & Activities at the Wellness Center

Principal Investigator

What activities do you participate in? Do you take part in any volunteer work?

Interviewee

This is the first time I work as a volunteer. I had to work in the past. Now that I stopped work, I can come here.

Principal Investigator

When did you start to come here?

Interviewee

Last year. I came when WK first opened, in the months of May or Jun. I usually start with the exercises. Then Mr W asked me to help. So I deliver meals to the elderly and do some other volunteer work.

Principal Investigator

Besides meal delivery and exercises, what other activities do you participate in?

Interviewee

I participate in the courses here. Not singing, I cannot sing. But others like calligraphy.

Principal Investigator

Before WK opens, how do you spend your time daily?

Interviewee

I had to work, I worked at NTUC. Now I am no longer working. My child stopped me from working *laughs* ... to care for my grandchildren. My grandchildren? I have three of them: one is 7, another 4 and a one-month old.

7. Types of Volunteer Activity/ies

Principal Investigator

How many people do you distribute the meals to? Why do you take part in this?

Interviewee

I deliver the meals from this Center, in total there are 13 beneficiaries or meals to deliver to daily. It is inconvenient for these elderly to leave the house and no one prepares meals for them. So we deliver the meals to them at home. This is a meaningful activity to me.

8. Knowledge of Rules Enforced

Principal Investigator

While you are here, do you find that there are lots of rules to follow at WK?

Interviewee

Yes. Like you cannot display any items here, it's not allowed here. We don't speak loudly to each other, no vulgarities, no gambling, no gossiping. After we finish our food, we are

expected to clean after ourselves. Keep the toilet clean. Most of us are cooperative. There are only one or two who are not cooperative. This cannot be help ...

Principal Investigator

For those who refuse to follow the rules, do you tell them to?

Interviewee

Yes, sometimes I'll remind them. But it is ok, if they cannot do, we can do so ourselves. They are much older, we remind them and they can do it right. Some of them have dementia, they forget what you tell them.

9. Concrete examples of Other Customer Experience at the Wellness Center

Principal Investigator

Do you know of anyone who benefited from WK?

Interviewee

Yes, they all enjoy the daily morning exercises. It's good for health and good for them. After the exercises, we bring them for a walk around the HDB blocks. I'll bring them to walk for two or three rounds. Many of them are single and they suffer from dementia. So we help them as much as we can.

Principal Investigator

Have you recommended anyone here?

Interviewee

Yes, I have recommended. Like those elderly there. I got to know of them upstairs and he has no place to go. I asked him to come and also brought two others here. This is a good place, you get to exercise and chit-chat with friends. So they are happy.

Principal Investigator

Anything else you want to share with us before we wrap up the interview?

Interviewee

Nothing much. Mr W is a very good man. He is easy going and he manages this Center very well. Everyone who has been here praises him for doing a good job. If not for him,

we won't be here. We as volunteers often fork out our own cash to buy some food to cook here for the elderly who has no place to go to. These elderly also has no children and they are bored. We encourage them to stay behind for lunch. Every one of us contribute a little to fund their meals. These elderly folks do not work and they have nothing. It is a small gesture to support their meals.

I find it very meaningful to come here daily for exercises, learn a little and there is everything here.

Principal Investigator

Thank you for participating in the interview?

Interviewee

Ok bye bye.

No. 011 – Interview Code 2017011-765 Chinese (interview in Mandarin)

1. Brief Demographic Profile

Principal Investigator

Please share with me how old you are.

Interviewee

82 岁

Principal Investigator

What about your education level?

Interviewee

I have no education. I was born in 1936 and belonged to the pioneer generation. There was little access to education then. I was 5 years old during the Japanese war. After they had surrendered, I was 12 during peace time. There was no school and girls don't go to school. So I started to work, learnt English, and Mandarin. I can speak but cannot write. I can read a little and spell simple words. I can't remember the spelling for those longer words. And I cannot speak well.

2. Feelings Towards & Experience with Wellness Center

Principal Investigator

Please share with us, your feelings and experiences in this Wellness Kampung (WK).

Interviewee

Everyone feels this is very good, very happy. I have also recommended many people here.

Those uncle out there with nothing to do, I'll ask them to join us. But they say it is mostly females over here.

Principal Investigator

Before this WK opens, how do you spend your time every day?

Interviewee

I don't have time then. I worked every, day and night. My pay is very little. I worked as a seamstress in OG Factory. You get paid for how much you can sew. So I had to do many jobs. I finished work at 5pm at OG and I will go to work at coffee shop at about 7 or 8pm. I collect dishes there till about 10 to 11pm. Then I go home and sleep. So I work a little bit here and there.

3. Reasons for Joining the Wellness Center

Principal Investigator

Why do you come here?

Interviewee

I feel and hurt my eyes. I couldn't work and I stayed home. That Member of Parliament visited me at home and he told me about this activity center. He asked me why I don't come here. I thought I had to pay because I have no money without a job. He said no need to pay here and asked me to try. So I came here in Apr and have kept coming since.

4. Frequency Of Visit And Duration Of Each Visit

Principal Investigator

How often do you come here?

Interviewee

I come here everyday unless I have to see a doctor. I have to see a doctor for eye injection every Wednesday.

Principal Investigator

What happened to your eyes?

Interviewee

I fell and hit my head, something in the eye burst. I went to the polyclinic as I had a huge bump on my forehead. Without examining it, he just asked if I felt dizzy, if I had vomited, if I had fever. I said no and he asked why was I there. He just gave me Panadol, painkillers and some rub for the two bumps. A week later, I cannot see. I was referred to see a specialist at Tan Tock Seng Hospital (TTSH).

At first the doctor thought that it was due to my age. I was 80 then and I still work. Could it be presbyopia? So he checked. He checked from morning till after 2, 3 pm. Finally he asked if I had fallen. I said I fell last week. And he asked why did I see him only now. So I told him about my experience at the polyclinic. The doctor closed the door and told me it is not your fault but that of the doctor at the polyclinic. He caused your blindness. So one side of my eyes is permanently blind.

The doctor told me that the blood vessel had burst and the blood overflow and blurred the vision. The polyclinic doctor did not do any checks for me. Only the doctor at ordered x-ray and some scan for me. That was how I found out that the blood vessel had burst. I asked the doctor what I should do. So he said the blood has accumulated inside the eye so he will have to administer weekly eye injection. Eye injection hurts, injection on the arm already hurts so much!

This injection is very expensive, \$1,700 each. After Medisave deduction, I still have to folk out \$800 in cash.

But I am a pioneer generation right? I also do not work, I cannot afford the fees. So the doctor referred me to the medical social service. They asked me if I have any children... I

was widowed at 31 and my mother-in-law kept my children then. A 10 year old girl and 8 year old boy. They should be in their 50s or 60s by now.

I don't work then. My parents lived in a kampung in Balestier. That was 1968 and I was 31 years old. My mother-in-law told me to remarry. Instead I returned to my parents' place. I had a foster brother whom my mother adopted when he was 10. When I got married he was 2 or 3 years old. But he committed suicide in national service.

At that time, I had to support my parents. So I started to work and earned \$2. I worked in the factory as a seamstress, OG factory, from Monday to Friday. I did part-time work on weekends and public holiday.

I worked as a part-time cleaner, anything that comes along. I took on any odd jobs that came along. \$1 or \$2 was not enough. I continued this till I was 47, I spent 20 years at OG factory. At 55, I cannot continue to work at OG Factory but I have little CPF savings. When we moved out of the kampung to Toa Payoh, we rented a 1 room flat at \$40 per month. My brother died in 1975.

I stayed in Toa Payoh and finally bought a flat in Yishun. The flats in Yishun were cheap because nobody wanted them. The people at Housing Development Board helped me to apply for a loan. He told me I had enough CPF so I took a 5 year mortgage and used my CPF to buy a 3-room flat in Yishun.

My father passed away at 73, that was 1983. I moved to Yishun in 1985. It has been more than 30 years. My mother lived till age 92. She passed away in 2006.

So I continued to work until age 80 when I fell and lost my sight. I took on all kinds of odd jobs like sales promoter, counter staff, calefare, anything that pays.

5. Sense Of Belonging To The Wellness Center

Principal Investigator

Do you see yourself as a member of this Wellness Kampung?

Interviewee

Over here? I come here every day and stay till 4.30pm. Then I help to close the door, help with things like refill toilet paper in the toilet. I help in every way I can like those who are handicapped. I do what I can. I cannot walk too much so I cannot deliver meals as those cover a distance.

Principal Investigator

Do you like this Center?

Interviewee

I like, but I am often bullied by others because they see that I am old. They laugh at my make-up. That made me cry. I didn't upset you, I put on make-up because I like to do so and that's my interest. I work, I am not a housewife, I don't dress like a granny even though I am in my 80s. The people here are critical of me.

When I see that Mdm M (the Center Manager) is very busy, I will help. Like the maid over there, she takes her leave after she bring her granny down here. That one over there, she doesn't know how to move her wheelchair, so I help her.

Like the man who had a stroke, his wife leave him here every day and pick him up in the evening. I help him to make coffee and bread. I can do these light chores but not the heavy ones. But I still help to move this table even though it is very heavy. I have many chronic conditions, high blood pressure, high cholesterol and high sugar, also heart disease, etc. I take more than 40 different pills every day.

Principal Investigator

Do you see the community nurse here?

Interviewee

Yes, every Friday. On Thursday I will see the eye doctor.

6. Number of Friends & Close Friends at the Wellness Center

Principal Investigator

How many friends do you have here? Closer friends?

Interviewee

Everyone is a friend. Some are proud. Some ingratiate themselves with you because they think you are rich, they ignore you if you are poor. Most people are like that. I have been working, so I am used to such behaviour. I ignore them.

Principal Investigator

How about friends who can share your problems and solve your problems?

Interviewee

I can chat with almost everyone. If you want to chat with me, I'll chat with you. If you don't wish to, I'll stay on the side. Otherwise, I may be scolded unnecessarily. Mdm M (the Center Manager) takes good care of me. She knows when I am bullied.

Principal Investigator

Do you have other friends?

Interviewee

I do not know the people here before. I only got to know them here.

7. Programs & Activities at the Wellness Center

Principal Investigator

Besides the exercises, what activities do you take part in?

Interviewee

I play Rummy-O. It's like mah-jong. I just learn how to play. It tests your cognitive ability. Because of my eye sight, I am slower than the rest. The other residents laughed at me and refused to play with me. What should I do?

I told them that my eyesight is poor and I just learnt the game. They said they can play faster than me and I am too slow. I admit I am slow.

They complained that they are bored playing with me and didn't want to play with me.

There's nothing else to play. I am too old to dance. I used to like dancing. I like to sing karaoke. My vision is blur now and I can see only at close distance. I go to the community club at Toa Payoh to sign every Monday and Wednesday. Where I used to

live in Toa Payoh, it was cheap to sign karaoke there. I paid \$20 for 3 months and I could sign twice a week. I go there for more than 30 years. But the rates have increased to \$40. They don't have karaoke facilities here. Only WK@115 and WK@260. My friends asked me to go there but I refused. It is confusing to run around. Better to stay at one center and not have your leg in more than one.

I am a practical person. I will stay till 4pm here and helped to lock up. At about 5pm, I'll go to Toa Payoh and I can get there by 6.30pm to join in the karaoke session. I am familiar with that place since I have been singing there for so many year.]

8. Knowledge of Rules Enforced

Principal Investigator

Do you know of any rules that are enforced here?

Interviewee

Rules like we don't gamble with Rummy-O. We keep the place tidy and orderly. We follow the planned program and cannot do things our way. If you mess up, everyone will mess up the place and the center won't be successful. We should listen to what Mdm M (the Center Manager) says. Whatever she requests of us, we will fulfill. Like meals delivery, I really cannot do that. I am old and cannot walk, short of breath. If I can do that, I will help.

Some of the residents just refused to help. They come here just to play the Rummy-O game. They don't come for the morning exercise. They play the game till 4.30 and leave. Some residents are dirty. While we will clean the cards on the Rummy-O, they don't. When I am busy and I didn't return to my seat, some other resident will take my seat. My friends will tell them that the seat belonged to me but they refused to listen. Then I lost the seat in the game.

When I complained to Mdm M, Mdm M tried to pacify me and asked that I give him to them. That resident is unreasonable and he has a loud voice. He is often picking a fight with others. Most of us dislike him.

9. Concrete examples of Other Customer Experience at the Wellness Center

Principal Investigator

Do you know of anyone who benefited from WK?

Interviewee

It depends. I try not to bother so much. First of all, we are here for the exercises. I don't want others to say I am a busy body. I just do my work like refill toilet paper in the toilet. There was an uncle who uses the toilet here everyday. He would spend a long time in the toilet, it can be for a few hours. I saw him checking out one toilet after another. I asked if he needed toilet paper and he called me a busybody. He told me to stop talking, this is not my home. I felt bad, I had wanted to help but he scolded me.

There was another auntie who comes here often but she doesn't speak to anybody. She is about the same age as me. She is wealthy, her children drive her here and she lives in block 600 plus. She will take a taxi home from here. She has 8 children and the residents here will serve her food. One day, when I was in the toilet, she knocked hard on the toilet door. I shouted out to wait. Later when I go back into the toilet, she turned off the toilet lights and started to pull the toilet door. I shouted to her that I was finishing and wearing my pants. When I came out, I confronted here...

There was once, she finished her food and left her bowl, cups aside. We are suppose to wash them ourselves. She just rinsed with water and left them aside. When another auntie wanted to use those, I stopped her and said that those have not been washed with soap. That auntie scolded me in dialect. She scolded so loudly from the kitchen counter that people in the office could hear her. Mdm M was in the office and she rushed out to check what was going on. That auntie called me a busybody ...

When her domestic helper is not here, she asked me to help her push. I will help her. It's okay, I can do anything. But it is not worthwhile to be scolded for nothing ... So I feel very unfair, I'm like a doormat. I don't feel like play the Rummy-O game when I see her.

Not everyone is like those. Some are very nice to me. There was an uncle who know that my eyesight is poor. When he went to England for a holiday, he deliberately bought me the Rummy-O with bigger cards. I can see those clearly. The residents here want to play this big pack the uncle bought from England instead of those older ones when there are about two, three or four boxes in there. Some of them are very nice to me.

I also help the uncle who come here on wheelchair. I will ask him if he wants coffee or bread. He goes there for therapy before he comes to this Center.

Principal Investigator

Have you recommended anyone here like your neighbor?

Interviewee

Yes, I have. I have recommended many of them, those who are hanging around the void deck with nothing to do. This morning, I saw this uncle. So I told him why are you sitting there. Why not go to block 765 (this Center). There's TV to watch, newspaper to read, there's also bread you can help yourself with. He refused, he said the women are there. *laughs* I told him that there are uncles here too. If you do not know anyone, you can look for me. I will introduce friends to you. That's how I recommend people here.

Principal Investigator

Anything else you want to share with us before we wrap up the interview?

Interviewee

This Center is not bad. But people go home after the morning exercises so there is no one in the afternoon. Most afternoons, it is just the few of us playing Rummy-O. There was an uncle who came here to play chess but he has since passed away. When he came, the rest of us were not interested in chess except for that uncle over there. Before he came here, he would call Mdm M to request that she bring his chess playmate here. He has passed away recently. There are mostly women here, one or two uncle... There's 'Resident M' he will come here daily in his wheelchair. You can interview him too. *laughs* he lives in Marsiling leh! He comes here in his electric wheelchair. He is a nice guy. He comes here for five days and on Saturday, he will visit the church in Woodlands. This Center is

closed on weekends. He saw that we are bored here so he invited us to his church. I thought it was too far but he arranged a bus to bring us there from Yishun MRT. The bus alight us at Admiralty MRT and from there we walk to the church. It was too inconvenient so we didn't want to go after some time.

Subsequently, the church pastor found out and arranged a mini-bus to fetch us. The bus will pick us up every Saturday at 6.30am from block 768 senior activity center. We go to the church but I am not a Christian because my mother is a Buddhist.

I follow them there and they asked if I want to be baptised. I told them I am not sure yet. On Saturday, I go to church and on Sunday, the exercise instructor who is here every Friday invited me to Yishun Park near 'xxx Hospital' for exercises. He knew I like to exercise, so he invited me to join him every Sunday morning. I join him at about 8am but I didn't know how to get there the first time. I had to walk a long distance. He taught me how to get there by bus 812. *laughs* Now for every day of the week I get to exercises. On Saturday, I exercise in the church and listen to the sermon there till about 5 to 6pm. Dinner is served there and the bus will send me home after dinner. About three or four of us here go to church. So our days are filled, the week is busy. *laughs*

Principal Investigator

Thank you very much.

No. 012 – Interview Code 2017012-765 Chinese (interview in Mandarin)

1. Brief Demographic Profile

Principal Investigator

Please share with me how old you are.

Interviewee

78 years old

Principal Investigator

What about your education level?

Interviewee

I have little education, only up to primary four. I came from Indonesia. I am illiterate and do not speak English. I speak Hokkien, Mandarin, and a little Malay, not much ...

2. Feelings Towards & Experience with Wellness Center

Principal Investigator

Please share with us, your feelings and experiences in this Wellness Kampung (WK).

Interviewee

Coming here makes me very happy, very happy. Yes, I am very happy to be here. The people here are very good. Sometimes, when there are forums here, we will come here to listen and participate.

Principal Investigator

Before this WK opens, how do you spend your time everyday?

Interviewee

Nothing much ... maybe the community club. I will go to the community club, sometimes to learn cooking, baking. Other times, for dancing, singing and karaoke. Most of us are illiterate, so these are what we do. With this Center, it is very convenient for me to come here. I walk here. It will be inconvenient if I need to take a bus. I live upstairs, on the eleventh floor. So, it is very convenient for me, very good. Hahaha ... just take the lift down to get to this Center. 11th floor, I live on the 11th floor.

3. Reasons for Joining the Wellness Center

Principal Investigator

Why do you come here?

Interviewee

Since I came here, I have been exercising. It is very good. I feel good, very energetic.

This place is very good. The center manager 'Mdm M' (the center manager) and the rest take good care of old folks like us. Very good.

4. Frequency Of Visit And Duration Of Each Visit

Principal Investigator

How often do you come here?

Interviewee

I come here daily. Since it opened in April last year, I have been coming here. I did not stop coming. I won't be here on days when I need to see the doctor. My doctor is at xxx Hospital. Tomorrow after, I have to see the doctor there. I have high blood pressure, high cholesterol. I don't have diabetes but I have heart problems. My heart is not good. Also, my leg hurts, I have had four operations on my leg. So it is difficult for me to walk.

Principal Investigator

How long do you stay each visit?

Interviewee

Not fixed. I come here when I am free. On some days, I can stay till 1 or 2 o'clock. Other times, I stayed till 11 or 12 o'clock. Not fixed. When I have nothing to do at home, I will stay longer over here. This is freedom... It is free here.

Principal Investigator

Do you live alone?

Interviewee

No. I have a husband and a domestic helper. My husband had a stroke. He also stayed at xxx Hospital when he had a stroke. He was hospitalised for a long time due to the stroke. A long time.

Principal Investigator

Would you be teaching your husband some exercises?

Interviewee

Yes, we walk in the garden in the morning. I have invited him here but he refused. He refused to step in because there were mostly women here. He refused as there were not enough men. Haha ... yes, there are some uncles here but he does not know them. So, he refused to enter the center. He would walk around the garden. That is good and he would come down for his morning walk very early.

5. Sense Of Belonging To The Wellness Center

Principal Investigator

Do you see yourself as a member of this Wellness Kampung?

Interviewee

Yes.

6. Number of Friends & Close Friends at the Wellness Center

Principal Investigator

How many friends do you have here?

Interviewee

Friends, sometimes very close. So, acquaintances are friends too. I am closer to those whom I know for a longer time especially those I knew since young. Some of the friends here are very good, they are amicable.

Principal Investigator

How about friends who can share your problems and solve your problems?

Interviewee

Yes, very close. Since young, whenever I encounter any difficulties, I would share with them. Share and discuss my problems with them, they are like my own sisters.

7. Programs & Activities at the Wellness Center

Principal Investigator

Besides the exercises, what activities do you take part in?

Interviewee

After I have done the exercises here, there is nothing else. So, when I go home, I'll watch television... hahaha. Nothing much to do.

I seldom come here in the afternoon. But I definitely come here in the morning.

8. Types of Volunteer Activity/ies

Principal Investigator

Do you know that there is this Kampung Buddy meals-on-wheels program here?

Interviewee

Ah ... I cannot walk much for the meals delivery. So, I didn't go, I can hardly walk. I cannot help. If I need to walk, I won't be able to help. My legs are not strong enough.

9. Knowledge of Rules Enforced

Principal Investigator

Do you know of any rules that are enforced here?

Interviewee

Yes. Like helping to keep clean. If there is no one to help with washing the dishes, I will help. Some of them cook and they need help to prepare the food. I will help. Not much rules ... other rules would include keeping the toilets clean.

10. Concrete examples of Other Customer Experience at the Wellness Center

Principal Investigator

Do you know of anyone who benefited from WK?

Interviewee

Yes, when he or she comes here, I will tell you more. Before I came here, I felt bored and I began to imagine things. After I joined this Center, I feel very happy and I don't imagine things that much. Mdm M urged me to come here for the exercises. The exercises are very good. When I am exhausted, I have no time to imagine things, and I feel happier. That is it!

Principal Investigator

Have you recommended anyone here like your neighbor?

Interviewee

Yes, I invited my friends here. Sometimes, they will come here when they are free but they won't be able to make it when they are busy. Some of them have to take care of their grandchildren, household chores. They are very busy so they could not come to the Center. Some of my friends do not live here, they live in Sembawang, some in Toa Payoh, others live in Ang Mo Kio. It is inconvenient for them. So I live upstairs on the 11th floor which is the most convenient. My neighbors on 11th floor come here on their own, I do not need to recommend them here.

Principal Investigator

Anything else you want to share with us before we wrap up the interview?

Interviewee

What else...? Nothing much. Thank you!

Principal Investigator

Take your time.

No. 013 – Interview Code 2017013-765 Chinese (interview in Mandarin)

1. Brief Demographic Profile

Principal Investigator

Please share with me how old you are.

Interviewee

80 years old

Principal Investigator

What about your education level?

Interviewee

Primary school only. I study up till primary 2, I did not progress to primary 3.

2. Feelings Towards & Experience with Wellness Center

Principal Investigator

Please share with us, your feelings and experiences in this Wellness Kampung (WK).

Interviewee

It's ok. This Center is for seniors like us, for seniors to have a place to go to. Something like this.

3. Reasons for Joining the Wellness Center

Principal Investigator

Before you come to this WK, how do you spend your time every day?

Interviewee

I have been coming here for about a month. My daughter did not bring her mother here to participate in the programs and activities. I plant a lot of different plants and herbs at home. I grow "hui rong" grass which is for treating diabetes. I also have grow "nan hui zhou" grass which is for treating diabetes too. I live on the ground floor so I use the plot of land next to my unit for gardening.

Principal Investigator

Can you help in those gardens out there?

Interviewee

No I did not. Someone has started gardening there before me.

4. Frequency Of Visit And Duration Of Each Visit

Principal Investigator

How often do you come here?

Interviewee

No I don't come here daily. I am here because my wife has some dementia. My daughter registered her to go there (dementia care center next door). Yes, that one opposite here.

So, I bring her here daily. When she is there, I will come here to wait for her.

Principal Investigator

How long do you stay each visit?

Interviewee

I bring my wife there at 8.30am. I will bring her home at about 4pm. While she is there, I will stay here. I do not runabout. Besides taking part in the morning exercises here, I sometimes join the other senior activity center over there. Just to have a look.

Principal Investigator

Do you live nearby?

Interviewee

I live near xxx Hospital which is very near here. I live in block 645A.

5. Sense Of Belonging To The Wellness Center

Principal Investigator

Do you see yourself as a member of this Wellness Kampung?

Interviewee

Yes, I feel that I am. This Center is taken care of by Mdm M (the center manager).

6. Number of Friends & Close Friends at the Wellness Center

Principal Investigator

How many friends do you have here?

Interviewee

I have a few ... all. In fact, all of them are my friends. Hahaha ...

Principal Investigator

How about friends who can share your problems and solve your problems?

Interviewee

I don't have problems. I have no problems when I am here!

7. Programs & Activities at the Wellness Center

Principal Investigator

What activities do you take part in?

Interviewee

I do the exercises here. I see the doctor at that Polyclinic. I have high blood pressure, for a long time. I also have high cholesterol. I was a bus driver, I drive bus number 812. I am retired now.

8. Types of Volunteer Activity/ies

Principal Investigator

Do you know that there is this Kampung Buddy meals-on-wheels program here?

Interviewee

No I do not. I just saw those packs of meals on the table and each packet has some numbers written (block and unit number of dwelling units).

9. Knowledge of Rules Enforced

Principal Investigator

Do you know of any rules that are enforced here?

Interviewee

Yes, of course. Example, return the book to the shelf after reading. The books cannot be taken out of the centers. I must inform the center manager if I want to bring any book one. I hardly bring any book home.

10. Concrete examples of Other Customer Experience at the Center

Principal Investigator

Do you know of anyone who benefited from WK?

Interviewee

Yes, that woman there. She lives near my unit. The people there ... their children brought them here. My son lives too far away, he lives in Punggol. He has to work and won't be able to fetch me here. I walk here.

Principal Investigator

Have you recommended anyone here like your neighbor?

Interviewee

Yes, I recommended to those whom I know. I won't be able to recommend to others I do not know.

Principal Investigator

Anything else you want to share with us before we wrap up the interview?

Interviewee

Those I recommended come here. Ok, I have nothing else to add...

Principal Investigator

Thank you.

No. 014 – Interview Code 2017014-765 Chinese (interview in Mandarin)

1. Brief Demographic Profile

Principal Investigator

Please share with me how old you are.

Interviewee

75 years old

Principal Investigator

What about your education level?

Interviewee

I was ... long long time ago, I was in the first batch of HAC. That was how they streamed students after secondary four. So I spent two years in HAC. It is called JC (Junior College) now. It was not called JC at my time, it was termed HAC.

2. Feelings Towards & Experience with Wellness Center

Principal Investigator

Please share with us, your feelings and experiences in this Wellness Kampung (WK).

Interviewee

This Center is a place for residents' activities.

Principal Investigator

Before you come to this WK, how do you spend your time every day?

Interviewee

Before I came here, I gave tuition after my retirement. I gave Chinese tuition. I had difficulty finding work when I was young. I agreed to help people when they requested me to help them coach their children. I started tutoring those in primary school from primary one to primary six. The parents were glad about their children's results so they asked that I continue to tutor them. So, I continued with secondary one, then secondary four ... up to junior college. Thanks to the opportunities from them, I tutored for over forty years. I just retired not too long ago. I am in my seventies, seventy-five years old precisely.

3. Reasons for Joining the Wellness Center

Principal Investigator

Why are you teaching here?

Interviewee

I do this as a form of contribution to the community. I am where I am today thanks to my doctor. My health was poor at one time. My doctor took care of me consistently. I have seen many doctors. My doctor tells me that although my blood pressure control is poor, my diabetes is under control and my heart conditions are under control. He gave me a pack of medication to carry along with me. Since I have improved, I have been going to the polyclinic and they are just as attentive over there. They will test my blood, check my blood sugar, my eye sight, my feet ... etc. I have diabetes, so I need to have my feet checked ... a lot of screening to do. The doctor also arranged for me to get my vaccination. This year, I have taken the vaccinations for hepatitis B and C. I will take the third vaccination on 1 August. The doctor told me that the seniors tend to have weak immunity, so I need to take another vaccination to protect me against pneumonia.

I have taken the vaccine against pneumonia. I have been very well taken care of by my doctors. I also attended the forums in xxx Hospital and the ones at the community hospital. They told me that they will coach me on Friday one-on-one. I accepted all these educational talks especially now that I have the time. I teach Chinese phonetics here because I am free.

Principal Investigator

Did the residents invite you here?

Interviewee

No, they didn't. I came here with Mdm M (the center manager). I got to know her on the 1st of Apr last year. I told her that I can teach Chinese phonetics since she has an available slot in her weekly program schedule. Do you know that people like me are very

different from you? Singapore was prosperous when you were born. For us, Singapore was poor and backwards, there were no jobs available. I had lived in kampung then. Then, the literacy level was low. I am lucky compared to others in the same cohort. My father let me study. Both my parents were very good. All eight of our siblings had gone to school. Many people do not go to school then, be it English or Chinese schools. If you go to a Chinese school, you would know a little Chinese. Some do not complete their primary school, some progressed to secondary school. But a majority do not remember the Chinese characters that they have learnt. So, I told Mdm M that I can teach Chinese phonetics. Through Chinese phonetics, I help those who are illiterate learn from these books that are about stroke and dementia. This is the positive energy I can bring. I used Chinese phonetics to help the class learn about stroke, about dementia and Zika virus as well as dengue fever. In this way, the illiterate learnt to read using Chinese phonetics. I don't teach them to write, they are unable to write already. So, I taught this today, and I will continue at the next class.

4. Frequency Of Visit And Duration Of Each Visit

Principal Investigator

How often do you come here?

Interviewee

No, I do not come here daily. I come here on Tuesday and Wednesday to teach Chinese phonetics. I come here at the time my classes are scheduled. I go home after I finish teaching. I come here on Thursday to deliver meals.

I am here three times a week because I live alone. I have to do my household chores, do some marketing. I cook my own meals every day, I have to boil even a cup of water. I do not buy ready meals from outside unless absolutely necessary. Besides I am a vegetarian. I became a vegetarian after I fell sick.

Tuesdays and Wednesdays are for Chinese phonetics, Thursday for meals delivery. Each week I visit the center on three days.

I have all three “highs” – high blood pressure, high sugar level and high cholesterol. I have been through surgeries – heart surgery and others. I have many different co-morbidities.

Principal Investigator

Do you live nearby?

Interviewee

At block 770, I live nearby. Very near here, just 5 minutes’ walk away.

5. Sense Of Belonging To The Wellness Center

Principal Investigator

Do you see yourself as a member of this Wellness Kampung?

Interviewee

Yes, I am!

6. Programs & Activities at the Wellness Center

Principal Investigator

What activities do you take part in?

Interviewee

I don’t come here for the exercises. I do the exercises on my own. When I get up in the morning, I will do some warm-ups before my breakfast. First thing I do on waking up is to measure my blood pressure and I record them. These readings are for my doctor. Thereafter I will do a little exercise and have my breakfast. They teach Thera-band exercises here.

I have one of those thera-bands too and I will do my own thera-band exercises at home. Whatever they teach here, I can do them at home too. Like the hand massage

which helps with blood circulation. I am home everyday. I do my warm up exercises in the morning and have my breakfast. After breakfast, I'll be out for my walks. On Tuesdays and Wednesdays, I do not go for my walks because I have to retain some energy to teach here. On other days, I will walk in the park to get some sunshine. I am taking a certain milk powder because of my osteoporosis. To help me absorb the calcium, I will need the sunlight. Now I am much better with medication. But I still walk, get myself to perspire. I do not do the exercises here because I want to walk about with my legs. I was unable to walk at one time. I was wheelchair-bound. Through sheer determination and regular practice, I gradually regained my strength. I recovered from my own persistence.

I live alone, so I need to be persistent in my fitness routine. I go to bed early at about 10 o'clock and get up at about 5 or 5.30am. By the time I finished my warm up, it is about 8 o'clock. That's when I will be out to walk to get some sun and work myself to perspiration. In this way, I get to absorb some vitamin D. Otherwise, my bones and joints will be weak. I need to take good care of myself after my heart surgery. They almost wanted to remove my gall bladder. I had a lot of problems. I fell on multiple occasions in the past because of my poor sense of balance. Now I have a piece of titanium in my leg which means, I cannot join in the Zumba, cha cha, line-dancing and all. I cannot twist and turn because of my leg. I feel like a robot at times but I can walk steadily now. So I persist in this, walk carefully, don't fall.

Principal Investigator

It's very good that you have moved from wheelchair-bound to independent walking.

Interviewee

Yes, I need to work very hard. From wheelchair to a walking frame and then a "tong kat" (walking stick), up to now when I can walk independently. I the exercises here and I practise regularly, I learn exercises at the community clubs too. They invited me to participate in their classes including ball games for seniors. It is a very heavy ball that we use to throw around in the game. The people at the community clubs are quite good too.

Principal Investigator

Besides teaching here, what else...

Interviewee

I participate in the activities at the community club. There is a residential committee there that organizes hikes, half-day tour. On those tours, we can clock about ten thousand steps from brisk walking. A bus brought us to the destination and we spend half a day walking. I join them once a month. I am known to them so they gave me a ticket for the tour.

I also go to the resident committee at Chong Pang. There are some activities there and someone there invited me to participate in the programs there. It was a program about self-managed care so I joined the class on Thursday afternoon. The class is held over sixteen weeks, two classes each week. Each class lasts for two hours. I joined as a member to attend this program.

I have my own programs every day. Every Tuesday and Wednesday, I spent my time here. On Thursday, after my fitness class, I will be here to deliver lunch. After meals delivery, I will go home for lunch. At about 2 o'clock, I start the class. If there should be any programs in the afternoons on weekdays, my friends will call me to join them. I will join them too. I have a busy routine. I do my own housework. I learnt that there is a Tzu-Chi kindergarten over there, it is a charity organization. They recycle things like the plastic egg trays. So, I also helped them to collect these recyclable items. I hear that they turn these trays into flat plastic to make blankets for people in poor countries like Zambia. They send these recycled blankets and clothes to these places for the poor. I thought this is a worthwhile endeavour, and I participated.

7. Types of Volunteer Activity/ies

Principal Investigator

You are contributing to society every day?

Interviewee

I am free, very free. As a member of the senior citizen constituency, I also get to join the programs there. They conduct computer lessons but many of them are illiterate and they do not know how to type out the words on the computer. They paid for the first lessons but they still do not know how to do it. They sign up for repeat classes and they still cannot use the computer because they do not know basic Chinese phonetics. I told them that I teach Chinese phonetics and they invited me to teach over there. This afternoon at 2.30pm, I will be there to teach them Chinese phonetics so that they can learn how to use the computer.

8. Knowledge of Rules Enforced

Principal Investigator

Do you know of any rules that are enforced here?

Interviewee

I do not know the rules. When I teach, they will arrange the tables. After the class, I will request that the participants to move back the tables and chairs. On consecutive days that I conduct the classes, I will tell them to leave the tables and chairs. After my class, I am responsible to turn off the lights and air-conditioning. I also open the windows for some sunlight.

My participants are self-motivated. I told them that this room is not only used for my Chinese phonetics class. The room can be used for meetings too when the Hospital administrators are here or when they conduct workshops and forums. I also notify them in advance if there are changes to the class schedule. All of them know of these rules and they cooperate.

9. Concrete examples of Other Customer Experience at the Wellness Center

Principal Investigator

Do you know of anyone who benefited from WK?

Interviewee

I believe most are happy. When Mdm M first started this center, I would invite the wheelchair-bound in the park to come here. Some came but were not used to it but others continue to come. To-date, I still see their faces. Last April 1st, when the center first opened, there were not many people and I recommended people to come here. A lot of them are still here. They must be happy since they are still coming to this center.

Principal Investigator

Have you recommended anyone here like your neighbor?

Interviewee

I recommended many people here, and brought some of them here. I have lost count. I recommended them to come here to play cognitive games such as, Rummy-O. And I helped them to form groups so that they can play the game and continue coming.

Principal Investigator

Anything else you want to share with us before we wrap up the interview?

Interviewee

Nothing else. You should ask me then I know what to say. I won't know if you don't ask.

Principal Investigator

Thank you.

No. 015 – Interview Code 2017015-765 Chinese (interview in Mandarin)

1. Brief Demographic Profile

Principal Investigator

Please share with me how old you are.

Interviewee

66 years old

Principal Investigator

What about your education level?

Interviewee

Primary 6 only.

2. Feelings Towards & Experience with Wellness Center (aka Wellness Kampung (WK))

Principal Investigator

Please share with us, your feelings and experiences in this Wellness Kampung (WK).

Interviewee

Nothing much. Everything here is very good.

3. Reasons for Joining the Wellness Center

Principal Investigator

Why do you come here?

Interviewee

One of my friends told me about this Center. I thought I could try the exercises here and ended up coming here every day. The exercises here are not bad.

4. Frequency Of Visit And Duration Of Each Visit

Principal Investigator

How often do you come here?

Interviewee

Yes, I am here every day. I am not sick. I am old but I am not sick, I hardly take medication. However I fell that day at work and went to xxx Hospital. I am better now through daily exercises.

Principal Investigator

Are you working now?

Interviewee

Yes, I work at block 848 coffee shop. I have been working there for many years. I take orders for coffee and drinks. I do other chores for the boss there.

Principal Investigator

How long do you stay here usually?

Interviewee

Sometimes I can stay till 2 to 3pm. Other times, I will leave at 11 am. When I have nothing else to do here, I will leave earlier. If there are things to do, I can stay till twelve noon or 2 pm. Here I will spend time to chat with my friends, discretely, not too loud.

Principal Investigator

Before you come to WK, how do you spend your time?

Interviewee

Oftentimes, just chatting. I have many friends downstairs. I sit around and go home to do some household chores and that's how I mostly spend my days. I don't think too much ... sleeping and all, don't think too much.

5. Sense Of Belonging To The Wellness Center

Principal Investigator

Do you see yourself as a member of this Wellness Kampung?

Interviewee

Yes!

Principal Investigator

How long have you been coming to this Wellness Kampung?

Interviewee

For a long time. I recall I came here last year... not sure which month. It has been about a year already.

6. Number of Friends & Close Friends at the Wellness Center

Principal Investigator

How many friends do you have here?

Interviewee

I have many friends. My friends look for me here.

Principal Investigator

How about friends who can share your problems and solve your problems?

Interviewee

They are all very close to me. Just like my workplace, I am friends to everyone. Even the young boy who is 25 years old. We joke with each other.

7. Programs & Activities at the Wellness Center

Principal Investigator

What activities do you take part in?

Interviewee

Exercises and helping one another. Like returning things to the shelves, line up the chairs. I help a little here and there. I am ok, I am quiet. I don't talk that much, I don't make so much noise. I also know I should not quarrel with the folks here. Besides the exercises, I will walk about in the center to do some chores, cook and any other work that is required.

8. Types of Volunteer Activity/ies

Principal Investigator

Do you know that there is this Kampung Buddy meals-on-wheels program here? Did you join in the volunteer activity?

Interviewee

Volunteer... no. I did not deliver the meals.

9. Knowledge of Rules Enforced

Principal Investigator

Do you know of any rules that are enforced here?

Interviewee

Yes, some of them. Like helping each other to wash the dishes, help one another.

10. Concrete examples of Other Customer Experience at the Wellness Center

Principal Investigator

Do you know of anyone who benefited from WK?

Interviewee

Yes. Many of them benefitted and are very happy.

Principal Investigator

Have you recommended anyone here like your neighbor?

Interviewee

Yes, I have recommended friends here. I have one who said he will come but he did not.

Most of them come here on my recommendation. Like the two sisters over there. They come here regularly for the exercises.

Principal Investigator

Anything else you want to share with us before we wrap up the interview?

Interviewee

No.

Principal Investigator

Thank you.

No. 016 – Interview Code 2017016-765 Chinese (interview in Mandarin)

1. Brief Demographic Profile

Principal Investigator

Please share with me how old you are.

Interviewee

Not old, I am only 61.

Principal Investigator

What about your education level?

Interviewee

I have O levels qualifications.

2. Feelings Towards & Experience with Wellness Center

Principal Investigator

Please share with us, your feelings and experiences in this Wellness Kampung (WK).

Interviewee

The idea of this WK is pretty good. I came from Marisling ... I do not stay in this area. I travel from Marsiling by bus here every day. To go home, I have to take 2 buses and change MRT twice.

Unless I have a medical appointment, I will come to this Center. Everyone knows each other here. Although it has only been a short time and I have been coming here close to a year, people here are very cordial.

Principal Investigator

When did you start coming here?

Interviewee

Last August. Around last July or August period.

3. Frequency Of Visit And Duration Of Each Visit

Principal Investigator

Do you come here everyday?

Interviewee

Almost daily.

Principal Investigator

What do you do before you join WK?

Interviewee

I have Parkinson's disease. I go to the daycare center opposite for therapy. I was curious when I saw this center. I thought it looked like a café and so I came over here to ask.

That's when I found out that it isn't a café but there's free coffee to drink here.

Principal Investigator

Do you work previously?

Interviewee

Previously, yes. I was previously a contractor for locks. I have also done some business before. Despite my conditions at present, I can still open locks.

4. Sense Of Belonging To The Wellness Center

Principal Investigator

Do you see yourself as a member of this Wellness Kampung?

Interviewee

I consider myself to be a member of this Center, like the rest of the members here.

5. Number of Friends & Close Friends at the Wellness Center

Principal Investigator

How many friends do you have here?

Interviewee

Everyone of them is my girlfriend. I have many girlfriends here, see so many grandmothers around here. Hahaha... only a two, three or four gentlemen here. The rest of them are women and they are all my girlfriends.

Principal Investigator

How about friends who can share your problems and solve your problems?

Interviewee

Close ones... I am closer to that granny and Mdm N. I keep in touch with them and get along well with both of them. We often call each other on the phone. We take care of each other and check in regularly whenever we don't see each other at this center. Say if I noticed that either one of them is not here, I will call them to check why they are not here. To show them a little concern.

6. Programs & Activities at the Wellness Center

Principal Investigator

What activities do you take part in?

Interviewee

Mostly to play rummy-O. To participate in the workshops and forums. On Thursday, I join in the dance. I can dance cha-cha. Anyway, you know my legs are weak but the teacher here does not mind that at all.

Principal Investigator

How often do you exercise?

Interviewee

I do exercises at the daycare center opposite here. I do the exercises twice weekly. Every Tuesday and Thursday, from 9am to 11am, I will go to the opposite center for the exercises before I come here to spend the rest of the day. On the rest of the week, I travel here specially to visit the center. On Thursday, I take part in the Zumba dance here.

I hope this center can organise more activities especially external activities. Example, bring us out for shopping. I suggested to Mdm M (the center manager) the other day. Another hospital administrator here explained to me that such activities will be organised by the resident committee (RC). The thing is I do not know the RC people well so I don't feel comfortable giving them such suggestions. I hope the hospital

administrators can consider my suggestions and organize for us some outside activities. Otherwise, the programs and activities conducted in the center can be mundane after some time. Besides we all know each other here and it will be enjoyable for us to go out shopping together or visit the Foodbank for a cheap meal. I used to go for chalet outings with RC. I hope this Center can organize some outings for us to two or three places, a half-day outing will do. Seniors like us do not have many days left.

7. Types of Volunteer Activity/ies

Principal Investigator

Do you know that there is this Kampung Buddy meals-on-wheels program here?

Interviewee

I know about the kampung buddy program. But I am not so mobile so they did not include my share in the meals distribution. I know I cannot move around easily due to my condition.

8. Knowledge of Rules Enforced

Principal Investigator

Do you know of any rules that are enforced here?

Interviewee

The rules include mutual respect. This center belongs to everyone, not limited to a few people.

Some people here are quite selfish. They don't give way to others. That is not good. I am a member here so it is not convenient for me to tell them off. Only the center manager here can do so and point out such anti-social behaviors. As a member, I can share my feedback with the center manager and let the center manager decides what to do and how to arrange. As one of the residents, I do not have the authority to speak up against other residents... hahaha ... only the authority to share my feedback, right?

After drinking my coffee, I should wash the cup myself. At times, one or two do not wash their cups after use. They may not understand that this center do not have maids. Over time as we remind each other, I believe most of us can accept the rules here and they would wash their own cups. Even though my mobility is limited, I still wash my own cups. Some of the members here like volunteer Ms A, Ms E, Granny, etc, they will make coffee for me when I am here and help me to wash my cups. I feel grateful to have them because they know that I have trouble moving about and they are worried that I might fall. I am grateful for them. When I bring my friends here, I will request that they wash their own cups. I will explain to them that there are no maids here and they immediately know what I meant.

I believe most people know to clean after themselves. Occasionally there will be one or two who do not have such good habit. You just need to explain to them. The explanation is not difficult and it is not a bad thing. Just need to explain nicely to them.

9. Concrete examples of Other Customer Experience at the Wellness Center

Principal Investigator

Do you know of anyone who benefited from WK?

Interviewee

Yes, I met Mr F. He has Parkinson's disease too. I invited him tot his center and now he comes here regularly to join us in the Rummy-o game. His hand movements have improved.

It is true. I also encouraged him to go for therapy at the center opposite. Now he visits that center every Tuesday for therapy. Although he hopes to go for therapy daily, he finds that too tiring. He is trying out for once or twice weekly. After he is used to the routine, he can increase the frequency. I go for therapy twice a week and I find that tiring. Mr H is another one who has shown improvements. I heard that these seniors had

problems with gambling previously. With the Center here, they have a place to go to and won't think of going to the casino. This is a very good development.

Principal Investigator

Have you recommended anyone here like your neighbor?

Interviewee

I often recommend my friends to come here. However most of them do not live in this area. They come here once or twice and they stopped coming because it is not near to their homes. I invited them here for a look since there are facilities here.

Principal Investigator

Anything else you want to share with us before we wrap up the interview?

Interviewee

Share ... ? I only have praises for this Center. The center manager here is a good leader. She can differentiate what to do and what not to do. I have respect for her.

Principal Investigator

Thank you.

No. 017 – Interview Code 2017017-765 Chinese (interview in Mandarin)

1. Brief Demographic Profile

Principal Investigator

Please share with me how old you are.

Interviewee

The year 1969. Which year is this? (aged 48)

Principal Investigator

It is 2017 now.

Interviewee

Ok. Oh yes, I wanted to bring that but forgot to bring along. I'm nervous today. Oh, I won't say nonsense. Yes ...

Principal Investigator

What about your education level?

Interviewee

I have very little education. I started work at a young age. I came from Malaysia. Then I did not finish primary school. My mother and families stay in Malaysia.

2. Feelings Towards & Experience with Wellness Center

Principal Investigator

Please share with us, your feelings and experiences in this Wellness Kampung (WK).

Interviewee

I am not choosy. Frankly, compared to you, I speak poorly. I started work at a young age for the family. I feel happy at times but I face some problems too. I grew up in Malaysia and Singapore is different.

Principal Investigator

Before you come to this WK, how do you spend your time every day?

Interviewee

Yes. I will pick up a piece of wood to carve, I carve it on my own. That's all. I have nothing much to do. I am no go, really. Besides exercises, I cannot do things. I try to learn, slowly. I also do not speak well frankly.

3. Frequency Of Visit And Duration Of Each Visit

Principal Investigator

Do you come here every day?

Interviewee

Yes, I come here for sure unless I am not free. It depends. I have other matters to settle. As long as I have the time, I will come here.

Principal Investigator

How long do you stay each visit after the morning exercises?

Interviewee

I live in the opposite block, so it is very near this Center. I mostly stay till 5 to 6pm then I will go to ride bicycle.

4. Sense Of Belonging To The Wellness Center

Principal Investigator

Do you see yourself as a member of this Wellness Kampung?

Interviewee

Yes.

Principal Investigator

When do you start to come here?

Interviewee

I did not ... no ... we would not have chosen to come to this Center. That is, I came to Singapore, will not say that kind of thing to ... However, I am relatively poor in speaking. I confessed. Ah, we are not so powerful. Because I came here and started work at a young age . We deal with ... that copper ... people do that ... I am not sure how to describe. Because I speak very badly, I am poor, really. I ... my father and mother are the same. I do not know ... I'm do not know how to say, really. Because we are ... I also do not know how to write. So, I do not come out, really. I dare not speak much.

5. Number of Friends & Close Friends at the Wellness Center

Principal Investigator

How many friends do you have here?

Interviewee

I have friends here but not that many. That's because I do not speak well.

Principal Investigator

How about friends who can share your problems and solve your problems?

Interviewee

A few of those, very few.

6. Programs & Activities at the Wellness Center

Principal Investigator

What activities do you take part in?

Interviewee

Yes, activities. I take part in many activities. I like exercising so I come here every day at 8.30am for the exercises. I am out here as long as I have the time. I come with my wife but sometimes she doesn't want to go out. It helps that this center is within walking distance from our home. I like to exercise, it is true. It depends on time and the weather. When it rains, I won't be able to exercise.

Principal Investigator

What other activities do you take part in?

Interviewee

Exercises... that's what I like. I like to jog, run ... hahaha ... it hurts. But I enjoy it. Really!

Principal Investigator

Do you take part in marathon?

Interviewee

I like marathon too. But I have no time to take part in that because of work. Those of us who do rough kind of work (menial tasks) like this sort of activities. People differ in what they like. I like to ride bicycle, very much! Wow, I love it. Really ... hahaha. It feels good.

7. Types of Volunteer Activity/ies

Principal Investigator

Do you know that there is this Kampung Buddy meals-on-wheels program here?

Interviewee

Yes, I heart of it. It depends on my time. I am not free when I have to work. There are other volunteers here to help. So it's ok.

8. Knowledge of Rules Enforced

Principal Investigator

Do you know of any rules that are enforced here?

Interviewee

I do not know of any. Put back whatever you use.

9. Concrete examples of Other Customer Experience at the Wellness Center

Principal Investigator

Have you recommended anyone here like your neighbor?

Interviewee

No, I have not. I am not so close to my other friends and I also do not speak well. My wife ... yes, I am the one who brought her here.

Principal Investigator

Anything else you want to share with us before we wrap up the interview?

Interviewee

I don't know. Really.

Principal Investigator

Thank you.

No. 018 – Interview Code 2017018-765 Chinese (interview in Mandarin)

1. Brief Demographic Profile

Principal Investigator

Please share with me how old you are.

Interviewee

This year, I should be 69 years old. Born in 1948.

Principal Investigator

What about your education level?

Interviewee

I studied till Secondary 3 only.

2. Feelings Towards & Experience with Wellness Center

Principal Investigator

Please share with us, your feelings and experiences in this Wellness Kampung (WK).

Interviewee

Ok, nothing much. Over here, the center taught us not to eat salty food, exercise more, be friendly and cordial to each other, do not get anger. Hahahaha ... learn to manage our temperament. We are also reminded to be polite when we greet others. We do not want to offend others. Hahaha... I can learn such things here too.

3. Reasons for Joining the Wellness Center

Principal Investigator

Why do you come here?

Interviewee

Because I live just upstairs. I walked past when the center was officially opened but I didn't come. I asked my neighbor to visit the center and he didn't have much to share with me. I didn't care... One day, my husband told me that the center here teaches exercises. I used to go to block 787 for the exercises there. One day after my exercises

over there, I walked over to check out this center. I thought it is ok. Ever since then, I spend more and more time here, and don't go there anymore.

4. Frequency Of Visit And Duration Of Each Visit

Principal Investigator

Do you come here every day?

Interviewee

Yes, unless I am not in Singapore.

Principal Investigator

How long do you stay after your exercises?

Interviewee

I stay here till 3pm. Sometimes, until 5pm. It depends. The earliest time I will leave is 3pm. I cannot sit for too long. I will feel sleepy. I play Rummy-O here, play for a short while and I will stop.

Principal Investigator

Before you come to this WK, how do you spend your time?

Interviewee

After I get up early in the morning, I will walk over to block 780. There is Resident Committee (RC) there and I have some friends at the RC. We usually have tea together after the exercise. Sometimes, I am reluctant to go home after tea so I will find other friends. Hahaha... we'll chat till about 1 or 2pm at the coffeeshop before we part ways. I'll be back home for some housework and then prepare dinner.

I live here in Chong Pang for over twenty years. I am active at the grassroots. I go for "Meet-the-People" senior care session. It starts at 5.30pm and finishes at about 10pm. On Tuesday, I will help the Minister. He is now overseas, in Washington. At the "Meet-the-People" session, I will be there to help residents with registration. I help them to write

during the registration, oversee the information and update if needed. The center manager here has asked me to help her to check the daily attendance sheet. I try to help a little.

5. Sense Of Belonging To The Wellness Center

Principal Investigator

Do you see yourself as a member of this Wellness Kampung?

Interviewee

Oh... ok. Yes.

Principal Investigator

When did you come to this WK?

Interviewee

For me, since last April. 20-something, like end of April. So it has been more than a year since I join this Center.

6. Number of Friends & Close Friends at the Wellness Center

Principal Investigator

How many friends do you have here?

Interviewee

I think a lot. Too many to count... hahaha. We exchange information when we exercise.

They call me "auntie." We see each other regularly.

Principal Investigator

How about friends who can share your problems and solve your problems?

Interviewee

Close friends... not any. I feel ok, so I do not need close friends. Sometimes when you feel wronged, you would want to speak up. But not me. I may and may not want to speak up. Unless I know the person very well and I can trust that the person can keep my secrets. I do not say anything to everyone.

7. Programs & Activities at the Wellness Center

Principal Investigator

What activities do you take part in?

Interviewee

Exercises. I also help to make milo, tea, coffee. Some of the residents here like Mr M is not as mobile (Mr M suffers from Parkinson's disease). So, we help them to make tea and bring it to them. Sometimes we also cook some food to share with them.

Occasionally, I will buy fruits here to share. I cannot finish the fruits at home. Besides it can be wasteful to cook just a little for 2 of us at home. I like to cook more to share with friends here.

8. Types of Volunteer Activity/ies

Principal Investigator

Do you know that there is this Kampung Buddy meals-on-wheels program here?

Interviewee

Yes, I know. I am a back-up for that. Mdm M (the center manager) thinks I have too many things to do here already so she does not want to overburden me. She will activate me when she is short-handed.

9. Knowledge of Rules Enforced

Principal Investigator

Do you know of any rules that are enforced here?

Interviewee

I do not see any. Maybe rules like wash your dishes after a meal. Those who can do it will do so themselves. There may be those whose movements are inconvenient, we will help them. You see those stickers over there, they remind us to “self-clean”.

As volunteers, we do not remind other residents to “self-clean.” The staff here will speak up, they are the ones in charge. We are not and we may offend others. Some of them really forget to wash their own cups. If we see that, we will help them to wash.

10. Concrete examples of Other Customer Experience at the Wellness Center

Principal Investigator

Do you know of anyone who benefited from WK?

Interviewee

Yes, I have a few neighbors who live on the same level as me. They come here every day. That Auntie S, she also comes here every day when she is in Singapore. There is another auntie who is very old who comes here and she is also my neighbor. There was a Malay lady who was here. Her husband passed away recently and she had to wait for four months before she can go out of the house. Some many of my neighbors are here.

Principal Investigator

Have you recommended anyone here like your neighbor?

Interviewee

Yes, I often recommend my friends here. They find this to be a very good place to be. Some of them will come on recommendations but some won't.

Principal Investigator

Anything else you want to share with us before we wrap up the interview?

Interviewee

No, nothing.

Principal Investigator

Thank you. Take your time.

1. Brief Demographic Profile

Principal Investigator

Please share with me how old you are.

Interviewee

My date of birth 02/07/1938. (aged 79)

2. Feelings Towards & Experience with Wellness Center

Principal Investigator

Please share with us, your feelings and experiences in this Wellness Kampung (WK).

Interviewee

Better, better... Last year, August 15... only... I joined. This year August, one year already. August come. I am very happy. I never come? Abdul? So boring... sick also.

Here? No sick. Ahh very nice. Everybody very nice. My heart. Confirm.

Here all very good. Every time I... everybody friend me, after I so tired... coffee also make... somebody... they said la... helping. Ahh that one, I happy. Yeah very happy here.

3. Frequency Of Visit And Duration Of Each Visit

Principal Investigator

How often do you come here?

Interviewee

Here? Exercise only. once a week... no every Wednesday no more. Monday to Friday...

Some only... see... I fall down. That one only Monday never come. Yesterday. Monday to Friday. Every day I come. I sick only, I never come.

Principal Investigator

Do you live near here?

Interviewee

Yeah... well little bit far. My son bring motor... leg no good. motorbike... the ramp going to do. Ok already Member of Parliament (MP), our 'Mdm MP' ah... last la \$1500... last time contractor said \$2900. Ahh now less already, Mdm MP ah... \$1500... the contractor do... my son... give already.

Principal Investigator

Every time when you come here right, how long do you stay?

Interviewee

Sometimes evening... sometimes 12 o'clock, this time. Sometimes 10 o'clock. 12 o'clock... this one the... every Wednesday want the soup, drink that one la. 12 o'clock, 1 o'clock this time. Everybody drink... talking talking. Ahh that type... exercise finish, go back la. Until evening don't have.

4. Sense Of Belonging To The Wellness Center

Principal Investigator

Do you see yourself as a member of this Wellness Kampung?

Interviewee

Yeah.

5. Number of Friends & Close Friends at the Wellness Center

Principal Investigator

How many friends do you have here?

Interviewee

How many ah? Everybody my friend! Everybody. cannot count already. Name also don't know. Friendly... name don't know. Some only I know... Jenny, Annie, Susan, ahh this

type a few only... I know. Too many names I don't know. Devi, J.R. ... our race... Devi, J.R. ... altogether.

Principal Investigator

How many people can come here and ask for help?

Interviewee

Help ah? Yeah few people got... name don't know.

6. Programs & Activities at the Wellness Center

Principal Investigator

Do you come here only to do the exercise?

Interviewee

Yeah. Only Wednesdays (drink soup), other days don't have. I go and drink coffee. I make it on my own. Sometimes Mdm M (the center manager) buys the bread... sometimes I will take. Every day, I drink tea.

Principal Investigator

Do you come here only to do the exercise?

Interviewee

I... go home... after... every Sunday... downstairs got exercise. Sunday only... again go somewhere. 10th May, we will go temple visit. Vesak Day. One person \$6. I bought my tickets already. RC (Resident Committee)... RC brings us every time. I go there, got so much donations. \$10 every year, donation, I go there. After free makan...

Last time At home only. I can't do anything outside. So many people they can la. I fall down... how? Help? I know cannot. Somebody want to help.

Principal Investigator

How do you know about this place?

Interviewee

'Xxx Hospital' told me... the doctor messaged my son and my son told me... mummy you go this place and exercise. After I exercise already, checking... mummy you go! My son is asking. 'Xxx Hospital' through son, my son told me.

7. Types of Volunteer Activity/ies

Principal Investigator

Do you know that there is this Kampung Buddy meals-on-wheels program here?

Interviewee

Yeah have some. Some... no... only Wednesday is soup. Other days... the plate... here games.

Principal Investigator

Do you play the games here?

Interviewee

Yeah. The... what... we don't know the game... this type of tiles. numbers one.

Somebody buy... I bought the... one man here... his name... Michael... Michael...

Michael bring. Michael bought 2 and I bought 1.

8. Knowledge of Rules Enforced

Principal Investigator

Do you know of any rules that are enforced here?

Interviewee

Ahh yeah yeah that one clean... every time. But right also... our... never wash...

somebody will tell friend friend. After cannot wash, Annie will wash... this one also helping with me. and wipe. Toilet also clean. I sometimes also I go... I supervise the toilet already. That one... go to the washing basin, I see, I wash already.

9. Concrete examples of Other Customer Experience at the Wellness Center

Principal Investigator

Do you know of anyone who benefited from WK?

Interviewee

Long a while ... doctor... our own only... 81 ...82 I don't know. 82 I think. The lady very old. Every day come here to exercise. Last time ... a few days ago, fall down. This month only fall down. Luckily Mdm M very boto... she fell down, Mdm M boto the whole day. That day I never come.

Principal Investigator

Have you recommended anyone here like your neighbor?

Interviewee

Yeah so many friends ah come... I recommend, never come. Lazy. Indian lady also... Malay lady also. Malay lady my house here got last last move. Faster faster ride... go already. Separate... 2 to 3 ladies. Chinese lady one got... my house... the 621... the 7 one also got... Chinese lady... very friendly.

Just now I told... never tell... somebody very lazy. Some come... try then go... Malay lady... our block, 783.

Principal Investigator

Anything else you want to share with us before we wrap up the interview?

Interviewee

Oher stories ah... No stories la. No one... no one. This one (referring to Mdm M) this one very good here. 765 loving me.

Principal Investigator

Finish already. Thank you.

No. 020 – Interview Code 2017020-765 Indian (interview in English)

1. Brief Demographic Profile

Principal Investigator

Please share with me how old you are.

Interviewee

I am 64+. Yeah this year, November, I am 65.

Principal Investigator

Can I ask what your education level is?

Interviewee

My education is Sec 2.

2. Feelings Towards & Experience with Wellness Center

Principal Investigator

Please share with us, your feelings and experiences in this Wellness Kampung (WK).

Interviewee

So far, I see... it's good. It's good to come here because we are relaxed when we come here. Exercise is very good for us. I like to exercise. And I find here that the exercise is good for my chronic... It's improving my health also.

So far the WK is good for us, for this kind of age ah. We come here, we feel better.

Ahh... relax a bit. Because we got exercise, sometimes chitchat with friends, read newspaper... here... we are a bit happier than before. Before we do our own work, then go back home. Here, at least relax a bit then we go back. I can stay longer but I no time.

I see them playing games all... I also see like... nice to play games but we've got other work to do at home. Har nor... that's why.

3. Frequency Of Visit And Duration Of Each Visit

Principal Investigator

How often do you come here?

Interviewee

1 week about 4 times. Actually 5 times... 5 days ah... but sometimes I can't make it then I never come. Depends la... yeah like sometimes I got... sometimes like one day I don't come... is maybe I go swimming, I go and see my mother, like that la.

Principal Investigator

When you come here right, what time... how long will you stay? Until like what time?

Interviewee

I stay very long. After exercise, I read newspaper. I love to read newspaper. So after I read newspaper, I chitchat a bit. Then of course I go home. I've got other things to do too. Yeah also... cooking and cleaning.

4. Sense Of Belonging To The Wellness Center

Principal Investigator

Do you see yourself as a member of this Wellness Kampung?

Interviewee

Yes.

Principal Investigator

When did you start coming here?

Interviewee

Last April... last April when it opened. One year already.

Principal Investigator

So before the WK opened right, how were you spending your time?

Interviewee

I used to go walking... exercise at the field there, open field... they've got all the exercise machines there. Ahh I used to go there. After walking, do exercises lor. Ahh and then... Most of the days, I'll go.

I know myself already. If I didn't exercise right, I'll feel different. I'll feel different.

Exercise the body... all stiff like that.

I go exercise... you know the place there... to walk you know? The 755 the block there. They've got the open field and all the exercise machines there. Then I used to walk about 3-4 rounds. Then I do the machine exercise. Then I go back.

5. Number of Friends & Close Friends at the Wellness Center

Principal Investigator

How many friends do you have here?

Interviewee

I got a few friends. Some Malay friends, some Indian friends, Chinese also.

Principal Investigator

How many people can come here and ask for help?

Interviewee

So far, I didn't. I didn't. Personal problems... no problem one. Not an issue. Only chitchat about sometimes... about cooking.

6. Programs & Activities at the Wellness Center

Principal Investigator

Apart from exercising, what else do you do?

Interviewee

Housework... all the housework.

Principal Investigator

No, I mean like what about here?

Interviewee

Here ah? I even got demo cooking, 2 or 3 times... sometimes. Sometimes like Thursday got the cooking class mah... sometimes we do our Indian style of cooking. But I... now quite often I never do already la because not free. But every Thursday got cooking demo. This one interesting. After exercise, we remain here until cooking is over. Wednesday they also have the... don't know called what... Share-A-Pot

7. Types of Volunteer Activity/ies

Principal Investigator

Do you know that there is this Kampung Buddy meals-on-wheels program here?

Interviewee

Oh yeah yeah yeah. No no no because I'm too busy at home. Because I don't have anybody at home. I have to do all the housework, cooking, cleaning up... I don't have a maid or anything. So everything I've got to do it myself.

Principal Investigator

Is it just you and your husband at home?

Interviewee

My husband. One of my daughters also stay with me.

8. Knowledge of Rules Enforced

Principal Investigator

Do you know of any rules that are enforced here?

Interviewee

The rules... is... err... morning 8 o'clock they will open... 8.30am. Then they close at about 4... 4 to 4.30pm they will close. They can even stay longer here, play games, chitchat and then if they want, they can have coffee or crackers... also can right...

Most of them know that they have to wash their own utensils. They know. Most of them know. Most of them, I see, they will wash.

9. Concrete examples of Other Customer Experience at the Wellness Center

Principal Investigator

Do you know of anyone who benefited from WK?

Interviewee

What I see is that most of them, they come for exercise every day... most of them. Like I see some of them, like 80+ you know? They exercise. Then I was thinking... you see they every day exercise, that's why they're fit. Because the old people, they got more benefit because they talk to each other, they won't feel the dementia or anything.

You know? They chitchat, they play games so the mind is running, you see? That's why very fast they won't... become dementia or what.

Principal Investigator

Have you recommended anyone here like your neighbor?

Interviewee

Some of them I recommended but they some... some of them think it's far to come.

I'm living... just very nearby. That's why very convenient for me.

Principal Investigator

Anything else you want to share with us before we wrap up the interview?

Interviewee

Our manager is also very kind... Mdm M (the center manager)... anything also we can share with here. So... so far it's good to have a Kampung like this nearby our block.

Principal Investigator

Thank you.

No. 021 – Interview Code 2017021-765 Chinese (interview in Mandarin)

1. Brief Demographic Profile

Principal Investigator

Please share with me how old you are.

Interviewee

I am seventy-one, almost seventy-two. I'll be seventy-two soon.

Principal Investigator

What about your education level?

Interviewee

I studied up to secondary four.

2. Feelings Towards & Experience with Wellness Center

Principal Investigator

Please share with us, your feelings and experiences in this Wellness Kampung (WK).

Interviewee

I feel this Center is very good, offers very good programs and activities. I feel the programs and activities can be more. I find that they are not enough. These programs and activities are for seniors. There can be more programs like how to use a mobile phone. A lot of seniors do not know that, do you know. I do not know how to use a mobile phone, nor do I know how to use the computer.

3. Reasons for Joining the Wellness Center

Principal Investigator

Why do you come here?

Interviewee

I was walking pass and I saw that the Center offers classes for Chinese phonetics. I came to ask and Mdm M (the center manager) explained to me. There was calligraphy classes and she also invited me to join which I did. I have been participating in the programs here for about six months. For now, I did not sign up for any classes because I have to care for my grandchildren. During those times for the classes, I am busy so I cannot join.

Principal Investigator

Before you coming to WK, how do you spend your time?

Interviewee

I like to swim. Other than that, nothing much. Or I will bring my grandchildren out to play.

4. Frequency Of Visit And Duration Of Each Visit

Principal Investigator

How often do you come here?

Interviewee

No. I don't come here on Saturday and Sunday (Center is closed on weekends). I also don't come here on public holiday. I usually come here on Monday or other weekends whenever I am free.

5. Sense Of Belonging To The Wellness Center

Principal Investigator

Do you see yourself as a member of this Wellness Kampung?

Interviewee

Yes, of course. I am.

Principal Investigator

When do you start to come to this Wellness Kampung?

Interviewee

About a year ago, slightly more than a year already.

6. Number of Friends & Close Friends at the Wellness Center

Principal Investigator

Do you know the residents here? How many friends do you have here?

Interviewee

I don't really know them all. I know a few of them. A few of us moved here from block 600 plus. But he seldom come to this center. I am closer to him, and not the rest.

7. Programs & Activities at the Wellness Center

Principal Investigator

What activities do you take part in?

Interviewee

I go for a swim every day on my own. There is a swimming pool nearby.

Principal Investigator

Would you take part in the exercises here?

Interviewee

No, not the exercises here. I don't think much of them. They are more suitable for the seniors not for me. I don't do this kind of exercises, I prefer those that are more intensive.

I go to the garden and I do more intensive workout, not those type at this Center.

Principal Investigator

What about Share-a-pot?

Interviewee

I don't join in that program. I don't enjoy eating... I just eat normally. I don't think about food and drinks.

8. Types of Volunteer Activity/ies

Principal Investigator

Do you know that there is this Kampung Buddy meals-on-wheels program here?

Interviewee

Yes, there is. The Center needed extra pairs of hands. So I offered to help. I have the time and I can help. This is a meaningful activity. I don't deliver the meals on Monday, just Tuesdays to Fridays.

9. Knowledge of Rules Enforced

Principal Investigator

Do you know of any rules that are enforced here?

Interviewee

Rules... I don't know. I am not so detailed because I do not do much... I just deliver the meals or come over to chat with my friends, attend the phonetics classes. That's all. I do not know about the rules.

Maybe ... return the chairs after use. Those are not really rules, that's expected. We all should know to do that. Like after drinking a cup of tea, we have to wash the cup ourselves and return it to the shelf.

10. Concrete examples of Other Customer Experience at the Wellness Center

Principal Investigator

Have you recommended anyone here like your neighbor?

Interviewee

Yes. I have recommended. I have already brought two friends here.

Principal Investigator

Anything else you want to share with us before we wrap up the interview?

Interviewee

Nothing much. I just hope that there can be more programs for seniors. We are a lot backward ... a lot behind, you know? Like me, I cannot keep up with the times. A lot of them are like me. If there can be some courses to enhance our skills, they will be most welcome.

Or else, we have to register for the courses outside. I tried to register. I responded to a newspaper advertisement for a class and when I called up, I was told that the class is full. A few of them are like that. I asked them when would the class be available but the organizer did not know. I tried six months later and it was still full. It was like so special. Some program about mobile phone, or to teach us some computer knowledge. I tried to sign up for those classes organised by the senior activity center but they are always full by the time I register. When I needed help and I asked my son or family members, they are often very impatient. Like it is so easy, why I don't know. That's the kind of attitude whenever I check with them. Now I do not ask them anymore.

I just felt I needed some of these programs. That's all.

Principal Investigator

Understand.

Interviewee

To them, they find it (technology) easy. Whenever I asked them a question, they appear to me to be very impatient.

Principal Investigator

Thank you.

No. 022 – Interview Code 2017A01 Admin

**1. Reasons, Motivation and Purpose of the Wellness Center (aka, Wellness
Kampung (WK))**

Principal Investigator

So this concept of WK right, how did this come about?

Interviewee

Ok so I think the idea of going out to create a new space, would help us to totally abandon all these other constraints first and start as we would without any labeling. So I'm not a doctor. I'm not anybody. I'm just one of everybody and I need to identify myself with these people first. And then see, what would my needs be right? What's important to me? Only then can I be open to the whole thing called 'Living First' before I can talk about 'Living With Disease'. It is to cast off all previous frameworks and to start seeing health from a different angle. So it is a deliberate attempt to move out from my space into this space that I want to understand that control, which I think there is.

Principal Investigator

Move from a high control hospital environment into the community, where you now have little control over patient care, or rather as a healthcare provider, we now have little control over patient care. So can you tell us more about this thinking behind it?

Interviewee

Ok so when we say that we move from hospital into the community, to influence that right, so that we can control their outcomes. So that to me, is an intermediate stage. So to

move from here to here, we have actually moved to an intermediate step, where we go into the community to influence their outcomes by influencing their control. The final step, I feel, right, should be that we should not be influencing their control but we should be giving them back their control. That means they totally, now, will decide to do this on their own, even without us. Therefore, I don't think we are reaching that yet. So I think we are long way away.

First of all, I think we have low control over their outcomes because we are not aligned in a lot of things. The very first thing is definition. What's our definition of health and what's their definition of health? We don't even know what they think about health and where they are going with that. How can we say that they are reaching our definition of health? And should that even be right? Should we be moving our definition to health to be aligned to theirs? Or should we all come to a midway? So I think we don't even have the correct vocabulary... a common vocabulary. So with no common vocabulary, we have no common alignment. Yeah so I think there is no common language. So how we use control right, is that therefore we know what we are measuring and it's very much in our interests, as an efficient organization, as an effective organization, as an effective service. But to the person, as an individual, I don't care about your efficiency, your effectiveness. I want to know what works for me as an individual and I don't care if you're efficient to my neighbor, to other people right, I just want to know what's there for me.

So one is a very system thinking, one is a very individual thinking. So of course the system thinking is that we look at big pieces. But for the individual thinking, their big pieces are totally different. For example, we say to have good health, you must have correct diagnosis so the medical must work well; correct care so the nurses must work together; correct reintegration in functions so rehab and I have my pharmacy and all that right. But to the person right, good health means I can go to school because previously I can go to school mah, now I cannot. So to go back to school, yes I need health but that's only one part. For me, integration means I need transport, I need money, I need uniform, I need books, I need tuition right? Totally different from you. You only play a small part

and my concern is totally different from yours. Because I'm thinking as an individual and you're thinking as a system. So as a system, we want control but we don't realize that we are only playing a small part in their lives. So that's where we don't have control. That's why we don't have control because we don't look at social determinants of that person's concerns and health is not an end in itself. So for us, we think health is an end, it is a destination. For them, health is a tool.

So I'm not sure if this is a vocabulary thing or if this is a concept thing, alright? But we are all talking different things. Therefore we don't have control.

2. Difference between Wellness Center and Hospital

Principal Investigator

So why are we not looking at social determinants?

Interviewee

We are not trained to do that. The whole training is not yet towards that. The whole training is about the skill of finding out what is the disease state, what is the pathology behind it, therefore how do I right the wrong? Health is not about right or wrong. You have it or you don't have it. But if you don't have it, you have all the other things that can overcome poor health, sometimes. Or they can partially overcome poor health sometimes. But this is like right diagnosis, right place, right time, no error... it's a different world all together. So we are not trained... actually we are trained but we are not trained right?

Because we are members of the community. Theoretically, we know it but just because... so I am limited by who I call myself right? So I'm limited because I call myself a doctor.

That's the worst thing I can ever do to myself. Because I only think of myself as a doctor, I only function like a doctor, I only plan like a doctor, I only move around like a doctor.

When in actual fact, I can do all these in my full capacity as a person, as a family member, as a community resident, as a Singapore citizen, and then finally a doctor. So I have excluded all my other worlds of thinking just by defining myself. So that's why we are

trained but we are not trained. We are not sharp focused when we say we want to be person-centered. So we've got a lot of work to do there.

3. Design Principle of Wellness Center

Principal Investigator

And how do you then design the space to create this sense of community? How is it designed? And who are you designing it for?

Interviewee

Ok when we move out into that space... we didn't have anything to go on right? Because our training has always been here... So we only know how to look up literature search, ok which is, again, another different kind of thinking. It's a translated data of what is real.

Ok, it represented by a certain academic group, a certain group that has written about it. It is still a translated ... so just like healthcare, it is translated. So this translation of living is also a translation but that is what we know how to do because we are trained this way to look at literature search. So go look at literature search lor.

The space, commons thinking, other case studies... then we go out there with all these ideas, which are already different ... we have moved from health to different thinking... and now we go out. But it's still not the real thing. So we have to look for the examples to validate the literature.

So we can say that the 'Real Living' can be described... we force feed it to be in that description and why do we do that? It's to give them credibility. So nobody wants to look at living. It's too diverse, it's too individualized. But when you can see a pattern and say you describe this as this is a concept, wah, suddenly everything... this is great! This is acceptable in the world. This can be standardised, can be compared, can be measured, can be described, can be boxed in. It's neat. Then it's acceptable. But actually, it is still a subset of 'Real Living'. So when you say how much have I learnt? I say very little because I think how much have I learnt is actually boxing what is real into a pre-

described literature so that we can now say ‘Yeah they’re living. By world standards, they’re living.’ *laughs*

So it’s very weird. I really feel that this is really very weird. But because of our way of training right, we always raise good literature to higher standards and that’s the standards that we have to live up to. But we never see this...

Principal Investigator

Was it a deliberate decision to have in each WK that open concept kitchen? And what is the role of that kitchen?

Interviewee

Ok. So I think there were a few observations we had that... we as a country had deliberately tried to create common activities under the PA (People Association), CCs (Community Centers), RCs (Resident Committees)... so there are many systemic pieces in place to gel community together. But I think over time, there is still... participation is not catching up with the growth of population. And when we were doing... when we were walking the community... one of the health screening activities that we did in Choa Chu Kang, one of the grassroots leaders came... and we were doing it at the market and the CC was a about block away. He was standing and he told me, “When I look at this ah, I feel like there is a door in front of my CC that doesn’t open when people approach it. It doesn’t seem to be admitting this kind of crowd that I’m seeing you getting.” So somehow, the building has either by architecture or design or programming, something has happened to make it a closed door. So whether it’s now predominantly a tuition and enrichment center... Basically CCs are classroom, a conglomeration of classrooms. You enrol for class? So you come to CC. You enrol for sports? You come. You don’t enrol for sports? You don’t come.

It is not a space where people come and loiter around and choose not to do anything. It is not. Whereas I think this kind of open space where you see 768, the men gather together... it’s an open space but I’m allowed to loiter around and nobody will judge me. Nobody will question me “You want to do this or not? You want to achieve this or not?”

Nobody. Yeah so looking at the idea of 3rd space, it's supposed to be a space where people come regularly, voluntarily, where conversation is the main activity of the day and it's free. I think we wanted to create that and see what happens. So a lot of the things that we do in healthcare are always behind closed doors. Privacy and confidentiality.

Everything about one-to-one interaction. It's privacy and confidentiality. We are so risk averse. But there isn't such an issue in communal living. In fact, it should be as open as possible because then it will be a magnet. The more activities, the more noise, the more it will draw. At least it will draw curiosity and people will get the choice whether "I want to join or I don't want to join." So that was why it needed to be open as contrasted to a CC, which is basically a classroom. It is also closed what. You contract to come in 8 weeks for lessons, you pay this amount? Ok you get to come in regularly for 8 weeks you'll do this. But that's contractual. This? There's no contract here in this kind of setting. So I think that helps.

Principal Investigator

The open kitchen draws people in because food...?

Interviewee

Because food yeah. Just because of food. So I think that the first thing is the idea that kitchen is associated with food. Hopefully, the smell will also permeate out right... and hopefully then the activities would be visible. But we have to be very careful about this because there are also food businesses around. So if we have this common pooling of resources and common consumption of resources, this means that businesses may feel the pinch. So while we did this, we also didn't want to shift the market. Because that would mean that our SMEs would suffer. So I think we did want to see if we can engage people. So one of the things we said right was if the SME like the uncle at the vegetable stall gave vegetables to Share-A-Pot, we would give him a bowl of soup. "Uncle this is what you contributed too," so there is common resources, common consumption and this is shared. Then that would be a good partnership and when people know that uncle has been the one giving vegetables, who do you think they will go to if they went to the market? They will

go to uncle. Right? So they will start to recognize each other. When you recognize each other and you recognize each other's kind deeds, then you will have what we call 'Gam Qing', relationship. Then that is the basis of this whole community building and community resilience.

4. Support & Resources for Wellness Centers

Principal Investigator

When it comes to WK, how are these centers funded?

Interviewee

Oh ok, so it was a pilot and that's what I understand it to be. Originally, it was just supposed to be 3 senior care centers. Then I think there was a request to have wellness centers as well. And then there was a 3rd request – we wanted to run some health programs offsite of the hospital because we felt that we could be more effective there. So when these 3 requests were floating around, MOH's Mdm X had this idea, "How about we co-locate?" So, I think there was a catalyst to start this program, in that it was MOH to pull the social, health and eldercare sectors together. So I think it was a bold move.

How did they fund this ah? So it is a build-own list model from MOH. MOH will build and own. They lease to the operator which is St Luke's. As I understand, leasing it to senior care operator is cheaper than leasing it to AHS. I don't know how PA pays for that.

I think it was decided that the lease will be to the operator. So St Luke will be the master lease and we'll... they'll sublease to us to run the Wellness Center.

Principal Investigator

at the rate that they will typically lease to the senior care center?

Interviewee

Yes correct correct. So then it became a more sustainable model. So that is for premises. But there still needs to be resources. So senior care center is a business model although it is a subvented business model. It's still a good enough business model for St Luke Eldercare to run that. So there is proper staffing with staffing norms and all that. So there

are standards for that. Wellness Center... there're none. I think this is the first time RHS (Regional Health System) is asked to hold the center together. We don't know what the norm is but I think what we started off with was very low, lean resources. So we said, "How about we just have 1 center manager?" So we pay that 1 center manager. We also have our management team that oversees the center managers. So therefore what leaves PA is to see how they can support the daily resourcing.

So it's not equal, in terms of the contribution. But I think no one is counting now. But there is a need to look for a more sustainable model. So for example, must the center manager be from the RHS? If it were run by... if the center manager were hired by PA, will it still work? If the center manager were hired by the operator, will it still work? We don't know. Although this model looks like the cost is high because RHS is on board, the cost efficacy could also be high. You could also have a higher efficacy. Value could be better. So I think we need some economics to tease this out. But of course if let's say, PA could hire and run, it could be lower and yet just as effective. Then I think we have found a better model. I think we are open to that. Then we will just influence the health agenda.

5. Target Users of Wellness Center

Principal Investigator

Who did you have in mind to target? Is it just patients? Or it's more than patients?

Interviewee

So I think, for sure, I can't run away from the fact that I did have patients in mind when we went out. But the minute we went out right, we also saw that patients were the minority in the community. Because... especially at the WK right... I think there's still this view that when you're sick, you cannot be... you should not be seen by the public. You have to make sure you're in the pink of health then ok you rejoin everybody. So you must fix yourself first before you... There's still this idea that sickness... you must make sure you can handle yourself before you go out.

And sickness is seen to be associated with a lot of other... whether strongly or weakly ... a lot of other factors right. Sickness is related to poverty. Sickness is related to prosperity. Sickness is related to illiteracy... a lot of other of these. I think whether people... what do you call that? Outwardly... outrightly associate or subliminally to it right... there's something there but we cannot put a finger to it. But there's something shameful about being sick.

So what we see out in the WK are people who are mostly not sick. If they are sick or if they are disabled, they have overcome it. So these are resilient people. We do see a stronger community because these are the people who... there's a certain courage and boldness to come despite of whatever... socially we are all... socially how we have grown up to expect or accept the different parts... the negative parts of our lives, poverty and all that. So I may be poor but I go there and I am not ashamed to go there. Whereas if I am poor, but I don't dare to go there, I won't... So there's a certain group of people, which is a bit selected already right, that are probably resilient. They will tend to be more generous and they will tend have more happiness than just pleasure. So I don't think we have seen the whole community. That's why we cannot stop there. So the WK is a space first... but it is at least a space better than a hospital space to now outreach even deeper into people's lives in their homes.

So I would say for us, it's a big step to jump out there. To say that 'Ok we are not doctors, we are not nurses, we are a part of community' and that's because we want to know what are a true community is. But we also realize that we haven't gotten there yet. This group is very nice, very good.

6. Management of Wellness Center Operations

Principal Investigator

So what is the role of the center manager today? I know it's hired by the staff headcount.

So what is the role of the center manager?

Interviewee

The basic admin is open center, close center, center facilities and the usual housekeeping and all that. So on top of that, it is also to look at participation from the residents to make sure that there is enough to draw people down, that the people do come down regularly, and to build the trust there. So he's... he or she is the go-to person should anything happen first. It can be a personal thing, it can be a project-based, event-based... whatever it is, he could be the one in-the-know for everything.

I think we hope that the center manager can do more, be the resource person for health, social needs, be the program developer for services. "So what we cook at the kitchen can we share with those who couldn't come?" Be the registry, "So and so hasn't come for a while, can somebody go and visit and find out? Does anyone know? Is there any...?" Be like a village head like that. That would be nice. I don't know if we are asking too much. Yeah... or whether that person really needs a small group of people that are close to him or her to be that, to do that ... to have the sensing of the ground and the knowing of the ground that all is well in the Kampung. And whether that person actually needs to be... really needs to be a leader in the PA, CC kind of leadership. I feel that there is no integration currently. So let's say center managers, Mr W, Mr T or Mdm M, they should be sitting in that community, knowing what's going on and seeing how, "Eh but I'm just here."

"What you want to do?"

"But I have the space... why don't you come and join?"

"Ohh but we do this already. Why don't you call more people to come?"

I don't see that happening now. I feel that needs to be done... Maybe it's the next level. Then that center manager also needs to know, "Who are my neighbors who are able to give services?" So if I'm here... do I know... let's say 765, did I know that 740 is going to start a dementia eldercare? And what am I going to do to talk to that person so that I can now be their advocate to the residents there? I can now be a resource to them or they can be a resource to me and we can now share. So now this idea of commons is extended,

not just to individuals, but Wellness centers to day centers to nursing homes. Now you have a bigger set of commons. That still... all needs to be done.

Principal Investigator

How does this 'Meals on Wheels'/ Kampung Buddies program come about? Because part of managing the center, the center manager would also look for volunteers for the Meals on Wheels. Can you tell us more about that?

Interviewee

I think it started because Swami was the one that approached us and said that they do have to deliver meals anyway. Is there a way we can facilitate that? I think it wasn't so much the center managers but Ms C was the manager of the managers saying, "Yeah why don't we try that?" So each centers picked volunteers, get a dedicated group and say "How many do we need because how many packets of food do we need to deliver? Once a day or twice a day?" and keep count.

We were just on a delivery mode right. But I hope we go further than that, that we don't just knock on the door, "Na," knock on the door, "Na." But we also would say "Eh how are you ah? Eh by the way, I see you can walk quite well ah. Why you eat this kind of food? Why don't you come down and eat better food and participate?" So the outreach would first to go to them where in the first place they wouldn't come. But that trust built at the door could pull them out into a communal space. So I think there could be a lot more layers to it.

7. Wellness Center & Its Role in Community Building

Principal Investigator

How would you describe the role of WK today?

Interviewee

The role of WK... depending it is for who. If it is for me, the role of WK is a space, an exploratory space – to know the breadth and depth of what living is about in the community. And this part of living is specific. It's communal living, not the individual

lives, individual families. But how do individual lives gather to a space together and how would they see themselves? What is it they can and want to contribute and takeaway? And how do they affect others when they do that? And what is the final purpose in it all? You can come be nice nice, have a good time. I give this, you give this. I take this, you take this. But in the end, to what great purpose is this?

So do we as a community... is there a communal living that actually has a common purpose that says "Oh we want to do this because this is a more sustainable way of living in a high cost Singapore that will carry us on for 50 years." I don't think there's any of this happening. People just come on a day-to-day basis. I give this, I take this. One day gone. Happy? Good. Tick 1 day. Then 1 day goes on 10 days, goes on 365 days. So 1 year. Tick. Now try and carry on again and again.

But what is the total meaning? I don't see that happening. Who is going to say that? Who is going to do? Where is that leadership that is going to say? Does it come from them? Or must somebody come and say, "Hey you know, you are the epitome of living SG75." And suddenly they say, "Yeah we're the champions of SG75." And actually now they behave like SG75. But who's doing that? Nobody is doing that. They're just currently, as I see it, 1 day by 1 day by 1 day. People are just coming. It feels good so there's pleasure. So I'm not sure if there's true happiness. I take pleasure different from happiness. Pleasure is just that one in that moment. Happiness is something that is coming out from outside. That means happiness occurs whether there's pleasure or there's pain. So I don't see that yet. So what is living really about? I don't think we have that answer yet. But that space is an exploratory space.

Principal Investigator

And why would people want to go into this space? Because even before the Kampung was set up, I've got my own daily routine.

Interviewee

So I've been thinking about this right and there have been some things perhaps I might have thought it wrongly. So we go back long ago right, in the old days, Kampung days,

when they use to live communally. So what will happen after dinner? The men will go together and have their, I don't know coffee, tea, or some form of drinks. Men time. Cave time. Whatever time. But it's men time. So by default, the women will also come and share together. I think we see this in a lot of communities, not just Asian right. Then HDB came right. And when HDB came, basically the idea was that "Oh women look, we are giving you each a nice little space for yourselves. Now you can bring your family together." So after dinner, the wives would want to keep the family together. So that means "Husbands, you stay in." So what did HDB do? To me, I think, HDB made fathers out of our men.

So they went and stayed home. There was no more communal gathering of men for drinks. But it is escaping out right. You see when you were working, sure, that was fine. Family was my focus. I bring up... But when I grow old, when I retire already, guess what? The men went back to grouping together over beer. We're seeing that happening. So the men find their way. And if you look around the whole of Singapore, the creative spaces where groups spontaneously come together are revelry men. You go to Chong Pang market right? I think Block 108. There's a group of men there. They have decorated the space nicely. But it's men dominated. They come, they don't talk to each other. But they communicate with other through chess, through just staying in the same space silently, buddy buddy. "I know where you stay", "I know who you are", even sometimes "eh can lend me \$10 or not?" Also can.

When we started WK right, we said that "A lot of women came down but the men didn't come down" and we said "Ahh the men, we cannot reach them." No I changed my thinking. Currently, I think it's "The women finally found their space to call their own" because the men have always done it. You don't have to confront it. They will look for their own space. But the women "Finally, there's a space we can go." And so actually it was the women that were not having places last time. And now finally, the women are having spaces to go to. And that's, I think, why it is more female dominated and the activities around it are very feminine. Cooking, having a meal together, exchanging news,

doing crafts, helping people – very feminine. So if you look at 765 and 768, the men have been there for a long time before WK at 765 came. WK came out. The women are down there. Did you see anything happen with the men? When we walked over, they say “No, no, it’s ok. We are happy here.” So I think WK finally have found... have given the women a new way of spending their time now that the nest is empty. So that’s my renewed thinking. I don’t know if it’s true.

8. Link between Community Building and Healthcare Agenda

Principal Investigator

So when the term ‘Kampung’ is used right, what does it mean to you?

Interviewee

The term ‘Kampung’ of course is a very nostalgic connotation. So it brings back the... we know right, memories improve with time. So everytime we take out something, we put it back that memory is better than when we took it out. Over time, memories, we tend to keep the nice, warm fuzzy things about it than the harshness of it. So of course when you say Kampung, we all remember the warm, fuzzy parts of gotong royong (malay word which means “communal helping of one another”), of looking out for each other... I share with you, you share with me... looking beyond colour, race and language. All these will come back and we do forget the hardships. Common resources or low resources but we still share. Backwardness... even relationships were different in that time. So when we say Kampung, we remember the nice parts. And that was what we wanted to recreate – the nice parts, hoping that modernity has overcome the harsh parts. No more toilets that don’t work, no more carrying pails of water... the hardship of it. Even our urban farming is clean, compared to the dirt and the mud that you used to walk through. I think there is a slight difference. Today, Kampung is a lot... it is a prettier site; it is a happier site because we get the nice sounds. We don’t have the crying sounds of ‘I lost my house in a fire’. You don’t have that. So it does help to build a community on good nostalgia because that hopefully pulls people out and encourages people to come and invest a little

bit more. Because nobody wants to invest in pain or in harshness. Nobody wants to do that. So ok, the name Kampung does help us to get more people into this space that we want to.

9. Importance of Community Engagement

Principal Investigator

How does this community resilience come about?

Interviewee

Yeah so I think currently right, where I see as Singaporeans... ok I shouldn't be talking so much about Singaporeans, I was after all an immigrant. Ok but anyway, when I first came to Singapore, I realized that there were a lot of things I didn't qualify for. A lot of them were what we called subsidies. I didn't qualify for any of the subsidies, housing, transport, anything you know... and that was what one of the best lessons for me because whatever it is, if it needs to be, it's up to me. Contrast to Singaporeans, kudos to Singapore, the government is a good provider. From Independence Day, there is commitment to say "Every home, there will be food on the table. There will be jobs. There will be a home and we will support you." So safety net after safety net after safety net. So this is good government. But Singaporeans rely on good government. Everything is good government and good government also say "I don't make pay a lot for it. I keep tax very very low. I struggle very hard to get businesses in, to get the economy going, to make sure that we stay high in the world economic scene so that food is always on the table, jobs always available, children go to school, the poor are taken care of." Everything is done. So when it comes to a problem, "Government, what happened to you? You fail." So that's not resilience. That's not resilience. When it comes to problem, I look up. When it comes to problem, I must look in to my own strengths and what I can offer. And if every individual looks in to what I can offer to strengthen, that, I will call resilience. Individually and as a community. So come to health right? Ill health. "Hospital. Hospital how come not enough hospital? Not enough beds?"

“How come the CHAS clinic not extended to me? I’m only orange card.”

“How come I must go all the way to polyclinic and wait very long just to get a subsidized entry into SOC?”

It’s all looking for solutions outside whereas I can look for other things. “Really? Do I have to go to the hospital for this? Maybe I don’t have to if I knew the nurse that is my friend.” Or “If my mother ever taught me to eat well, I wouldn’t have to come to this state.”

So there isn’t resilience and it’s been slowly eroded over the years. While government focuses on economy, individual citizens focus on academic excellence, personal excellence... and what about community excellence? Who’s doing that? I think it’s a new lesson we all have to learn.

10. Management & Governance Mechanism of Community Building

Principal Investigator

We go back to this concept of community. So when you say community, surely it means more than one person; a group of persons. But what is it in this community that makes the group of persons want to stay together?

Interviewee

I think there are some common things. One is sharing. The sense that we share fairly equally. We know about the tragedy of the commons right? If one person sees, Hmm got opportunity here to take a little bit more than what I should be... I wouldn’t say ‘due’ you know, but sort of a sense of fairness... it’s just a bit off. Then there will be no trust. So the first thing is, there must be this sense of common. You, you, you, me, same. We are all coming here as the same so we share equal. Or maybe not equal. Equity. I can give more I also don’t mind giving more. But there must be a sense of fairness as well. So sharing and fairness, and then only there will be trust. You can’t just build trust and say, “I trust you, I trust you, I trust you, right?” You must show me you know? You must show me that I can trust you if you put, you take and you don’t take more than you put.

Or better still, you give more than you take. And sometimes you ask for a bigger share but that's not a common thing. You're not habitually like that. Then there is a certain sense of decency you know. Yeah yeah this would work. Then I don't see you as "Oh you're a rich man son", "Oh you're a clever son." I don't see you as that. I see you as contributing equally according to your ability, right. Then there is trust. With no trust, I don't think it will work. So now, it's not tested. So now you will see in WK, there's a high pleasure level. There's an associated high happiness level. What if something went wrong? Will it be finger pointing? Or will it be mutual responsibility? We have not tested yet. So that's the difference between "Now there's harmony" and "Are we going to have to cohesion when trouble breaks out?" that'll be the real test. So I think we are still... we still don't know.

Yeah a bit scared. It may break. Then the whole concept will fragment and disappear. So hopefully more happy days... or more evidence of sharing will build the trust to a level where... maybe initially we will be shocked when something happens, but we will still, "Ok, let's see what we can do." Then we can see the steel and the mental in that community.

11. Concrete Example of Achievement(s) through Wellness Centers

Principal Investigator

I know it's early days because it's only been 12 months since we started WK. But how in your view can we test this concept of self-management, this concept of better health literacy and better empowered patients?

Interviewee

I think we have been doing it rather subtly. So when we cook food at the kitchen, we make sure we walk the talk by having it healthy. But we will not know if they actually practice it at home after that. And if they buy food from outside, for sure they cannot control. So the subtle manner in which we do, will have very limited reach. So if we were thinking of influencing or having greater control, I think we are just at baby steps.

Whereas I think we are doing a bit better with exercise because that has caught on quite a bit with the morning, daily, full day exercise. It's very visible. It looks fun. So I think we were more successful in that. In terms of self-management, mainly preventive... only in a preventive manner... So if you exercise more, you'll be stronger, you won't down so much. You will be able to do more things for yourself with fewer accidents. So I think therein there could be that reduction. So if we are looking at high impact intervention in the community, exercise is top. It is one potential avenue that we can reach a large population, with good short term, medium and long term outcomes. So as long as we do that consistently and we keep the standards there, I think down the road, no doubt about it. We are going to change the frailty level of the community. So that's exercise. For fall prevention, we haven't done enough there. So Share-A-Pot, I don't think it's enough yet. We are not getting enough. I think we need to now, combine exercise and fall prevention because fall prevention is also potentially a high impact intervention that can reach a large population. So as we do this right, we should be getting people asking, "Are you falling down? Have you fallen down?" when they are here.

"You mean fall down not correct ah? Fall down not normal ah?"

"Yeah it's not normal."

"That means everytime I fall down, I should tell somebody."

So people don't think that falling down is not normal. "I'm old what, sure fall down one."

That is the current concept of falling down – it's expected. But we want to change the mindset and say, "No no it's not expected. You can prevent it and if you did, you would have a better quality of life, more pleasurable, more happiness. It's very easy." Exercise and good nutrition, right? That's self-management, preventive. So I think in preventive, we may be able to do quite well. In curative and disease-control, not quite there yet. Yeah so the parts that might help may be dementia-friendly community. So that helps as a community but individually it doesn't... there's not much impact. So one of the other ways we really need to do is just to see how much the nurse can do there. Help them with "You know how to check your own blood pressure? Do you know what is the normal

blood pressure? Do you know when you should come and raise it up?” and ... so those are the things.

I think we have a long way there yet. If we do that well, if we do that consistently, I think we will have fewer complications at an early age. And I think we will have fewer admissions for simple issues because they will know that there is a resource in the community which is the nurse or themselves, to help themselves. But there's potential. And part of it is to say that right, all these right, is health, not medical. Check blood pressure is not a nurse duty. Check blood pressure anyone also can do. If your maid can do it, you can do it. If your grandson can do it, you can do it. And therefore, check blood pressure is normal daily activity like brushing your teeth. So if people can accept it to that level, then blood pressure can be well managed in the community.

I used to think that medicine was a science. I mean that was how we started right. Medicine is really a science. It's biochemistry, anatomy, physiology, pharmacology. It's all that. Then after you learn the science right, you need the art of medicine. Medicine became an art. There's an intuition about this, “Even though this is likely to be the diagnosis, but in this case, something is amiss. I want to do something else.” True enough, your hunch gets you a different answer. Yeah you may have this diagnosis, she may have this diagnosis, but the treatment is different according to your context. So the art of tailoring... the right medicine to the right person... so therein it became an art. But now having gone out to community, medicine is now a social science to me.

And that is so untaught. Everything about the community is self-taught. I wish the education in my younger days had a social science component to it, to help me understand this and the importance of this and the social determinants of health. We had mentions of it, but never emphasis to the point that it is important... to the whole system, the healthcare system and the country system... it's important... you know social determinants and social theories and all that.

Just reading up on ageing theories, people say “Eh that's not your work what.” Gerontologist. But geriatricians should know gerontology. Scientists should know social

science. So to me, that is important and I feel that maybe our pursuit of excellence has been too narrow. And that all of us, since we now have new opportunities in longevity, it means we can live our lives differently. We don't have to live like... so focused on getting everything because we are scared that we will die before we get it right? No, we are sure we'll get it. You can get 6 now instead of 1. What 6 do you want to do? And I think social science should be one of them. *laughs* You don't need to get 1 degree, you can 6. Let's say, you just think "Ok, 4 times, the longer." But if you're working and studying at the same time right, then there is no loss. You've got a lot of opportunities to do inter-disciplinary developments which is the richest area for development and it's not recognize.

Principal Investigator

Ok I've come to the end of my interview. Thank you.

No. 023 – Interview Code 2017A05 Admin

1. Your Role in the Wellness Center (aka, Wellness Kampung (WK))

Principal Investigator

What is the role of a center manager in Wellness Kampung (WK)?

Interviewee

Actually my role here is ... ok, to run the daily activities. Very simple. When there are guests, I take care of them. When there aren't any, (shrugs) *laughs* Ok ok basically this is run by our xxx Hospital. Yeah the health component is very important in this our so-called health... WK.

Wellness is means more on the health. Kampung is you have the sometimes the Kampung spirit.

So this is what... I will more on... focus. So my role is get more residents to come down because we open this center... to let the residents staying nearby to come down, make sure that they won't face the 4 walls, like the prison in the house because they facing the 4 walls ah... either they watch TV or they sleep, or read newspaper.

That means no social interactions... This is why we want them to come down to have more interactions with other people. And since ... we have operated for one year already right, a lot of people, they come down, they have a good ... not say good comments or anything. They like it because one thing, firstly, they really build up the health because you really do a lot of exercise. Secondly, they have interaction. They are healthier and their lives are more meaningful. I can say that because they can make a lot of friends. Of course you need to try... have to organize a lot more activities. from Monday to Friday, we open from Monday to Friday, 8.30am to 6 o'clock... actually from 8.30am to 5pm. 5 o'clock we close shop and then ask the residents to go home, go back to their... because they need to do cooking ah, all these ah.

Ok so 8.30am-9.30am, we are very busy one... that day you saw ah. Early in the morning, a lot of people already... Although we say we open by 8.30am, a lot of people by 8 o'clock ah, already waiting outside. 7 o'clock, 7 something, already waiting outside already. So when we open by 8am ah, they immediately all come in... at least ah... 10 of them. They come in and then we try to ask them to help to arrange the chair... those are early birds one ah... they quite ok because they are quite regular. So we already inculcate this type of so-called self-help... self-help. Self-help interest... they help each other. This is what we intend to do. We don't want to say ... "You just come, then we have to serve you and then we have to arrange the chair for you and then you just sit down then do exercise then bye-bye." No. We try to ask them to pay back something... a little bit... like for instance, we have a Thursday singing class.

Singing... we call it interest group. We don't... we call it singing interest group. So we must have a right concept. Normally I give the people to give them the briefing before the class starts. After the class formed, so I tell them, "You come here not only to learn singing... learning how to sing alone is very boring one. No use. I want you all to do something more meaningful. We want to set for ourselves a target. What you learnt, you have to contribute to the society." So I try to arrange with the All Saints Home... All

Saints you know the... our 24 hours nursing home. Near, you know, Yishun Primary School? The former... Nursing home ah.

So every month we do perform singing and... plus dancing and then entertain those who are the senior citizens over there. Every month. Once a month only. So Thursday. So this people... they are quite happy. So far we have already... for 6 months already... more than... about 6 months already.

So they are quite happy and then ... because I told those people... they participate our singing interest group ah... tell them this is a platform provided for them because you do the entertainment, go up and sing... at the same time, you also train your nerves.

Because you face all the audience mah... you must know how to face the... to sing, you train your nerves... this is one thing. Secondly, it's to practice your singing. So they're quite ok so far. That's why our singing group quite popular you know now. You know why? Because ah... ok so far they have gone to 'the Community Hospital' last December for the caroling.

They go to all the hospital... I think they went to ward 76, 77 and 78. And then after that the Lohei... the February this year. Ah all the singing group went to the stage then people... I don't know whether you were there...

Yes, how... their performance? That one at Woodlands Health Campus ground-breaking also! *smiles* Yeah yeah that's why they early in the morning ah, 6.30am have to wait here and then to gather together and go to the... what's that ah... the ground. For the... 3 days ah. 3 days. They early in the morning 6.30am. But 6.30am waiting here you know. So they have to wake up. Some of them... they stay quite far away you know. So some of them say 5 something they have to wake up and then... ok so far because they have the good comments and then everybody very happy so they also very happy. And now because of the very popular... and then I heard from Ms C that a lot of people want to invite our singing group already. Hahaha *laughs*

Ok so because this group... actually they're from 260 and then there're people that like our teacher here. So they come and join us. So we form another singing interest group.

We call it B group because we want to differentiate the Thursday and the Wednesday group mah. The people... the participants are equally high. About 40-50 or so... between people. I think this is ... the teacher is quite good. She really does her homework and then I quite appreciate her because she really don't take any... not a single cent, just come down and then really teach and she also learn by herself and then make sure that she has done some homework before she conveys the thing to them. So I like her. The attitude. It's the right attitude.

So the Wednesday group I haven't talked to them yet because I tried to ask them to perform, do the same thing as Thursday class. I want because some... reminder... I told them before when they formed this class, when they came over from 260, my requirement is: you come here to learn singing, you must set a target, ok? The same thing as what I told the Thursday class. So I'm thinking I plan for this group ah to do some ... service to SLEC. So every maybe Wednesday, the lunch time, go over to SLEC together with the Ms J is it?

So I want to explore them then let them happy, happy a bit. So sometimes this type of people must saying, sayang a bit. *laughs* Ok back here is that every Monday to Friday, we have 8.30-9.30am exercise... exercise we have 2 instructors... one is a volunteer, one is a man...one is an uncle. He likes to do aerobics type of exercise. His name is called Mr Wee. So he formed his... the name of this exercise is called 'Weerobics'. *laughs*

So... he is more on... he likes to use all sorts of music... there are Chinese, Malay, Indian songs, as well as nursery songs. So four kinds of languages songs. So they... he plays his songs and exercise. And then Tuesday is the qigong, one of the aunties. So Wednesday, Thursday, Friday... those are... Wednesday and Friday... 2 groups of people doing the exercise. I don't know whether... have you seen...? That day you came is ... what day ah? Friday ah?

Wednesday we have ... so-called 2 groups, one is an indoor exercise, one is the outdoor exercise. Indoor exercise doing the same thing, sitting down here and watch the TV to do the... follow the video but of course we have some volunteers to guide them. The some of

them... nowadays a lot of newcomers coming in through the friends because they like it you know. A lot of people come already. Every day I can say... indoor alone ah, about 40 people already... to do exercise over here. And then outdoor... let's say ... Wednesday is the thera band there outside... So about 30-40 also.

In fact, the thera band exercise at the beginning, we... our 3 centers ah, 260, 765 and our 115 also we have ... engage the same instructor, Coach K. he's quite a pro instructor because before he conducted the thera band exercise, he did the so-called assessment. So... to do a lot of assessment... he brought a lot of his kaki and did a lot of measurements... do the BMI, do the risk measurement... all these.

Principal Investigator

Where is he from?

Interviewee

I think from SG50? I think SG or something like that. Not from our hospital. We engaged him. You know per hour how much or not? It's ... we pay him. I mean not we pay him but the... I think HPB? HPB pay him. Per hour... \$100+ ah.

So... when the beginning... and then ...the first... they provide only 12 sessions. So I will regularly go there and have a look and then identify some of the so-called potential leaders. So I managed to get 6 of them. So I talked to them, "You want... once a... because this Kelvin, only 12 sessions only. After that, he no more. Bye bye already you know? Then you want this group to disband or not? Or you want to continue to lead then... because I saw you... your exercise very good you know. You can bend here, bend there," Praise her a little.

"Ok ok I try my best."

"Try your best. That's go enough. It's like... sign contract with me already hahaha!

laughs Verbal contract. So I put 6 of them. One of them is an Indian lady... She's Indian-Muslim. She's very very regular also and then Ms K. Ms K...She is a business woman. And ... I told you she has her own beauty salon.

They are all very kind. They are ...very friendly one because they... sometimes they also... she also buy a lot of ... like green beans, red beans, bread, she buys us lots of food *laughs* She is Ok, quite OK. At times, she will refer her clients here for exercise.

So... managed to get 6 of them. So before the session ends right, that means the 12 sessions, ok before the Coach K left, I used the bench in the void deck as a platform and spoke to 40 to 50 participants at that time.

So “Coach K is going to finish later. Would you like this group to be dispersed like that? Everyone said no, they wanted to continue with the exercises.

Ok then I proceeded to call out the names. “Oh Ms K 来。 (“Come.”) Mdm A come and then Mdm O come.” Then, I started to call out the names. Oh Ms K, pls come. Mdm A, come and then Mdm O, come. I called six of them and asked the participants if they would like them to be their leader.

They said yes, and started clapping.

This... Because they needed a form of recognition...So they very happy also then from then onwards, they continued until now... for about a year already. So this is our... our thera band still on. I don't think 260 and 765 they... I think they no more already.

So this is the so-called exercise... how you... the approach. The most important is the approach and then how you... because you want something done, you must think of some systematic thing that... how you make the people work for you ...

Maybe you could ask them for help, “you help me lah. Please help me.” But you must specify the help you needed... you should state something of quality. Don't just ask for help. Others won't understand ... how to help you? What form? What type of form shall I help you? The way I handled this it is through ... so-called the...should be called 'pure pleasure'... it's a positive way.

Since you have the whole group there, you should not put pressure on them. Instead use the positive way of pleasure, to let them feel very pleasure thing. P-L-E-A-S-U-R-E. Aiya pleasure thing, not pressure. They likely felt both pleasure and pressure.

Put some pressure on them and they will be more hardworking. Something like that and they feel happy to put in the efforts.

This is what I have learnt from my Home Affairs. Because I used to run the ... so how to classify all these types of prisoner?

I also classify all these volunteers one you know. It's not every volunteer will do things for you... they... I will classify A, B. A refers to the people really interested... and then because of their interest and then they really ... contribute to you. Ok. Those ... second group ... those are people like 'what kind of benefits you have for me? As your volunteer, do you pay me any token? If I volunteer for someone else, I will receive some presents.

Would you have presents for me?' 'Oh no presents? Cannot be help then.'

"Aiya because this one... I have no... normally we don't have money. As a volunteer here, he or she should be contributing willingly.

Of course I still cherish them regardless of their kind of attitude. At least they have the heart to offer their services, which means to me that they have a little compassion. I just need to counsel them lor. Counsel, counsel, counsel. Keep on nag nag nag nag. *laughs* they will be ok. They will eventually sway. This is how you nag ... it's the positive way of nagging. Old uncle cannot speak so well, cannot nag, but I will slowly talk to him.

That's how I do it.

And then ... those are the... I think I can classify another third group is those ... really ... cannot make it. They... come here, they want to form their own group. That means that "Ah this is my territory." The kitchen group. They say, "This is my territory. I don't let... I don't want to let people to come in. You cannot come in." Then... this the... like this singing group... karaoke...I karaoke... I only let certain people to come in... no. I say no such things. I'm here then I'm the one last person... I'm the person to say yes or no. You stop. If you think that you're so good?" Or... this is not to say... because I don't want to so... depend on the volunteer. I don't let them lead me by the nose. So this is very important. We must have a right concept.

Then otherwise ah, you're... very difficult to run the community Because there are many volunteers here ... just for example, last year, Mother's Day. That was in (the month of) May. The second week of the May, right?

So there was an auntie in her seventies. She is very capable. She can help to organize various activities. Let's say, she can arrange a potluck for you. And then come to... on that particular day, ok very happy, everybody turn up and then... but she sit down there and take control. Everybody only take one plate. One plate of food. You cannot take more than one plate. I was still green at that time and did not know if I should intervene. I also needed her help so I let her dictate. Then she really dominated the kitchen... dominate the... after that for the following 2-3 months, she want to dominate... don't want to let this person come in, don't want to let that person join this. Then I tried to ignore her already. I explained to her that, 'you cannot do that. you cannot... if you do that, please don't come in.'"

I ignored her for about 6 months, I didn't' speak with her and yet she still come to the center. She is 'thick-skinned'!" *laughs* Wah very thick skin!

Until now... She is still ... ok. This one now... she already mellowed down and is good in behavior already and then ... never do anything... never dominate anything because I never give her much... never give her any task. I don't want to do... then the kitchen... even the kitchen ah, we have a Share-A-Pot (frailty prevention program). We want a... we have a one chef... Chef N... I think during the Channel 5, you should have seen her in the interview right?

The one Mdm A... she's also very capable. She also likes to talk a lot but ... I like her because she really works ... because our Share-A-Pot is on Wednesday. Early in the morning at about 7am, she will be at the market to buy the groceries for Share-A-Pot. Then after that, by 9 am plus, she will be here to cook. She will finish cooking at around 10am, in time for the program. If there is no one to help her, she can handle everyone on her own. So this type of attitude, I like but sometimes she wants to... try to control. But I

will sort of ... (remind her) 'You just do your own work.' So at times, I will tolerate her a little, but not give in too much.

So just give and take ... this kind of... sometimes. So... so far she's very good because since she came here, she has gained a lot of benefits. She went on television. On festivals, I will buy some festive gifts for her. I draw from my own pay to buy gifts for her. I'm thinking of... aiya I'm taking my 5% of my salary, just buy something for our... because volunteers, they are here every day and to perform the service for me. And then... because my organization has nothing to offer these volunteers, sometimes I do feel that it is unfair. I feel we should ... because I am thinking of buying some t-shirts, or something for them. But I don't know ... this one ... let's not talk about it. I use my own resources to buy some goodies on festive occasion, or festive gifts for every volunteer. It is not much, just \$10 plus. But later on, we still can claim (from the organization).

Of course, we must insist on these benefits. ... during the meeting ah, I have to insist! You don't want to give? Very hard for me to run (the center without volunteers) you know? Once a year only what...

Sometimes things I have to insist. That means I have to ask for it. I must have it. If I cannot get firm-sponsorship for these items, never mind, I will draw from my own monies. So they cannot do anything with me.

For me... I'm learning because I told you my salary... is short of 5 to 6 thousand dollars ... Salary for me... is not the... is not what I am after. I am here to work. So even for me, I have my pension. That is taken care of. Money is no problem for me. My children are all grown up. Do you know 'Administrator A', right? My eldest son is working for about 7 to 8 years. Now he is an A.D. (Assistant Director) at Ministry of Art... MIC ah MICA...previously MICA, now known as MCI...he is a designer. So...that's basically it. What else do you want to know. Seems like I have said a lot

2. Target Users of Wellness Center

Principal Investigator

What is the profile of members here?

Interviewee

Majority are females. this is the... all the SACs (senior activity centers)... facing the problem. All the uncles don't know where to go. *laughs* I asked them (the uncles) because some of them...because... "Aiya I don't want to gather with the wife. Everyday come down here and then..." But today, some of the uncles ok. Got one of them dancing. They like the... the dance... and then this uncle also good... and then they also got the singing group. The singing... and then got one uncle also likes to do singing. And then we have so-called... this Friday we have one course... it's a so-called 'Repair Kopishop'. This Friday. So... we want all the uncles. So far, I managed to get 4. So those are the regular ones.

I don't know the... because some of them... the uncles they like to smoke. So down here cannot smoke ah... they like to drink coffee, chitchat, don't want to... too much about gossiping ... because you know ah, all ladies ah, all those are aunties ah. *laughs* They like to talk here and talk there. Sometimes ah, if you neglect them, sometimes they will, "Aiyo Mr W, no good ah. You didn't take care of me."

So they need some kind of attention ... caring all these. Aiya, nothing lah ... some times, ... I will let Mdm O to handle. 'You talk to her. Easier for women to talk among yourselves.' *laughs* So they need some kind of attention ... caring all these. Aiya, nothing much ... I let Mdm O to handle. 'it is easier for women to talk.'eds *laughs* Luckily I got one woman with me. Mdm O is our staff. Part-time. You see how to get the volunteer... Mdm O... she's also one of the 6... you know the leader, the theraband? So... we must... after 3 months ah, we have quite a lot of people coming in you know... until make noise ... went to the meeting, "Cannot. One person how to run the center? At least 2 persons." Then Mr R... in the end agree that give me half, part-time la. *laughs* So I chose her because she really very active. And then she got the O level at least...

3. Wellness Center & Its Role in Community Building

Principal Investigator

So what was done to help to create that sense of community, that sense of belonging, that sense of wanting to come to this center?

Interviewee

One thing is the... you're sincere. You treat them like your own friends. You should not say, 'you are not welcome here. The elderly folks are here to do the exercises in the morning stay home for breakfast.. here's all I know.

So I told some of the volunteers, "You must treat them like your own... family members. You cannot say look down upon them just because it is like treating them as one of the family. You cannot just look down on them because they are poor. I can invite these volunteers to help here. No. Cannot."

They must do it very sincerely... do it like... very sincere and earnest when inviting them here to do the exercises. Then...they must see that. Because if they feel that you are being sincere, and polite... polite to them... they will come down here. Slowly, slowly become our own volunteer. I have now already ... like another 2 or 3 volunteers. Like let's say MOW ... Meals-On-Wheels. Although somehow... and then if got 2 or 3 ... automatic... young ones! Ride bicycle one, oh want to volunteer! And then, these young one ride bicycle are better because we sometimes have to deliver to housing units that are far away. There could be 5 to 6 packs for delivery to faraway housing blocks. We have 45 packets to deliver ... that means, sometimes one block only one packet only, you know. So I need a lot of volunteers to help to deliver this type of what... but so far, this quite ok ... quite ... Sometimes, the volunteers would say: "I only come for Wednesday." So it's ok, "even if you are here for half-a-day, I need you." I treasure every single volunteer."

So I... oh I have this type of attitude one. So it means that ... whatever thing that you want to contribute, I welcome. I don't reject one unless you choose to exist. In which case, I cannot do anything too.

So, there is this 80 year old auntie. She is very happy. She is here to deliver everyday to blocks 107, 108 and she lives in block 108. Recently she had to go for her eye cataract

surgery. She was worried because that would mean she had to take one month off. So...
“Ok ok, no worries, you no need to be here.” because I have a lot of spare then I put spare
... so you must know how to arrange all this type of things so that makes sure everybody
is happy

4. Link between Community Building and Healthcare Agenda

Principal Investigator

Do you know who are the patients referred to this center and how have they benefitted?

Interviewee

So far it's not quite a lot of people who are referred here. Only a few of them. So like let's
say, they're referred to see our staff nurse. So far, only 1 or 2... they still come down to
do the exercise. Quite beneficial to them because once they come down to do exercise,
it's ok already. The referred cases aren't many.

At the beginning, Share-A-Pot... because we have 2 components, one is the cooking right,
cook the soup. This one is the Dr S's idea. Then another component is in order to let them
drink the soup, they need to do the exercise. In the beginning, the exercise, we do the
assessment. So after 3 months, we also need to do the re-assessment and we tell the
reason why you want to do exercise and build the muscles. And then why you want to
drink the soup? Because you want to complement with calcium.

So tell them the reason and then after that, I requested 'Administrator A' to give a talk to
the residents because 'Administrator A' is in-charge of this program what... because I
was the one... I'm the one who run the ground, I know what's happening. So some of
them blur blur, don't know what is that... So I say, “Administrator A', come down! You
do the powerpoint... do the presentation to all the residents.”

She came up with the... a presentation... so far they have done twice, not so bad. Before
the... luckily, I have asked her to do this type of presentation to all the residents and
then... that means awareness ... to make sure that they know why they want to join this
program... for what purpose. Then luckily because of this ah, then the Channel 5 come

and do the shooting. They know what's going on, when the people ask ah, at least they know how to answer.

5. Management & Governance Mechanism of Community Building

Principal Investigator

About the self-help culture like keep the place clean you know? Wash up after yourself, how do you instill this kind of thinking among the residents?

Interviewee

This one ah... very simple because my auntie and my lady ah... and those who are my volunteers ah... will shout at them one. *laughs*

“When you use the toilet, please remember to wash, don't anyhow throw things.”

But (they) will not shout ... instead they will speak nicely.

Every time they do the exercise... I will talk to them because communication is very important.

When you don't communicate, they won't know. Sometimes... Newcomers, they don't know. They thought, “This is the coffee shop. This is a public area. I don't care.” But I tell them, “No, cannot. This... must treat this as your second home. Your home. When you go to the toilet, you surely will flush after use. After you finish drinking, you will wash your own cup. You don't leave the cups around.”

So... slowly slowly... even and then they now used to it already. After eating and then they wash themselves already. Wash the plate everything. So ok ... for this one, it's not a problem. It's not a problem. But have to talk to them ... communication. So... so long as they're happy, then they're willing to give the... they offer their help.

6. Concrete Example of Achievement(s) through Wellness Centers

Principal Investigator

How well do you think, today, we are achieving this health agenda at WK today?

Interviewee

I think ... more than 200% already. *laughs* I can say that I'm very proud that the... because a lot of people come down to really do regular exercise. And I told you, Monday to Friday, 8.30-9.30am...他们都是很 regular 下来。 (“They come here regularly.”) On top of it, the... Wednesday and Friday... Friday is for that group from Health Promotion Board (HPB). Throughout a year, we have...

takes out folder to show data entry records we have ... so... I'm very proud. So this is Zumba, Pilates, Aerobics and Piloxing. Yeah they like piloxing a lot and then yoga. Every 3 months we change, we have different exercises throughout a year. This instructor is from HPB. They're paid but not from us, HPB because HPB they... provide those tutors... that means like instructors. We provide our participants win-win situation. So they need us to give them the... those participants' particulars. Same thing just now... the young man, Mr V (from PA). He's in charge of the Wellness Centers also. Thye Hua Kwan also one of the... 131 and our side 115. So they also... we also use the AIC fund and then ... this one Mr V not bad, quite ok, can work with him. He asked me to write him a proposal for the needs of this Center.

“Ohh ok... For example, to organise and cook for participants in Share-A-Pot... every week \$40 then times how many ...”\$160 per month then how much a year? And then ... we also organise Cook for Life program on Tuesday, how much does that cost? Then ... every month... every year we got 4 festivals right? I think per festival we may need about \$800 to organise the celebration. In all, the proposal asked for about \$20k to \$30k annually.

So... so long as the committee approves, then ok. I can... But so far so good. Last year I ... provided the schedule to them and they supported the programs & activities.

So we have... we formed a lot of interest groups down here. Singing group, we got 2. We got Share-A-Pot, we got MOW (Meals-On-Wheels), we got community garden.

We have the community garden, more than 10 plots of gardens. At the beginning we don't have this type of ... plot. We got 12 plots altogether. And then ... actually it's a

garden but it's very ... 亂(messy)... nobody take care of this. So I approached... at first I approached the Town Council and then the RC chairman.

The RC chairman... the most important ah, is, you must know the RC chairman when you run this activities here. So I... because last time I was from RC mah. I worked in a RC for 20 years already so I know their system... so how to run... so I approached them. Then this RC chairman also very good. So he helped me contact together with the Town Council... discuss... and then happen that... I was a little lucky. It happened that ... one resident ah, always give trouble to the Town Council because they... he likes to plant a lot of trees ah... plant already and then don't take care one you know. Every time plant plant and then this resident... the concept... think that all these... they ... the living plants, you just need to... don't cut. So very 亂(messy) one you know, a lot of flowers, a lot of grass here and there. Don't cut, don't cut.

So the Town Council also bobian because he is English educated. He likes to... everytime will write complaints to the (Member of Parliament) one, email here and there, and then orh Town Council also tau thia (headache 头痛) because need to end this thing. So... he was smart... that means he make use of me actually. I also got make use of Town Council. I said, "Ok then... ok. You give me a garden and then you... I..." Actually in the beginning, I requested for 16 plots.

After that, we discussed... because with the SLEC... and then because we need the wheelchair... because uh SLEC got the wheelchair people mah. Going to the garden and then need to go round and have a look and then need to do some... like some gardening. So we widened the road because some of the community gardens are very...narrow because it's just only walk. So we widened then it became 12 plots. So ok... they make the plots already ah and then... We recruit those ... gardening volunteers. They need to take care... luckily I have 2 ah, at least they... very like do gardening to take care of the garden.

So actually it's ... to have these volunteers...very hard to come by.

Principal Investigator

I'm sure sometimes there will also be disputes among the volunteers right? How do you handle the situation? Do they come to you? Or you have to discover through other channels?

Interviewee

Very often. they come to me. MOW like the beginning.

Yeah they come to me. One of the ladies... one of the aunties ah... because I already appoint... every group I have one leader for me to take care of the whole thing. So once they can handle, then I step backwards and I just let them run. And one fine day, one of the ladies ... this lady, very bossy type one you know. When she came, she would say, 'I am not free today. I cannot deliver the meals.' So one day never mind, 2 days never mind. Everyday... sometimes everyday... sometimes she only delivers the meals as and when she like to. When she does not like to, she just sit there shaking her legs. Because she's also a boss.

A boss... like she runs some ... funeral type business. So she is rich, sometimes, she will bring many things to the center. So... she brings her gifts when she like to, but won't do so when she doesn't like to. And then our lady (Mdm O) also... not happy with her attitude. So she confronted her directly, "Ok, you do not have to handle the meals delivery. I will get someone else to replace you." Wah this lady boss ah... not happy you know and then straight away come to my office, "how can she say that?! I want to continue with the delivery!"

The leader (Mdm O)... she may be too blunt ... "Oh ok... you don't come into the office. Like me speak with this auntie..." So I had a talk with this auntie while the leader stayed outside. I told her to wait outside. Because I have to side my leader... I... even I can sacrifice this volunteer ah, I don't mind... because like the body ah, if your hand... this is what I've learnt you know. If your hand is really injured, or maybe a little bad, by all means, you chop. You chop you know? You cannot say that ... let this affect the whole

body you know? Because we have to ... you must look at the whole you know? The whole body... and then I cannot let one person spoil the whole thing.

So this is what I told her... I won't say bluntly that we do not need you. Instead I told her to, "Cool down, don't be like that. If you really want to continue to deliver, we still welcome you...I will send you to another delivery location." So in the end, she still did not take that up. But she still comes down, you see. So... make friends with us. So...this is more important to them. So I need to talk to them nicely.

So basically a lot of disputes and then a lot of people try to dominate the thing. I don't let people try to dominate the... our kitchen, our karaoke, ... our game set or what... So you see ah, like recently, 2 months ago, I sent a group of people to take part in the Rummy-O. You know about Rummy-O? This is a national competition. So in the Braddell Heights CC. actually this one the CC... the Ray... no, no... the Steve asked me whether "You want to send anybody to take part?" So I choose 4. these 4 of them, I make them come and train train train. "You all must train ..." Then I picked up all the regulations and know what it represents then explain to them: "You all need to follow ah... Cannot follow your own rules ah." Because some of them, they follow their own rules one, you know. *laughs* They cannot follow... must follow the... rules. So train for 1 month, you know... and then I use my own car to send them there. It's a Sunday. It's ok. You want to take part in this competition, you ... have to sacrifice yourself. And then ... (On) that day, (there were) 160 participants, but only fifteen prizes! I have four participants, (they) won two of the (fifteen) prizes! One was (awarded) the eighth position, the other the fifteenth. So they were very happy. ...one of the participants' ... daughter-in-law made a poster of the participant at the prize ceremony ... for me to display at the center. ... (this) made them proud. So make themselves proud. Recognition also.

So how to make people to... or those sometimes, you have to think of something. Make some sacrifice. You cannot "Oh Saturday... Sunday. It's my off day." At the beginning, I told Mr R you know, "Saturday don't disturb me ah. Saturday is my golf day." *laughs* So sometimes it's like that. So we must know how to handle this type of situation...

handle difficult people I have already study a lot. Because in my previous job, I attended a lot of training and courses on such subject. About how to handle conflicts?

Principal Investigator

Thanks very much.

Interviewee

Ok.

No. 024 – Interview Code 2017A03 Admin

1. Reasons, Motivation and Purpose of the Wellness Center (aka, Wellness Kampung (WK))

Principal Investigator

Can you share with us a little bit about the thinking behind this wellness center?

Interviewee

I think the original idea was looking at a lot of... the patient flow and what happens when you're being diagnosed with a chronic disease. Basically what you go through. A lot of times, for patients, they see their specialists; they follow up with their polyclinic doctors once every 2 months. And that one sort of medical appointment becomes sort of the whole – it's all the discussion that they have about health. So what you usually find is before they go for the polyclinic appointment right, that's when they will say, "Ok better don't take this sugar in case when I do my blood test tomorrow and it shows up." So that is really the extent of that discussion. So even when we see the doctors, the amount of time the doctors have to consult, have to discuss with them is also very limited. So it's always, "Ok you need to make changes to your diet; you need to get lots of exercise." Those are the very typical types of advice that the doctors would give in addition to the medication. So what happens is then the elderly or the patient will say, "Ok doctor say eat healthy so maybe afternoon I'll just have some soup." And then few weeks down the road, I'll just go back to eating my char kway teow, my rojak and everything else. So that is really the extent of where the information flows. It's usually during that 4 magical week

session where they have to see the doctors and then after that there is really no recollection. So what we are trying to do with Wellness Kampung (WK) is to keep the conversation going. In a way when we design the different programs that we have, we want it to be very seamless. It's very easy to come and say, "What are you doing?"

"Oh exercise."

Ok, I have nothing to do. It's early in the morning and it looks quite fun. Everybody is sweating so I'll do and it becomes a day-to-day... and we build it into like... make it almost routine-like. So it's everyday and we change the routine everyday. So everyday is something different and they don't feel tired. It's not doing Zumba 5 days a week because it's cardio and it'll tire you out. So it's Qi Gong and then Wee-robics, and then you have a different... and it's a different mix. So some of the activities are led by maybe the Malay residents, so then maybe they'll bring in the Malay music. So we also look at the environment. So we use this sort of the... Our exercise hour, our cooking hour, our eating hour, even for our kopi and roti time, which is 9.30-10. It's a common session.

So we recently just bought peanut butter and then the aunties were like "Eh can eat peanut butter meh? I thought you all say that it's full of sugar." And we say, "You know why we brought this?" So we left the bottle there for them to go and examine. "So why do you think I brought this here?"

"Oh, no sugar!" "Oh I didn't know that there is a no-sugar option."

So then we said, "Oh yeah actually there is." So we looked at the content and we said, "Ok this is the taste test. We wanted to see if you all like the taste because we wanted to be able to bring you some options for breakfast." So initially when we started the breakfast, it was all brown bread. So they didn't like it. So they were like, "It tastes like cardboard. Why is it so dry?" So we wanted to use a lot of the times... a lot of the space that we have to create conversations about health and it's not very in your face. Sit down, I want to talk to you about bread and I will take all the bread out and now I explain to you the different grains. And it's not like that. It's very much part of their day-to-day life. So then they will ask, "How much is that? Is it very expensive?" So we say, "No no we look

at something on the market that's not very expensive." So it costs about \$5.90 which is about the same as your other peanut butter and so that's how we have built in that discussion. And from there also, that's where they will also, "Actually I have to see my specialist but half the time I don't know what I'm doing." They'll say, "I have to go for operation but I don't know operate what." Yeah that's when we say, "Ok we can help you to check if you give us the permission." Or if they want to have a 1-on-1 discussion with TG, who's the community nurse, then they can. So that's where we sort of bring health up as one of the daily conversations. So health is not about "Oh no I am going to get cancer if I eat this thing." Health is not about the danger part... it's more about the daily living, the small little choice that you make day-to-day – whether you want to eat that kiam chye (preserved vegetable) or you don't want to eat that kiam chye. Yeah it's that and how does that kiam chye affect my diabetes? Because there's no sugar what. They will tell you, "There's no sugar mah. It's just 咸 ("salty") 而已吗 ("only")..." So that's really how we sort of created the space. So I think sometimes on surface, we do look like we're not doing much but it's the conversations that flows and it's the different personalities that play at the center to sort of... continue that conversation. So Mdm M is not just there to just make sure that the center is clean and what not. She's there to sometimes have discussion and also she knows now at the back of her head: Who has what condition? Who has very weak control over their blood pressure? And she'll say, "Eh have you done your b.p. (blood pressure) check? You want to do? You want to do? Ok, I'll get someone to help you do." She'll be like "Eh you wanted to see if you wanted to buy the b.p. machine right? You try because she's about to take." So then that's where we create that sort of environment. So it's very small, very micro...

2. Design Principle of Wellness Center

Principal Investigator

How was this space designed? What was the rationale behind this?

Interviewee

Yeah I think the... so this was Dr S. So I think initially when we were looking at Wellness Center, so they visited other partners who were running similar centers. So one thing that struck them very strongly was how there's always a main door, almost a reception, that you have to get through before you get to the so-called activity area. So if I'm someone who's quite shy and a majority of the elderly... a lot... or rather... a large proportion of the elderly that we know... newly retired, or haven't really been in a... didn't go to... they were homemakers... they have not really mixed in a big group... they were never part of like a group... so for them, it's quite difficult for them to pluck up the courage and say, "Yeah I give you my IC (identity card), I sign in. I register," just to go in and see what are the activities. So we wanted to make sure that if you walk by, you know. And it's not a gated community so to say, that you don't know what's going on... are they having meetings? Or what not... where it's an open community, anybody can just flow in. If you have a question, you come in, "Is this the right place for me to ask that question?" and you don't even see the staff there, like sort of guarding the space. It's the community. It's very much the community running it and you come in and say, "Hey!" Then they will ask you, "Who are you looking for? Eh what do you need? Or do you want to know about activities? Oh the calendar is there."

So it's like there's no secrets. Because if you look at a lot of the RCs (Resident Committees), you look at CCs (Community Clubs) even, you know that there are activities going on there but it's such a huge building, you'll always need to navigate yourself, like room 1, and everything is closed. Then sometimes they put those kind of 'Members only, members only' so you don't really know... "Am I a member? I'm not a member. But I am a member of the community." So is it meant for you or is it not meant for you?

Principal Investigator

I'm sure many of the residents, even before the opening of the WK, they would have their own routine already. So why would they want to come here? And what makes them... what draws them into this space?

Interviewee

I think their previous routine, from what I know, was very much marketing in the morning, maybe catch up with friends. So they make use a lot of the space, a lot of the stone tables around the area just chill and then they will be back home. They definitely spend a larger proportion of their time at home, just watching TV, cleaning, just preparing for meals. So those were like the key components... key spikes in their day right... so prepare everything, it's like a build-up all the way to lunch and then you do all the washing and then the next build-up is all the way to dinner and then all the washing. It's a lot of that, even for the men to a larger extent... ok must go with the wife to do marketing, after that send her home, have lunch and then I can go out but I have to come back before dinner. So it's really... the peak of their day is really meal time. What it is now is they can come down. So I was telling you previously because this auntie was sharing with me what her day would be like. So she would go, quickly do her marketing. So she would do her marketing earlier, bring the food back, come down for exercise at 8.30 until 9.30 and then rest and then sometimes she'll either have lunch here, or go home and cook, and then come back down again. So for her, this is the living room. So this is where she comes and watch TV and chitchat. So what she... it's the same thing that she used to do at home but she was doing it alone. Now she's doing it here, at the center. There's people around her and she feels... definitely happier. Even when you ask them, they can't really pinpoint what's the difference... she's just watching TV. And you're not really watching TV with friends... Watching TV with friends does it really make you happier? Yes and no. So but it's that... having... being accepted in a group I guess? Having that space actually does help them to feel better. A lot of them eventually now, sometimes when I ask them, they are... they look up to our center managers. So if we... they the 3 center managers that we have at the WK become a very key part of their network. So they know... they will sometimes text Mdm M for questions. They will call Mr T, "Eh do you know who... what is the name of this auntie that's in the center? Because I think she's related to cousin..." those kind of things. They are really like the village chiefs that we had imagined. So now

we are like seeing the version... so the village chief is the older version right... so we are seeing the newer version, like the connector in community. So then they will go around and see around, try to find out when is Mr W's (one of the three center managers) birthday, plan birthday parties for him.

Principal Investigator

What's the role of the open kitchen in the wellness centers?

Interviewee

I think it's... for me, I think it's a conversation starter. It's part of, again back to the very very first point, where... when you enter into the center, that's the start of the discussion. So people will come in and get a drink, get a coffee. As you get your coffee, you see the milk, the sugar. So sometimes they'll say, "Oh can I have like the sweet..." What's this... the sweet... Condensed milk! Yeah and what not and that's when those discussions will happen. So this place is really on its own... a few of them would share, "Hey don't have one! You never see... look at the board. No added sugar." So that conversation is still starting and it's still continuing. But I see it very much as a conversation starter. So they see the kitchen, they'll ask you, "Can cook here one or not? What do you all cook?" "Erm, we... depending on what everybody wants to cook. Can you cook? Do you want to come here and cook?"

Yeah so it's an invitation to come in.

3. Support & Resources for Wellness Centers

Principal Investigator

How are each of these centers funded today?

Interviewee

When it started, it was... ok so the idea really came from the advisors. So they wanted to introduce 3 Wellness Centers into the community but they didn't want PA to fund it. So they wanted the hospital to come in with the health component, with a fresh eye, to say, "What sort of difference can we bring?" and they knew that xxx Hospital, (name of

cluster), has already been doing AIP (Ageing-In-Place) programs, so they wanted that fresh lens to go and come in and see if we're willing. So afterwards Dr S was like... then took on the... then said, "Yes we will do." So ministry actually helped us. There was another component of our work which was right-siting patients off our SOC's (specialist outpatient clinics), working very closely with GP (general practitioner) partners, primary care providers so we said that we can actually split some of the cost. We can actually tap into this program fund to expand our concept. So instead of just right-siting patients, so right-siting patients you basically just discharge them from SOC but we know that that will not work and we know that from MOH data, we see a lot of down... further down the road, a lot of discharged patients will come in to SOC again whether to see another specialist. They prefer to see a specialist rather than a polyclinic because it's about the same price. So they just want to come... or the condition has digressed to a point where they need to see a specialist. So the management component of those diseases is not very well managed. So we said that, "Ok maybe instead of just discharging patients, we can send them to centers like this – the Wellness Centers. Make use of this space that is run by hospital staff and then we can help patients to go manage." And that's how we have tapped in to the fund. So the funding... so in terms of infrastructure, the building, that was paid for fully by MOHH. So it was no cost to us. They basically just did... build the place for us. We were able to give inputs but in terms of the running, the running cost, it came in later as part of our RHS work.

The funding from MOHH has just ended in March. So we have secured another funding which is from ToteBoard and that will last us for 3 years. So with this funding right, we try to use the next 3 years to do a very comprehensive study of the people that come in to the center. So again, our hypothesis is if you are making use of a center like this, your healthcare utilization rate should be lower because you are likely to be healthier, you maybe will not go to A&E as often because you know when you need to go to A&E, when you don't need to, when you can just go to a GP. So in terms of... to explain to the funders, so we're using that as a measurement so you can translate into dollars and cents

so it's easier for them to understand. The other aspect we're also looking at is the social. So how many... so we're trying to come up... again tapping into ministry's or the scholars there... Ok help us identify a tool where we can measure the wellbeing. So we try to come up with that and what findings they have. Erm... we have some sort of... we're studying this tool where it measures their self-motivation, their self-activation rate. So we're trying to see if we can adapt it, translate it into measurement, test out the tool to with our residents. So we have 2 initiatives concurrently. So the next 3 years we really need to sort of build our own case – what is our own success? And how does it translate on paper? So we can share a lot of anecdotal stories. It's very heartwarming. But I guess when it comes to funders, it's always KPIs at the end of the day. How does it translate into numbers? Yes auntie is very happy, but so what? Then what? Then we have to be able to show that the healthcare utilization rate is lower, her social wellbeing skill is now increasing or maintaining. Likewise, we have been using Clinical Frailty Scale (CFS), the CFS, to say that someone like her who traditionally has digressed in life, maybe say third year, by about 75. But for her, she's maintaining her CFS so there should be some sort of an improvement, not a 'de-provement'... or actually just maintaining her CFS... that should also be one of the indicators that we are measuring. So we are trying to build a case eventually that at the end of 3 years, when we go back to ministry again, so for them to consider this as a scale up project. So we may not need to run all the Wellness Centers in Singapore but it's for them to look at components of this in other areas.

4. Target Users of Wellness Center

Principal Investigator

Who are your target users of WK?

Interviewee

Very much the residents with chronic disease so that's the big pool. But as part of Population Health, we are also looking at those with pre-disease so at high risk of developing a new chronic disease or those maybe... with very high BMI that may

possibly develop a chronic disease down the road. So in terms of... there's a tool that we use, called the Clinical Frailty Scale. So we always target those that are from 2 all the way to 4. So they are still well and able. They can still move around the community. But in terms of disease right, it's very much internal so you won't know until you ask them.

Principal Investigator

So far based on the users and members who are using WK, are you satisfied with the profile?

Interviewee

I think we are... So very much about 75% are from within that category. So we have some who are well and healthy. So we are trying to use them as role models and... good role models for the others. So not so much to say, "Wah look at this auntie, she's perfect. Everybody must follow her routine." But rather to say, for her to also have that discussion to keep the discussion going... so she will share, "Oh so what do I do? I make sure I don't eat too much rice. I always make sure I eat enough vegetables. Where to buy the cheapest vegetables?" You know, things like that.

5. Management of Wellness Center Operations

Principal Investigator

Is there a description for what the center manager and what are some of the key qualities that in your view are essential for a center manager?

Interviewee

One is definitely managing residents/ patients who are xxx Hospital's patients, managing them in the sense where... help to support them so that they can continue to practice the health promoting habits that we want them to practice. So that's one really big component. Two is really about managing of volunteers, people who do come and volunteer and say I'll help you. Three, we want the center to be run really lean, just by 1 or maybe 1 and a half employees. So then they have to work with a pool of volunteers and that's when the community building, that's when the social bit comes in. So we're looking at some of the

resources that these residents can offer – so whether it’s cleaning; I can volunteer to lead this exercise program; I can do Food For Life for you; I volunteer to do health screening for you at the hospital and what not – so to manage that. And the third is really the managing of the physical center itself – the cleaning. So they work very closely with the cleaner... the maintenance of the center... basically it’s these 3 big components.

Principal Investigator

Since the centers have been operating, I’m sure there’re some observations as to how the centers are being run, you know... what in your view are essential to keep the center positive and attractive to the residents?

Interviewee

You need to have residents who are willing to volunteer for different programs. So as much as possible, we try find something that we can... in every volunteer, every resident, something that they can contribute to the center. So in our registration form, we will always ask, “Ok what can you contribute?” So you’ll fill in what you can contribute to the center. So sometimes they will contribute in kind, so they’ll say, “I will buy bread.” I mean it’s not mandatory so sometimes they’ll say, “Skills. I used to teach. So if there are any kids coming in here, I don’t mind tutoring them.” Some of them say, “I have a lot of grandkids. I take care of them all the time.” So they will help each other take care of the grandkids sometimes. So we leave that in a way a little more open-ended, for them to tell us what do you think you can contribute to this environment? So they’ll help you clean, yeah things like that.

Principal Investigator

Inevitably there’ll be disputes, right? So how is that managed?

Interviewee

So a lot... a number of the disputes that we have are very much interpersonal. So residents go, “I don’t like you. I don’t want to friend you.” Then the other one will say, “She refuses to talk to me for 3 weeks. I don’t know how to get through to her.” Those types of disputes... so with the center managers, I constantly have to tell them, “We don’t

need to solve everybody's problems. We need to be mindful that sometimes it's also... give them the space for the 2 persons to resolve it. So it's not for us... we don't always need to be... to help them to mend the relationship." What's more important is to guide the person, "Are you very upset with her? You really want to talk to her? Find a time, just say it, 'Can I sit down and talk to you? You did this thing that really upset me.'

Sometimes you need to teach that soft skill so that it'll go further." So that's one of the reminders sometimes. They will sometimes find me and say, "Ok this auntie keeps quarrelling with this auntie. Then together, she goes and tells the 3rd auntie. Then this one goes and tells a 4th auntie. Then now it becomes 2 groups." Erm but of course there are times when the disputes do get a little bit out of hand, that's when we need to intervene.

So initially when we started, when we were doing the mass exercises, so there was a group of China ladies who joined us as well, non-Singaporeans. So another group of Singaporean aunties actually said that, "If you're not Singaporean, you cannot stand at the front. Singaporeans should stand in front and non-Singaporeans should stand at the back." So I had to sit the auntie down and said, "It doesn't work like that at this center.

Everybody is equal. If you cannot see, you can move. We don't judge people based on nationality. It's open for everybody. It's a mass exercise and the goal is for everybody to be healthy, don't want to do all these things." So I did sit down with the auntie and said, "It's not acceptable. We don't want to hear you say this kind of things again. We get upset." Yeah so for me, it's putting... when... it's drawing the lines, there're certain things that we don't want to promote. Even with RCs, they'll come and tell you, "Eh Singaporeans and non-Singaporeans." Then I said, "Yeah that's RCs. This is not a RC. You cannot do that. It's been done at a lot of places already. We don't want to allow it." Yeah so they know that here, it's open for everybody. Yeah and I mean the issue is, she complained that she couldn't see the instructor. Well then you can move, you don't move someone else. So that was a little bit unreasonable. So we had to be very clear. We didn't want any naming tactics based on whatever notes. I think the other... what sort of conflicts is sometimes with the RCs. So that side the RC, like I said, it's a little bit trickier to

manage because the relationship is a little bit... a lot... different. Yeah, so again, we don't need to resolve every conflict. It's not our conflict. It's someone else. We just need to know how to navigate through it and not get caught in it.

6. Compare Wellness Center against Others

Principal Investigator

Wurely this is not the first wellness center right? And there are previously other senior activity centers. So how would you compare this one versus the other senior activity centers?

Interviewee

I think we were very conscious that we are trying to balance both the health agenda and the social. Erm one thing at least that strike me quite clearly working with our team is we were very clear that even when we were pushing for health agenda, it does not come at the cost of the social agenda and likewise. As someone who comes from social service sector, so I know that if I'm driving... I'm trying to make sure that they are well but emotionally they are well as well. So I also don't over push the social agenda, "Oh, it's all about social, as long as they are happy it doesn't matter." So I think our team sees that very clearly and in a lot of work, it's always a balance. So we know that, "Ok. Are we meeting our health agenda? Are we meeting our social agenda?" So I think that's quite unique, especially from the social service sector, you tend to... you are usually guided by your client... so what are the social needs? What are the gaps? And what not... so but health is always something that it doesn't cover... it's just the way work has been structured. So we may refer to medical social workers and we just assume that health is taken care of. But medical social workers really just support the buffering in the system itself, but not as in your health, wellbeing in that aspect. So ours is very much medical... yeah again, the discussion between healthcare and medical care.

They only care for disease but they don't want to care for health of the person.

7. Wellness Center & Its Role in Community Building

Principal Investigator

This term, 'Kampung', what does it mean to you? And I'm sure you have a certain idea of what Kampung is, but to the residents, what does it mean to the residents?

Interviewee

For the residents... Personally for me, it's very much nostalgia. So my exposure to Kampung is really from family, grandparents. So they say what it was like. For a lot of the residents, my own sense is what they see Kampung as is the environment that they have, where they weren't restricted, where there was easy access. So I thought that was actually quite close to what we were trying to create. In the Kampung days you say, "You don't need to seek permission to sit at the pavilion." They just had a lot more ease around the neighborhood, around the environment. So of course, they still have squabbles and what not but I think it's the ease of calling the environment your own, you have your own space, you can grow vegetables if you want to. Not everything is licensed, "Oh do you have permission to do it?" And sometimes I ask them, "What do you mean permission?" Then they say, "Yeah sometimes must RC and what not what not."

"Yeah putting up plants outside your house, putting decoration... yeah, later you get scolded."

So they... There's always this big brother watching over them that's very... quite different from their older lifestyles.

Principal Investigator

Could you describe for us maybe some stories that illustrate Kampung spirit here?

Interviewee

So we had a resident here. She's staying alone. She's estranged from her family. She's 78 years old. She had a fall at the center. So she fell in front of everybody so everybody was quite worried. So we sent her to A&E. Then she had to be warded. So from that... that day, so Mdm M (one of the three center managers) got a lot of calls in the evening and say, "Ok what's up? What's the update?" So people wanted updates about her condition.

They knew that she was staying alone and there was no next-of-kin. So they managed to get in touch with her godson somehow... yeah which was not in our... because we have a registration list so usually we will ask them to fill in emergency contact. But the emergency contact wasn't the godson. But they found the godson, don't know how they managed to find the godson. So the godson actually visited her. So when she was discharged... she was actually well, there were no broken bones or anything but she stayed for about 2 days for observation. So when she was discharged, then they had their own schedule – who to visit her. And then they were... she came down immediately during the weekdays, Mondays to Fridays, for exercise. But ... the community then started their own... “Ok, you go on Saturday, he goes on Sunday.” just to check in on her. Yeah and it's really... we didn't even ask... or rather, we knew then we asked more people to come in but it started on their own. So it was quite nice to see that.

8. Link between Community Building and Healthcare Agenda

Principal Investigator

Can you tell us about the Kampung Buddies program? It's the same as the Meals-On-Wheels right? It's just that the people who are delivering are called the Kampung Buddies.

Interviewee

So the Kampung Buddies... we saw that a lot of the aunties, as part of their day-to-day right, will just hang out at the center, watch TV and what not. So we saw that there's an opportunity to get the younger ones to do something more and we were wondering, “What more can we do?” So just by chance, I met with AIC. So they were talking about Meals-On-Wheels. Then I was like, “Ok do you need volunteers? Because I may potentially have a group of people...” So we looked in and so we got in touch with Swami. So we spoke and they said that they do welcome the help. Then so we told the residents, “Ok so if we were to design a program where everyday, everyday without failure, you just help to deliver a few packets of rice to someone who's very needy, not able to leave the house, don't have any other... usually don't really have visitors... for

you to just spend 5 minutes to chitchat with the uncle or chitchat with the auntie.” And they were like, “Oh ok lor. It sounds doable. It’s not a lot.” So we mapped it out, say, “This one ok ah? Can ah? Can go. Ok this one don’t need to take bus, can just walk over.” Then they will say, “This one don’t worry, very far also can. I can cycle.” Then yeah... so very funny... so all that came together... so what our Kampung Buddies are doing right now, so everyday without fail, they are delivering food to stay-alone elderly, or those that are not ambulant, not able to leave the house to buy food. So previously for Swami, when they deliver, so they’ll just get a regular deliveryman, knock on the door, leave it there and then they’ll go. So with the aunties... with our Kampung Buddies, we said, “Every household, spend 5 minutes. Just spend 5 minutes because that’s the only 5 minutes... possibly the only 5 minutes that the uncle may have.” So that’s the... so we said, “Ok if you’re running out of topics, you don’t know what to say to the uncle, talk about the food. Do you like the food that you’re eating yesterday? How do you like the taste? Any feedbacks that we can tell the kitchen? How is your day? When is your next appointment? Any plans? Is any family members coming to visit you? Things like that... simple things like that.” It’s very easy. It’s doable. It doesn’t take a long time. So each of the volunteer takes about 30 minutes and one auntie told me, yeah then she can clock steps. *laughs* So she’ll say, “Yeah yeah yeah, I have to go.” Then she would want to clock 5000 steps by... before 1pm. So she’ll ask for more households. She said, “Don’t give me too far.” Because then she would have to cycle and she can’t walk. So she’s asking me to give her around the blocks. So I said, “Can can.” So we then assign them.

My oldest volunteer is 83. She’s very sweet. So 83 years old... she’s delivering to a 63 year old. So for the 63 year old, I mean I was just chitchatting... for her... it’s... she was actually quite touched and she does look up to the auntie, “Wah you’re 83 and you can walk. And I’m 63 and I can’t. So I can actually get to where you are.” So that... it sort of... you know, in a way also motivate her to look in the long run, to say that actually if you just continue to be well, you may also one day be able to get out of the house.

My 83 year old volunteer just went for her cataract surgery. She's very funny. She wanted to... so she asked me, "Do I need to write a letter to ask for leave?" So cute right? She's like, "Do you want my MC?" So it's because for her, it's her very first time she has done anything like this. It's very... for her, it's my job. So if I'm going on medical leave right, then I should apply for leave. So I was like, "No no no." She's so cute. Yeah so she went for her cataract already. So we told her, "Just rest first." She's very very cute.

I have 1 ah gong now, that does come down to the center to pick up his own lunch. He's well... he's better already. He can walk so he can now come to the center. Occasionally he'll go to the center but if he can't, then he'll call and say, "I still need you all to deliver to my house." So that's... those are possibilities. We don't really know, in-depth, what are the different backgrounds of the Meals-On-Wheels' clients. But we are still hoping, if there are opportunities for them to eventually be able to leave the house, then we want them... then we can actually bring them to the Wellness Center.

So that's only one part. So we are hoping... also what more can we do for the other people in the community?

But I do want to stress that because they have feedback that they do see this role... and because they do this daily and it's someone else's lunch, someone else's food right, someone else's sustenance, so they take it very seriously. So if it rains, they get very worried and say, "Oh will I get there in time? Will he be able to eat in time?" Or if they go on holiday, sometimes they get very stressed, then they will also go and ask, "Who's going to cover me when I'm on holiday?" So they will arrange. Then they will tell the person, "You must ah, you must." So I do see a little bit of stress sometimes... overly... they take their responsibility very very seriously. So but I also didn't want to overly stress them so of course when the... erm... Meals-On-Wheels has been going on for about 7 months. So of course people are very eager to tap on this group of volunteers to do more and we always like to scale up right, we always like to do more. But I was cautioning Mr R (another administrator) and said, "Take it slow. Give them a little bit of breather first and whatever programs we have, we need to make sure that we consult them before we

introduce.” It shouldn’t be, “Ok you can do 3 households now. I want you to do 7.” We shouldn’t be able... we should just engage them in the session. Yeah, so we did try to go and say, “Do you all want from here go other areas?” So they were a bit hesitant. So we said, “Give them a few more months...” and at the same time, we said, “Try and reinforce the group so that more people will feel... so they feel a little bit more supported.” Yeah because for them... most of them, it’s their first time volunteering. So this is already a very big task. “I’ve never done this before so now I do this on a daily basis...” So I do understand where they’re coming from.

9. Management & Governance Mechanism of Community Building

Principal Investigator

What are some of the things that were done to create this sense of community in each of the WK?

Interviewee

I don’t know if we had... purposely done certain things to... when we are looking at community building I think the space was a very big ... the way the space was built is one big component of that. Erm, what... my own sense, again, is they found that... so very early on, when I said that we came from the hospital and we didn’t know what to do with the centers, we didn’t come in... when we enter the space, when we built the space, we didn’t say, “We own this, you follow us.” It was, “The hospital has created this space together with the partners but we don’t really have all answers of what we’re going to do and that’s where we wanted feedback.” So I think that really helped, that strategy, that very first communication, that very first introduction that the residents had with us was actually a big... And I still hear the same rhetorics sometimes from the residents. They say, “Yeah yeah I still remember the first time you all said you needed help. So we responded.”

“You wanted ideas so we responded.”

It's just the whole... the way the communication was built from the very very beginning and it wasn't intentional. It was just us not having any ideas and us being very honest to tell residents that actually, "We don't really know what we're going to do yet. But if you know anybody who have experience or... just refer them to us."

Principal Investigator

And these are not necessarily residents who are your hospital patients right?

Interviewee

80% of them are users of our hospital, whether A&E or what not. The other 20% are usually the very well. They're just seeing polyclinic.

I think at different sites there are the ones to influence the rest and bringing the rest of the residents. So this site (765) maybe not as strong. But some of the Malay aunties, their network is very vast and they are very very connected. It's always typically the Malay community. They're very very strong and cohesive as a group. So we have a few of them. So the Chinese aunties are a little bit more, sort of, spread out but we have a few. One of them is actually our cleaner. So she's our part time cleaner. Yeah she volunteers at the RC (Resident Committee) as well. She had already been a community figure. She's always at the coffeeshop. She always drinks at the coffeeshop in the late evening. But everybody knows her and everybody knows that she works her. So people will always go to her to ask her things.

But slowly we're seeing... this site we have a lot more of the older ones... 70 and above so with the 70 and above group, they are more shy, they are not... yeah they are much more shy. It takes a while. So now we are seeing they're doing... don't know if they're doing cleaning or if they're doing arts and craft. So they have... slowly ... so very slowly they're building their own network. They're usually comfortable in smaller groups, like 2 or 3... 2 or 3.

10. Concrete Example of Achievement(s) through Wellness Centers

Principal Investigator

What's your view as to how much the center has achieved thus far?

Interviewee

I think we are maybe at 65? Just because there's so much possibilities that we can run with right, and my own struggle is that I have 2 portfolios so sometimes when I'm very invested in 1 thing and then I sort of "Oh shit I haven't spent enough time this week at the center" and I do enjoy just sitting down and chitchatting with the aunties. And I've been wanting to do this secret shadowing of the aunties, just to find out... ok what is a day, what other... what do they come in contact with, where... what is the real experience of... how much of it is taken up by WK and the time that's taken up right, how meaningful is it? So I haven't been able to do that part just because I really don't have the time to really shadow the auntie. I've shadowed one uncle once which was quite interesting. Yeah so...

So basically I just check in with him, early morning so just follow him, see where he's going, where to eat at the coffeeshop. So he has friends everywhere. So for us, at the Wellness Centers, we don't have a lot of men coming in and we always thought that, "Oh for some reason, we were not able to reach out." So Dr S shared something very interesting. She said, "What if, we look at it from the other lens? Maybe centers like these are always predominantly dominated by women because women need it more than men. So men had always been given more opportunities, say in terms of going to school and maybe in the workforce. So they have a lot of these social skills. They can make friends anywhere." And it's very true with the uncle, "Eh!" and then just chitchat. He can just go to a random person and borrow a lighter. They have those skills. Yeah, for the aunties, they don't have that. They don't have that courage to make friends, like "Where to start?"... a lot of them will ask you. So yeah maybe it's that men had all these skills to be able to go around making friends. That's why you see a lot of them can just make fast friends at the coffeeshop and in terms of friendship right, it tends to last longer than the aunties. So just... I don't know very much about your background. But I can just sit down, chitchat with you about politics, about football, about... just what we used to do. Even if

you used to be a handy man and I used to work in an office, but the chats can just go on and on and on, and they enjoy it. So maybe it's that the women didn't have those skills so they needed centers like ours to expand their social network. So that was interesting. So the uncle was like, “你要跟我去那里?” (‘Do you want to track me there?’) and I was like, “Ok ok I will leave you at 2 o'clock ok?” then he was like, “Ok ok ok, 我现在去那边。” (‘I am going over there now.’)

I had one uncle. He's very new at 260. I don't know if you managed to meet him. So Mr Rahman... so he only came to the center in February. He had a stroke so he had a brain operation. So he doesn't really move very much. So he's always on the wheelchair with his wife. So I went away for holiday right. So I came back. So I saw him last week. His cheeks were so pinkish and rosy and he waves.

I was like, “Huh?” I turned to Mr T (one of the three center managers), “Eh??” Then he was like, “Yeah he became very well.” So he comes down for exercise now. So a lot of the credit has to go to the wife. So she found us. So she said, “Oh you have exercise. I'm trying to get him to do exercise so I'll come with him.” So she comes everyday and she lives across the street. So it's very difficult for her to actually push but she does it everyday or at least 4 days a week, just to bring the uncle to the Wellness Center, do the exercise together, chill, hangout and chitchat.

So she has offered to cook. She cooked also for the whole community and she said, “Since I'm going to cook for uncle anyway, so I'll cook for the whole community.” Yeah he's really become very well.

And we have an exercise instructor. Also on the side... also trying to help the couple. So he said, “I think he should be able to stand in a few more weeks, few more months at the rate he's going.” So he can lift his own legs already which he couldn't do. So the auntie was also saying, “Yeah now it's easier to wheel him out of the house because he can at least shift a little of his weight.” So he's willing to also walk... so you know the... those zigzag wheelchair ramp?

So he walks. He walks the zigzag instead of the stairs. So it's actually quite good. Even for the other aunties, when they see he really recovered.

Principal Investigator

Thank you. Thanks very much.

Interviewee

No problem.

No. 025 – Interview Code 2017A06 Admin

1. Your Role in the Wellness Center (aka, Wellness Kampung (WK))

Principal Investigator

What is your role as a center manager? And then what are some of your duties and responsibilities?

Interviewee

Our aim is to promote healthy living for the elderly resident in Yishun. Healthy living means through daily exercise, through healthy food and through various activities, such as Zumba, origami, calligraphy ... all these. So my job... my duty is to coordinate with... all the activities in the center. That's all.

Principal Investigator

Who's that lady? *points to a picture at the desk area*

Interviewee

Oh me! 15 years ago! When I had short hair... That time 43 only... very young. Now I 57... But sometimes you work here, you must be lively. So not say like... then elderly see you they also 'sian' (bored). So must act like kids, you know. They know that you welcome them. Then sometimes must try to talk to them ... must show them (concern)... "have you eaten?" *in Hokkien* this and that. No need to say a lot but one or two words, they will feel happy. At least somebody is concerned...

2. Reasons, Motivation and Purpose of the Wellness Center

Principal Investigator

What is the purpose of the Center? So you mentioned just now, to promote healthy living, what is the center doing to promote healthy living?

Interviewee

For example, like morning exercise. We want them to exercise daily, every morning at least 1 hour so that they can have a healthy body. Cut down on going to the hospital, going to see the doctor. That's all.

3. Design Principle of Wellness Center

Principal Investigator

This place is called a Wellness Kampung (WK) right? To you, what is the meaning of Kampung?

Interviewee

Kampung means that it's a family. So we have to help each other, take care of each other.

Principal Investigator

To the residents, what does Kampung mean to the residents?

Interviewee

Kampung means that ... must be friendly to everyone, no argue. Don't argue, don't quarrel, don't talk bad about people. And then whichever the resident... the other party needs help, then we have to help and then show more concern. That's all.

Principal Investigator

So are there quarrels in the Kampung? Can you share with us an example?

Interviewee

Of course have but I try to cool them down. And then I try to explain to them.

For example, there is one case that... during Share-A-Pot time ah, one auntie ah... putting the pot without the coaster below ah. Then the other auntie told her... then this auntie was not feeling happy and said that, "It's not my first day coming here. You don't need to

teach me what to do.” Ah and when I see this happen, I have to go in. I have to tell them, “No, no, no. What she means is she just wants the table to be clean.” Try to avoid and change the situation.

And then I have to every time... must tell them, say, “Help each other, must be friendly, don’t get angry so easily,” you know? Every time must try to brainwash them. Then we also must show them the example. Show them the example.

4. Management of Wellness Center Operations

Principal Investigator

How many of you is running this Center?

Interviewee

Just me.

Principal Investigator

What do you do to remind residents to keep the place clean, put the chairs back, keep toilets clean, don’t throw things, etc?

Interviewee

This point is ... I will see... assign some of the volunteers ... those whom you find that their attitude is good, they’re friendly, I will assign them as a volunteer. So ... on and off, they will help me. They will help me.

Principal Investigator

What are some of the duties you have assigned them?

Interviewee

Let’s say the toilet roll... they will try to help me to... when it is finished ah, they try to fix it for me... top up for me. And then if the teacher, after exercise, I will assign one of them to give the teacher some drinks, you know... to show that we respect them. and then the chairs also, if there’s a presentation, then we will ask the volunteers to help to arrange the tables and chairs. But of course, as a person-in-charge ah, you must talk to

them politely and share with them and then set up good example. Then of course they will follow you. They will learn from you.

interrupted by one of the residents

Principal Investigator

When the participants come here right, how do you track them? How do you register them? How do you monitor the traffic that comes into the Center every day? What do you do to monitor that?

Interviewee

Monitor the traffic...Ok let's say for a stranger to come here, of course, first thing we must show them is that we're welcoming them. Then of course you cannot first thing ask, "Oh 来 come, do the registration." Cannot. Definitely they will be frightened. So you must try to talk to them, like treat them as a friend like that, just asking them, "Ah are you staying nearby?" Then from there, you slowly build up the relation. Try to talk to them, rather than... oh you know... officially ask them to sign on.

Normally first day, I don't ask them to sign on. I will see whether they are keen, whether they like this place or not. If they like, the next day they will come. Yes, you must let them warm up first, especially elderly ... because to them, we are strangers, you know. You don't know me, I don't know you. So why must I sign the thing for you? So from there, you show them your friendship ah. From there, slowly, they will trust you and then they will tell you whatever problems.

Every time when you come in, you need to write your name, the time you come in and the block you stay. So that from there, we know the flow. Yeah one day got how many people coming into the Center... and then from there, we also know that, "Why this auntie so long never come to my Center?" Then if she stays alone one, those who stay alone, I will key in their contact in my handphone. I will call them and see what is going on. Are they sick? Or something ... or they go tour or whatever.

Principal Investigator

How do you know that they stay alone?

Interviewee

When you register, they will... we need to ask them, "Ah yeah you stay with who?" From there, you know. So those who stay alone one, I will indicate. I can look out for them.

Principal Investigator

Do you know how many users come daily, come weekly, come monthly?

Interviewee

Yeah, we know. Daily is about 20 to 30 ... those who come sometimes is because of the activities. They only come for Zumba... they only come for Cook-For-Life or Share-A-Pot. Most come... not once ... sometimes 2 or 3 days a week ... depends.

Principal Investigator

How long do they stay?

Interviewee

They stay ... for those who stay alone one, they will stay longer. Those who... at home got grandchildren, or need to do housework one... they normally will stay... after the exercise, just sit for a while... about... after the exercise, 1 hour... about 3 hours. After that, they will go back, prepare their lunch or dinner.

Principal Investigator

For the morning crowd, do they stay throughout the afternoon? Or do you have a different crowd coming in in the afternoon? Who are those who come in the afternoon?

Interviewee

They will stay through the afternoon ... yeah through the afternoon. Let's say about 11 or 12 of them like that. Come through the afternoon ... those who already the children go to school... you know the grandchildren go to school. Then they will come ... or they take part in the afternoon activities like calligraphy, social dance. We will start at 2. Then they will come. That's another batch of residents.

All the activities that we have... we also got the attendance book. So from there, we can see, one day got how many participants. Calligraphy, social dance, all these. All we also assign a member to come and be in-charge

5. Wellness Center & Its Role in Community Building

Principal Investigator

Why would residents want to come here everyday?

Interviewee

ok. You must create ... interesting, fun. For example, got storybook, got newspaper and then got Rummy-O and then plus some food. Food also very important to attract them to come here and then of course, the person, like me ah, must also show them that we willingly welcome them. Yeah, must show them that you welcome them, that you are concerned about them then they will come. A lot of people tell me, like... I'm good... I'm friendly that's why they come here. Some... certain centers ah... the people not so welcoming ah... that's why they don't want to go. Of course, must always smile. Especially those pioneer generation, they're very sensitive one. the word you say, or some action ... they can tell one you know. They will take it very seriously.

6. Link between Community Building and Healthcare Agenda

Principal Investigator

Who plan these daily programs at your Center?

Interviewee

For those activities, some is the... volunteer ah... walked in and approached me... approach me and say, "I know..." like this Mr Lxx, when the Center just started not too long, he came in and told me, saying that he can teach residents social dance and calligraphy. But I don't know him at all. So I said, "Ok what time you are available? Then from there, we arrange." So I said, "Why not you take one first? From there, we observe."

If he is a consistent and responsible person, then later on when he... I will approach him for the second program. We must observe them first.

I'm quite lucky ... the leader... their instructor all are very... consistent... and very responsible. But of course you must show them that you respect them.

Whatever they request ah, you must try to ... fulfill their will ... like this Mr Wxx ah... he said he needs a wall clock for him to watch. Aiya ok, clock only 10-20 dollars. so I just buy one for him then he's happy what. This shows that we welcome him... yeah sometimes must make some treat. Everybody happy, why not?

7. Importance of Driving Customer Participation

Principal Investigator

Can you tell us about the Kampung Buddies program.

Interviewee

Different activities got different types of volunteers, like this Meals-On-Wheels, we got a batch of volunteers. And then we also have a batch of volunteers which is doing the Share-A-Pot.

And I also have daily volunteers who... once I open the door, they will try to clean up the kitchen and then open the panel glass for me. We see then we assign. Of course, sometimes when you approach certain people, they are not willing to help. But it's ok. We can just try.

Principal Investigator

How many of them are now helping to deliver the Meals-On-Wheels?

Interviewee

Ok I show you *takes the volunteer data file* I got a file... *flips the file* These are my daily schedule. Per copy is 2 weeks. So Monday to Friday. From here you can see... I got about 10 packets. So different days you can see... not many volunteers can conduct everyday ... except this Chng. Chng conducts 4 days then Monday is another uncle.

So some 2 days, some 1 day... some ad-hoc one only 1 day. So from there, we also try to look out. There, these are the locations that need to deliver ... so for those newcomers, from here they know. How to go to the place? How to go here?

Because previously I've been doing admin, so I prefer to do it more systematically rather than use mouth. Ok this is the volunteer file and then I got a file for members *takes out the member file*

So these are the volunteers. Volunteers at 765 (WK@765). Like line dance, we got the leader. Social dance, English class, hanyu pinyin, haircut ... we got 2 haircut teachers, calligraphy ... this one is the latest one, there garden we have, breakfast... this one help me for the... boil water, Cook-For-Life... these are the ones. This is miscellaneous... is do cleanliness one ... all these. Then Share-A-Pot there's another type. Then from... this is their age. This is their age. The youngest is 44. And then the oldest is 81. Then these are their particulars.

So we don't know their character well. So from there, we slowly take days to know them.

Principal Investigator

Do you asked them... what they can offer right?

Interviewee

Some haircut one is they come and approach me one. "I just stay nearby and then the hairdresser... can I help you do this?"

In the beginning, it's a bit tough because you don't know anybody here. So but... thank god ... now is very good already, so much better than the beginning.

You must work hard. Try to show them that you're keenly... come here to help them. Not easy.

Yes but of course we also meet those nasty residents. We try to tolerate. I try to tolerate. I try to show them friendly. Like they talking... the tone very rude. Must try, try to drama ... try to be friends to them. Cannot be angry... Here, you cannot be emotional. You work my position ah, cannot say, "Aiya she rude, we also rude to them." Cannot.

It's tough but ok. I go through so many... to me, ok one.

8. Concrete Example of Achievement(s) through Wellness Centers

Principal Investigator

This Center was opened last April right, so based on the last 12 months until now, do you think the Center has met its objectives for health? Can you share with us some of the stories?

Interviewee

Yes of course. For example, the resident here, most of them find that after this Wellness Center was set up, they are be more... their lives are more meaningful and then not so boring... everytime sit in the coffeeshop do nothing, and then their health also improve after the exercise. Then they got make more friends. Like some friends... never... last time when they see each other in the market, they just 擦肩而过 (to pass someone at shoulder-rubbing distance)... like never... then this Center will bring them together.

Principal Investigator

They get to know each other better?

Interviewee

Yes yes, become more friends ... rather than alone. Then if you stay in the house, also nobody to talk to mah. At least if you come here, you can talk to each other in Hokkien, in Teochew, you know.

One auntie, every week will buy the TVWeekly. So afterwards, she finished ah, she will pass to the other auntie. ... they will pass the book through this Center.

Principal Investigator

Thank you very much.

Interviewee

You're welcome.

No. 026 – Interview Code 2017A08 Admin

1. Your Role in the Wellness Center (aka, Wellness Kampung (WK))

Principal Investigator

Could you share about your role in the Wellness Kampung (WK) as well in Population Health in general?

Interviewee

Alright. Basically I'm quite privileged because I started... when the WK started, I sort of like... was there from the very beginning. Yeah of course not the planning stage because I'm transferred from the geriatric clinic. So I happened to be here... When the WK started, I happened to be there. So I'm glad ... because I can see... sort of like... get to know them from the very beginning till now. Yeah... so that's the good part.

So when I was there, I was happy that they were willing to come in to the CNP (Community Nurse Post) to talk to me and share and things like that. So we sort of like strike a rapport from them, with residents at the WK.

So my role in that sense is that I'm... So far all the 3 Centers are so-called belong to me. So I'm the key person. So I'm in the 3 Centers until recently... I sort of like... need to give 1 to one of colleagues so that they can have an experience in it.

2. Reasons, Motivation and Purpose of the Wellness Centers

Principal Investigator

So your main role really is to man the Centers, right? To man the CNP in the Wellness Centers? And what do you do when you're there at the nursing post?

Interviewee

So some of the times, when I see them not doing their exercises, I give them some suggestions. That's also what I think is interesting. I give some suggestions where, "Eh you can do this dance and this this this." So that they see exercise as not just exercise but it's sort of like a dance kind of exercise. A lot of them like it with music.

Basically, CNP is to look at their chronic diseases. That's the main thing.

Principal Investigator

Why do you think we set up the CNP in the Wellness Centers and not have a clinic, you know, that is man by the GP or one of our family physicians?

Interviewee

Oh GPs ... not very sure why... *laughs* I think... I think nurses probably can strike rapport better... maybe... or they will relate better to the nurses, they will tell a bit more because physicians still give them the idea that it's a medical consultation. I think ... that idea. It's usually a very medical model. The nurses will probably look at areas, like for example we talked about diets, we talked about exercise, we talked about other things. Maybe that's one of the reasons.

3. Compare Community Nurse versus Nurses in Hospitals and Specialist

Outpatient Clinics

Principal Investigator

Is it very different from what you're previously doing?

Interviewee

Previously doing ... Ok so from the clinic, we don't get to see the person all the time. Ok let's say we're in the wards or anywhere, we only see the patient then but when they are discharged, we don't know what's happening to them. But in the community, it's different. We see them every week. So that's the good part, there's a real follow-up in that sense. So every week I can... we can influence in that sense... especially like for me, I'm very in to keeping myself healthy and things like that. So I can always give my example... I... you know, we should keep ourselves healthy because of this benefits and so on and so forth. So I will always tell them. Then I also will tell them the benefits of doing exercise... yeah things like that.

And almost all the time, I cycle to the Center. Yeah so they will say, "Eh this fellow!" I either cycle there... initially before I bought the bicycle, I actually run, do a jog to the Center. They saw me. So after I bought the bicycle, then afterwards I cycle. They saw me.

They say quite cool, I come in my sunglasses and I go there to change. So they see that I really mean it.

Principal Investigator

And how do you adapt in that kind of environment?

Interviewee

I find that it's not much... big issue because most of the people that come to the community, they are fairly healthy, ambulating well, no medical... no major medical problems. The only people that always have like... (medical problems) are the people that come in the wheelchair. But they also don't have a major issue like ... you know that really need urgent attention because they are still fairly healthy although they come in the wheelchair or their motorized vehicle. So I don't see much issues. So the only thing that we know... I mean for me, if they do collapse, then I must prepare myself what to do next. Yeah so I'm a BCLS (Basic Cardio Life Support) instructor. So the few problems will be either choking which we should be able to know what to do... then let's say if it's really a collapse, next to WK, we always have the St Luke people around. So I have... sort of... like get to know them and say, "If I really need help, must come and help us." Then I will call somebody to activate 995 and the center managers are life-saver trained... yeah so... heart-saver trained. That means they cannot do CPR but they can do the initial part and things like that. Yeah they should be able to do some simple BCLS, not like CPR. So I don't... there's not much of a problem.

Principal Investigator

So far, through your experience in the Wellness Centers, do you see... is there a need to activate some of these emergency skillsets?

Interviewee

So far, none. I have never activated but there was once when I was not around, there was a fall. 765 I think yes. Correct. So she had a fall and then 995 was called and she was sent to the hospital. So it shouldn't be a major issue. It's either for heart attack or unconscious, you know, which we can call 995.

Principal Investigator

From working in a clinic to being out in the community, why did you make that move?

You know, from a care setting that is very well-controlled, you know, everything is there, into a community setting?

Interviewee

Because we are trying to keep people healthy. So... a lot... now that we are trying to... I think the whole initiative of the government or the nation should be trying to prevent chronic diseases. So that, I see, is a very good platform because we want to, hopefully, you know, reduce the increasing number of chronic disease. So this is a very good platform yeah and then more and more... the hospital is trying to discharge people more and more to the community because the community is a place of social support. I also see it the same way. Like take for example, people with dementia, when they come here, it's like... it's not so normal for them to be in an institution. But when they are out in the community, it's quite normal for them. They function... still can cope and things like that. So the WK or any community that they go, if there is good support, it becomes a social center for them, not so much like here you know, routinely bathe, routinely do this, routinely that kind... that is more... the normal setting. So I find that the community has this advantage over the institution.

Principal Investigator

Was it a very difficult decision for you having to make that switch?

Interviewee

Not really because I'm in the GERI (Geriatric) department because GERI I deal with the elderly. So out in the community are those retirees or elderly, not the working people so it's not difficult for me. Then secondly, all the skills that I have learnt from the GERI like assessment, elderly dementia syndrome and blahblah and all those ... it is applicable out there so it is not difficult for me. And then I think I am very adaptable to the environment so I'm not fearful of outside and then outside people, I always think that they are very

nice. So when I went out there, they are quite nice to me and they have no issue. I talk to them, they talk to me like friends and that's it.

Principal Investigator

Do you find that there is a need to adapt and change your mindset when you're out in the community and interacting with the residents?

Interviewee

Change mindset? Mm I think so. But for me, I have already believed that... sort of like... I'm already very convinced that this is the way to go. So I don't have much things that I need to 'change'... so-called. I have already more or less thought about what I... what the world is like outside because we are trying to... that has become a model right... to push out to the community. It's a very good model.

Because in the geriatric department, we have already started talking about ... dementia-friendly community. So there is nothing new for me already. So for me, so it's easy. So I guess so for the clinicians who are always operating in the institution, they probably... it's good to open up their vision a little bit, to see that actually this is one of the good models – prevention.

Like Dr S, Dr W, is already... he already thought of it, you know. This chronic disease needs to be managed outside. Every week, you should manage, not just come and see me alone. Because when they come in, we only see one snapshot. But outside, you know, everything happens and then contributed to the TCU (Transitional Care Unit) day.

Yeah because outside everyday what they do, is the most important, not just the... so...

4. Experience with Residents/Customers of the Wellness Centers

Principal Investigator

Other than seeing the residents there, what do you do and how do you try to influence and encourage them?

Interviewee

Usually by hearing them, and then see what they do with their diets and then also they will tell me about their exercise. Those people that don't exercise, I always will tell them, "You know in this Kampung, we always have 8.30-9.30... you..." I always encourage them, "You should make it a point to come, at least that 1 hour..." Although it is not strenuous, at least there's something. Yeah so the other part is the diet. I will always look at... they will tell me what they like to eat and what they don't like to eat then I will give them suggestions, why we should avoid fats and things like that.

Principal Investigator

So you try to sort of give them advice over their lifestyle, how they can better incorporate physical activities into their daily lives?

Interviewee

Yes yes. Correct. That's right. And then the... some of them have this common problem, backache. They usually have a lot of complaints ... so besides chronic disease... because chronic disease, some of them can use medication, some can use lifestyle. The other one is backache. Then I will always have to tell them, "Hey these are the sets of exercise that we can do." Then I will open up and let them see this YouTube thing and ask them to try at home. Another common problem the elderly face – backache.

Principal Investigator

Judging by what, you know, what you've seen so far, how do you think the residents are getting used to this kind of nurse post?

Interviewee

I think they are... they really look forward. There are a lot of times where they told me, if let's say my colleague come and replace me on that day, when they see that I'm not there, and then they don't want to go in. Yeah so they ever tell me things like that. So that means there is actually a relationship established already. But of course I will say, "Eh no, my nurse is just as good. When we send somebody, we always send those people who are able to interact with you."

But it shows, that they are actually looking forward to chat with me. And then they will also tell me what happened during the weekend and sometimes... occasionally, they will say... once in a while, "Aiya I lose my job already, what should I do?" you know, things like that.

Then to them, we are also probably the source... the resource person. Yeah let's say if anything happens, if they want ... they sometimes tell me, "Eh my legs suddenly was painful for that few days... what should I do?" Instead of going to the GPs, they'll come and ask, "What should I do?" Then yeah, these are the so-called free consultation before they really queue up at the polyclinic. So this is a good thing.

Principal Investigator

Is this the only regional health system with a community nurse post?

Interviewee

I think other places have... I think... if I'm not wrong, the Eastern probably has... Not sure about NUH (National University Hospital) or the other side.

But to have WK, I think we are the only one. I see WK as a better model in the sense because CNP go to the place, say every 2... 1 week maximum 2 times? Or maybe even 3 times... but we are using other people's place right... for example we are using RCs (Resident Committees). So if the person doesn't come to the RC, they will never know. How would they know? But WK is like... it's like open area, we don't really close doors. So people who pass by, when we conduct exercise, you know, openly... then they will wonder "What is it?" So there are walk-ins and enquiries because of that. So then it becomes ... "Eh there is a place for them to go."

So they like the idea. Then they will tell their parents, say, "You can just sit down there for one day." Yeah that kind of thing.

Then the other thing is that because we also conduct Cook-For-Life, then talks and so on and so forth... which I think the weakness of the RC is that they don't have this. Yeah so in that sense, it's very good. It's interesting in that sense. Yeah so we have talks and we invite them to participate. I'm not sure about the RC if they have a lot or not but because

I'm at the WK, I see there is this collaboration. We call, "Hey HPB, you want to give talks or not?" Then HPB, "Eh, can can can!" Yeah then they will see how they can give some talks.

5. Concrete Examples of Interactions with Residents/Customers at Wellness

Centers

Principal Investigator

In the course of the last 12 months, you have come across many different residents? Is there one that, you remember very well from your interaction with the residents? Can you share?

Interviewee

I think more than one. I can just share the one with the Parkinson first because he's fairly young. Ok.

So he came to the Wellness Center... because he's only about 50 years old or so... 52 or so. He's diagnosed with Parkinson for, I think, 2 years or 3 years already. So before the Wellness Center has established in that area, I think he has nothing much to do because ... where to go? And then he's fairly young as well. So now that we have this WK, then he will spend everyday... initially he'd spend longer time in the Kampung so in the day and afternoon. But he felt that he was getting more and more tired. So what I did was, I told him, "Morning, you should do exercise. These exercises here are too easy for you." Because he's fairly young and... So he listened to me and he bought a stationary bicycle which actually stationary bicycling is very good for Parkinson disease people. Yes, it has shown... in a lot of research and articles have already shown good results and good outcomes if they do it regularly. So I encourage him to do that. So he will spend more time to do his stationary bicycle. I said if you can, then go for some jogging as well. So I believe he listened to me because morning I don't see him around. So he will come... say about 11 o'clock, take his lunch, you know, play Rummy-O with them, yeah. Most of the time, play some Rummy-O, some mind-stimulating things. So then after that, he will

relax and come and talk to me. So every week, without fail, he will pop in. He will have a chitchat with me and I will encourage him.

Yeah so this is one of them. The other one is... like... the other one that I remember very well was the one who has just fallen ... recently

Before she came to the Wellness Center, her blood pressure was very erratic, hard to control... because the initial part when I see her, her blood pressure was shooting high you know. I felt ... something is not right. So she told me, before this Wellness Center came about, she would always eat out, always. Then she has like, you know ... outside food very salty and so on. So her blood pressure is very hard to control. She finds that outside food probably contributed to the blood pressure, which is quite true actually. So then I said, "Eh recently, very well-controlled. What happened?" She said, "Now I become more conscious of what to eat and that sort and so on... and then whenever your Center cooks..." Ok that time the Center does cook, does some cooking ... so we always cook plain things, you know, soup and things like that. So the blood pressure became better and better, very normal now. So every week when I see her, the pressure is quite well-controlled. So these are the impacts we have on the community. She became more aware also, don't eat out all the time and try and cook soup and things like that. Instead of just eating out... you know for single lady, you know nothing... she don't want to cook ... Eat out is more convenient. So she changed her lifestyle and her blood pressure became better and better.

6. Routine of a Nurse at the Community Nurse Post in Wellness Center

Principal Investigator

Can you describe a typical day for yourself?

Interviewee

Ok... let's say every Monday I will go to block 115. Then I will spend my day there. I will be there say about 8.45am or 8.30am. I reach there, cool down myself, then get myself ready, then I will be in the CNP room waiting for them. Ah this is a normal typical

day. Sometimes I join in the exercise, sometimes I don't. So if I join in... because some places, I know, I need to start early because some people they need to send Meals-On-Wheels so they want to take their blood pressure early and things like that. So I have to get myself ready so I sit down, I talk to them and when I see that they have things to talk to me, I spend a bit more time. If let's say they... if there are a lot of people and if they really want to talk to me more, I will tell them, "Eh afternoon I got a bit more relaxed then nobody around then you can talk to me." Yeah so then I will usually ask them, "What's your blood pressure like?" Take the blood pressure and then if there is a need, then take the BGM (Blood Glucose Monitoring) and give some advice here and there. That's a normal typical day. So about lunch time, more or less they have... the crowd is cleared then we will have... some places, they cook and then they will invite me, "Hey want to join us or not?" Then I join. I will join them, have a chitchat, things like that. Then afternoon, I just wait for the rest to come. Yeah those people that like to come in the afternoon... there are people who just want to come in the afternoon... less crowd. Then some of the times, there are talks around, which is good. So I ever offered to give talks to them as well. Yeah. Then there was one time I also put up afternoon time... so-called simple exercise dancing class. You know, if they want to join me, they will join in. Yeah occasionally I will do that as well.

Principal Investigator

What kind of talks do you give?

Interviewee

Like strategies of healthy living... what is osteoporosis... simple things and to give them some understanding about diabetes. So far they always use HPB materials and people... so they have not really activated... but I always tell them, "I'm on standby." I also told Ms C, "If you ever need, I can." Because these are the standard things we talk about. I already have things prepared. Even if I have nothing prepared, I find by standing there and facilitating the discussion is already good enough. Yeah because some of the times... is that they have things to ask but they don't know who to ask. Then if it's in a group

setting, then they will say, “Eh this person has the same problem as me. This person.” ah there, it forms a social support group as well. So I’m ever-ready... so-called ever-ready. When you need help, I just...

Principal Investigator

Is there anything else you want to share with us?

Interviewee

Basically that’s about it. A lot of interesting things.

Principal Investigator

So today you manage the schedule for the nurses?

Interviewee

Correct, correct. I do part of the roster. I mean, I... my colleague and I, we will be in-charge of the roster so we make sure that people go out to... I have 10 of us. Actually no, less than 10. I have 9. 7 RN (Registered Nurse) and 2 EN (Enrolled Nurse) and 1 HCA. So the HCA (Home Care Attendant or Health Care Assistant) does not cover the nurse post. 7 RN (Registered Nurse) and 2 EN (Enrolled Nurse) and 1 HCA. So the HCA (Home Care Attendant or Health Care Assistant) does not cover the nurse post.

Principal Investigator

Thanks very much.

Interviewee

No worries, sure.

No. 027 – Interview Code 2017A09 Admin

1. Your Role in the Wellness Center (aka, Wellness Kampung (WK))

Principal Investigator

Can you describe what do you do as a community nurse in a wellness center?

Interviewee

I will do the simple health check. I check their B.P. (blood pressure), I check their sugar. Sometimes... now we can check their cholesterol and then give some health advice. If they can... if they want to share with me, they have any problem... I will try to help them. I even organised a trip to Vietnam. I gather a few... small group. Then we go. About 12 only because it's my first time. But it's quite fun with the residents. Now because I seldom go there already. Then now I go more often to Sunlove.

Principal Investigator

Can you tell us about the times you manning the CNP (Community Nurse Post) in the Nee Soon East and Nee Soon South?

Interviewee

The residents will just come just to see you, to do their screening and then later on, they will read newspaper. Like Nee Soon South, they can play mahjong. They watch TV, they got computer. They just like... at home like that. They feel free.

Principal Investigator

So between the community nurse post and the CNP in WK right, what are the differences that you see or observe?

Interviewee

I see that the Kampung people, they are more active. It's because they have more programs. They will come regularly. And sometimes they say, if different people there (at CNP), then they don't come. *laughs* Because the rapport is there, you see. I think that is important.

2. Compare Community Nurse versus Nurses in Hospitals and Specialist

Outpatient Clinics

Principal Investigator

What were you doing before you joined the CNP in WK?

Interviewee

So I will work in CNP ... CNP is the... you send a community nurse there to take care of the residents, surrounding the... the residents. You know? Like those the... whether they are chronic... they have chronic diseases or they're well... you know? We'd encourage them to come and see the... visit the CNP nurse. Also kind of a... preventive measure... for the sickness. They're getting older...

So... and then at the... another thing is also to gather these clients... I mean the residents together. They become like friends like that. Then they can know each other well, maybe can help each other... more or less like... slowly like a Kampung like that. You know? But the only thing... we don't have the other activities because we are there only for a few hours, from morning 9am to 12pm, 3 hours. Very short hours... and then so far, for those hours... that period... is their... those housewives... their busy time.

A lot of them claim that they have no time to come out. But they will go do their morning walk, morning exercise... after that, then they will... some of them will come ... slowly also... they have their own activities... end up they don't come to the CNP. *laughs*

The WK because of the activities, they're more active. So their clients... it's more or less fixed there already. When the new one opens, they will shift to the new one. Because the Kampung... the distance is not that far, is it? Like the 301, their Thye Hua Kwan that one right... Their Wellness... when this 260 side open, the 301 one will move over there.

laughs Some of them will move over there.

So their side getting lesser... just like shopping mall like that, you see... the new one open... the old one will be... quiet down already. So they will compare.

3. Experience with Residents/Customers of the Wellness Centers

Principal Investigator

What is need to make the Centers active?

Interviewee

What I think is... you must have... make the Kampung... make the Center active. Make them participate... they're occupied, they find it interesting. Then they will come, they

will bring friends come. But the worst thing is don't let them have the cliques. Once they have the clique, difficult. They, you know, they will fight... after that, *laughs* just like one of the CNP posts there, starting a lot... later because they have the cliques so they... *laughs* so getting lesser.

So we have to see to it, don't let the clique form. I think it's important.

Principal Investigator

You were previously in the other CNP... which CNPs were those?

Interviewee

I was in Nee Soon East, NSS Nee Soon South... Canberra... ACE The Place... where else? Central... I think I've been once. I do a relief. This one... Chong Pang. Thye Hua Kwan that one. That one also active because they got programs. They got dancing; they got mahjong, morning mahjong. Then you got the small gym inside the Center. Then the people there will go. *laughs*

Principal Investigator

Was it difficult in the beginning when you started manning the CNP?

Interviewee

Quite... quite... not that easy. So we have to do a lot of advertisement... advertising *laughs* Go downstairs you know... like NSC (Nee Soon Central), the Center is in the 3rd floor. They can't afford to give us the ground floor. So we... very bad there. You know... the data there... Not... not... sometimes 1 or 2 cases like that. Sometimes not even one, you know? Even though they (residents) know, when they're downstairs, they rather sit downstairs... they don't want to go up.

So there was one time, the lift was spoilt. So I shifted my whole thing down to the ground floor. Yes, on the table there. So I can get those aunties, uncles ... Quite a good response. Yes... but after that, they said, "No, cannot. Must move up." So I got no say in this. So... *laughs* So I go back to quiet again.

I think it's the location, also important. You know? You mustn't set it at the corner there... if not nobody knows.

4. Concrete Examples of Interactions with Residents/Customers at Wellness

Centers

Principal Investigator

So between the CNP, like Nee Soon East, and the CNP in WK, how do you think, you know, residents have benefitted, like the WK residents?

Interviewee

You know... the first thing... they get you to know each other better right? Then they learn things from each other. They share. Then they got exercise in the morning, at least make them... you know, alert them that exercise is important and at the same time, they make friends. Then they will have to do... I think one week once, they have the cooking... sharing... Share-A-Pot.

You know, then those good cook, they will come out. *laughs* Then they... those are the... you know, I mean housewives ... skill right. Then they will share. But their recipe must be... fulfill the... given by the hospital one ... the criteria (for healthy eating). So they will follow.

Principal Investigator

Are they your hospital patients?

Interviewee

Not really. No no it's surrounding neighbors... those ... residents.

Principal Investigator

Even though they are not hospital patients, they will still follow instructions and then cook healthily?

Interviewee

Yes, yeah. Now I think... quite successful. They will follow. They will follow then make them realize, you know, how to keep themselves healthy... you know, when they are old, you see.

Like 260... that one. I think I went a few times that... that one the auntie will cook those healthy foods. Then the people there also will follow.

Nowadays they start referring cases (hospital patients) to us. Yeah from Diabetes Center and then our... C59 patients... Dr W. Like those cases ... after we screen... need to follow up, you know? When they're at home, they don't do monitoring... then we will ask them, advise them to go there. Then we monitor them weekly, you know. If it's ... not so good one... the control not so good, usually I advise them...

Because Sunlove and the other one is ... Silver Cove, they are nearby... opposite only, just one bus stop away... So I advise them to go 2 times a week.

Principal Investigator

What do you do when they go there??

Interviewee

Same. We will check the blood pressure, check the glucose. We will check their weight also, and the cholesterol and give health advice or teach them. If they have their meter or blood pressure set, don't know how to do... teach them how to do... how to maintain a good health.

Yeah. I think this is our main point to set up a CNP. Right? Just to do preventive measures before the clients... the residents... I mean their health go downwards.

I see one old man... he was referred from AIP (Ageing In-Place), the CCT. Starting he's quite ok. Now he got a bit of dementia. Starting he really... he can say his ... medicine he will follow, compliant. Then can see his sugar getting better, blood pressure also... mm. Then after that... later on then, he went for the cataract, so we're also helping him to cope. Then now he can see... his eyesight, you know, your eyesight very good already. So he's very happy. But now, because 80+ so the dementia sets in... so become forgetful. So this is a problem. So the medicine also... now sometimes forget to take. But there is a care corner, helping him. Their office is at Block 4. Our Center is at Block 3. So the nurse will... everyday go and knock on his door, remind him to take medicine. He lives alone, 80+. Mm other than that, those patients... they can remember me, I can't remember them

laughs because too many... I cannot... And then they don't say... come every week, you know.

5. Link between Community Building and Healthcare Agenda

Principal Investigator

How is CNP helpful for the residents?

Interviewee

Actually CNP, it's very helpful to the residents. The only thing is that the residents don't know how to make use. This is the sad thing. They're not willing to, you know, come forward. They think that they're ok... Our checking is nothing... you know, they say, "Everytime check check check." You know?

Our CNP, we must attach to like WK this type. We cannot say... alone. Unless cases refer from the hospital. It can't be helped because got doctor. They have to come. The doctor sent them, they have to come. You know, so those people, they would come. But not all... not all.

Principal Investigator

So you think actually a lot of the residents do not know much about CNP?

Interviewee

Yes... but it has been so many years already. I don't know what happened. When it was 200... I was here for about 5 years, 3 years here, 2 years in AIP. It was 2012 is it... 2012. Yes I was there for about 2 years then they said... the PopHealth coming up, no nurse, so asked me to help them. So I said, "Ok I don't mind have a try." *laughs* I start from there.

Before... I was in polyclinic. Yeah I retire from polyclinic. 10 years... Before that, I work with hospital because I plan myself, you see. I plan my nursing path.

Yes I get enough hospital experience, so I come to polyclinic and rest. Actually it's not resting... I regretted I come... a bit late. Because... polyclinic is the foundation of the health. I think so... to what my experience, my thinking... and my thoughts. Because in

hospital, they're seeing the acute. They treat the acute, you know? Acute is from where?

It's from the basic right?

If polyclinic, if we can help them to do preventive measures, they hardly will go to hospital, correct? So I stayed there 10 years.

Then I retired from there... then my friend recommended me here so I said, "Ok, try."

Otherwise, I sit at home, I wasted my... what I've learnt you know, right?

Principal Investigator

So when you were in AIP, do you see a lot of those complex cases?

Interviewee

Yes. Those frequent flyers... in our hospital.

Principal Investigator

Do you think what we're doing in WK can help with these frequent flyers... how does it help to reduce their frequent admissions?

Interviewee

Actually... it can help because we... provided the client comes to us often, regularly.

We'll check them. We'll give them advice, you know? Then they take the advice. Then monitor their health... Small problem, we usually should be able to help them to solve.

Then rather than little bit... they "fly" to the hospital.

6. Routine of a Nurse at the Community Nurse Post in Wellness Center

Principal Investigator

Can you describe your typical day... let's say you start from 9am and then to to 5pm at the WK.

Interviewee

let's say I start, I go there. They do the exercise, you see. Sometimes I also follow them do exercise. I just watch how they do. If they do wrongly, I will ... you know, tell them a bit. You know, just to make sure they do properly.

Then after that, they rest for a while. They come to me to check their blood pressure, check their sugar. I give some health advice and after that then... when the cases are all over already, I will go out to the... you know, their activity room. I see what they do... I also can learn something from them and then also sometimes I can give them a bit of ideas. Sharing like that.

Actually at the WK, more or less it's like that, you know... It's a daily business ... activities. You mustn't always be the same kind of activity, same type of... very monotonous, I think. You have to sometimes... you have to change a bit, you know? Something new come out... you stir it a bit... Then it'll be more interesting (for residents) to join, to take part. Because I think we cannot always abc is abc... day in day out, it's abc like that, you know?

Principal Investigator

Thanks very much.

Interviewee

Ok.

No. 028 – Interview Code 2017A10 Admin

1. Your Role in the Wellness Center (aka, Wellness Kampung (WK))

Principal Investigator

Can you tell us about your involvement in the WK?

Interviewee

Ok. My involvement ... only once a week... now at... So you mean, do you want all the CNP (Community Nurse Post) or only 115?

Principal Investigator

All the CNPs?

Interviewee

Because now I'm involved with 2. One is Chong Pang 115, which I went yesterday... every Monday, once a week. I'm also involved in another one in Marsiling, Sun... they call it Sliver Cove by NTUC one.

Principal Investigator

how often do you go to Silver Cove?

Interviewee

Once a week. That one every Wednesday.

2. Reasons, Motivation and Purpose of the Wellness Center

Principal Investigator

How did you get involved? Were you involved right from the start in the planning?

Interviewee

For 115 no. 115 actually starting was 'Nurse G'. Then now because now he's our Acting Nurse Manager, he has lesser time for that so he asked me to go.

For this Silver Cove ... I also didn't really start from the beginning because sometimes... last time they also don't put the same nurse rotation... only recently. Then if I'm on leave, my colleague will go. So not always the same nurse.

But now, more often I'm going these 2. So it's not really from the start.

So usually when we're there, mostly do ... blood pressure monitoring. But I find that after all this while, since I joined here... you know, in CNP for about 2 years plus... so I know that sometimes they come in not just for blood pressure check... I find that they like to talk to me also. They can... and can talk a lot of things about personal... about other things besides talking about medical, we also talk about other things like family... other... other topics and I also enjoy the process because I find that I also can learn from them, their experiences. And I find that most of them they also enjoy talking to me because maybe the children are not at home... or maybe certain things they cannot talk to the family or what. But I find it's a 2-way. They enjoy, I also enjoy. We are happy.

Ok so... Silver Cove... because more Malays. More Malays but we do have Chinese. So because they have exercise programs daily, so they will come for the exercise, for interaction... because I find that after the exercise, they have their 'gang' there. They, you know, they talk, they also have their bonding moments. I think it's healthy also, rather than they, you know, coop up at home.

3. Routine of a Nurse at the Community Nurse Post in Wellness Center

Principal Investigator

So what do you do at the CNP?

Interviewee

Mainly blood pressure monitoring, then we used to do... for first timers, we will do GERI (geriatric) assessment. Some they will decline, some they say that they're in a hurry, they're not keen. It's ok. But you know if first timers or new case, we would like to do a thorough GERI assessment to check... you know, check their walking. Usually they are quite ok one. They're quite ok. Then maybe you know, through GERI assessment, we also ask about medical history... maybe we can also get to know more.

But sometimes when they're new, maybe they don't talk to you about so much things. But later on, you know, if they come more often and if they're comfortable with you, they will tell you more things. So I think it's good for them to come to a place that... besides talking to me, they have friends, interaction, social... social. You know... how to say... you know, besides exercise, they also have peers to talk to. Better than nobody at home. So mainly it's blood pressure monitoring. Even this 115 also more or less the same. But because 115, the hours are longer... 9am to 4pm whereas Silver Cove only... 9am to 12pm, 3 hours. So 3 hours very fast, once 12pm, I'll leave. But 115 the hours are longer, then in the afternoon, there are less people. Then they will play Rummy-O. So I also play with them because not much crowd... the blood pressure all done already. Then it's also... it's ok because sometimes they want to play but not enough... not enough... no friends to play. Like yesterday, there was one auntie. She wanted to play but the rest all

wanted to go home. So in the end, I played with her Rummy-O. This is also bonding.

They get to know me. Then 115 also... we... because 115 we have the volunteers and the staff. So they also cook lunch together... all these are very good.

Principal Investigator

What are some of the common health problems you see they are facing?

Interviewee

Usually most of them, have ... the morning one. Out of the 3 chronic ones (referring to high blood pressure, high cholesterol level and diabetes), they usually have 1 or 2, or some have 3.

And they will come for morning exercise. Then they also have breakfast. Breakfast is provided. Then the WK, like today, they have TCM (Traditional Chinese Medicine) about diabetes.

So for those who come to the Wellness Center, I find that most of them, they are well-controlled. Ok... then maybe some have mobility ... maybe like fall risks all these. We can see that they're not very steady, so we will tell them to be careful, you know. I think other than that, not very much we can help unless we have Falls program. Then we can start to do the Falls assessment, can educate about falls prevention.

But if they come to me, I will just tell them... what are the things to look out for? Make sure eyesight is good... make sure have covered shoes... then if thorough, then maybe we can start this Falls program and do Falls assessment because for Falls assessment, we need to bring our... a lot of things there.

4. Compare Community Nurse versus Nurses in Hospitals and Specialist

Outpatient Clinics

Principal Investigator

So you are trained as a nurse and the training for a nurse typically is done in an environment that is pretty well-controlled. When you move out into the community, the environment is quite different. How do you adjust and how do you adapt in the

community? And initially when you made that move from the hospital into the community, do you feel any difficulty in having to adjust your practice?

Interviewee

I don't think... really affects me because before that I was already in AIP (Ageing In Place), you know, we do home visits. So we have all the things with us, we have to bring our own BP (Blood Pressure) set, glucometer, we have to bring the files. So in fact, at the Wellness Center, I think it's so much easier because the things are there. You only need the basic things because we don't really do very much... I mean, at the Wellness Center, like I've told you, mainly it's blood pressure monitoring... check the sugar level. So all these things, the BP set is there. Glucometer because we use our own one so it's with me. Whenever I go to the CNP, I'll bring it... and also the file. I have a file ... so you know, like record down the client's name... the blood pressure. I'll bring back the file to key in... so because it's a paper so I need a file to put... if not it'll be crumpled. So actually... not very inconvenient.

I also find that besides monitoring... actually monitoring, most of them are ok... not those really need medical attention you know. So it's quite a friendly environment... some they just want to talk to you. So I think that it's good, you know, that they come down rather than them staying at home. Then besides BP, you know, I also play Rummy-O with them. *laughs* It's really no stress. I think benefit both ways.

I learn a lot from the elderly, you know, by talking to them. I think they also enjoy talking to me. In fact, some of them, they know me because like, you know, if we do health screening in Chong Pang, recently ... then I also gave, you know, GHRR (Group Health Report Review). We have our group report collection at Chong Pang CC (Community Club).

Because at Chong Pang, you'll see the same faces so they, you know... they see me giving them the health talk, they see me at the WK. So it's like friends like that. So I think... how to say, because they... there's one client that used to come to, you know, the WK. Then after that she saw me at the Chong Pang CC giving the health talk. Then when

she saw me again, she gave me feedback , like “Wah so happy to see you that day. You know your talk was very good, very smooth.” So we... I mean I feel that this kind of closeness. They also... I think they also see me, you know, familiar face... so whenever she comes in, she will, besides checking her blood pressure and blood sugar, she will talk a little bit. Sometimes she will talk about diet. She will tell me ... now she buys this Kangaroo rice from Australia... no doubt it's white rice but it's very good for her to control her blood sugar. So we share all these things.

It's only in 2015, end of 2015 then CNP became under PopHealth's care. when I came in, they put me to CNP. I join here. So this is my third year.

Principal Investigator

Between the CNP and home visits, what is the difference that you've observed?

Interviewee

Of course, very much difference. Because, you know, AIP patients ...they are just discharged from the hospital. So when we went... if we go in there, we need to see, you know, what are the things that they need? What are the things that we can help them? You know, to stay at home and keep them well to prevent further admissions. Of course, much more stressful.

And then they will call us sometimes, you know, something cropped out. And then, we also keep on having new patients to see. So quite stressful I should say. Whereas here, I told you... quite a friendly environment, quite relaxing. Because those who come to the Wellness Center are quite ok, quite independent one. Like just now, I say the auntie who comes to the Center quite regularly?

Even... you know... because the nurse is only there on Mondays. So even not on Monday, other days she also comes down. But she has a maid to help her because her eyesight is not very good. So... I think they treat it like a place to go. No doubt, you know, the nurse is not there but they still come down for morning exercise, for activities. So sometimes they have health talks or whatever, they will come down to the Center quite often. So I

think those people who come to the WK are the very... how do you say... you know, they are quite well. They are quite well.

Sometimes we give diet advice. We also tell them... like some not sleeping well or sometimes, maybe if they tell us that, you know, something bothering them I would advise ... maybe I would say, like you know, "It's good to see a doctor, you know? You're constantly feeling giddy..." for example. So maybe... I think it's good if... you know... they let the nurse know the problem. Then the nurse can advise accordingly. Maybe they will listen also.

5. Concrete Examples of Interactions with Residents/Customers at Wellness

Centers

Principal Investigator

Have you seen a resident who has made an attempt to change their diet??

Interviewee

Ok so besides residents near Chong Pang, we also have patients ... C44 patients... diabetic patients already follow up... but maybe besides glucose, also have blood pressure not well monitored. I mean, not well-controlled. So I have this client that C44 referred for weekly monitoring... blood sugar. So the first time I saw her, I saw her blood pressure was quite high... quite I should say... very high that, you know, need to see a doctor. So I told her, I said, "You need to see a doctor." So she saw the GP. Then after that, on medication... so now her BP, her blood sugar... all, you know, quite well-controlled. Then how should I put it... because I find that, you know, she came then I advised her and she has done. Then now, very good and she comes with me... and now her blood pressure, her blood sugar... all, you know, stabilized, well-controlled. So this is how, you know, the nurse affecting the client.

You know, when they... when she comes ah, because from C44, they gave a list of, you know, things to write down... whether this client has done this morning exercise... so through asking her, you know, maybe she already... she knew that what are the things

that she should do to, well, manage her condition? Because she has come quite a number of times, a few weeks already.

So, you know, I will ask, “So morning you have done... what exercise have you done?”

So maybe she will realize the importance of all these... the exercise, the diet. So I think she will try to, you know, maintain.

Principal Investigator

So you mentioned early on that you saw patients from C44, what about patients from the AIP program?

Interviewee

Have also. Because they are usually quite stable. So the nurse... the AIP team don't need to visit them so often. Because they're also staying around 115, yeah I have clients, you know, the AIP nurse asked them to come down for monitoring. We have also given them a record book, you know, a small book to record.

So if the nurse come and visit, the nurse can see what's the trend... the blood pressure... Usually it's blood pressure... there's one client that we were asked to check blood pressure for sitting and standing position. So all recorded in the notebook. So if the nurse want to check, you can refer to the dates and the readings... the blood sugar... Whenever the client comes, they will bring. I will write down the date, the time, the readings. Unless some they have their own monitoring at home but not everyone has.

Maybe the nurse visit once a month, then the nurse can see for the past 4 weeks, you know, how were the readings...

6. Routine of a nurse at the community nurse post in Wellness Center

Principal Investigator

May I check with you, before you joined us, what were you doing?

Interviewee

A lot of things... actually I left the hospital when I was newly passed-out. Then after that, I have done a lot of things. You know, private clinic... I've done industrial nursing... I've done private nursing. *laughs*

Then before I came here, in fact, because I was doing private nursing before I came here.

Then I had one assignment that... mm they want a part-time nurse, 1, 3, 5 in the morning to do home visit. So that was something I have not done before and it was quite far away... in Mountbatten. So I thought that, "Eh it's ok. No doubt... you know..." That time was the private nursing assignment. So it's not a permanent job. I mean I... was quite ok to, you know, try something new. I mean I have not done that so I think, "Eh quite good." So I went there. Then after a while, they asked me to join them as their staff. Mm so I did join them. So from home visit, after that they had a daycare. They opened a daycare while I was there. So I can see... you know... so actually that was the time when I had more experience with the elderly. They also sent us... they also gave us lectures on dementia, depression... how to handle elderly ... so... actually very... quite a good experience. Then later on, we had more clients coming in. Then we also had more foreign workers coming in... yeah then I find that... *laughs* too much for me because I'm the only nurse there. So I think I... afterwards I decided... partly it's... you know, far is one thing. Anyway, I worked there almost 2 years plus. Then after that, you know, more patients coming in, then more foreign workers and I see that, you know... I don't know ... they're from Philippines... so their attitude of work ah... aiya I find that I couldn't work with them because they like to gang together, then they speak their own language. Then I'm the only nurse there so I find that it's too much for me. So I think that... ohh goodbye. After that, I applied here. Then they saw that I had done, you know, community nurse before. So they asked me to join the AIP so I said, "Ok, I try." So AIP for one year plus... then afterwards Sister Jes said that they need more staff so... anyway 3 of us from AIP were transferred to PopHealth.

I should say I quite enjoy, you know. Because I find that... so not only CNP, I do kiosk duty also, do you know? Mr Bean there. Like this morning? Blood-taking. Then we also

have outreach programs. Then we go and do health screenings, you know for the public? So you see, you know, kiosk duty, we have... most of them... actually they are strangers to us, you know... because everyday we are seeing different people.

And yet I still find that I quite enjoy the process because no doubt, they are strangers but they are, you know... how to say... I treat them, like you know... I do my work well, I can interact with them and then this morning I have someone... who said that he wanted to give me... he want to write a feedback. *laughs* So today... today actually was the first time because he asked... he said he wanted to write a feedback form. So I... I... gave him one and then he wrote a compliment of me.

Because I... you know I do kiosk duty and I see strangers everyday but I find that it's nothing to me and I also enjoy the process because I find that after blood taking, they will ask, "Eh can I ask you something?" Then we will talk about other things if there's no crowd. So I also find that, you know, even short hours in the kiosk... sometimes very packed... but I also managed to... you know, talk to clients, to do the job well and I find that they are satisfied customers. *laughs*

Yeah so ... so what should I say... even in community, and you know, kiosk... because community, WK like we see them... we know them, we see them. Then sometimes on and off, we have new clients. But if they don't come back again... then we see them again. Then it's also, you know, in a very relaxed environment.

Whereas kiosk... you know, sometimes you cannot predict, you know, whether there is crowd or no crowd. I find that... also... I also enjoy working with ... how to say... different... I mean serve. It's... how to say... serve them... they are happy, you know? Mm no doubt they come for health screening... they are flustered but I... ok, you know, make them happy. Do what... partly also I think the skill ... the skill you know? Because you know... blood taking... sometimes it's not that easy because sometimes you have very timid clients. They are so worried... not only females worried... some males also. So you're able to reassure them and do the job well. They're happy, I'm happy. *laughs* Yeah ok?

The people that in the kiosk we have clients from... living opposite... mm and then maybe their neighbors or their family has done... and we also have repeat. Repeat means they do it once a year. Mm and then I'm not always at the kiosk. So we always rotate. So I may not always see the same person again.

Mm then we do have public that you know... relatives or who... admitted to 'xxx Hospital' and then they came and they saw our health kiosk there. So they came back, fasted for the health screening. No doubt they don't stay... they are non-North but we have been given instructions that if people have fasted and they don't stay in the North, we still do for them the health screening.

So we have, you know, public staying in the North, also we have people staying opposite also. We also have, you know, Marsiling, Woodlands, Sembawang kind.

So you know, like let's say Monday and Wednesday, I go to the CNP. Tuesday kiosk duty. Other than that, we also have, you know, pull-out calls. Mm if the result don't... those unsatisfactory result, we also have to call them to find out more or to advise them to see doctor. When we do calls... then we need to key in data also.

Kiosk we've done... we do the registration at the kiosk. So those that I need to key in... like the WK, the pull-out calls that I called them. Or some that I have called them then they have seen the doctor... they are ok then I will discharge them. Have also... key in the data.

So then we do health screening, like not long ago, we have the staff health screening. So we take blood...

Ok so of course you say, they can do their monitoring... But I think the important part is the interaction. You know, a place that they come, you know. Because sometimes they come to the Center, you know... you talk, you laugh, you play games rather than you know... of course you monitor at home... then you don't want to leave the house. I mean, that's not healthy right?

I always encourage them to come, even like ... not only for the Wellness people...sometimes if I do meet... like, you know, after kiosk... after the health

screening, sometimes I'll talk to them. Then I'll always pick up... or during my GHRR, the talk that I give, or when they come for their group report collection, that's the time when we would show them the results, we would tell them... you know... so I always encourage them... the elderly... you know, you must get out of the house and then you know, for activities, for sunlight. Don't always stay at home. Always encourage them to... you know... you must come out to make yourself happy. Don't always stay at home. You know, then you come out, you walk, you exercise. Correct? Rather than always staying at home. So just now what you've said, to monitor... I think that's one thing. The important part is the interaction.

I always ask them. I encourage them to come out, you know, more often... because you meet people, you talk, you laugh.

Principal Investigator

Thanks so much for your time.

Interviewee

But I really do enjoy, you know, going to the WK. Like I've told you, I learnt a lot from them. Like yesterday, when... while I was at 115, in fact, not only elderly come you know? Yesterday I had a lady... actually she has been there for quite some time already. She's 56. I think I've met her 3 or 4 times but each time she comes ah, you know, we can talk for... yesterday I think I talked to her for more than an hour.

We shared a lot of things so all these experiences ah... I think to... I mean I cannot describe. But, you know, she will talk to me about her personal life, her children, talk about, you know, the job that she's doing now and she even talked about savings for old age... all these things. So we shared a lot of things. So this kind of things... how to tell people? But I feel happy, you know? I'm working but... and yet you know? I... *laughs* I really enjoy the process, you know? Interacting with them... but I think most importantly, you must listen first. You listen... but I always find that when people are willing to talk, I'm very happy, you know? Even sometimes like I told you, we always see strangers at the kiosk. But they... you know, even first visit har, they can tell you so

much things, you know? So I also feel very... you know, people willing to share with you their personal things... even first time they meet you... So I feel very... how to say... you know, feel good that people willing to share with you, all these personal things. That's how I feel and then I always feel that I want to provide good service to them. Whatever they need, I try my best. But of course, for health screening, if they come, I also try to do good blood taking. But so far, I think I'm doing quite well because I always have them telling me, "Wah good. No pain." *laughs* you know? So I said, "Yeah don't worry. I very gentle..."

So you see? I mean everyday, no doubt working working... but you know, you're enjoying the process. I find that I'm doing a... I mean I try to do my job well, provide good service. They're happy, I'm happy. So that's all. That's all I can say and then especially everyday if we go out to the WK, we are seeing elderly. I think they feel that, you know, they are well respected because they come in... no doubt they are more senior but they will always, you know, they will say... they will either greet you or they will ask, "你好吗?" ("How are you?") you know all these things. So I think it's 2 ways.

They respect you, you respect them. Then they're willing to listen, they're willing to tell you more. So this is how I feel ... community nursing.

I think another thing is also... I mean if they're not working, I mean I always find that they should interact more with other people, rather than, you know, at home... they can share. They can share. Like I told you the Silver Cove, you know, the Malay community. You see the round table, they sit together. They do knitting, they're talking. So actually, I think it's good rather than you know... Some they are... you know... depressed, at home, nobody to talk to. Then they are preoccupied with their own problems.

Principal Investigator

Thanks very much.

Interviewee

Ok welcome.

1. Your Role in the Wellness Center (aka, Wellness Kampung (WK))

Principal Investigator

Can you describe a typical day at the post in the wellness center?

Interviewee

Because you see, the residents will come in one by one, you know? One by one... so ok I check blood pressure. Sometimes you do the sugar level right? Then break... So we will... based on their medical history, we will advise you see... whether they have their medicine, appointment check-up... all this and that. We do advise... or any other... sometimes they may have their family problems. They do talk to us, share with us. We really... so far, I don't have a difficult patient. I mean... they are more or less quite well... let's say so like depression that they need to refer and all this and that, actually they haven't come across yet ... Not at the extent that I need to refer a depression patient to go to the clinic and all this and that. I don't see a need.

But I do ... that day, we did the Falls... the previous guy... my 2016 also do the Falls assessment ... the Falls assessment. I... maybe I got one experience is that erm at this Galaxy... that one is not a WK. It's a normal Community Nurse Post...

I feel like ... maybe I really did something for that lady because after that I do the Falls assessment. Then from there, I know I advise her a lot of things, like do some... the EASE program. They want those...they install all the bars... HDB bars...That one. Actually, she's very happy. At least she knows... she knows that this type of thing, got such thing in the RC... or CC or whatever. Then they go and apply. Then she get. At the end, she's very happy, you see? So I know that sometimes maybe you need some help... they need help but they don't know where to go. So at least from here, then maybe we talk to them, then maybe we can assess them and talk to them. Then you help them, you see? Then the residents, at least, they know where are the places to get help all this and that. Where to apply? And after that, she's very happy all this and that. Very... I know

that I do something good for them, you know? It's from our assessment ... then from there, we tell them what to do the next step... Ok... but I mean, at the end, they know where to go the next step and at the end, she got the things done. At least we prevent the person from falling. At least now she got the good grab bar... all this and that. I mean the government will install the thing for them. So actually... something... it's quite good for me... you know? Community post or WK... Yeah Yeah it benefits the patients

2. Experience with Residents/Customers of the Wellness Centers

Principal Investigator

So the residents at WK, have you seen any of them? Doesn't have to be... but any of them sort of benefitted, you know, from the community nurses... just next... very near their homes?

Interviewee

We... because WK... I don't really like go to the fixed one for a period... once in a while, then I go. So maybe I don't encounter so much.

The person... like ... 'Nurse G'. He's more... more... I mean more fixed. Previously... he's more.... spend more time with the patients, I mean the residents.

Principal Investigator

So like the residents that you see, are they those erm... the same group of patients that you used to see during home visits?

Interviewee

Oh no no no. That I met... because home visits... we all sometimes we don't go already. Maybe most of them are... have done the health screening... have done health screening. Let's say we go to Chong Pang marketplace, then from there, we encourage them to go to this... the nearby one ... ok let's say Chong Pang the marketplace the health screening, maybe the nearest is 115. Or another one is 131. 131 is not much activities ... it's a normal CNP... not much... but we encourage them to go. So maybe all this... our

residents from the health screening, not from my home visit patients. Because lately, we not much home visits already...

Then because for us right, we... we didn't have the fixed one you see. We go down to whatever we need... let's say the staff on leave or what, then we go because for me I didn't have a fixed one. They have fixed one, you see...

They say now today I go to the ACE. It's because the nurse... this actually ACE... is also actually don't have the fixed nurse... also we rotate. We... each time there's... oh need to go with whom like that. We don't have a fixed one to go to the fixed post.

The only fixed post is... so far did you interview Ivy? Ivy... more on the fixed ... because she don't do other... like venipuncture this and that. So she's more concentrate on the... this CNP. For her, it's more of a fixed one you see... and more... and spend more time with the same group of residents.

For us, few of us like ... seniors one, few of us... Because we're running the outreach. We got to cover the downstairs the kiosk booth. Then you see now, we're going to get staff screening. So we're more on the venipuncture all those, health screening... So only off and on, if we need help... they need help so just go in and cover for them.

Like tomorrow I'm going to cover the ACE at the Woodlands side. I got to cover. Today I go to Chong Pang...

ACE is near to the New WHC ... maybe in future, this CC got more popular... I don't know. But now it's very quiet. You see, today I cover Chong Pang is because Nurse Azizah went for course. So you see... I... maybe certain time, I'll come here... certain time, I'll come here. So I didn't have a fixed group of people to see me, you see. Maybe off and on, they see me... or off and on, they see them... like that.

Principal Investigator

So you haven't had the chance to develop like friendships with the residents there...?

Interviewee

Not really, not really. But when we go there, of course ... we try to encourage more people to come and see us. Yeah because sometimes when you go outside, outside they're

still... look see look see. We ask them to come in, come and join the activities. I mean some people are like that you know? Look look look, see see see and they dare not come in or they just come and read newspaper. They don't want to come in for other activities, like... blood pressure check or... then sometimes maybe we do some assessment, geriatric assessment things like that. We will send them a questionnaire for the geriatric assessment to go through with them, just a very basic test like their functional test and things like that.

Principal Investigator

Why do you think they are not... you know they don't come and take part?

Interviewee

Maybe they're... you see ... like certain CCs, there are not much other activities you know. Every morning, they will come. Maybe they will read newspaper... that's all. So this group of residents... maybe they're so used to other activities... "What for? My blood pressure ok. What for I check my blood pressure?" They have the... how to say ... maybe they ... think that it's necessary to go and monitor their blood pressure. Ok maybe they've done it before, their blood pressure is ok. They're not on any medication so they don't think they need to go and monitor frequently like that. So unless we go and talk to them, then come. Then maybe after some time also... "Aiya don't need. Blood pressure ok. Don't need." Then later, go and read the newspaper and then they go out like that.

Because certain CCs, they (residents) think that there are very little other activities. You know? Especially those ... like just now I told you about ACE? It's very quiet. It's at the 2nd floor ... hardly will get any residents.

It's opposite the road, hardly will get any residents to come to this place. Another one is Galaxy also... Galaxy is near to Admiralty MRT... Also very quiet...2nd floor quiet.

Even if you put your standee downstairs... also ... hardly got people walk up you know?

Yeah.

Then there are more activities... Then at least they come, they are over... over...

spending time down there. You see, they morning come and exercise. Those are... some

are 老 aunties ... all those old people. They got nowhere else to go what, ok then you come, you exercise, at least you chitchat and then all this and that. At least they got something, then sometimes they got some talk mah. Got talk then got some of them go and play mahjong *laughs* or things like that, or play some games and things like that. Got some ... my dietician goes down and I mean demo and things like that. Sometimes they got... some interaction for them. Yeah. They think it's like more worth. Eh like slowly at the Chong Pang, today I go there, you know? All the residents... they've got the group, go for outing. Also all go out already. I hardly see them also.

The other one is... this Chong Pang is 131. It's not the 115. Another Chong Pang. This is ... we call it... This is like Thye Hua Kwan...near the Thye Hua Kwan one. This one... the Wellness... I mean we call it Kampung... Chong Pang... Wellness ... or something like that... Thye Hua Kwan one. Actually inside also not much, a few machines for their own exercise and that's all. Not much things also. Then they have 1... normally a few of them play mahjong. But they do arrange outings and things like that.

Principal Investigator

And they have community nurses there as well?

Interviewee

Yeah lor got. That's why today I... this Azizah, the Malay nurse... Tuesday and Thursday... because she's on course. So most of the time, because Azizah for her, she got fixed. She got fixed ... 1, 3, 5 at Yishun South 2,4 at the Chong Pang. Because for her, she don't do venipuncture also. So she and Ivy got more fixed community post. For us, we don't have. Whenever need, then we go in. But other than that, 2 of them will cover this... quite fixed one for these 2.

Ivy will be ... the NSE at 398. Another one is near the... the CC. Then Sembawang J, K, Sunlove and Sunlasting. These few more fixed with her. Then other times, when she's on leave, then we stand in.

But overall, I think erm I enjoy. I mean when I go to the Kampung Wellness... or this... Wellness Kampung or Kampung Wellness? Wellness Kampung! *laughs* I enjoy. It also depends... how you interact with them because if they see you friendly, then they will come. If they see like so serious, they also very scared to come in. *laughs* Hor like after a while, I come out and talk to them all this and that. Yeah.

Talk to them and sometimes I say, "What are you all cooking?" all this and that. I mean they think that you're very friendly, then they will come and talk to you, share with you. If not, they also don't want to share anything. Then I also... I think so far, I only erm... I ever attended one of them... They call Share-A-Pot. I ever... so far once only. We also help them to do their... you know their test thing? Their functional test like that... their walking, their exercise... once only. Before, before the soup, they do the test first. Then they go and take the bowl of soup. They call it Share-A-Pot or something like that.

But anything... actually I quite enjoy when I join this Population Health. I like outside. I don't like stay in the office. *laughs* You see, 20 years in ambulance service... it's very long, you know. We're on a run, you know ambulance is always... it's very long one, you know.

Have trauma, medical, whatever, delivery baby, everything... Bao ga liao everything (all in one). 20 years you know. But at that time, you are young, younger age can because you need a lot of physical... strength one. You need to carry patients, do resuscitation and this and that.

Sometimes you need to climb upstairs, climb up on the boat or those big ships ... also must climb up. For 20, exactly 20 years. Very young that time. 15 years in the HPB... school... school health service. But also we're running to the school, not in the office. No no. Students... eye check... backbone. You know, you all Secondary School, check the backbone.

Yeah so that's why I join here... I also enjoy. Actually I like to go out... their outreach programs; I like to go out to the marketplace although it's so hot. Sometimes, you really

sweat everywhere... but I enjoy. At the end of the day, I think, "Wah something done." I enjoy working.

I mean so far, I don't regret coming here. *laughs* Actually before... actually I resigned you know. I resigned you know? From my previous... Government service. I resigned that means I terminated my service, you know? From here, I start my service again, you know? 40 years service you know? Resign.

Ok before I come, so many people asked me to think twice, 3 times, 4 times, 5 times... before I... "Before you go, better think twice." But I don't regret. You do something that you really enjoy. You feel that you're doing something for the residents. Then you're more... how to say... think that you're worth ...your nursing... I mean, it's a passion. If you do something like you don't like it, no point. No point stay down there, yeah.

3. Concrete Examples of Interactions with Residents/Customers at Wellness

Centers

Principal Investigator

Can you feel the impact of what you are doing with residents?

Interviewee

I really think that... aiya if they really want to share, you know? Maybe they need help. Then we can help them. But so far, erm we... I haven't come across somebody that very desperate that you... something in what... depression stage or that type of thing. Oh no didn't have that type of thing yet. I mean touchwood. *ughs* But generally they're ok. Maybe we only tell them to get... if they already have existing medical condition you know, just ensure that they take their medicine properly and see their doctor and attend their appointment, all this type of things only ... only the basic things.

Principal Investigator

Do you have to handle medication titration?

Interviewee

At this moment no. Because titration of medication is not just a simple thing. For us, you see, we see the patient... the patient is first time... my first time see the patient you know? You didn't know the background, you know? You must understand that. Although sometimes you might want to get... let's say we call the doctor, I think... unless the doctor knows the patient, if not how are you going to titrate the medication? Maybe in future ... but not at this moment yet. In future, maybe other plans.

Then you see, when they come to you, one big packet of medicine. Some they might come with the packet with the label. Some they... no you know? They've already opened up... opened up and put in the toolbox... I mean the pillbox. You know, pillbox they put Monday, Tuesday, Wednesday... day and night all this and that. They are all mixed up. You don't know what type of medicine they take unless they come with a packet then you know what type of medicine that they're taking. Like Sunlove, we just talk about Sunlove... one or two patients, sometimes they come down and let us do the packing. But you see, when they come down, some of the days, they never take you know? Then sometimes one or two patients maybe a bit demented, sometimes they forgot. They didn't take the medicine. The whole week ... certain... still the pill is there you know? It shows that they never take, you know?

But maybe they forgot to take. One day got 3 times right? Morning, afternoon, night, right? Then from Monday to Sunday like that. So we pack for them nicely based on their schedule. But the next week you go there, you see... Eh? Some of the boxes... the pills still there. That means certain days... they ... never take. But you asked them, they said, "Take take take!" But they never take. One or two like that maybe they already some dementia...

But we cannot 24 hours to tell them to take. We only can enforce but we cannot... because we only go there one week once only. Then even let's say, we got a chance to call them, inform them to take the medicine but if you don't witness the person take ... The one or two... they got no family.

Actually Sunlove there's one, that is supposed to come down every week for us to do the packing, you know? But sometimes like this Monday I heard my nurse say ... he came down so late also you know? Because sometimes the... Actually this Sunlove, the another one is ... below the block. They call it Senior Citizen... no Senior Activity Center? Senior... no no. Senior... SAC? Sunlove. It's under Sunlove one, below the block. They got this... below the staff, actually sometimes they go out and call all these persons down, you know? So cannot knock knock knock... sometimes our friends haven't woken up, still sleeping you see? So by the time, you drag him down, call him down, it's late already. Then you see... Eh? The medicine is supposed to be taken but never take hor? But let's say you got chance to call... to telephone call, whether the person really follows you to take or not... you wouldn't know... unless everyday you go up 3 times to make sure he takes. I mean... got that type hor... it's tough.

You need somebody like... eh go up morning, make sure you take the medicine. Oh today you must go up and see... everyday like that. But not possible right? But all these things (ill people) are all alone one. If you go ... all these places, normally it's alone. Even if they're not alone, they share with another person, they are as old as they all one. Those like Marsiling ... Marsiling... some of them they call it 'no room no hall' that type one... that type... one room flat. Rental (flat)... they all are very senior one... senior citizen. Most of them live alone. Then maybe the staff can help us to call him down but after that, after today, then subsequent day... nobody follow him...

These are real cases. Then they already on chronic medication... like diabetes, high blood and all this and that... need to take medicine properly but then that's why I'm saying... who is able to have that time? Morning go up and make sure that he takes. Afternoon make sure he takes. Night make sure he takes. It's not possible that somebody can do that. Although it's upstairs downstairs, the activity center is upstairs downstairs, they have to juggle so many other people. You know? So this patient... this one I think sometimes also... yeah I think previously they also go for assessment ... whether is it demented... subsequently I also don't know what happened. I didn't have a chance to follow up.

We have the record... actually they have the social worker... social worker to follow up this type of cases. We make appointment for them to go and assess whether it's dementia or this and that. So once the cases... by social worker... that means they're supposed to follow up. They bring you to hospital for assessment but subsequently what happened?

We don't know. We don't know unless we... must really go and follow up.

Because we... our... we... how to say ... cases, they also got their chronic erm... care... another post called what? Care corner or something like that. It's something... somebody like social worker ... they in-charge of this people one. They will go and see them, visit them all this and that, you know. It's different from community nurse one. It's another group of people, in-charge of certain patients. Sometimes they might go and see lor whether it's their medical appointment things like that.

We got this care... care corner or something like that. xxx Hospital's staff. They got social worker right... then got another group of them... Sometimes they do go and visit you know? They might bring them down to our this... this is more under the Sunlove side. They will bring down to my nurse post there you know? For us to pack the medicine, to check blood pressure so on... But they don't... maybe they visit them like off and on, randomly visit one. Maybe they all like... let's say you in-charge of somebody, I in-charge of somebody that type of things. Maybe that one you have to ask somebody to tell you. Maybe the social worker... From the social worker, you might be able to get more information.

Principal Investigator

How do you work with the residents?

Interviewee

Yeah I can tell you that nowadays... because it's less home visits for us. So you see, we all, after the health check, health screening, we do like... eh now... another step is they give to the GP and all this and that. Mm all those people like Saturday we do the... give out report at the learning center. It's in a group already.

Principal Investigator

After you've given out the report and the assessment, you refer them to the GP?

Interviewee

No ... not say we refer them. From our side here already... you see let's say now the reason why it's... Gembas ... The 4 or 5 something... why we go for health screening right... so actually I... our executive, already siphoned out, you know? They've taken out who are the people to go and report to the GP, collect their report at the GP. They've already ... I mean divide up already. So all these people come here at the learning center are those people, the results would be like just little bit borderline high risk and that... Those like not so ideal one, they've already put them at the GP. We've already siphoned... because our next plan is you put the report at the GP so the residents are supposed to pick up their report at the GP. The first consultation at the GP is paid by us. That means the residents go there and pick up report. The doctor will come, counsel and talk to them... any further like need medication or need investigation that depends on the doctor and the residents already. We... we all... the first consultation they claim from us. Only the consultation. The review we call it report review. They pick up the report then maybe the doctor will explain to you... what are the plans... all this and that. Subsequently, visit or what... it's different already. Yeah only the first consultation is free... and then the GP will erm place for us ... Maybe they claim from us ... maybe got voucher or don't know what. But we don't know how's the outcome yet. Just started. ... I think the... so far, maybe no results coming in yet. No feedback from the doctors yet because we just informed the residents go and pick up from the GP. So we don't know how's the outcome, how many people, how many residents pick up... We only can receive when the GPs fax back to us, said "Wah so and so come." Then we more or less know how many people pick up. That will be under like ... 'Mr Y' they all. You know Mr Y they all right? Mr Y, Mr M and Mr E, they all because they got different... Chong Pang they got Chong Pang clinic, Yishun got Yishun clinic right? Then the other one is Woodlands one. I think got a few clinics. So we will depend on the residents... how many they will attend.

Actually I think it's quite ok but the thing is that I don't know how the residents will respond because you see, some of them maybe they've already... because the residents who come for health screening ... they already got existing conditions, they might have their own doctors. So they will think... no point. So more or less, we put the report at the GP. We actually encourage them to go and first pick up the report and let the doctor explain to them. Subsequently, they want to follow this doctor or not... it's up to them. For those who got existing conditions, existing doctors one ... yeah... so those who a bit fresh one, whether they want to follow up or not... also depends on the... maybe the subsequent charges also. So we wouldn't know what type of medicine they need and what type of investigation the doctor is going to do for them and how much are the charges... Ok maybe you've got to give us sometime, see what's the outcome ... we cannot... at this time, we cannot comment yet. How many people go and pick up... we also don't know. But we ... we... other than that, the rest, we also got phone calls to call them, to track, to call them... whether what are the plans. After that, they take the report, what are the plans... whether they see the doctor... do they make any lifestyle changes... exercise? So we talk to them but only through telephone. Mm but whether they tell you the truth or not... we don't know. *laughs* because we cannot see what... You know? We cannot see... how much they do this?

Principal Investigator

But you have a WK where they come in regularly and you can see them regularly.

Interviewee

You can see. let's say today they do erm blood test. Another health screening... today they did at 260. And they did another test. Maybe later on, they can... want you to compare the results like that. They did... today just did another test. Maybe subsequently the other two ... the other two WK.

Then they can maybe do those... repeat one, they can see whether any difference or not. Maybe erm let's say the manager down there, like maybe for the physical... I mean just from their... physically maybe they see their... I mean their strength better or not... the...

Maybe for them (Center Managers), they can see ... for us, we... very hard for us. They (Center Managers) see them everyday. Whether they will become fitter... or more cheerful. They'll be able to tell.

At the WK, at least, they (residents) can go and chitchat or maybe they see their own friends, they can chitchat hor. Or they go and read newspaper. Then sometimes like got talks and like this and that. So actually we can spend more on... I mean expand more on the Kampung la. So mainly, the one that you see (at) the WK, their group (residents) maybe... it's the same people down there also.

Some of the residents also go there to 131. They go to 115. I mean they go both sides. They go both sides because this side they got their own friends. They also go to the other side.

Like that lor. Actually this Chong Pang... the Thye Hua Kwan that one, they've got another group. But that one different from those residents coming for the blood pressure one you know... They got another group, outside they do Zumba there. Zumba dance. They've got another group. So means they've got a group of people for Zumba one is different from the inside one. Inside one many more not so mobile one... some of them got walking sticks ... It's outside the kind dance one ... it's the fitter one. *laughs* can dance Zumba one hor! Come in one, they got a few walking sticks ... got one even on the wheelchair things like that.

They got their own group of people. Maybe that one is not the patients for inside...it's just another... they make use of the place only... outside the... lobby. Because outside the Wellness Center got the empty space there, under the block ... but it's an empty space. Corridor and all that. Tuesday and Thursday, my nurse will be there.

Today actually, I go there... Eh? They went for outing. But this group of dancers still there. They come for dance and things like that. They... only a few of them... total only 8 people... those cannot go out one, got walking stick things like that. Then they go for blood pressure... Then the rest all go out, go to Chinatown.

Not so... I think this one and the NSC (Nee Soon Central) and NSS, Nee Soon South... the one at Khatib? This one at least more people come. One more is at Sembawang K. Sembawang K... but no activity. It's just RC... this group of people come for blood pressure then they go. These 3 more people that's all. The rest is all... very little.

The Sunlove is that one... the all those old people... every morning they go and do... just very simple exercise. Then they come for the blood test... blood check. It's not ... I mean the same residents who stay nearby... the same block under the Sunlove. Then every Tuesday I think... not every Tuesday ... maybe biweekly or what... they got doctor. They got doctor come for the... but the dispenser very ... let's say this person who's on high blood pressure medication, the doctor just prescribe for them ... just for... but they do blood test. The doctor just give... just issue the medicine but their blood test, they still got to go to polyclinic. This is under Sunlove.

That's why also same group of people yeah... same group of people who everyday go there... quite a number of Malays. I think maybe one of the days you go and see... They got some ration also... ration. Some people donate those like rice, oil. Milo, all this kind of things. For the needy, for the needy one. Somebody donate. Oh but food I'm not so sure... the food maybe once in a while got people donate food to them. You can go and explore more the Sunlove.

Then lately I think they got one sister called 'Sister La'. But now her office, I think, go to the other side... quite some time I never go out, you know... she's under the... I think her office also under the... also under Sunlove one... also another sister but she jagar (juggles between) a few blocks... a few blocks... also called a care... something. You must find out more about it. *laughs*

4. Compare Community Nurse versus Nurses in Hospitals and Specialist

Outpatient Clinics

Principal Investigator

How is a Community Nurse different from say a nurse in the in the SOC (specialist outpatient clinic) or wards in the hospital?

Interviewee

I'm previously not in the wards. I never work in the wards. I worked in the ambulance service for 20 years. That means from the fire brigade, I go to civil. Later online you go civil defence. You know those ambulance on the road?

Because now paramedic took over. So previously it was run by the nurses. Ok so 20 years... subsequently I from the civil defence ... this ambulance service, go over to school health service because once it's... started with their own paramedics, they don't need the nurses. So all the nurses slowly go back to hospital. Then I went to school health service. School health service that means based on the HPB, Health Promotion Board. We do more on the school, children got injection, vaccination, eye test, you know? I mean general screening for backbone and all this, and that is more on the students. I stayed on for about 14 years plus... yeah then I come and join this hospital.

I decided to join this hospital... so you see, based on my experience, my experience in the ward is none, not much you know. Only when I graduated as a staff nurse. I was made 1 year plus as a staff nurse. So if you ask me about ward experience, I cannot comment anything. So when I came to this xxx Hospital, when I first joined that time, only about 3 years ago... this September then will be 3 years ... going to 3 years in September. So when I first joined, actually this Population Health is a very small family... how to say... department, you know? The nurses plus me is only 3 nurses. I mean 3 nurses...

So that time, the Population Health, we're doing outreach. It's very like... quite... difficult ... not so... I mean not so big project that time but we do a lot of home visits.

Let's say I do ... this period I got Choa Chu Kang the health screening ... ok go and give out the report. It's 1-to-1, give the report for the residents after the health screening. Then we always visit those people who... like sugar... blood sugar very high... and this and that, blood pressure high... so we go to the home and visit. That means we... you...

arrange. This block got a few residents stay nearby so we do the visit in the morning, a few residents in the afternoon... a few residents and things like that.

Of course before we visit, we telephone them, ensure that we are able to contact them, the address is correct. They're rest... they're available at home. So the project is quite small.

Then for... we have the clinic in the clinic itself. Previously it's ... next to the Subway.

That one is our clinic, you know?

S clinic you know? We call it S clinic... it's our clinic. So we had a clinic... that means Dr W's patients. But for me, I... joined, I didn't have that type of experience to assist him. Because that time, when it's more like Nurse Chan and Chee... they all take turns. For me, I come in... clinic to me, it's quite new. It's quite new to me so I don't have the chance to assist him. Ok. But I do follow them to go and do home visits. Home visits... Then subsequently ... I take up the venipuncture. Venipuncture also I come here and learn one. From my previous job, I don't do venipuncture. I do injections. So from here, then I start training for venipuncture. Then slowly, we do ... got patients come to the clinic to do blood taking... health screening. So from there, slowly slowly, I go out, follow them as a team.

Then subsequently, our PopHealth team become a bit bigger, a bit bigger... more projects. Then we also shift to another place, you know? That means xxx Hospital the other side... the 4th floor. The other side... the other side not near the xxx Hospital ... it's at the staff lounge, the library.

Next to the library... shift to that side. Then after some time, then we come over here. Then we come over here. Then until... I think this last year from last year onwards, then we got more projects... more frequent we go out. Then once the people are getting more, we also less home visit... We more like a group review you know? We give the report in the group. We got less chance to ... I mean home visits less chance. So in between that means, we're also assigned to the community post. So besides like we got no health screening, we're also assigned to the different... different community posts. And this

Kampung... Kampung Wellness ... only ... is it this year open... is it? so because that time more or less, we have a fixed nurse that is 'Nurse G', our male nurse 'Nurse G'. He... more like his territory. *laughs* He's in charge of the 3. Only off and on, he's on leave or what... then we go and take over. So for me, I got not... now you're talking... more concentrate... on these 3 WK right?

For me, I had... once in a while then I go. For 260... I think maybe 3 times I go. I more to... 765. 115 also like a few times only. So you want me to comment too much about WK ... I can do more on my 765 and 115 but not 260 because less experience.

Less experience... So like for 115, we... I enjoy working there. You see, because the residents, they are very friendly. The (center) managers like Mr W, Mdm M, ... are very... how to say... very on-the-go, you see. So we are happy to work there and the residents... we really feel like we do something for the residents. So when they come, you see, they come and they do their activities. Then here, we also check blood pressure. We also talk to them... like anything to talk to them, like this and that... yeah. Then 765 also. 765 each time I go, early morning they will do exercise. Subsequently, they will come up and do the blood pressure, do the sugar check, all this and that. So like... sometimes they've got a problem, they also share with us. So for these 2, I quite enjoy working but not 260 because I have less experience in 260. That one I cannot comment so much.

Principal Investigator

Thanks very much. Yeah thanks for your time.

Interviewee

Ok thanks thanks thanks.

No. 030 – Interview Code 2017A04 Admin

1. Your Role in the Wellness Center (aka, Wellness Kampung (WK))

Principal Investigator

What is your role here as the center manager? Was there a specific description for your job?

Interviewee

I am the only staff so it's a one man show. The role is pretty obvious and straightforward to me. I have to do everything to do with the center. You see, the thing is that because I'm the only one here, obviously, a lot of things are implied. The minute you discuss about roles, you have to be very specific. There has to be some understanding in case there is a duplication or overlap in work with another staff. But in this context, I'm the only one running the show. It's also a given that the running of the center is successful and smooth. If there are any troubles along the way and I cannot solve it, I will need to escalate it to my boss or the hospital so they can send their staff to back me up or send some help. So everything related to the center is what I perceive I can do, have to do and what I need help in. If I can do it, I'll do it. If I need help, I know that I will always have support. Anything in between will be the grey area. Of course there will be grey areas, right? Some grey areas can even be solved with the help of residents. You know, so sometimes you try to leverage, as much as possible, on the help of the residents.

But knowing that residents help on a voluntary basis, you cannot always count on them. If it's an individual program and they run it on their own, then that's ok because it's self-contained. If they don't come, the 1 or 2 hour program will not proceed for that day, it's still ok because they are their own participants so there are no other repercussions. But it is not easy to sustain some programs. For example, the cook. I have never promised the residents that we provide meals. But we told them that we have a resident who cooks and if she happens to be here, she will cook for everyone. So it's up to the resident volunteer to provide the meals and service.

There is another grey area where I need help and the residents will willingly step up. For instance, house cleaning. Technically, the residents are not obliged to do and it's our job. So I just round them up and ask who wanted to come and help. Some of them actually

came down to help. One even went, “Wah your broom no good,” and she brought her own broom down to clean.

As I’ve said, this is a Kampung. It’s very difficult to try to define roles and rules and dictate people. I mean, in real Kampung life, do you do that? People are all part of the community and if they see someone who needs help, they will step in. And this is what we want them to do – to step in. If they think that they can help, they’ll do it. So everything we do here revolves around the Kampung concept.

2. Reasons, Motivation and Purpose of the Wellness Center

Principal Investigator

Can you share with us the purpose of WK in your own words?

Interviewee

I think the important thing is how to draw people from the community. When they are staying at home with nothing to do and nowhere to go, how to draw them here? The purpose is to establish as a place for them to relax.

You know, Wellness comprises many different Wellnesses. Social wellness can be achieved when they come here to socialize. We also encourage healthy food so we look at the nutrition and we want them to eat healthily. We also encourage exercise so this covers physical wellness. When they come, we have health programs and we have activities. So we can look after their mental wellness. Right? So all these are like ecosystems. This is better than them staying at home, looking at the 4 walls with nothing to do. Then they fall ill very easily and they are admitted to the hospital. So our purpose is to make sure that people stay away from the hospital. One way to stay away from hospital to join this kind of things (ie WK).

So when you are happy, when you exercise, when you eat healthy food and when your health literacy improves because we have health talks, the social, physical and mental wellness improves. Then I think their overall wellbeing improves. Moreover, we have a nurse here. So all these factors, ideally, should help them and their health status should

improve a lot. The need for them to go to hospital should be lowered. So that is the purpose. Otherwise, why would the hospital want to set up a WK? Patients are clogging up the A&E and the wards. Of course, the other reason is that when the patients are discharged, we have the AIP, the nurses right? And also through the SOCs, the specialist clinics, and they will refer the patients to WK near their homes. We have nurses here in WK, you can come down and make friends so your life is not so boring. So they come here via referrals.

And of course, these 3 WKs started off in partnership with SLEC. Basically, SLEC does daycare for the vulnerable residents whereas we are talking about healthcare for the healthier residents and they are able to come back themselves. Eventually, we are targeting the wellness of the community. When they come here and participate, we want to improve their wellbeing.

We have an open concept so people walk by and some start thinking “Hey, I can bring my mother and father here.” That’s what they did. They’ll be like “Mr Teo, can I bring my mother here?” and I reply “Yeah, sure come. The only condition is that she must be able to come her by herself. If she’s wheelchair bound, fine. The maid must bring her here. But we are not a daycare so you cannot leave your mother here and walk away.” I am running a one-man show. I can’t support you by helping to bring your mother to the toilet or spoon feed her. I have to oversee the entire center. Other than that, you can bring your mother here.

Some of them are quite shy so I have to draw them in. Initially, I had to do a lot of this sort of things, to draw them in and invite them. When we just opened, I would stand at the walkway and talk to the residents and say “Come, come,” because we barely opened and there was little awareness about this center. Now I no longer need to do that and I rely on word of mouth for more residents to join.

Principal Investigator

For how long do you have to do that “Come come”?

Interviewee

The first month. Well because it's new. In fact, some assumed that WK is a restaurant. So we have to educate them and raise awareness of WK. Naturally, people feel intimidated and they don't want to come in. But the minute they see that there is a small group of aunties or familiar faces, they will feel less intimidated and they say "at least I've got somebody I can see and talk to." Subsequently, we grow by word of mouth as the aunties will start discussing about WK in the marketplace.

I know most of them by face but name – I'm not so sure. It takes a while. So normally I know most of them well enough. You build up enough rapport. The important thing is to connect with them. There's no point if we open the WK and we are not connecting with them. Then they don't feel connected or wanted.

3. Concrete examples of Facilitating P2P Interactions

Principal Investigator

How do you facilitate the networking?

Interviewee

So the important thing is how to connect with them and also how to entice them to connect with each other. So sometimes when new aunties come, I'll try to find out if they're Hokkien or Teochew. I'll try to bring her to another Kampung resident who has already been here for a while. I'll go "Eh come come let's be friends." *in Hokkien dialect*

Oh yeah yeah I have to because some are shy in nature. Usually the aunties are quite good. After the first step, they would know what to do. So initially I have to paint the rough concept of what we have and what we can offer. But I told them that the important thing is you should come everyday and mix with friends. The minute you come everyday and you talk to people, then you'll have a better picture. If I talk like that, cannot one. It wouldn't sink in. They must come. That's exactly the purpose. And I told them that there'll be different things. When you're here everyday, you'll start feeling the pulse of

the center. Then you'll know what you want to participate, what you don't want to participate and what time to come.

4. Programs & Activities at the Wellness Center

Principal Investigator

So when the center first started, apart from the space, it was just very basic programs right?

Interviewee

Yeah, very basic programs. Even for the exercise activity, we only engage one instructor from Singapore Sports one, "Sport SG", once a week. So we cannot afford to hire them everyday. So what I'd do is that when they come, I get the permission and ask "Can I videotape you?" So the instructor said "Can." So I videotaped. So when he isn't around, I'll play the videos on the TV. They will follow the TV and it's as good as the instructor is there. So everytime there's a new instructor, I'll take the opportunity to videotape and play it out. So now I have quite a few to choose from and some of our volunteers are instructors so I'll videotape them. Now I have a variety of these exercises, some are videotapes and some are downloaded from the Internet.

Especially for the wheelchair bound residents, I'll play the videos on wheelchair exercises in the morning after their exercise lesson with the instructor from 8.30-9.30. Those on the wheelchair want to have more chances to exercise.

So that's what I'll do. So is that in the wrong? I doubt anybody who set up the center will even think of this videotaping method. So all these are evolved as we become smarter and learn and adapt.

(*interruption by an auntie* *I'll go to 115 and come back later*)

Interviewee

Oh how are you going to go there? Walk there?

(Auntie: I take a bus.)

Interviewee

Yeah take a bus.

(Auntie: Later 12 o'clock I'll come back.)

So the key is to adopt and adapt – whatever the environment, whatever the makeup of the people, whatever the situation warranted. So you have to always... I don't want to say the word 'innovate'. I think 'adopt and adapt' because there is nothing to innovate here. The approach is different and every approach will be different because it always depends on the scenario given. So another center may have a different way of doing it and different culture. It's fine. Since day 1, I've already told my boss, "You cannot... Whatever successes I have today, I cannot guarantee success... It doesn't work that way." The dynamic is different. This year, the dynamic is like this. Next year, it will be different. So if you mention success, the only success I can see is whether I can pull in the crowd, as long as I can pull in the crowd. So on average, we have about 60+ people coming in daily. Sometimes, as much as 84 people on a daily basis – in fact last month was the highest.

Principal Investigator

Do you have a record of the numbers here?

Interviewee

Yeah, on a daily basis. So this is the ...*shows the attendance records to PI* Again, I do this out of my own initiative. So I will know who comes practically every day, 21 days, because there are only around 21-22 working days in a month. So I can track the number of people who come every day on a monthly basis and find out if it has increased.

points to another record

Oh this is every alternate day.

points to another chart

And then this is 6-10 days.

So there are a lot of people who come once or twice a month only. So our focus is on this group of people.

But it's quite hard for some months and it cannot be helped. For instance, Chinese New Year (CNY). So it's a low period during CNY. But after CNY, it has been going up. So

I'll monitor this closely; see what programs can attract people and I'll expand that program; see what programs need to change and all that. You have to feel the pulse and move accordingly. I think that's important. It becomes like a living organism. *laughs*

And a center has to be like this because we have to move according to the likes of the community. To connect with the community, we must always be very sensitive to what attracts them, things like that. You know, even my center has night classes because they said that they want it and they don't have time during the day. So I have Monday night, Tuesday night, Wednesday night classes and now I am going to have Thursday night as well for the singing lessons. All these are representative of the needs of the community. They said they want it and I said "Ok fine." The key is teacher. You help me to help yourself. *laughs*

5. Support & Resources for Wellness Centers

Principal Investigator

I notice that there is a lady cooking the food for Share-A-Pot.

Interviewee

Yeah she is here every day to cook for everyone else. , she volunteered on her own. Actually, when we first started, she wanted to cook a simple meal to be shared amongst 5-6 people. Initially, she bought her own veggies to cook and share the meal. Her sons even went to the extent to chip in \$50 so that she can buy the ingredients for the residents. Then it kept expanding until we cannot tahan ("take it" in English) because there were too many people joining. So we started a fund collection. We told the residents "If you feel like it, you can donate \$5, \$10 and eat every day." So that's what they did. Then we evolved into another phase of paying \$1 or \$2 each time we eat. So we use the collected money to buy the ingredients and it becomes self-funded.

I'm the treasurer. Normally we have our lunch at 11.30 and it will be mee or rice – whatever she fancies to cook. Sometimes there may be desserts or Cheng Tng (清汤

"sweet clear soup"). But it's really up to her. She will wake up early in the morning to buy the ingredients and chop them up. She is very dedicated. Since the opening till today, we have been serving lunch for the residents. So they also work among themselves. You see the 2 other aunties? I don't need to manage them. They can manage themselves. If the main cook cannot cook today, they will assign among themselves who can be the one to do the cooking to make sure that there is someone cooking everyday. Self-management. So if they go on leave, they will take turns to cover each other. This is very good. They are very self-driven.

Principal Investigator

How did you do it in the beginning? Because initially, it was just the center and yourself.

Interviewee

It evolved. It's important that the center is evolving. It's important not to dictate what to do and what not to do. You have to feel it, feel the pulse of the people and you move along with them. That's important. Not all centers will always be this lucky to have people like her. So different residents may have different skills and you evolve and expand in that area – whatever the skill may be. Since she love cooking and she doesn't mind cooking for others, I make sure I give her enough room to do it. But of course, we also make sure she cooks healthily – less oil and less salt. They can motivate themselves. I think that's the important thing. We need to give them all the respect and consult them occasionally. This makes them feel like they are a part of this center and that their views matter. They feel that they can contribute too. It's the same like how some residents feel that they want to contribute more, so they will pay \$5 or \$10 instead of \$1 or \$2. Some will even go the extra mile and buy ingredients. Now, maybe I need to go back again. (maybe I need to give you a contextual background) When we first started, we had limited funds. She cannot cook for so many people. So we said, "Ok, let's look for people who are willing to donate and buy veggies, rice, coffee, anything and bring it here." So it helps to support us and lessen the financial burden when they contribute. We had a lot of items coming in but it was a headache.

Principal Investigator

Why?

Interviewee

It was so disorganized because it was up to them. If they wanted to buy A, they will buy A. In the end, we had too much of the same thing and insufficient quantities of other items. We had a lot of biscuits and rice and sometimes insufficient quantities of something else. Some of the residents do not know how to cook and anyhow buy. They'll buy a bundle of veggies and imagine "Can cook". But the cook looked at it and told the center manager that this was only enough for 4-5 people, it wasn't enough for everyone. Sometimes they may also buy the wrong type of veggie. I thought "Ok never mind." So we evolved to another model. Again, I feel the pulse, I don't go and dictate them. "If that's what you want, I'll do it." But from then on, I published a list of items we need and a list of items we already have so that the residents will buy the correct items in the correct quantities. The residents will either refer to the poster for information or they may ask me directly. So we evolved to this model.

Before this model, the center relied on donation of items and it's mainly donated on an ad hoc basis. But, there was slight discomfort among some of the residents because they were unsure which to buy and there was no proper coordination among the residents. They were not very comfortable with donating \$5 when they would only be coming down once a week. Then, we evolved to a simple donation of \$1 or \$2 per meal and everyone felt at ease.

a resident walked past and donated magazines Good, good, good, thanks, thanks. You see, this is an example. Sometimes, the residents will contribute toys or any other items because we do bingo so we will have lucky draws and these can be their prizes.

Principal Investigator

So they feel like this place belongs to them?

Interviewee

Yes, that's why this place is called a Kampung! So we have to live to the spirit of a Kampung. A Kampung cannot have too many rules but at the same time, have some boundaries for them. For example, we will ask them not to buy 3-in-1 coffee because it's not healthy for them and we advise them to buy kopi kosong (black coffee without sugar). We have some rules but it's flexible enough that they feel comfortable. I think that is important.

6. Target Users of Wellness Center

Principal Investigator

So in this center, how many of them are patients of the Hospital?

Interviewee

Not many actually. So this is one area we would like to expand but that is beyond me – unless they refer. Otherwise, there's nothing I can do. Usually the referral condition is just to get them to come here. Just to come here. Socialize and exercise all that. There's one auntie who was recently referred here. Apparently, medication is a problem so they asked me to double check and make sure the maid gives the medication. So I'll do that. I oversee and be on the lookout. I mean, I'll encourage them and when the nurse comes, I'll do that. Occasionally, I'll measure for them because it's similar to my previous job, like the home visits I give. Sometimes, I'm comfortable enough, I'll measure their B.P. and things like that. No problem. I can give them the advice. It's just like how I am trained to advise when I'm doing the home visits. So that gives me the additional edge in that sense.

Principal Investigator

Just now, you say that the majority of the people here are female right? Why?

Interviewee

Population wise, female outlive men. Women outlive men anyway. By nature, women are more sociable. Ok. You put any 3 or 4 aunties together. There are many things that they can under the sky. They can talk about their families. They can share about the market stuff. 哪个菜贵, 哪个菜便宜. ("what vegetables are expensive and what are those that

are cheap?" in English). They can talk about “我的 children ah. 我的孙” ("my children, about my grandchildren", in English) and they also gossip with each other. But the uncles don't talk about all these. Right?

So when you can talk, it's something that can attract people. So when uncles don't talk, then uncle cannot. This is nature, bobian. Uncles are typically shy, shy to mix with females.

Typically, uncles are shy. There are only a few uncles who are comfortable and at ease with female residents. Not everybody is like that. Usually uncles are not like that. So it's very difficult.

In fact, I have an uncle who wants to come but was teased into not coming. You know why? He was in the coffeeshop, talking to the other uncles. The other uncles said, “Wah le lai zuo si mi” *in Hokkien* (wah you come here to do what?). When I heard about it, I nearly fell back on my chair. “Wah le lai gao sua zha bor” *in Hokkien dialect* (Wow, you went to flirt with woman?)

I mean he's so old already. Who would want to do that right? But this is the mentality. So they teased him and – So in the end, he wouldn't come. They also have this mentality – why should I come here? There are all the girls, all the women. And I think that explains why men die younger. Because you tend to be in isolation and you're not willing to share. Because of the lonely nature, there are many things you wouldn't do and you feel that it's too lowly for you to do. So what happens? Mental health deteriorates and physical health deteriorates. On top of that, you eat alone so even if it's unhealthy food, you'll eat it.

There's nobody to tell you what is the right thing or wrong thing. The social networking is not there. So when you're in trouble, there's nobody to help you because you don't know where or who to go to. Whereas the aunties here, even if they're mainly gossiping, eventually they know that there is always somebody who knows something. Right?

And they can give you advice; whether it's the right advice or wrong advice – never mind.

At least you air it out, sooner or later it'll go to the right ear and the people with the right skills can come and help you. Right? The probability is higher.

But when you keep to yourself and you don't do this or that, what happens? You see, even the aunties here cannot convince their husbands to come here. The husbands upstairs go "Mai jiu si mai" ("don't want means don't want" meaning resistant). They're shy and they don't talk to people. So the husbands will continue to face the 4 walls and your health will continue to deteriorate for sure. You see, because when you come here and you don't exercise initially, eventually, you will also do the exercise. This is because of the herd instinct. You see people do, you also do. Initially, you were very shy but you'll subsequently move your hands. Right?

We have one Malay uncle who came in with his maid and his wife. He was very down. He had a head operation and he has a lot of chronic conditions. He was very depressed. But after he came here, even though he didn't do much initially, he was motivated. Today, his surgery is so much better. Everybody recognized that. He can even walk now. He was on wheelchair. Again, all this is because when you are in a happy environment, people are all doing things together, somehow you think differently. Even if you do nothing, this beats staring at the blank walls.

There's always a positive response. Positive feedbacks are everywhere, even when you exercise. You saw it for yourself this morning right?

Even if you don't exercise much, you get soaked in this kind of positive atmosphere, you'll change. And that's why I say the first thing we'll win the war is when the people are willing to come down here. Then we'll let the rest evolve. Anything is better than staring at the 4 walls. Day in, day out, what do you do after you makan ('eat' in Malay)?

So in between meals, what do you do? Eat, sleep, eat, and sleep. It's very unhealthy. Your limbs are not moving. There's nobody talking to you. So you'll get into depression.

You'll get into dementia. Your circulation is not flowing. Your life quality is affected and your sleep quality is affected because lack of sleep, sorry lack of exercise right? Your

constipation will also be a problem because lack of exercise. So all these will be compounded and eventually you'll have to pay back the debt for inactivity. *laughs* So this is new because I've never managed a WK before. So I wanted to know what it is right? I was doing volunteer work in A&E. RSVP volunteers. No, I wear 2 hats. I'm a RSVP volunteer. I also volunteer as an individual volunteer to help out in ABLE Studios to help with the roadshows. Right?

I also volunteer in a lot of areas, not only these few. So I heard from Mr E from ABLE Studios that AIP (Ageing-In-Place) may need people. He asked me if I'd like to go and I said "Yes I don't mind." So Nurse J, you know Nurse J?

So Nurse J and Dr S interviewed me. So I joined AIP. I was quite happy and I was going out with the nurses on home visits. I picked up a lot of skills there on my home visits. I always partnered with my nurse and we always go in teams together for home visits. Once the patient's condition has stabilized, then I'll take on from there to do it on a regular basis.

No, no, it's more than that because we are trained to be able to assess the person based on their health condition. We will check the B.P., take the blood sugar count and things like that. So we do that. We also teach them simple exercises and we also advise on home safety. If the patient needs help, we will talk to the nurse and raise the issue to the social worker. The social worker will pay them a visit and see what kind of needs they have and try to fulfil them. Sometimes we also notice that maybe the patient need physiotherapy or occupational therapy. We will have a weekly MDM to share with the doctors and consult them what we need to do. It has been fun.

From there, after a few years. Nurse J came to me and said "We're starting a Wellness Kampung." She asked me if I'd like to join. So that's how I ended up here.

Principal Investigator

What were you doing in your younger days?

Interviewee

I was working in a corporate Multi-National Company (MNC). My previous job was with HP. I was the operations manager, supporting the sales people. So I've been doing that for quite a long time. Very different. Here you have to create an environment where people will do things on their own and participate. Yeah I like this because whatever you do, you can interact and you deal directly with the person you want to deal with. So you can see the response immediately. Whereas in the corporate world, you have corporate customers but normally it's through many channels. You are not directly involved. So we sell computers. Even when you're selling the computers to another company and another company will have their own customers, the customers are very far away in that sense.

Right?

So if you say my customer is my resident, it's immediate. So it's different – whatever you do, it has an immediate impact. So you know whether what you're doing is right or wrong instantaneously. You're also rewarded instantaneously.

Correct so there's a lot of differences in that aspect. Moreover, you are affecting a person's wellbeing. For example, the home visits. The auntie may be 80 years old or 90 years old and whatever we are doing will directly impact her so we have to be very careful how we manage it. There was once I was visiting a very sickly, terminally-ill patient who was having breathing difficulty. I couldn't get the B.P. I keep getting 'Error, error, error'. I couldn't feel any pulse and the person was still talking to me. I was panicking. I couldn't get any pulse from the hands to the legs. How? Then luckily, I had a stethoscope so I went to measure the heartbeat. I had to manually count the heartbeat. So I came back to the hospital and discussed with the consultant. He said that patients, who are very old, especially those terminally-ill ones, have very rigid veins and the veins are not on the surface, they tend to sink in. So you can't feel it and the heartbeat normally is like that. But because it's hardened and so rigid, it wouldn't move.

So you can't feel it. Wah I panicked you know for half an hour to 1 hour! There wasn't fan either so it was very hot. The problem is we have to appear confident – I cannot panic! Wah really... And you're alone with him you know! And nobody else is there.

And this situation happened many times because they leave the patient there and go for work. It's quite pathetic and sometimes the environment is dirty and the floor is dirty. It takes a certain personality to work in this kind of condition. Seriously, not everybody can do this. Some are even infested with bugs! You can see bugs crawling over you know. Luckily my nurse was with me and I was telling her that the bed was dirty and it's so humid, no air because the windows were closed. It's always like that because the patients are afraid of cold due to poor circulation. So they feel cold at the slightest wind. So all their windows were shut and they don't like the sun.

Then my nurse told me "Eh, you see bugs!" I was like "Huh?!" I was so worried. We warned the patient's family and said "You better get somebody to change the bed. Throw away. No point." After we left the house, we immediately took out the alcohol swabs to clean our things at the corridor. WAH. We even looked at each other to see if there are any bugs. When we went back to the hospital and we told Nurse J, Nurse J said "No outside. You go and do again. Empty out everything in your bag and do again." So we had to do again. *laughs*

And for some patients, today you visit them, tomorrow you don't see them anymore. I think it's good that I've gone through that. You know, you see life and you view life differently. You become a lot more empathetic. The empathy is there. Because it's not that they want it, they happen to be in that situation. So now the question is "How to prevent them from getting into that situation?" So the WK is one. We draw them in and all that. You know, nobody can help you but at least talking about it makes you feel good.

7. Management of Wellness Center Operations

Principal Investigator

When did you start making them record down their attendance?

Interviewee

Actually since day 1 because I need to know who is coming. I also told them that it's good for them because as they write, they will remember how to write their names and

phone numbers. Initially, I started with IC number but I took it out because it was too troublesome. But I insisted on them writing down their names and phone number. This is something that you will learn to write on your own after a while. This becomes a self-driven initiative.

Principal Investigator

So you will record down how many residents come everyday?

Interviewee

Yes we do and to track the amount of food to prepare. But sometimes the food may not be enough or slightly too much. But it's not that bad. If there's really too much, we will pack it in takeaways and let the residents dabao. (takeaway) But normally, we are able to cover quite accurately.

When you come, I'll normally make them as a member. I will register them. As I've said, if you come here, I'll normally make you a member. But sometimes I will play by ear. If I know that this person is coming here to 'look see look see', I normally wouldn't register the person first. But once this person comes here often enough and is comfortable, we will register him and find out more details about him and his background.

Principal Investigator

When you go on leave, what happens?

Interviewee

We have a staff from the hospital that will cover for me. We will have to inform them in advance and they will cover for me.

Principal Investigator

What are the opening hours here?

Interviewee

8.30am officially it's till 6 but 5 o'clock or 5.30 I will close the door so that they know. But usually by that time, there will only be 1 or 2 full tables at most. Usually, they will have to go back home to prepare their meals and do their household chores so normally

they will not stay so late.

8. Link between Community Building and Healthcare Agenda

Principal Investigator

How often do the community nurse come here?

Interviewee

Yes, once a week, every Tuesday, in the CNP room. Initially, the residents were slightly shy but after some time, they are comfortable with her (the community nurse). Sometimes, they specifically come down on Tuesday just to see the nurse. If the nurse is not seeing any residents, then she will come out to 'pull' people. Similarly, I will also help to 'pull' people and I'll go "Ah ma, come come come." Oh sorry. I've got to go. The exercise ended.

Interview paused for Center Manager to organize breakfast for residents who just ended their exercises. Interview resumed after breakfast.

9. Managing Disputes and Issues Among Residents/Customers

Principal Investigator

Whenever there are disputes among the residents, what do you do?

Interviewee

we have to step in. Sometimes, it's about pacifying both parties and getting them to stay away from each other at arm's length. I always tell them, "In any crowd, regardless how of the size of the crowd, there will always be people who don't like the way you look, your clothes, etc. It's ok. We come here to be happy. We don't come here to quarrel with people. At the very most, you come on Monday and I come on Tuesday. Big deal. You come in the morning and I come in the afternoon." Right? I mean, nobody owe anybody anything. We can just avoid each other.

And you notice that the majority of the participants are women right?

Women like to do this kind of thing. Especially women. And they tend to be more sensitive. So we need to manage things with sensitivity.

I once had to step in to resolve a conflict. We have an uncle who is violent in nature. So he came here and at one time, he was selling nonya cakes. He would distribute his leftovers to the residents. We noticed that the cakes are not fresh and it's a little moldy. So again, how do you tell the uncle when you know that this uncle is quite violent in nature? He is hot tempered and very violent. So I looked at the problem and thought "Easy!" The cake is not healthy in nature. So I put up a poster and said that these are the unhealthy snacks. I put a cross on the unhealthy food and a tick on the healthy ones. I pasted the poster and said "Uncle, sorry. I cannot take your cakes because hospital sent me this stuff." Actually, this is my doing. "The hospital said I cannot do this. Otherwise, my boss will have to step in because it's not healthy." So the uncle bobian (can't do anything) and he complained "Free one give you all also don't want."

Sometimes, he participates in our activities and he, being bossy and hot tempered in nature, will comment on the aunties when they are playing Rummy. The aunties will respond and say "Shut up. Don't disturb me. I can play it on my own." They started to argue and quarrel. Usually, I will pull them aside and say "Stop no more talking." The last thing we want is for them to add fuel to the fire. So sometimes he accepts and sometimes he will grumble.

There was this other issue. We have a karaoke room. We only allow members to join the room because we switch on the air conditioner so some people like to go in to enjoy the cool air. So he would walk in and I would pull him out and say "Cannot, cannot go inside there. This is for members only." Then he would argue and say "I'm a senior. I'm 建国一代 (pioneer generation). I can go anywhere I like." I told him "Cannot. These are our rules here." He upset quite a number of people and a few aunties actually came forward to help me. They chipped in to talk to him and he got mad and exclaimed "Wah

all of you gang up against me.” The argument shifted from between the both of us to him and the aunties. I thought this was going nowhere so I decided to call the police.

Because the auntie was trying to shift her chair away and the uncle said “Wah you want to fight?” She said she wasn’t but he kept going on. The last thing you want is for him to lay a hand on the lady. Right? Before this, I actually told him that he has a history of hypertension. “This is bad for you. You don’t get angry because when you get angry, your blood pressure will go up. You might get stroke or heart attack.” He recognizes that but his hot tempered nature got in the way. He was very violent and was shouting so I called the police. He even scolded the police.

The minute he scolded the police, I told myself, “Good, good.” I didn’t have to prove my point. So eventually the police warned him and took him away. That was the most serious case.

Usually it’s quite mild, among the women. But to me, this is easy. I always tell them if they encounter such situations, just walk away. In a crowd, there are always people who are like that one. You cannot run away. Just ignore each other and stay away. Have the idea that we come here to be happy and enjoy. Just overlook everything else. This is not as if you are running a company and you cannot avoid. If you really don’t like someone else, just come on Monday and she can come on Tuesday. So this is a very good tactic and they will use it.

10. Management & Governance Mechanism of Community Building

Principal Investigator

Tell me about the rules to keep the area clean.

Interviewee

We promote self-cleaning so whatever cutleries and utensils which they use, they will have to wash them themselves.

It’s pretty good. Occasionally, there may be relationship issues and people “che che che” (nitpick) on each other but I think we can manage that. It’s normal for big group to have

this sort of issues. So the important thing is that we have to make them feel comfortable and they can come and leave as they please. Some may stay for the entire day; some may come for a while, leave to prepare meals for their family and come back again; some specially come in the afternoon to play games. So we are called Wellness Kampung. The keyword is Kampung. The spirit of Kampung must be there. So this is very different from the RC where the doors are closed and people feel intimidated.

Some of the residents feel intimidated initially. I approached them and told them to 'look see look see' first. Once you feel comfortable, then you will start coming to this place. You know, people need to take baby steps. For instance, if they want to observe and sit in a corner first, we will leave them alone and not force them to join us. Or if they are exercising, we are not very particular if they are doing the exercise in the right way. The important thing is that "at least they come". At least they move and they are doing something. We have to let them feel comfortable. Once they are comfortable with you, they will listen to you when you talk to them. Otherwise, if you start asking them to do this this this, they will feel forced and we don't want that. At least this is my philosophy. I want it to evolve and everything has to evolve on its own.

It will be very difficult to set up a center and start thinking big what we want to achieve mainly because every center has its own culture. This is because of the makeup of the community around the center. Different communities have different types of people. So if you ask me to go to another center to manage, maybe the whole scenario will be different. In this center, I am lucky to have residents who can cook and don't mind cook for others. They are self-driven. But another center may be very different. Our 2 other WKs are not cooking for the residents everyday because they don't have that. Similarly, when I first started, it was kosong. The residents were asking "Hey, can we have this program?" So I replied, "Can. I can always start any class but you have to help me to look for teacher." So they helped me and looked for a teacher because they are motivated and wanted to learn. All of my teachers were recommended by them.

Principal Investigator

Do the teachers charge?

Interviewee

No, it's free, except for this exercise instructor. That one bobian. (no choice) The dance and singing teachers are free.

Principal Investigator

So for the people who come here right, what makes them feel that sense of belonging?

Why do they want to come here regularly? What created that 'Kampung' feel?

Interviewee

The important thing is that they have to feel that they belong here. They have to feel that there is something that they look forward to, meaning that they have kawans (friends) here. They have to feel welcomed. That's why I say we cannot have too many rules – we cannot do this, cannot do that – even if we want, we have to do it in a subtle way. For instance, the 3-in-1 coffee. When we first started out, although we said that we cannot have 3-in-1 coffee, we still have the 3-in-1 coffee. I'll keep it inside the drawer and don't put it outside.

My boss has been nagging at me. But I say "No. Let's do it slowly." Because if you stop them from drinking, all it takes is for them to go to the coffee shop to order. They'll think "What is the big deal?" Right?

We can only provide health education but we are not a nanny state. We cannot 'nanny' them on everything. Right? So take it slowly. So day 1, we have quite a lot of difficulties. We always have 3-in-1 coffee. But today, there's no more 3-in-1 coffee. So the only 3-in-1 coffee they give me, I'll bao swee swee (wrap it nicely) as a bingo prize. *laughs*

But occasionally, they still bring in some unhealthy food. I'll advise them. I'll not be in their face and throw it to the dustbin. I won't do that. Or sometimes they would bring me junks. They know that I'll wrap some items as bingo prizes. I'll still take it. Ok I want them to feel that at least they are wanted and they are appreciated. I mean, after hanging there for a couple of weeks, I'll throw it away. Right? *laughs*

I mean, this kind of thing, people may not realise. People may think that they're willing to part what they have once treasured for a very long time. But now they want to share. So why do you want to pour cold water over them? You see? So I won't do that.

Some people will say “我们不需要这个，不要带来。” (“We don't need this, don't bring it here.” in English). I seldom say that. I will not say that unless it's obviously unhealthy such as pork or ham. Then I'll say “No no no, no pork, no lard.” Other than that, I'll normally keep it aside for a while. Then I'll *laughs* (acted out 'throw'.)

Principal Investigator

What makes them want to keep the place clean?

Interviewee

Once a while, I'll tease them “嘿！谁丢纸的 har?” (“Who threw this paper?” in English) in the half-jest joking manner. “你啊！什么什么啦！” (“Is it you who litter?” in English). I'll act it out, something like over-reacting like that so that they get the message. Even if they are not there, the important thing is not the person who did it. The important thing is that there are other people who are observing.

They play a role. So you have to act it out. So sometimes we do that. For instance, when we first started, we needed people to donate some money for the meals. Some chao kuan *in Hokkien* (“misbehaving” in English) don't donate and come here to eat for free, right? So the aunties will come to me and say, “How to convince them?” We cannot. All donations have to be made out of goodwill. But what we can do is that we act it out among the residents. So we get 2 residents and talk about it, making sure that the person can hear the conversation. “Ehhh 我叫我的朋友来 hor, 要来吃 hor! 要捐一点钱，要不然我们这边...” (“When we invite our friends here, they have to donate a little if they take the lunch here. Over here ...” in English). Something like that. I'll coach them and they'll do it. So it's telling them the message indirectly but at least they don't feel hurt.

laughs

But some occasions, we'll reinforce. When we reinforce, people will suddenly give me stuff like this, rice. *carries a bag of 5kg rice* So what do I do? I say, "Eh thank you thank you," and I'll say it very loudly. "Eh thank you auntie 谢谢! Auntie 送这个米来! 我们多感动!" ("Thank you Auntie! Auntie gives us this bag of rice! We are very touched!" in English.)

Act it out but it's sending a subtle message to the rest that we do encourage people to give. Nobody taught me this. I just thought that sometimes it's good to play this acting role.

Principal Investigator

What else do you think can be done to encourage the residents to do a lot of more of these activities and have a lot more people to be drawn into this space?

Interviewee

As I've mentioned, the exercise teacher – You can have any exercise teacher but if the teacher is not good, there's no point. Ok. There's nothing I can do. There's no point in me persuading them and say "Eh come, come and exercise." It wouldn't work.

So 2 weeks ago, we have one teacher who performed in 765 and 115. He came here and wanted to volunteer to teach exercise. I said "Can. Try. I give you Tuesday. You try and we'll see how it goes." He tried and the residents don't like him because of his style and he gets too close to the residents.

And I noticed that he was touching the hands of one of the Malay residents. I also heard feedback that they don't like him. So I talked to him and said, "you stay away from touching the residents. You're a man, not a woman. So it's best not to do that. Maybe one day, you can. But today, you're just new. They don't know you and they're not comfortable with you. So don't get too close." He'll get very close to your face, like that you know. *does a demonstration*

He said "Ok ok fine." Then day 3, he came and he started complaining that it's very hot. It's the same spot where all the instructors do their exercise classes. Of course when you're exercising, it'll be hot. Then he was disturbed by the auntie who was cooking. So I

asked the auntie to stop. He kept complaining then he said, "Next week, I don't come."

Actually, I also wanted to let him go so I said "Ok fine fine, next week don't come."

Since you said that you want to go, go. So sometimes when I see something wrong, I'll have to step in and cut the losses, so to speak. *laughs*

So in that case, instructor bo lor (don't have). And we have one case regarding the karaoke teacher. She was teaching the class and we collect fees for the singing lesson because we want to contribute to the equipment. She was upset and she said "Eh some of the students don't come. I want to sack them if they don't want to come." I said, "Cannot. This is a WK. People are happy and we want people to be happy when they come here. If they don't come, they may have their reasons." This is not an institution you know. This is not a school you know. People don't come here to pass their exams you know. Right? So we cannot do this. Then she kept insisting, "I am the teacher, I have the right." So I said, "Sorry, we cannot do this. You know, because I am the one who collects the money and people will say that I'm scheming with you. Kick out students to collect new students and pay more money." Cannot cannot. I said, "This is for people to come and enjoy." So she said, "Then I go." I said, "Ok fine, if that's the case, then too bad." So she left and now I'm looking for another teacher. *laughs*

So you see, for things like that, we cannot... because I cannot give in to the teacher.

Otherwise, the very next day, there'll be bad reputation for WK if we kick students out.

The last thing I want is for them to spread rumours "Oh I got kicked out", "This WK no good, don't welcome people one" and all that. You see?

Principal Investigator

Do you think food also draw people here?

Interviewee

Yeah of course, food and fruits. Sometimes we have oysters you know. Walao live oysters. They have live oysters. So we share it. But we make sure that we cook oyster omelette. We don't cook it fresh for them in case got food poisoning. So we cook all kinds of food.

I encourage the volunteer. She happens to be a good cook. So I say, “Wah cook this. Or change variety.” So sometimes she will cook laksa. Dry laksa, you know. Mee siam, all those. So change. Laksa, Ipoh Horfun. So change. I think the important thing is because it’s \$1, it becomes a... we’re doing a social service already. Where can you get a \$1 meal now? Right?

You enjoy all the activities and you only donate \$1. You can practically stay here the whole day, don’t have to go out. So I can see this as an additional social service to the community, especially for people who have low income and cannot afford it. \$1 for healthy food, why not? You know?

And you have so many other things coming in, all free for you. So this is what draws people in. But I think at the end of the day, the question is “How do we continue to move along with them?” I think that’s the important thing because whatever may be good at one time... may not be... it’ll go stale. I’m sure it’ll go stale. Then you must think of something else. Adopt and adapt.

Principal Investigator

How old are you Mr Teo?

Interviewee

I’m 67 now. You can’t tell, right! All the grey hair... they said that... my grandsons said that I should dye all my grey hair. I say, “No, forget it.”

Yeah yeah it’s not bad. I think I gained the respect from the residents because I talk to them as friends and I respect them as well. I give them elbow rooms, you know? So that at least they feel that they are wanted here and they feel that they have been appreciated. I’ll consult them and I’ll always emphasise the point, “Hey, Poh Tee, this auntie 有什么, 我要跟你讲, 看你的 opinion 是什么什么 ...” (“Hey, Poh Tee, this auntie has something, let me tell you and hear your opinion ...” in English). So this is something you need to let them feel that at least they are a part of it and you’re not top down, you

know. And whenever they travel, I'll always end up with their gifts. To me, the rapport is important. You know? Relationship and bonding are very important.

Because when you have that, you can practically get away with murder. *laughs* That means I can instruct them to do something and they will do it without questioning. This is only because you have built up the rapport there. The bonds and trust are there. When I open night classes, I trust the volunteers. I give her the key. Ok and she'll manage the center at night. But of course, I've blocked off some of the areas so they cannot...

And then they know that they have the responsibility. So I don't have to come at night. It is self-managed. But I will make sure that I give it only to the trusted volunteers and I tell them, "You have to be in charge."

As I've said, when they cannot make it, they will always make sure they let me know. If you have a class, you better inform the class what you need to do and whether you can make it or you cannot make it. It's your responsibility, not mine. So they know what to do. So like just now, the woman here... the auntie right? She is also one of our active volunteers.

Principal Investigator

For these volunteers, do you fill in additional information about them at registration?

Interviewee

No, it's the same. It's just the same. It's just that they come here more often and you know what they're helping you with. Of course occasionally, I do recognize them. As and when I have the opportunity to recognize them, I will recognize them.

Like when we have CNY or Christmas party, I'll collect money. It's free for them. Ok... I don't want to... I say, "For you, it's free because you're doing this." You know? It's little things like this. Like "Oh we have a free ticket here, I give you."

The important thing is... but I also say, not all volunteers are cut the same. Right? So we cannot just say volunteers so we reward volunteers and everybody gets a free t-shirt. Last time they wanted to, but I objected to it. I said "Because volunteers come in all shapes and sizes. Some volunteers are really dedicated. Some volunteers suka suka 来 (come at

the own free will).” To them, they consider themselves as volunteers. But you know that they actually are not cut out to be volunteers. But the minute you say, I give everyone a t-shirt for example, do I therefore give them? Right?

If you give them, then the other volunteer who actually did a lot more work will be like “Wah she got 1 T-shirt and I also got 1 T-shirt. So what’s the difference?”

So I’d rather recognize them in a subtle way, in a quiet way. I’m not going to say, “Today I have free lunch for volunteers or free dinners...” I will not do that because the minute you say volunteers, we actually have a lot of volunteers and a lot of these volunteers come on an ad hoc basis. So I cannot. You know what I’m saying?

I can if I want to. But the moment I expand this volunteer... how many people actually put their weight into doing the work? They’re not putting their weight into doing the work. So they’re not reliable. Right? They’re still there. When they are there, sure. But they are not reliable. So I cannot count upon them. So... because I myself have been volunteering for many years so I know inside out of being a volunteer. So I know what drives volunteers. Some volunteers do it purely for passion and they don’t need rewards. But some volunteers come here ‘look see look see’ to find out if there’s anything for me. Especially when we first started the program, wah, they all want to volunteer because they want to know what is in for me. Right? Or some volunteers’ passion die out very quickly. *laughs* Right? Or some come here just to be associated. Right?

So we have to be very careful. But I wouldn’t turn down any volunteers either. I always tell them, “You want to volunteer? Can. There are many things that you can volunteer. It is as simple as when you see paper on the floor, you pick it up. That’s volunteering to me.” *laughs* Right? but the thing I want to ask them is, “Are you committed everyday? Every week?” That’s different.

For example, the meal-on-... meal-on-hope.. err meals-on-wheel one... We’ll bring the meals to the residents right? At first, there were quite a lot of volunteers. 10-15... around 10 volunteers. But today, there are only 2 or 3 anchor volunteers. The really everyday one you know.

You see? So it illustrates a point. Some are doing it on an ad hoc basis and it's easy to get people. But when you do it on a sustainable basis, it calls for a different type of person.

laughs

Principal Investigator

Thank you very much.

Interviewee

No problem.

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1. Reasons, Motivation and Purpose of the Wellness Center (aka, Wellness

Kampung (WK))

Principal Investigator

Tell us about the thinking behind moving from a high controlled hospital environment into the community where you now have no control over patient care.

Interviewee

Ok I think at the end of the day, we know that if you really want to look after patients, especially people with chronic diseases, what I think one of the takeaways we did from listening to, for example, the NUKA model¹... that out in the community especially, control is very much in the hands of the patients... totally out of the control, out of sight. In the sense that it is the patient, the family, the community, etc who are influencing the patient's decisions. So we have to be realistic to basically realize that once they are out there, they are totally on their own. We have absolutely no idea what is it that they do. Now I mean, anecdotally, even right now... I mean some of the new insights that we are also sort of grappling with is we seem to go away with this concept or idea, this simple thing about compliance. Somehow I mean I don't know I'm not a doctor... but the

¹ “Nuka System of Care” is created, managed and owned by Alaska Native people; the term describes the entire health care system to achieve physical, mental, emotional and spiritual wellness (Gottlieb 2013).

impression is I've got is... it's very much like black and white. The outlook is either you comply or you don't comply... Almost digital, either 0 or 1.

But has anybody really asked, "What is the reason for the non-compliance?" Has anybody really go and dig into why you're not complying? And again, anecdotally, I have no... no true... no hard numbers. It's intuition. My hypothesis is that there are many shades of grey on the non-compliance issue, ranging from ignorance; basically you don't know how to take the medicine; or ignorance of the risk of not taking it; to on the other end of scale where there's a total distrust on the medication, so you play your own doctor; or the other way round is you 'bo chap' (don't care). Somewhere in the middle, I think I'll proceed to say that they want to get well but the fear of taking the medicine is stopping them. So they tried every other means other than taking the medicine. But when they see the doctor, they'll say "Yeah, I'm taking the medicine." Again, this is anecdotal. I have no hard basis of saying this. I may be digressing from the question but I think that's why we are saying that we know we have very little control. So our idea is we just want to be sure that... the basic principle behind it is... I think for too long... maybe we have from the healthcare perspective... I feel that the healthcare professionals have referred the control of health too much in the hands of the provider. So much so that sometimes I think the patients relegated themselves into the position of "You know best. You tell me what I'm supposed to do. You are the doctor. I'm the patient. You tell me what to do. And otherwise... I don't do." But we are trying to tell them and say, "No, your health. Your responsibility. In your hands. Control is in your hands. You determine what you want to do as much as the doctor come and play in the partnership." So we want to give that back.

So that's why when we talk about going into the community, we are going in with the concept of supported self-management. We want them to basically be supported in many other forms in that they can be self-managed. They can do their own self-managing.

There are many forms. It comes in many forms. So that's why in a sense, we wanted to go and say that. That's why we talk to you about... the basic thinking in that... we intentionally go in... again also because of budget... that anything and everything that

you want to do with our WK, “You want? You do. You go and figure out. Get whatever it is. We facilitate, help but everything else is ground up.” Because we want them to see “You take your initiative in the community.”

I think I’ve also shared with you before, when we did the gardens, it was a battle. Everybody feared and said, “No, there must be fence up.” I mean credit given to our Group CEO who said, “No, common property. Fight, we try.” Ok, we said, with a little trepidation on our part, “Ok, we hear you, we try.” We forced the issue to the center managers and said, “No, no fence. Leave it open.” There was a lot of protestation. But no, we stood firm and we said “Let’s try.” You look at the garden now. When you visit, you can see it for yourself. It’s thriving. Nobody is stealing and it has become common property. I think there is a need to give them back and say “It’s yours to begin with.” Somebody shouldn’t be telling them, “This is what you need to go and do.” So that’s what we also learnt and discovered. There is a fair bit of self-empowerment, self-organising, a fair bit of resources, ingenuity that exist in the community. Iffy but fan it correctly... encouraged... for sure there’ll be black sheep. But by and large, I think that’s the right approach and so far we are quite blessed to say we have taken that route and persevered although we initially had some trepidation. So that’s the basic thinking behind that we don’t want control and it’s going against our very grain. Sometimes we also have to sort of tie our hands up. The intention is saying “No we cannot control, let go.” Have faith and just see what happens. Take risk. And so far we have been rewarded. We have not gone back to say that we have misplaced our trust in the residents.

2. Design Principle of Wellness Center

Principal Investigator

There seems to be that the element of trust was lost in the healthcare system when we try to exert too much control... but then now when you create the space in WK, how is that the residents trusted it enough to want to then step in and use the space?

Interviewee

I think we learn from... I'm trying to recall the name... This is the one from Lower Delta. So we actually learnt quite a bit from her, her design... run through. So that influenced quite a lot into our own design. So the thinking was very much... you go and see it's that it's very open because anywhere and everywhere you go in terms of all the other Wellness Centers is... closed doors, must take off shoes. We said no. We intentionally said no. We want it to be totally open. That's why we have sliding... not even sliding... foldable glass doors. So it's very inviting. There's no... not much barrier... come come, should come. That's the intent. We also debated whether we should charge fees, membership fees. At the end of the day... we said that in the beginning... we said maybe not, we want for them to be able to make it. So that's the thinking behind to make it into a shared space, or in Dr S's words, to make it into a 3rd space. That's where you can find... people find some commonalities, they feel comfortable coming together. When you visited them, you have seen some of them. Actually you can sense some of them... they do express... behave in a manner that they own the place. They do look after the place. Because again, we carry forward our philosophy over there. Initially, we were also very worried. We say that, "Cleaners minimum. Everything else as much as possible, you self-clean, self-wash." Yes, we have a cleaner to come and wash the toilet and all. So that was one of our biggest fears actually "Yeah, you know maybe the residents will just simply come in and just make use of the toilet and all that." But again, we've been proven wrong. I have visited quite a number of times. I didn't find the toilet exceptionally dirty. Sure, it's not quite... as high standard as what we have in the hospital. But to me, it's more than possible because I think the residents themselves took care of it. So even when there's very high traffic, I still find it ok because everybody has gotten used to the idea that "You come in, your space. Look after it as if it's your own home. You dirty the place, clean it up. Wash after yourself. Nobody is going to serve you." So in the beginning, it was also a challenge because we also have to tell the residents, "Do not serve. Let them come and get it themselves. Self-help. Clean after yourself." So that message I think after a while it sort of also sunk in. That becomes sort of... our own... meaning that... I guess it's the

DNA of AHS that we managed to bring across and transplant it. I mean to me... it's also a way of... maybe subconsciously it brings up the fact that we trust you enough to tell you that this is yourself right... then now become like "Eh yeah hor..." as opposed if we hired tons of cleaners. I'm sure it'll be worse. He's doing it... as I told you right. Right now as I see them... they even... what do you call that now? Rummy-O right? They're cleaning the chips themselves. I saw the guy. He was simply just sitting down there, taking a piece of cloth and cleaning every single tile because they were playing it right. I mean I was quite impressed and said "Woah ok." Even the bands... after they do it, they clean up because they say it's common property. They do look after... they do look after the place in a sense because we keep stressing them "It's your place. You are the one who's going to use this what. If you thrash it, you're the one who end up suffering from it." So it becomes in the sense that... it's common but it's very much a communal space that people feel that "Yeah this belongs to me, belongs to us. We need to look after it." So...it's quite gratifying when we see that it's coming from the ground.

Principal Investigator

What is this model that we can identify and generalize and apply it to a completely different setting?

Interviewee

It has to be an organic thing because WK wasn't 'planted' that way. To a certain extent, there is an element of serendipity and circumstances because we were not funded and we had no choice. But I guess intuitively, we already said that because this ultimately should be a place where they need to go and also at that point in time, we thought that maybe we may need to surrender it anyway for the elder care center to take over. As much as possible, it should be self-run. Right from the start, we always told you, "If you want to do things, can. You go and organize it." They wanted to learn singing so they had to find resources. They put in the sound system, karaoke set, invited a teacher and formed their own singing group – all on their own. All they asked was "Can I turn this into a karaoke room or not?" I said "Ok as long as people do not complain. You can make use of the

multi-purpose room and turn it into a karaoke room, by all means.” They kept within their confines.

I would imagine that if you want to go and seed the place, we would need to seed the place with our center manager who wants to do this. They cannot be the experts. They are your usual auntie/ uncle – no difference from the seniors as well. But they are simply enthusiastic. So we advocate self-help as much as possible. This is supposed to be a place where they can learn on their own and there are articles around for them to read and sessions for them to go to and in at the same time, they can come here for chitchat. There is also a corner where you can exercise.

My question is “Am I going to replicate WK when there is Kampung Admiralty (an alternative location for a new WK)?” If there is a WK in Admiralty. The one running Active Ageing hub is supposed to create that space. We have been approached by both NTUC and SLEC to collaborate. They were told to work with us, we shouldn’t replicate the activities in AdMC – unless we elevate and plonk WK in AdMC.

And you have to think through if this is open, inviting, and accessible. Do people have to go through many obstacles before finding their way here? We also discussed about the elements in WK: the pantry, people coming to try to cook, area for common activities and more. If you go down to the WK and have a look, the seniors have very much taken this as their 2nd home. They spend the whole morning until lunch. They interact with people and exercise with them in the morning. There are things that will make them want to come down naturally.

As much as possible, we try to make it organic. We believe in “Asset Based Community Development”, ABCD. This means that the community has their own inherent capabilities. It’s just that they have not been unleashed, have not been harnessed, and have not been given a platform to showcase their capabilities. We always assumed that “No, no you cannot do this, you cannot do that. Let me do this for you” and they become helpless. So the design concept must be “All the resources are there. It is for you to go and do (maximize).” It could very well be the case where you have some sample diabetes

shoes, sample glucometer and any another simple equipment or screening procedures that patients can use it on their own with minimal to zero help from experts. You can set up a corner for them to do their own Senior Fitness Test. We can have a volunteer to teach the seniors how to operate. The equipment is all ready for use. We can have stretch test ... So we can do these small initiatives which allow patients to self-help. We are not going to monitor or supervise. "If you want to do it, you go and do it yourself. If you really need help, we will get someone to help you." I can provide a table and after they are done with the test, they can rate themselves. If you are unclear, you can ask for assistance. Since there is plenty of space, it is very easy to implement these small initiatives, such as Senior Fitness Test, Stretch Test, Eyesight Test, where they can self-manage. "If you want to clean, then clean the equipment."

So this can be one concept of self-help and self-management. You can learn and determine your own condition yourself. If you think you need secondary help, then come. We just put a caveat, stating "Please make sure you are comfortable and you are able to do this on your own." So we need to put a caveat to protect ourselves. It's like the usual practice. For instance, you go into the entrance of the carpark – you do this at your own risk. You should only do what you are capable of doing. But of course, what is unsaid is that this is a medical center so if you have any troubles, there is always someone to help you. But we will not say this. We will simply say "You do it on your own and we have placed all these warnings (safety precautions) in front. So when you do it, you do it with your eyes open."

3. Support & Resources for Wellness Centers

Principal Investigator

How is WK funded?

Interviewee

Ok so we, again, I think, have to be thankful. We have been blessed. We have managed to secure from Tote Board for the next 3 years although it's not 100%. 80% for year 1, year

2 and 50% for year 3 so we still need to worry about the 20, 20, 50 and they are only funding, not everything, only the running cost. I mean if you ask me frankly, for such a place to continue to function, I honestly do not see how, at the current state... I must admit...I'm not able to think of a 'social-enterprise' based kind of model to make it self-sustaining. I think there is a need, still, for the government to come in to see how that can be done... to be funded. Is it expensive? To me, it's for us to prove that it need not be and the only way we can do is that it should just be, at the end of the day, a so-called... a nucleus and it should not be a place where everything is only happening there. So we have to find... which we are now struggling to move... is that... it should radiate out of... the activities and all that should radiate out of the WK. The reach should be beyond the confines of the 4 walls. That will then make it more sustainable, make it more cost effective, by virtue of the fact that we start seeing, talking about doing the Kampung Buddies, going out more into the blocks or even you know, to see if they can organize something themselves.

At the end of the day, it's "How do you... in the sense I guess... activate the residents to begin to turn on?" and then see what is it that they want and they go and take it on themselves... to empower and suddenly say "Eh I can actually do some of these things. So that's where, I think, we can create the value. So we need to find a way to see how do we create the multiplier effect that goes beyond because if it's confined just to the 4 walls, then that's going to be tough. Our reach is going to be more limited. So we have to find ways. So that's what we tell ourselves... I think the Kampung Buddies should be one of our key components because we need to people giving, don't just take. Give. Right? Because it's in giving that you receive. So we want to practice that. I think we need to tell... again, after seeing this, I believe that they do want but how do we shape and facilitate that part of it?

So there is still a... I think there's a fair bit of pent-up capabilities that is still hidden in the community that we just simply have to find... catalyse it, activate it, fire it up. Not yet. We haven't found it yet. We haven't found a way of doing it but I strongly believe that it

is there because we don't have to look at it far. We just simply have to look to our own selves.

If you just look inside yourself, do you have that within you? If you have it within you...

I mean are you that unique that you're the only one who has it? Cannot be what.

Everybody should have that right? Cannot be, right? And you think around... you look around, you know, you're going to be an ageing society and all that... It's a question of... how do you... who's going to organize that? You yourself may not necessarily have the energy but there's something that can organize and help you and you say, "Ahh ok." You know? So I think it's there, just that we need to find. We need to just simply look for the 'Motherload' and press. *laughs*

Principal Investigator

Just to have a sense, on a daily basis, how much does it cost to run 1 center?

Interviewee

My difficulty is that I have the day-to-day, the center manager... it's the overheads. How do I allocate the overheads, right? Err... the center itself, if you think about it, from a running cost perspective right, you run the center manager. And again you see the center managers that we hire are actually retirees. So it's very cost effective. Mentally, you'll just simply say, ignoring the managers you need to oversee to do the thinking and the admin support behind it... so you take away the overhead that part... just the center alone... it's actually not that much. It's basically the salary, now, obviously, on the condition that rent is free. If you throw in rent, then that's a different kettle of fish altogether. Right? But if you think about it, that this is actually running in HDB, it's all a matter of how much government wants to set it up. How much will the renovation... as I've told you before I don't know the number because that's done by MOH... But that's the capital outlay.

After that, it's salary, and basically water, electricity and all the running expenses, which isn't that much. Of course, if you're talking about daily breakfast, then again that's the other cost, but we also got sponsors. So there are ways of getting sponsors to run through.

The higher cost is actually the overhead because it's the thinking, planning and the execution. The actual, on the ground... no. But after a while, when you're able to scale it and found a model, then it's a franchise model already. Right? If you follow this this this... we should ... we haven't gone there yet. But we need to go and scale it to that level, to that extent that this should be almost like a franchise. So that at least we can spread out. So right now... that's why I said a disproportionate cost is because there's a fair amount of creating in the beginning. Right, so the cost is on the thinking part, the planning. I think it's under... it's under a \$1,000. If you're talking about 220 working days, that's \$220,000 a year. More than enough. Excluding the managers... the overheads... More than enough because if you don't count the salary, the running cost is not that much... not as much as that. It's much more than enough so it's... salary and all that I would estimate the amount like annually... slightly... that should be enough, running about 2. It can be. It can be affordable. It's just that I told you, it's the thinking. It has to be funded separately. But the running of that now... be careful there ... of course one of the key success factors is that we were again blessed with having the right managers. The center managers. Because at the end of the day, these are the people with passion. They want to do it. They believe in it. Right? With their heart. If you go... how to say... people see it as a job, it will fall, it will not succeed. It will fall flat.

Principal Investigator

What is the role of the center manager? Did you define it upfront with the JD and KPI?

Interviewee

Broad... we gave them the broad strokes. Basically saying that... actually it's quite daunting, we say that "You are the center manager. You are running through some of these programs. Of course, some of the activities and all that you can come up with but we will help you. But you see to the day-to-day running and make sure that you can attract the residents to come." So we brought them earlier... so they have actually been working on the ground, talking, sending flyers, meeting the residents. So before the center

was up, they were actually already doing some ground work. So by the time the center was up and running, yeah they already have some people who were able to come.

4. Target Users of Wellness Center

Principal Investigator

Who are the target users? And how would you describe their demographic profile, their psychographic profile? And based on what we have today, are you satisfied with the profile of users at our WK?

Interviewee

We are definitely targeting... when we started out, we said that we just want to target the residents. Now obviously when we did it, being... coming from a healthcare provider, one of the... I guess... unspoken... or I wouldn't even say unspoken... one of the targets is that we want to go and see through this, how do we improve the health? How do we promote our own health agenda? But this is to be done in a quite different setting. As I told you, we want to go and say that, "How do we...?" When we went initially thinking that, "How do we create this supported self-management? How do we provide this?" The intent was ultimately to go and say that you know... the end game is that we look is, "How do we ultimately work with the healthcare providers? Be it the GP, the polyclinic, even the SOCs right." When you want to do lifestyle... because we know fundamentally, at the end of the day, that if you are handling chronic disease, especially chronic disease, lifestyle changes are important, quite apart from the medicine. So we want to know to go and say, "How do we start doing that bit of it?" Quite apart from support because support is supported self-management itself right. So that's how we have gone in.

When we target, we want to target first and foremost, broadly, the residents. And then after that, we need to find out to figure out among them who are the ones with health issues that we could help; who are the ones with more serious health issues that we could then work and consult with the provider. We have had... I guess... handful of such examples already. These are the people for example... I mean I have 1 lady who was

discharged from our AIP CCT... so they are being visited. They are pictured as frequent flyers. I guess you have heard the example before. She was... basically her health was such that we are in fear of her falling. She's not steady. So we actually then invited her... managed to persuade her to come down. We then fortunately managed to find someone in there, pair up an older lady actually. Pair up and make her the buddy. And she has been going down ever since... and she has improved and the 2 have been a pair... because the buddy has been walking her back and maybe coming up and just waiting. You know so they have become a pair. They have been going to play games, competition and all. Then later we found out that she's actually... the husband... she's coming from a farming background. So we also trying to say, "Hey can you help with our gardens and all that?" So we are trying to go and do that part of it. We are also now trying to work with our diabetes centers to go and say that you know, "Hey for some of your patients who are afraid of doing their own POCT (Point of Care Testing), poking their fingers, send them down because we do have our own nurses there that come down." We try to go and do that. We also have instances where this old lady... I think I have mentioned in the interview before as well... 84 years old... she's been going down there for quite a number of months very diligently... started out in a wheelchair. She can walk but walk not steady. Now she proudly shows me her tracker, telling me that she's walking 6,000-8,000 steps. No wheelchair. We also have another compliment, a letter from an appreciative daughter, to say that her mum has been going down to Wellness Center, been doing exercise. She herself can see the improvement in her mum, now able to stand, a bit steadier. Recently, she has gone for a review with the doctor. The doctor was "Eh", pleasantly surprised that her mother had become more flexible so he encourages the mum to go. So we do have such examples of people who have benefitted from... And these exercises are quite simple, they just follow the videos... I'm sure you've gone to take a look right... nothing fanciful.

I think to me, it's a case of... the exercise is a common activity that they identify with the group. They share that common bond already with the regulars. It becomes a routine that

you come in, you do, after that you eat, spend the time... It's a morning... it's a routine that will fill up literally almost the whole morning. As opposed to in the past, even if you have a helper, you'll just be with the helper and the 4 walls. Now you come down, you're happy because you are able to interact, be it even simple things like colouring, calligraphy, playing Rummy-O, or even just chit chatting, whatever. There are people around, activities right... obviously every now and then you have people coming in to cook food. Of course it's... I think so far, from what I can see also, well maybe it might be too strong a term, I think there is at least a certain form of bond, a certain form of caring for each other. Maybe love may be too strong a term for now but definitely the care and concern is there for each other. And you can sense that the bond and care for each other... I think that's also what's driving them to come back. You have a sense of belonging. Because it's... you go down, it's the regular faces that's coming down. So that's how we see it. We are now trying to see... the people who have been coming down have been coming down. But they are actually, at the end of the day, they are not the end target. We need to look outside. So that's the challenging part. Who else out there that we should be pulling down? Those socially isolated, with health issues... don't know who these are. So that's the next step that we want to go in and go and do. Because right now I think what we are trying to is... we are trying to do some sort of a HEAT map. We also need to deal with PDPA (Personal Data Protection Act) because obviously we have data from our side; we know who are the people... our own patients who are going there. So we need to approach this sensitively and going to say that "How are we going to go about do that?" While we have all the good intents at our heart, we also need to respect their privacy. How do we strike the balance? How do we work with...? How do we make sure that we don't cross the line... unwittingly cross the line? So that's the challenge. We need to go and move to the next stage. How do we go and do this? We are already doing... starting to use our... I think you are familiar with the... I think I have shared that with you in terms of using our Kampung Buddies, the ones who go and deliver the food. How can we start using them to reach out to the beneficiaries to go and see... for example? So we are

now moving more and more towards “How do we push our health agenda?” We have started. But we would want to reach beyond the converts.

5. Management of Wellness Center Operations

Principal Investigator

About your Center Managers, are they not volunteers right?

Interviewee

They are full time staffs. So for you to do this sort of job, you must have passion. If you don't have a passion and you see it as a job, it wouldn't work. It wouldn't fly. So in fact for this sort of things, at the back of our minds, we think that this is very good for the silver-hair retiree to run the center. If you have your heart in the right place, and in fact a lot of these people are highly qualified and have nowhere to go, this is the place where you can come back to contribute – as long as you have the heart. I need to filter out because a lot of people have too big ego. It is very different when it comes to mixing around with the aunties as compared to the setting in your corporate world. So if you have never volunteered before, it'll be a culture shock.

Principal Investigator

So even if they want to volunteer their services, you still need to screen?

Interviewee

You need to screen because if you don't, they may not quite fit in. If you come in and you want to use your corporate style, it cannot work. Some are very petty over little things. A lot of the work in WK requires humanistic touch.

So you must be somebody who has done volunteer work before and know the typical profile. Then you are suitable for the job. Otherwise, it's very difficult. If you cannot lower yourself down to that level, you cannot do this. This is not your corporate life.

The managers at PA see it as a job. “I take this job and do these activities.” I'm not so sure if they truly have the welfare of the people in mind. The wellbeing of residents at heart. They look at it as a social activity. But we see it more than just social activities. We

are also struggling. How do we use social activities to target their health needs? And from their health needs, how do we use the right model? For example, I see people who come down for exercise, some of them got well. So I'm thinking if we can go to the next stage. Work with a lecturer. Can we have exercises for fall prevention? Or for people who just recovered from strokes? Can I adopt some of these into the common exercise and make it more purposeful? We can try some muscle groups more purposefully. We can then monitor if there is any progress. I mean some of them who were once wheelchair bound can walk already just because they were committed to exercising. So to me, if simple exercises have such wonders, shouldn't I be a bit more purposeful? Target specific muscle groups for specific medical conditions.

Make it fun at the same time so they don't see it as exercise but rather a common activity.

6. Wellness Center & Its Role in Community Building

Principal Investigator

About the Kampung Buddies program, what is the objective? And how well is it in achieving its objective of reaching out to the socially isolated?

Interviewee

So the concept of Kampung Buddies... what we are simply saying is that, we just want to say that at the end of the day, we feel that the residents do want to contribute back given the chance, given the right project. They do want to do that. So we thought that since we also saw... basically we also learn from EHA (Eastern Health Alliance) 'Neighbors Program'. So we say why not? That sounds simple enough. Why can't we just have this? Kampung Buddy right? We go and say you go become a buddy for someone else. So then came... I guess it was also fortuitous. Then this Swami Home who was providing 'Meals-On-Wheels' also came to approach us and said they needed help because they provide the meals and then after that they need to deliver to their beneficiaries. So I think we met with them. I can't remember how it is... I think we met up and said that "Yeah maybe that's one that we can collaborate." Then ultimately culminated into our Kampung Buddies now

basically delivering packet, cooked food, to the recipients who are basically house-bound. I think the biggest one is in Chong Pang... I can't remember the exact number... I think they've got about 40 thereabout. 50 recipients with I think maybe about 40 Kampung Buddies or something like that...I might not get my numbers right... so just check again. I can't quite remember the numbers.

So but I know Chong Pang is the largest. Then the other 2 are much smaller. So the intent is basically using these people to go and distribute the food. They are not exactly under... just directly downstairs you know... so some of them, they've got to take bus one. So the distance is a bit further. But they did it willingly and said, "Hey this is something you know... a program..." They all signed up and they wanted to do this. So what we are now trying to move beyond is "Could we use this to go and say that..." I haven't quite figured out ah... to go and say that "Could we use them ultimately... that Kampung Buddies in the long term, so some of them become a block monitor?" So they become ultimately, in our vision, our end game is every block should have one. They are my extender for my community nurse. So they are the eyes, ears and nose on the ground who will start flagging out and say "Who are the people who are likely or possible may need help?" And ultimately, they should be the go-to person for the residents themselves. So that my nurse can work through with a small army of such Kampung Buddies... and they will become your extenders. So 1 nurse can have 10 to 20... I don't know... you go and run through. Then they form a team. Then they cover. Then we don't... again, using very thin resource, reach out more. So we don't know whether that will work. We're still conceptualizing. We're still planning out to go and run through. That will then go well with the so-called heatmap that we want to go and build. For every block, we want to know; who is... what? Staying where? Based on the information that we gather, then we go and find out, "What do they need? What can we do to help?" Again, as what I mentioned before, how do we move with sensitivity in order to not cross the line of not breaching their privacy? So that's always the challenge. Again, the intent is good but

always always... we always cross the... We need to check ourselves so that we don't cross the line.

No, so all along I've always wanted to have this kampung buddy. Then Swami came and say, "Can you help?" So the timing was just nice. This is something more strategic and concrete that they can do. You see Swami is the means of meals for the isolated, underprivileged seniors. They would then cook and deliver to their homes. They've got problems with the delivery. So they are asking for help, "Can you help us to deliver?" Now, when the 40-50 boxes of food come in Chong Pang, my kampung buddies will be eagerly waiting. Take 5 to 6 boxes and zoom. "Chiong" (rush) to deliver to the recipients all around.

So now we want to move to the next stage. And how? Can I start tracking the health of the recipients? Those who are receiving the meals. If I could. Can I do that? And can I also make use of this kampung buddy system to appoint some to be the block monitors? So the block monitors will report the situation to the community nurse who is in charge of this area. If the block monitor is unable to solve it, go to the nurse. If it's a medical issue, you can go to the nurse. If it's more of a social issue, you can go to the center manager for help. How can we also work with PA and tap on that? So that at least from there, we can get a better sense. But I'm more interested in tackling the social issue to solve the health problems.

We have not gone to that stage. That's just my idea which I want to push more and more. Currently, my constraint is my physical location. How do I use that as my command center and radiate it out? It cannot be a case where everything done is central around the WK. How can I extend out my reach? So it's also time for me to say that "Hey, you guys shouldn't be just taking. It's time for you to also give because it is in giving that you receive." So my question is "How can I unleash that?" That's what I'm trying to do, trying to solve that puzzle.

Right now, I'm constrained by the physical location. How can I break out of it? I mean, if in the hospital setting, I'm already thinking beyond the hospital, then same thing. It

should be hospital without walls and kampung without walls. How do I do that? I mean, of course, I need to build first. So once I'm done with that, the next stage is to radiate it out.

7. Link between Community Building and Healthcare Agenda

Principal Investigator

So when you say Kampung right, what does it mean to you and what does it mean to the residents?

Interviewee

I think the residents... I think the overlap is quite good right. When we talk about Kampung, we're just simply saying... because if you look at it right, I think the clearest is in Chong Pang. They literally... a lot of them came from the same Kampung. So they understood exactly what it means for a Kampung. And again just to illustrate the point, I think this is again most evident in Chong Pang. The ladies themselves admitted, "We have been neighbors for eons but we only knew each other when we met here, at the WK." Because if you think about it, to be fair, where is the platform and the social setting for such interaction to take place? There isn't.

Principal Investigator

Market?

Interviewee

Yeah but even you say, you talk talk talk and if at all, your timing must be damn good right? To say that you know...to be the same time, frequenting the same fishmonger and start talking for a while. But yeah, maybe that's about it right? But in the WK, this is where you have long time to interact because you prepare your meals together, exercise, play games. That's where you start interacting, that's where bonds are build and that's where you know each other better. Once you know each other better, it's always different. Once you know someone better, you know as a person, it's no longer someone you don't know. You become more forgiving; you become more appreciative of each other, more

prepared to give and take. And I don't know... my personal experience has always been that... when you start knowing a person, then that's when you discover that there is more to a person. That's when you also start discovering that something inside of the person that you know, change your perception. You'll view the person differently. So that's I think is also... what I can see is also at work at the WK.

8. Importance of Community Engagement

Principal Investigator

What are the needs of the members and caregivers who come to WK?

Interviewee

Slowly as we uncover more... it will be a natural thing to go and say that caregiver training will be one that we should give.

And say "Hey, you better need to know. These people coming down, what are their profiles? What are their needs? What is that they...? You go and run through." So of course you know, they say this "You want me to run this... you still want me to..." But I mean they take it with a very good nature. They know it is a challenge. So I said, "I'm not asking for you by tomorrow... So look out and see what is it that they need..."

Yeah so after a while... that's why I say that... because if you say that they are not... as in the other typical setting is people come in and they wait to be told what to do. And you can't move until I tell you what to do, what you can do, right? Here is... you better know what you need to do if you're coming here right?

This is your place, you better take care. You better know what you need to do... All come and help, start taking things, start cooking all that... right?

It's not chaos. It's a case where everybody come in and they know exactly what they need to go and do, where things are kept. It's all there. So we need to go and learn more and more to release, to trust right? So everywhere... now I think we still let go, maybe certain areas we say, "There is no off-limits." So everybody can go anywhere. So we just need to

be comfortable and at the end of the day, they feel that “Yeah, it’s true that...” Because right now I think there are still certain places that are still off-limits.

You need to be comfortable with that. So you need to see whether you can do that.

9. Management & Governance Mechanism of Community Building

Principal Investigator

There is a lot of interesting stories in these WK. But specifically, what kind of measures have been taken to create that sense of community? So while you provide that platform, while you provide that space right, there were measures that were tried and tested and executed to develop that sense of camaraderie, that sense of community.

Interviewee

I think there is a fair bit of muddling on our part. We know that broadly there is this. That there are certain principles that we want to just hold firm as I’ve shared with you. This is self-cleaning place. We are not going to hire an army of cleaners. You clean after yourself. You come inside here, basically no 3-in-1. While we are not screaming ‘Health!’ in front of your face, you know that when you come in here, you’re supposed to eat healthier stuff, that we held firm from day 1. When you come here, you have to eat healthier stuff. Now we are working on the quantity that you eat. *laughs*

And the activities that we do... the other thing we said it’s...a lot of it you better have self-help because one... quite a part of it was also... I mean we also didn’t know how to start some of this social stuff. You want? You all know how to do, then organize.

We push our health agenda not as strong in the beginning because there were certain things that we just held firm. But otherwise, the rest we sort of go in and discover ourselves. We know that there are certain things... of course the GCEO was also come and “You should this this this...” So something we took it and something we sort of held back. He had wanted... and up till now, he still come and tell me, “You should try social enterprise. You should try to make it self-sustaining.” To Dr S and I, we always felt that the minute you put in too much money, one thing it will change the character. Two is that

we are not so sure that we have found the model that can make it self-sustaining. It's sort of a not even a half-baked measure that you try. You get that little money and sort of paint the whole thing. Not quite worth the risk yet. Too early in the game to go and do that. So we have respected whatever he talked, but we have not gone that direction for example. Because we have felt that this should be a place where you should be able to chill, don't have to worry too much about money.

Now you asked me about the psycho-socio profile and all that right? I think, again, if you go... when you start to go, you start going to the 3 places. You'll begin to feel that the profile is very different. The character is quite different. The vibes and the feel also very different. It's quite unique in that sense, yeah?

Again, I guess, maybe on hindsight, it shouldn't be surprising because afterall, it's a function of the people that come down right. It's the people that makes a different. People will of course interact differently, come out differently. They came from slight different social settings, social backgrounds. So what is coming from the ground for example is... I think Chong Pang, by and large; I don't think there's that much of a social issue among the residents, not as prominent. 260, on the other hand, I think quite a fair bit is coming from the ground, from what I hear from the center managers. 765, not so much that, but in the beginning, we are seeing an older profile in 765. So again, we'll find quite unique ah. In fact... yeah one of the... this Ms C was just updating me that sadly one of the old men, who used to come... he was 80+... has passed on.

He played chess but he's the one who stayed in Khatib. Maybe it's the same one. That was in the beginning was... to me, quite surprising. He was 80 something years old.

Every morning he will take a bus from Khatib. He's living in Khatib and he took a bus down to come down. And so I asked him, "What made you come down?" He said well he has friends, he'll play some games... and at that time I think we were still cooking lunch regularly, and he said he'll have simple lunch. Then after that he'll go back. He'll go back and sleep in the afternoon, rest. Then he'll come back again. So, again, the sense that I get is that we are creating a space for these folks who would otherwise have no other place to

go to, to come together, right? So that's... I think it's where... why it's thriving. People with the sense that... to some extent I guess... with common needs being put together and now you share. Basically you bring your own need for companionship in there and it becomes multiplied.

Principal Investigator

Was there a discussion or thinking about the kind of control or the kind of governance? Because like what you've said... you've alluded to this point about you don't want the regular corporate type of management, right? You wanted to seed that ground up movement. So was that something they discovered or there was that instruction? Or there was that consensus that 'Ok, this is how we are going to approach this.'

Interviewee

Well, I mean to some extent, I guess we've also been lucky that the people that we've gotten were not the typical corporate warriors. So they're not the so-called high flying managers who come in and want to go and do things that way. So in a sense, that was a blessing. Not that they were not capable ...their background... was such that they were not from that kind of background. So we need not worry about that bit of it...

I guess circumstances... blessing if you want to call that. These are the people that we have... that seem to just be the kind of people we needed. *laughs* So whether you want to call that luck, whether you want to call it providence... I don't know. It's not one where we have to worry about... corporate you know. So even for me myself, I guess I have to also check some of this desire of wanting to... Frankly, when we went in, we went in with a lot of fear. A lot of fear because it's been drummed into our heads that "You guys don't know what you're doing. Sure fail one. Your failure probability is very high." So we were terrified actually that we will not be able to pull it off.

10. Importance of Driving Customer Participation

Principal Investigator

Why did the other senior activity centers or Wellness Centers fail? Because there were so many of these you know... why do you think some of these were not successful?

Interviewee

I can't claim that I'm an expert. But I think to hazard a guess, maybe, just a few things that... from looking at what we did that we thought, right ... may be something that they should reflect a little bit more... it's the fact that we make it open.

And we don't organize for the people... selected activities we do. But the rest of it, we always say, "No, you go and do." So I think that empowerment works wonders. People are in turn challenged. Again, I shared with you the case and... point... is our singing group. They decided they wanted to learn. They donated the karaoke set. The permission asked of me was, "Can or not? Can they do it or not?" Right? And I told them, "Err ok, the condition that... Make sure you manage the noise. Make sure they don't monopolize the multi-purpose room and I don't hear any complaints. Ok? That's all." And they form and they go and find their own so-called teacher to teach them, their singing teacher.

They form the group and from there, we start encouraging them and say, "See you all know already right? Why don't you all... you know... go to this All Saints Home... maybe you know...?" They start doing that and then we said, "Hey since you all can do this, then when we have activities here, we can invite them." That then became a common feature. So we tried to do this. We tried to cross... right? So one of the things that we are working on now... trying to go and do... is... trying to figure out, "Could we have..." I think I shared that with you a little – micro jobs.

Because what I am seeing is that some of the residents there, they became partially disabled because of strokes, diseases, what-nots, and they could not have a permanent job. But they are not totally disabled. So I'm trying ... pushing internally, saying, "Is there some pockets of jobs that they can come down and spend the morning or an afternoon that they can come and do? We'll hire them, give them a token." I mean, just like HPB ambassadors right, when they come down, get \$20. My sense is... my guess is I don't

think the payment... the value of the payment matters as much as the fact that 'I'm now useful'.

I want to give the dignity back to them. To find a way, to say, "For the short window that you're able to contribute, I give you that recognition." So we are trying, to go and say, "Can we do that? Because sometimes we may need some extra helping hands in terms when we do health imports and all that." So we're trying, pushing and say, "Can we do it? Can we do it?" Even if the guy is coming in a wheelchair, make phone calls or what, I say, "It doesn't matter." So I am trying to encourage people and say, "Yeah in the beginning, it may take some pain. Right? Ourselves..." But look beyond.

Because I think this is as much as being therapeutic to them as it. So this is part and parcel of the healing process. So trying, trying to go and do that. So as much as possible, I try to see whether we can have a way of... meshing... crossing the activities... right... bringing and see how to go and... because at the end of the day, it's how you create a community, right?

It's the strands that you form. The more strands there are, the stronger it will be.

So trying, trying to build that, to see whether we could create that. So then they can begin to feel that we are not some monolithic institution that I can only come in when I'm sick. We're not. We're a community. So we want to make sure that... that's coming in. So trying to do that and see whether we could do that.

I think at the end of the day it's... we ourselves I guess, like you have already pointed out, all of us also want to go and say that, "How do we... at the end of the day, I think... create a community, a society that at the end of the day should be more caring right? Not just caring for yourself, but caring for others," Then after that... then lift up...

Because I think if you look at it, health is the enabler that people actually take for granted. It is only when it's missing that you notice it. So obviously we want to make sure that on the prevention front, "How do we bring the message across to them?" So we also struggle to go and say that, "How do we find?" and I think both Dr S and Dr W have come back from States to find a framework that might be useful for it.

So broadly the concept that, I think, they came back with is to talk internally in terms of energy. So the thing that you need to go and figure out is, “What matters to you? Whatever that matters to you, you need the energy to go and attain it.” So if you want to be a good dad who can spend time with your son, quality time with your son. Be the weekend warrior with the son and play soccer with your son, whatever not, or even just simply read, whatever go and run through, help him with the school work... You need the energy because you want to be sure that after you spend that gruelling whatever hours in the office, when you come, you still have the reserve energy for your son, or the energy in the weekend. How do you translate that energy? It’s health. It’s your health, the way that you eat, exercise, sleep, overall mental wellbeing, it’s your overall... right? How you manage your stress, mental state etc would influence the energy level to deliver what you want to go and do. So they don’t talk about health in your face, twist it around and say, “What do you want? What matters to you? Guess how you are going to get to what matters to you? It’s from here.” Then from there, then the derivative thereof is your health, your lifestyle, etc. So that’s how I think it is. So we need to go and talk from the prevention part. Now, we need to figure out and say, “For the people who have already fallen sick, how do you get back?” That’s when we talk about the supported self-management.

11. Concrete Example of Achievement(s) through Wellness Centers

Principal Investigator

Could you share any example of achievement so far with the WK?

Interviewee

So maybe what I can do with you is that... you see for example... I don’t know whether I’ve shared this with you... so now we are trying to figure out is that even with the simple exercises that we did, we already see some results and some of the stories are happening underneath our noses that we don’t even know. So now my challenge was... if that simple

exercises show results and now we are supposed to be worried about frailty, worried about falls... right? Why are we not structuring more purposeful exercises? That will focus on dealing with frailty, maybe incontinence, maybe ... what... So I'm challenging now... so I'm trying to work out with... so we are trying to tie up with SUTD academics, to go and say that, "Can you structure something? Be it a program or exercise to go and do this." And even as we speak right now, I have 2 interns from Republic Poly. I think their background is in Physical Education or Sport Science or something like that. So they are basically more into exercise. So I say, "Ok, you want to try? Come up with an exercise, show me." I challenge them and say, "You come up with it. If you come up with it and I agree, I'll video you performing it." They are very beefy anyway. So... So I'll video him performing it, right, so that will become a permanent feature. I'll throw it in... to expand... You have seen the exercise videos that's being done at the WK, very simple what. Right? There's nothing... nothing fantastic... I mean... To be honest with you, I also found it surprising that they are able, willing to come down day in, day out to go and do that. So that's why we come to think that it's not the exercise-exercise per say. It's beyond that. But they're getting results. So they came... exercise is yes. But I think there's more to it than the exercise. You know, the fellowship, the bonding, the fact that it has now become a routine. So now I'm trying to say that, "Can I start introducing something that's more purposeful?" to go and say, "Target specific area whether it's to improve your balance, improve this..." So I'm trying now to go and say... move... Can I now be more targeted without telling them that it's that ..."

Part of the morning routine! Go and run through right. Ok so the other challenge that I'm throwing to the manager, because I'm not sure if you've gone to 765, as I've told you to go and see 768...

So I already told the manager, I told Ms C, "Colonise that. Colonise that. Muhamad doesn't come, we the mountain will go. Colonise that. Start doing exercise there. Start

trying to see what is it that they need.” Because if we have a bunch of 80 something years old... men... there...bound to have needs. Cannot be that they don’t have needs. How do we befriend them and say... yeah I mean they are comfortable there then let them be... let us not... but we can go and bring the activities there, to do our activities. So trying to go and see... so that’s what I meant at the end of the day is that... at the back of my mind is that... one model is that... How can I not be confined to 4 walls? How can I find a model to unleash? To go and say that leading the exercise... Why can I not train my volunteers from here to start doing? Why must it always be my resources? In the beginning yes, but once you get going, why must it just be my resources? How do we unleash these people from here and say, start sharing, be it cooking or whatever. And that’s where again, strands are being formed... don’t know, trying.

Keep trying. Don’t know. Don’t know whether it’ll succeed or not. Just try.

Principal Investigator

Thanks very much.

Interviewee

You are most welcome!

No. 032 & 033 – Interview Code 2017022-23-260 Malay (interview in English)

1. Feelings Towards & Experience with Wellness Center

Principal Investigator

Please share with us, your feelings and experiences in this Wellness Kampung (WK).

Interviewee

I23: It’s very good for residents.

Principal Investigator

When did you start coming?

Interviewee

I22: Err start... err 3 months already.

I23: 3 months... 3 months. For him... because I'm here last year. Last year January or February.

I22: Yeah... I follow her

2. Reasons for Joining the Wellness Center

Principal Investigator

Why do you come here?

Interviewee

I23: Yes I bring her. I said, come here la, try exercise

I22: Good for my husband Mr R

I23: Then starting... wait la wait la. Then after... one month, then... ok, we go, we go.

Until now, everyday come here. Then good for ... Mr R... improvement!

I22: Yeah... now he can talk, can walk... Last time very quiet, quiet like that. So now ok.

I23: The talk also... very clear.

I22: Clear, clear. Last time, not clear. Happy la!

3. Frequency Of Visit And Duration Of Each Visit

Principal Investigator

Do you bring him here every day?

Interviewee

I22: Yes yes, every day. Every day! One hour, one hour in the morning.

I23: Monday to Friday. Only when he... (medical) checkup... morning...

I22: Yeah... checkup I never...

I23: Skip la!

I22: Tuesday, Wednesday and Friday got instructor... so Monday and Thursday, I have go... Thursday... err no... see TV... video video

I23: Monday stay here for the cooking. To do finish the cooking ... lunch time. Oil little bit... healthy food

I22: Yeah cooking healthy... no sugar, no ajinomoto...

I23: The nurse comes every Tuesday... after exercise, check blood... Check the diabetes... check the high blood...

I22: Maybe 23... they want to take what ... this what... must puasa... fasting ... take blood or cholesterol. Like that la.

I23: 23... that one full check-up la.

I22: Ahh ... here also got.

Principal Investigator

So how long do you stay here?

Interviewee

I22: 2 hours like that la...

I23: I a bit late la... if I finish, 9.30... if I'm very late, 10 or 10.30 ... I go home.

I22: I also same... 2 hours like that ah, here ah... 8.30... err 8.25 because 8.30 starts...

I23: Because after the exercise, got the exercise for the wheelchair, watching the TV... ah Mr R also see the TV, follow la.

I22: Here better because ... sometimes at home, no friends or what... See TV also lazy...

I also never follow. Here, I also follow the exercise

I23: Lazy ... Here exercise, got instructor, many people... and exciting.

I22: Malay and Chinese together, happy happy, ok. Like family like that, Kawan...

I23: Multi-racial... got Indian...

Principal Investigator

What happened to Mr R?

Interviewee

I22: Err Mr R kena stroke... 2 years already. First stroke... yeah left... ask to go operation also. Yeah so now ok. Happy... 3 months already.

I23: Now very happy... only sometimes sensitive...

I22: Just now also cry ... nevermind... suddenly sensitive... sometimes no more.

I23: Yeah... sometimes only.

I22: Yeah maybe stroke... effect... or what... I don't know

Principal Investigator

Is his speech affected?

Interviewee

I23: No, he's very good. Can talk... and the memory last few years also can... remember.

Yeah come here, then many people... then like happy. Because the face now very very red, last time ... like moody or something.

I22: Yeah! Now alamak, strong. Can walk...

I23: Yeah... this morning also walk... from...

I22: From ... coffeeshop.

I23: From coffeeshop there, he said he wants to walk... also... Mr R... the wife (I22)

never said... ok you walk. No.

I22: He wants to walk. Like that yeah *laughs* Ok.

I23: Then walk, walk. Never crutches...

I22: Because the instructor yeah... this one the exercise also good ah... he join ... Mr T said... "Mr R wah! Bagus bagus like that!" So happy.

I23: Yeah good...

I22: So ok. Kampung village totally ok! Very good.

I23: Yeah ok... very good.

I23: Got the exercise for the...

I22: Celebrate birthday ah... 3 persons...

I22: Yeah I cooking... my friends... cooking all here... mini mini makan.

Principal Investigator

Earlier on you said Mr R had stroke, did he go to 'Xxx Hospital'?

Interviewee

I22: Yes! So now one month like that... so now no go 'Xxx Hospital'. So now take medicine or what appointment... need to... go polyclinic.

Principal Investigator

Do you come here every day, so Monday you stay longer for the cooking?

Interviewee

I22 & I23: Yes yes.

4. Sense Of Belonging To The Wellness Center

Principal Investigator

Did you all come here to celebrate birthday?

Interviewee

I23: Yeah last Friday.

I22: Mee rebus... I cooking ondeh ondeh. Mini mini makan...

Principal Investigator

Do you see yourself as member of this WK?

Interviewee

I22: Member? Yeah...

I23: Yes yes.

5. Types of Volunteer Activity/ies

Principal Investigator

Do you know that there is this Kampung Buddy meals-on-wheels program here?

Interviewee

I23: Yeah not free because after this, I go home... I cooking. After 1.45pm, I go out and pick up my granddaughter... then no time.

But the what... sometimes here 1.30pm or 2 o'clock, this one my time for... pick up my grandson then give makan every day. Do activity... then 3 o'clock must go back to school... then sometimes 5.30pm... every day... like that.

I22: Yeah I also *laughs* 3 daughters! Already like that... tomorrow also like that like that. Tomorrow Saturday, Sunday closed. So Monday start again.

6. Knowledge of Rules Enforced

Principal Investigator

Do you feel that you have to help keep the place clean?

Interviewee

I23: Yes yes yes.

I22: Oh every Monday, I also cooking!

I22: Yes yes yes, I cooking... Malay cooking. So now err... some people... Mr Walter... the cook from hospital... who? The man... I cooking.

I23: The... got one man and teach us how to cook.

I22: First I cooking like that... err chicken curry. So ... no what? This one... so original... healthier than original. No coconut... fresh milk...

I23: Yeah not many spicy. Healthy food. Every Monday... no ajinomoto. Less salt... oil also little bit. Healthy la healthy

I22: So cooking healthy soto. no ajinomoto, a bit sugar ... oil... little bit. Healthy.

Principal Investigator

Do you think over here, there are a lot of rules that you have to follow? Like, must keep the toilet clean?

Interviewee

I22: Yes yes. Yeah la if not, not clean ah... the toilet also, we cannot... if I see, I go inside... and dirty... I just little bit clean... Sometimes the... a lot of people go... then not clean. Then we just clean... After taking water, after drink also... rinse ...

I23: Yeah yeah. Wash the cup...

I22: Same same... because this one Kampung.

I23: Like our own house, everything must clean *laughs*

7. Concrete examples of Other Customer Experience at the Wellness Center

Principal Investigator

So you recommended her (I22) to come here? How did you find out about this place?

Interviewee

I23: Last time, here got one lady do the cleaning here. Then I send my grandson go to school then she sent the daughter go to school la... at the kindergarten. Then she asked me, "Err auntie, auntie, you want to go line dance?" Never say exercise... 10 o'clock... ok ... I go here line dance.

I cannot do the line dance because the step step... then many people the step step... then step my leg, then I go outside. I see the schedule... I see... got exercise... this this ... then I asked. This one how they exercise? Then they said this one... this this this... and then next week, Wednesday... I start from Wednesday. Next week Wednesday, I come early morning, 8.30. After I send the grandkid, then I come here... outside.

I22: Drink coffee first, eat breakfast first *laughs*

I23: Wednesday last time Wednesday no instructor. Only Monday. And then after that, Monday, Tuesday, then puasa... then puasa I stop, I never come. Then after Hari Raya, I come back... until now.

I22: I also recommend 4 persons already. The wheelchair Chinese... because I here ... only step step see... ok come here, aiyo auntie, you follow, follow me. Huh can? Yeah free. Must pay or not? No! Ok. Just walk here walk there... ok just come here...

If you want to eat, pay \$1 only. If she want to makan, pay \$1. Oh yeah if the people want to makan, here \$1 pay.

I23: Oh lunch time that one lunch time.

I22: Aiyo coffeeshop \$4... \$4.50 like that, cannot makan what.

I23: Because last month... err last week, our celebration, we also sponsor.

I22: Yeah I sponsor

I23: Mr T (the center manager) said, I give you money, you can cook. I sponsor for the makan the money.

I22: I said no need don't want. I make kueh, make mee rebus. Next time, Hari Raya, I also want to sponsor. He also come in and eat. Mr T asked... are you sure? Yeah, never mind. We also like that.

I23: Yeah then I... center sponsor cake ... birthday cake.

Principal Investigator

Anything else you want to share with us before we wrap up the interview?

Interviewee

I23: So far it's good because the...90% good because now we go outside, morning got sun... and then exercise outside (outdoor) and then after half an hour, then come back here. It's good.

I22: So far it's good. 90%...Now instructor, every Wednesday, yeah... Yati instructor... Friday? Friday Mr John... Tuesday... Dewli...So ok, happy, good. No comments. Yeah no complaints! *laughs* I like friends... so here is ok.

I23: Ok good. Happy. Got the volunteers also good, Mr T also very good. Everything good.

Principal Investigator

Thank you very much.

Interviewee

I22 & I23: Ok thank you! See you again!

No. 034 – Interview Code 2017024-765 Indian (interview in English)

1. Brief Demographic Profile

Principal Investigator

Please share with me how old you are.

Interviewee

75. I'm from India. I came to Singapore in 1962. My family, my husband and my children.

My family all in India

Principal Investigator

Can I ask what your education level is?

Interviewee

I'm Primary 5.

2. Feelings Towards & Experience with Wellness Center

Principal Investigator

Please share with us, your feelings and experiences in this Wellness Kampung (WK).

Interviewee

Here? Here? Good! A lot of people, all friendly... and laughing, enjoy la! Enjoy exercise.

I like.

3. Reasons for Joining the Wellness Center

Principal Investigator

How long have you been here?

Interviewee

Only two months. Last time I don't know here then my friend said.

4. Frequency Of Visit And Duration Of Each Visit

Principal Investigator

How often do you come here?

Interviewee

Not every day, I go to the park three days a week. 2 days... Tuesday and Friday I'm here.

Because doctor says... I have very high sugar... and the doctor said... maybe you want to

walk, meaning rounds... walk 2km like that. I every day... 3 days going to the park... 2km walking. Afterwards, join in the exercise... the group (at the park). 3 days – Monday, Wednesday and Thursday. Sometimes, Saturday I'll walk... sometimes tired, I never... today I 2km... Tuesday take blood sugar... test.

Principal Investigator

Do you have diabetes?

Interviewee

Yeah diabetes, blood pressure and cholesterol. Take medicine from the polyclinic. The next one... date 6th, I want to go check, full body... the sugar, pressure and ECG I think. Next month... date 6th at polyclinic.

Sometimes I go already ('Xxx Hospital'). Going (to check) the urine problem... I don't know what... I go polyclinic, the doctor gave me a letter. I go into 'Xxx Hospital'. Many times I go in.

5. Number of Friends & Close Friends at the Wellness Center

Principal Investigator

How many friends do you have here?

Interviewee

Friends? All come here... friends la!

Principal Investigator

Any friends you can share problems?

Interviewee

No.

6. Programs & Activities at the Wellness Center

Principal Investigator

When you came here about 2 months ago, you came here mainly for the exercise. And then you said Tuesday you got the nurse to check the blood?

Interviewee

Check blood... no first, exercise. After that, I go blood check. One hour here exercise.

After that, the sugar all check, I go back. Because my house... want to cooking, cleaning...

Principal Investigator

Before this place opened, what do you do?

Interviewee

This one opened? Very good! Very good, a lot of people came... to exercise... want to talk. Very good I like. Other people like Chinese, Malay... all good. Talk? Can talk... little bit little bit. How are you? How are you? Ok... like that. Slowly

Principal Investigator

Other than exercise, what else do you take part in?

Interviewee

Here? Here... the exercise got... sometimes the other side bring... today the other side... 260 there got. Walk... exercise... after walking at the park, different... I... walking then the cycling... exercise... little bit. Only little. And the Chinese group, the exercise...(for) half an hour.

Principal Investigator

Then you go home you take care of your children?

Interviewee

No, my children all big already. My grandchildren all big already. And my husband and I only 2. Then every day I cook!

7. Types of Volunteer Activity/ies

Principal Investigator

Do you know that there is this Kampung Buddy meals-on-wheels program here?

Interviewee

I don't know...

8. Knowledge of Rules Enforced

Principal Investigator

Do you know of any rules to follow here? Like keep the toilet clean, like wash the cups after use? Like Mr T (the center manager) will say after you use the cup, must wash...

Interviewee

Wash wash yeah... I err follow, will wash... Don't know... *perplexed look*

9. Concrete examples of Other Customer Experience at the Wellness Center

Principal Investigator

You see the other residents who come here, do you think they like this place?

Interviewee

Like! All people said they like. No everybody never tell no good.

Principal Investigator

Did you bring your husband here?

Interviewee

Yes! Come! Come! Morning my husband come, I never see... want to go other place...

After my husband come... want to register. My husband goes to the park every day. Yeah

3 days... sometimes 4 days... Saturdays. 3 days confirm.

Principal Investigator

Do you bring your friends here?

Interviewee

I tell already... they... no time. Everybody... morning go to the park walking... then very old cannot. (For me) Very easy... my house very near... opposite. (Block) 235. 1985, I come here the 235. 32 years Yishun here. Staying here... Here very nice place because all very near got... MRT... no more far... not very far. My house very... all my

grandchildren last time all study here. My block opposite... the school. Now big already.

My young granddaughter (is) 20 years. First grandson (aged) 33.

Principal Investigator

You're still very active at 75!

Interviewee

Pain. Pain, never mind. Come come here altogether. The people talk... a little bit time...

enjoy. Very good. Now after go back, now want to go for cooking!

Principal Investigator

Thank you so much.

No. 35 – Interview Code 2017025 Chinese

1. Brief Demographic Profile

Principal Investigator

How old are you?

Interviewee

1948 that means 69.

Principal Investigator

What's your education level?

Interviewee

Until Sec 2 only. Olden times ... don't have University (U) one ... nowadays every household got U student there already. Our time ... even my brother... I'm lucky... my brother until primary 4, primary 5. Some of my sisters also never study, not even go to school one...

At least I have more school than them... my brother... they all also... my sister also never go to school. But they... olden times, it's very poor correct? Don't expect got computer, got TV, no don't have all these one. "Jin Cham" ("very miserable") in olden times. Very poor ... even want to eat one piece of chicken also wait until the "长辈"

(elderly)... last time our people ... our boys and girls... very poor one. The children very poor.

2. Frequency Of Visit And Duration Of Each Visit

Principal Investigator

How often do you come here?

Interviewee

Maybe if I'm free, every day ... Monday to Friday because Saturday don't have volunteer. If sometimes have appointment, then maybe 1 week... 3 to 4 times. If free, every day. 5 days a week ... correct, Monday to Friday. If not, at least got 3 times to 4 times because I stay near. (At block) 264 here only... here also can see the house. 1, 2, 3, 4, 5, 6... this block ah is 264. Not this one, the other side.

3. Number of Friends & Close Friends at the Wellness Center

Principal Investigator

How many friends do you have here?

Interviewee

I don't know ... you see then you smile with aunties... then hello auntie... we also don't know... Around all the... among all there ... then the old people... they come, we must respect them. Auntie ah, *speaks in dialect* jia ba buey ("Have you eaten?") auntie, hor bo ("How are you?") Then sometimes we sit here, then sometimes we sit that table. Those here friends all we know, I never count how many

Principal Investigator

How many are close friends, you can share problems with?

Interviewee

Close friends... sorry ah not here ah... in my working times, colleagues because last time I worked at Takashimaya promoter mah... There are a few very close friends because we

know them very long, we know them more than 20 years... 1990 something we know. So even now I retire, at the age of 60 I retire, that friend also contact me because they got my home... that one we know very long. This one I don't have any close friends because we just here only, just here, not long. Working friends we are close... even now we never work together, sometimes maybe 2 or 3 weeks, we also call, then we also come out to Northpoint, makan makan, go to tea... tea break or jia kopi like that... coffee. They also... they're young, they're around 50 because they still continue with their work. 55 can still work mah... I'm 69 already, somemore the leg pain... I never work already. Like click click click... so this side ah, this side still very pain but I still can manage, I don't want to do any operation. Can manage mah... just put some medication. This one you cannot manage, you have to do mah... finally you have to do. If I can manage to walk, I don't want, little bit pain ok ... polyclinic also got give me calcium for the joints one. I also buy for the calcium for the... those... for the... soft bones. I take a lot of vitamins also.

Principal Investigator

Before this place opened, what did you do in the morning?

Interviewee

Ohh sometimes I go market, I go to the market to buy some food for cooking, some meat, some vegetable... Then afterwards, I come back and cook. Then after I finish cooking ah, maybe I go McDonalds, downstairs got one McDonalds... this one, my friend ah, my near here neighbor... go there so meet them there lor. But sometimes go, sometimes never go ... sometimes at home see the TV.

Maybe once a while, one friend call me... a very long friend ah... last time work together those old friends... Ah B- (name of interviewee), today we go to have tea at Northpoint. Want? Wait where... wait at the John... wait at the Long John Silver or wait somewhere then go. Once a while, not all the time because they are also working Before here never open, then like that lor. Here sit here... market sit awhile, pasat sit awhile, kopitiam sit awhile... so pass the time ... sometimes cooking, sometimes never

cook because I stay alone mah... that's why I don't cook. "Mdm BZ" told me she said, you come and eat here, you don't cook. Night time ah, evening ah, then you cook some porridge. Simple food.

Later you eat here, night because you're alone... night time you eat little bit of porridge. Don't... daytime ah, afternoon lunch you don't cook. I said oh ok.

4. Programs & Activities at the Wellness Center

Principal Investigator

What do you do when you come to the WK?

Interviewee

Do some exercise ... then Mdm BZ (one of the volunteers as resident cook) every day cooking. After exercise, drink soup. Healthy soup, healthy food here. Exercise....

Principal Investigator

Do you help her with the cooking?

Interviewee

Sometimes because she said my legs not very good, she asked me don't stand so long. There's a lot of volunteer friends that can... 4 to 3... 3 to 4 like that... so... I said no need. Sometimes I help her to pack, sit down to pack the tau ghey ("bean sprouts"). Standing she don't allow me to do, she's very good. She every day come here one, from last year February 21st, the opening you know... until today, she never miss out. Even if she got appointment with the mother, bring mother to check-up, she also finish her cooking then she go there to the clinic. Then afterwards, finish, she come again. She's very helpful to the old people. Jin ho ("very good")... very... She very early come and cook... but of course also got 3-4 friends help her. She's the best one, every day attend one. That 3-4 come, sometimes never come. But she every day, around 8 something she will come and prepare all the food. She's very good. "Mdm BZ" is the short, short girl.

Since opening... cooking got so many ... the one the name "Mdm BZ"... got "Ms M" still got "Mdm XZ"... "Mdm BZ" that lady. She never missed out one day never cook one. Saturday and Sunday, then not open, she never... she every day come.

Sometimes she finished cooking, her friend meet her, appointment or something... I said today you don't cook, you go. Correct? You don't today also go with friend, come and cook then go. She said no, afterwards you all old people, nothing to eat. I said nevermind, kopitiam here, we go there and eat.

Principal Investigator

How long do you stay here usually?

Interviewee

Sometimes ah... sometimes 8 something... or 9 o'clock... today I here... late a bit, 10 o'clock because not very free today, do housework. Today maybe I stay until 2-3pm lor because late come

If very very early come, 8 something, I will stay until 1pm, at least got 4 hours here. Now I come here 10am... 1, 2, 3, 4... maybe 3 something to 4.

Principal Investigator

What do you do in that 3-4 hours?

Interviewee

That time now... not doing exercise... so chitchat with all the aunties. Read papers lor, read magazine, got play the what ah... I never play one... Rummy ah? They asked me to learn and play, I'm not interested. I don't want. I prefer read books ... there's healthy books, read paper finish, then I sit with the aunties. Those aunties also stay here nearby, our place... 264... kin kai kin kai ("chat" in hokkien) talk with us... Then the aunties also 3-4pm go back, I also go back but I never play that one. They teach me... I also no interest... yeah so I prefer read books, I prefer reading. Singing also I don't know how to sing. Mr T also said, you like to read books, you read books here and see papers. Singing... cannot sing ... voice not nice, paiseh ... singing never.

5. Types of Volunteer Activity/ies

Principal Investigator

Do you know that there is this Kampung Buddy program here? Do you take part in that program where they deliver the meals to some of the residents?

Interviewee

Delivering the food ah... that one never. Just now I saw 2 ladies. Because I... my health not very good... walking also... walk a while then I sit, they don't encourage me to do this one so they won't... not very good.

I stand ah, 10 minutes... only ah the most 15 minutes only... I cannot stand long. Even ah, I take MRT, I go out ah... maybe bus or MRT, I step into the bus or MRT, all those people see, faster ask me to sit already. They see I walk also... a bit 'bai ka bai ka' ("limping") like that, they faster call me to sit already. Once I climb up you know, they asked me... auntie sit down. So I never do all these the 义工 (volunteer) ... I never do, send the food, I never do.

6. Knowledge of Rules Enforced

Principal Investigator

Do you observe the rules here?

Interviewee

Yeah after ... eat(ing), sometimes we share with some aunties the food... I go and wash. This one can, awhile can. I mean if stand very long, walk very far, cannot. A while wash can ... household also I do myself one. After work go home, every Friday I got clean the house. Tam po ("a little bit") tam po, oi sai ("can do") I cannot do very long. Cleaning tired then I sit down. Yeah after eat, we wash ourselves. Toilet also must keep clean. Then the table also... This is light work. I mean the walk very far that one, I cannot manage.

That's why walk... that's why they asked me to go and do exercise, half an hour. I say cannot, maybe 15 minutes only the most. I try. 15-20 minutes, half an hour... I very pain already. My 2 sides also very pain. These 2 sides... don't know why leh. This ... this side and this side. Back pain. A lot of people back pain, leg pain also... I don't know why... very pain. I see doctor, see doctor, acupuncture also... Chinese doctor... cannot help mah. So I give up. Sometimes night time ah... I bathe already, I just rub oil. Then after that when they come back, at least not so pain ... you see doctor, you see doctor also cannot cure what, see doctor then after that, I give up. A lot of people leg pain, knee pain ... got a lot.

7. Concrete examples of Other Customer Experience at the Wellness Center

Principal Investigator

Do you noticed anyone here whose sort condition improved after they come here?

Interviewee

They never tell me I don't know... also they never share with me... but they told me they are very happy... improve what? I also don't know. Improve the health? I don't know ... but they told me... got makan, got coffee drink, got tea... you see? But they do some donation there also, not eat free.

Sometimes also give some money to Mr T (the center manager) ah to buy food... today also I... sometimes I give... that's why Mr T sometimes don't want... because you never work. I said nevermind. last month I give \$20 because I never go and buy. I don't carry because my leg pain. I don't want to carry, so I give money ah. "Mdm BZ" cooking already or Mr T... then he don't want, he said want \$10 enough. I said nevermind. Then after that, every day we eat, we put another \$2 for donation lor. They accept. Everybody eat ah... you put \$2. But additional, addition... I give \$10 Mr T buy food, give the lady to buy food for them, coffee

So he said no need... you just put donation \$2 to take a meal because they also need the cash to go and buy food mah. So I said nevermind, this \$2 is makan... this \$10 is

give them all to buy Milo or coffee... or whatever ... for the old people to drink and eat ... I never work nevermind, because every month I got the benefit when I retire... you know our 62... our CPF fund ... you know har? Also ... they got half, so every month I take \$520. Enough for myself.

To pay the bill, no people support me, no children. Then I have to pay the bill to buy the food one, \$520 ok. If you don't gamble, don't buy on TOTO or 4D, it's ok. If you buy all branded things... you never control... it's all... If you know how to control, can, can be enough. So every month I get \$520. That's why they said, you never work what... then also I 3 room house ah... 3 room flat.

Before, I stay with my mother. My mother passed away. So I stay 3-room, I stay alone one. I still got one room. Then Mr T asked me, why don't you rent to people? And every month you get a few hundred dollars? I said I don't want... if you rent to people, not convenient. Sometimes ah... very difficult to say. Sometimes you might get good one, sometimes not good one ah, very difficult. So I said ah, I still have some benefit ah, every month I get \$500 something... it's ok until I take 10 years... I take already 6 years, now another 4 years. 4 years finish... 4 years also very long way what... Finish this 4 years, I will not intend to rent the house... I will not rent the room. I will... what do you call that ah? *Speaks in dialect* (押给政府啦) ('mortgaged to the government')... you know or not?

Then first instalment, they give you \$20,000 lor. Then I heard that, every month, 3-room depends how many hundreds ... then you still get some cash. I don't want to rent to people.

Principal Investigator

So you bought this 3-room flat yourself?

Interviewee

Yeah before ah, 1986, we... not 86 ... 86 correct. Now 30 over years... that time my mother was still around. My mother just left 4 years ago. That time we bought this house

ah, the price very low, only \$28,000 only! Plus everything already. Now \$28,000 you buy a toilet also not enough.

Times have changed. So I only paid this house, \$28,000 something... last time I worked promoter, I only pay 5 years only... very fast I finish already. 86, 87, 88, 89, 90... 91, or 92 I finish already. So this house is my name and my mother one... but my mother is no more... only my house.

I don't put anybody... I got brother, I got sister, I got niece. But I don't want because they never help me. They never every month pay me some money. So what for I want to give the house to them? Correct? Unless the brothers and sisters... I got 4 or 5 brothers and sisters and next... every month ah, this person give me \$50, \$50, \$50... share together. At least half I give you all... or 4 brothers and sisters names... but nobody helped me. They only once a week come to my house... what... look see look see look see. But they never take the cash and help me... so my friends asked me, this house you got put your... 给你的哥哥姐姐吗? 我说 (“names of siblings? I said”) I don't want. I only... next time when you no more here ah... I said that one I don't know. 政府 (Government) take away or what I don't care. That one is different, I don't care... so long. Correct? They said you never... pass ah, 给... 写他的名, 等一下没有在 ... Then how ah the house? I said that time I don't know also. What for want to care so many? They also never help me, what for I want to help them? Brother and sister also what... you got help me, I also help you. If friends also the same...

Then my brothers and sisters quite loaded, not say they are very poor. They have a few children ah, 2 boys and 2 girls. They all the sons all big business, you know? When my mother was around, they come and look see look see look see. So my mother was not around... they also come every 2 weeks. In my heart, I say you come and look for what? Mother not here... mother here, you say look see mother. But my mother passed away at the age of 97. Nowadays, every Saturday, he also come... Never help anything.

Principal Investigator

Why don't you recommend them, your brothers and sisters, bring them all over?

Interviewee

They come here a while ah, they will go back. The son drives them here, then half an hour they will go back. Saturday and Sunday they will go for tea, go for buffet, don't know go what... they will enjoy. I don't want to call them to come here. I come... I enough. You never help me what for... I want to put the name? Then my house also... very stingy. My house also... I put my pocket. I don't give.

Principal Investigator

Thanks very much. Take care.

No. 036 – Interview Code 2017026-260 Chinese (interview in Mandarin)

1. Brief Demographic Profile

Principal Investigator

Please share with me how old you are.

Interviewee

How old do you think I am. I am very old. That is me in the news. I am sixty-eight already.

Principal Investigator

What about your education level?

Interviewee

Secondary 2.

2. Feelings Towards & Experience with Wellness Center

Principal Investigator

Please share with us, your feelings and experiences in this Wellness Kampung (WK).

Interviewee

Not bad. There seems to be a lot of entertainment here.

Principal Investigator

Before you come to this WK, how do you spend your time everyday?

Interviewee

I walk up the hill every morning. After I finished the walking, I go dancing. I go to block 7-something. If I don't come here, I will be dancing at block 266.

I am seldom at home. Since I came here, everyone at home is complaining. Because they cannot find me at home. I said I am downstairs at this Center and they can find me at home. I also don't bring my handphone out so that no one can locate me.

3. Reasons for Joining the Wellness Center

Principal Investigator

Why do you come here?

Interviewee

I like line-dancing. My line-dancing instructor told me about this Center. She moved over and I followed her. I used to be dancing at block 765, near block 733. She told me to come here and look for Mr T (the center manager). When I first came and saw Mr T, he appeared to ignore me. I saw that and walked away. Later my line-dancing instructor told me that she has registered for me as a volunteer ... hahaha.

So since this center opened, I have been coming here up till now.

4. Frequency Of Visit And Duration Of Each Visit

Principal Investigator

Do you come here every day?

Interviewee

I come here every day. My grandchild returns home at about 1.30pm and I will prepare his lunch. After he has eating, I will be back here at the center. My grandson is 10 years old.

5. Sense Of Belonging To The Wellness Center

Principal Investigator

Do you see yourself as a member of this Wellness Kampung?

Interviewee

Yes. Sometimes when the resident cooks do not cook, I will be the one to cook. We take turns ... like when they go for their holidays overseas. We help whenever we can. When she is around, the rest of us will help her with the chores. Sometimes we do a little baking.

6. Number of Friends & Close Friends at the Wellness Center

Principal Investigator

How many friends do you have here?

Interviewee

Quite a lot. Everyone knows me.

Principal Investigator

How about friends who can share your problems and solve your problems?

Interviewee

I am not sure. I think most of them can. I am close to both resident cooks here. Yes, two of them. When we are free, we will make kueh ("cakes"). They suggested that I teach them. I told them that the kitchen stove here is not strong enough for traditional nonya kueh. Without the fire stove, you cannot control the heat. When you steam the ang ku kueh, you need to have the right equipment. You also need to stir-fry the mungbeans. So, I have not taught them how to make kueh.

7. Programs & Activities at the Wellness Center

Principal Investigator

What other activities do you take part in?

Interviewee

Line dancing, social dancing. I hardly exercise because I go up the hills every day at about 4am. The hill is over there... very tall. A lot of people go there for their exercises. Do you know? It is over there, next to the mosque. It is very high and steep to walk up. I always bring a long a fan to walk up the hill. There is a kungfu exercise at 5.30am there which I also participate in.

Principal Investigator

Apart from dance, exercises, what else do you take part in?

Interviewee

Yes, I am the karaoke jockey here. I will insert the disc for the residents to sing karaoke.

They are pretty good. It is enjoyable here and we don't have to pay fees. And the instructor tells us that we can perform if we sing well enough.

8. Types of Volunteer Activity/ies

Principal Investigator

Do you know that there is this Kampung Buddy meals-on-wheels program here?

Interviewee

Yes, I am a back-up for the meal delivery. On most days, I help the teacher to organize the line-dancing. When there is not enough volunteers for meals delivery, I will be activated to do so.

Sometimes when these volunteers deliver food and came across a Malay elderly, they do not understand what they say. Mr T will asked me to check out and to find out if the meals we deliver to their homes are suitable. I can speak Malay. The volunteers do not speak Malay so when they need help to engage these Malay elderly, Mr T will call on me.

9. Knowledge of Rules Enforced

Principal Investigator

Have you witnessed any friction among residents here?

Interviewee

Nothing much. There was an uncle here previously who was abusive and quarrelsome. He does not come here anymore. The rest of the people here are alright. He was being unreasonable. He accused us of breaking the law by playing “Rummy-O”. He wanted to report the police. When the police came, they said this is ok, nothing what. Haha ...

Principal Investigator

Do you know of any rules that are enforced here?

Interviewee

Yes. Like wash up our dishes after use. The seniors may not be able to do so. So I will offer to help them, to wash for them. If they cannot do so, they cannot clean the dishes well. I rather help them. If they can do it, we will let them do so.

10. Concrete examples of Other Customer Experience at the Wellness Center

Principal Investigator

Do you know of anyone who benefited from WK?

Interviewee

I see everyone here has grown fat. The free lunch has made everyone fat. I told Mr T that we all have to go on a diet soon!

Principal Investigator

Have you recommended anyone here like your neighbor?

Interviewee

My friends. Some do not come, some I do not know if they would eventually come.

Principal Investigator

Anything else you want to share with us before we wrap up the interview?

Interviewee

Share ... it is rowdy here and things will quieten down in the afternoon. When there's singing and karaoke, it will be very crowded.

There is not enough uncles around ... more women. I do not know why. Some uncle say they don't come here because they may be accused of being flirtatious. I asked one uncle why he hasn't come here for so long, he said others accused me of being here to tackle the women! Haha ...

When I am free, I will make some kueh at home to bring here to share. Everyone do a little. I like to bake kueh and I have taught them once so far. I taught them to make kueh lapis. It is very difficult. There is another type of kueh that need strong heat. If it is not hot enough, the cake will not look good.

When the Center opened officially, I went to help at the opening ceremony. There were about 200 pieces of cakes that were distributed, those were all made by me!

Principal Investigator

How lucky that the residents get to eat your cakes! Thank you.

No. 037 – Interview Code 2017027-260 Chinese (interview in Mandarin)

1. Brief Demographic Profile

Principal Investigator

Please share with me how old you are.

Interviewee

I am 59 this year.

Principal Investigator

What about your education level?

Interviewee

Only Primary 6.

2. Reasons for Joining the Wellness Center

Principal Investigator

Why do you come here?

Interviewee

I am here every day to cook for the seniors. I have been cooking here for a year already.

Principal Investigator

Why do come here to cook?

Interviewee

My children are all grown up. I have nothing to do at home with my husband. I used to go out with friends to shop or for coffee at Northpoint (Shopping Center). At times we would go to the airport for food or shopping. I did not know about this Center actually. My friends told me about this place. It was Ms JM who told me about this place and we both decided to check out the line dancing here. We have been participating in line dancing for many years, more than a decade. When we came here, we saw that it was very crowded. At first, they only prepare green beans soup. Once a week, there is nutritious soup from “Share-A-Pot” program. I did not come here then. I recall they opened sometime in March last year. I only started to come here in April. There were so many of them here so I started to cook some Chinese dessert for everyone.

They all liked my dessert. The seniors will stay for my dessert before they go home. Once they leave, the center would be empty. So I thought I can cook so more people will show up. That’s how I have been cooking for a year.

Principal Investigator

Why do you come here to help?

Interviewee

I had wanted to come here to learn line dancing, I don’t know how I ended up doing this. Now I don’t have time for myself because I am very busy. When I am not here, I worry that the residents here have nothing to eat. Many of them are elderly. Besides they are used to me cooking lunch here.

Some seniors stay alone. Their children or grandchildren go out to work and they are alone. Sometimes I will pack the leftover for them. They are very kind. At times, they will give \$2 for their meals. So, I will pack the leftover for them to bring home. They need not buy dinner but can have the leftover for dinner. They are all very happy with this arrangement.

3. Frequency Of Visit And Duration Of Each Visit

Principal Investigator

Do you come here every day?

Interviewee

I am here every day. Sometimes I will go marketing for groceries. To get ingredients needed for the soup in “Share-a-pot”. That soup is now prepared by me too.

Principal Investigator

You have to cook at home too, aren't you very busy? Can you cope?

Interviewee

My children eat at home only once or twice a week. They are working and return home very late. It is easy for me and my husband to settle our meals, much easier. We are easy with food. If I have a big family, there will be a lot to plan and prepare.

You see the seniors here asked to have laksa on Tuesday. Occasionally I will prepare a treat for them. Not all the time. I am cooking the paste for laksa now. We do not always have to cook all healthy food. Occasionally at their request, I will prepare their favourite dishes. This is not the first time I cook laksa here. Previously I had to fry the paste but I make sure I use less coconut oil. Now that they asked for it again, I have to prepare the paste. I am still busy preparing that.

Principal Investigator

The residents here are very lucky to get to enjoy your cooking!

Interviewee

Yes. But it was very difficult in the beginning.

Principal Investigator

Why?

Interviewee

When we first started providing lunch at this center, some of the residents came here to eat for free every day. I not only prepare the main dish, I also cook dessert soup to go along with the main dish for lunch. Then, it won't be too dry for them. My friends (the other volunteers) and I asked of them to each give \$1 so I could use the monies collected to buy ingredients for the main dish and dessert. Some of them were thick-skinned enough to come for free meals even though they did not contribute anything. We requested for their contributions but they refused. We reasoned with them because we felt that it was unfair for the rest of the seniors who contributed. Some of the residents even offered more than \$1, they gave \$2 each. So those who did not want to contribute complained about me. I am here as a volunteer, I did not ask for any pay nor did I asked for any recognition. As volunteers, we are here to contribute instead we got ourselves into trouble.

Some of the residents wanted to eat for free so they complained about us. The residents refused to give a token for the meals and they lodged their complaints with the resident committee (RC). They wrote a letter to complain about us. I wanted to give up at that time. Ms C helped us to front the inquiry by the RC. I was very scared during those period. Ms C resolved the issue for us finally.

I had wanted to give up and stop cooking here. I was disappointed that the residents bad-mouthed me and the Center. Actually, the \$1 token collected from each of them would not even be enough to pay for the ingredients. Eventually the few of us thought of a solution. You give \$1 in exchange for a meal each time. We were not so strict previously. These days, we made it compulsory for them to give at least \$1 in exchange for the meal. You can complain all you want but no one can find such a deal outside. A bowl of rice or noodles is at least \$3 or \$3.50. We only ask for a token of \$1. Yesterday I cooked prawn

noodles. That's \$1 also. The amount of noodles I cooked was already 5kg and I used 2 packets of beehoon. I cooked a huge pot but there was not enough for everyone. Even I did not get to eat. To prepare lunch each day for the Center, I will need at least \$30.

When I prepare laksa, \$1 is not enough. I will ask for \$2. The ingredients such as shrimps and coconut milk, are more expensive. Besides preparing the paste needs a lot of manual work. I also need to buy the noodles. These days a lot of seniors come here for lunch because it will cost them at least \$3 for lunch at a coffee shop and if they were to buy coffee, their lunch would cost about \$4 or \$5 each.

Over here, you pay just \$1. If you want to drink coffee, you can make it on your own. It is more worthwhile. Even the domestic helpers come here for lunch. These days, I have less trouble with the residents. It is peaceful now.

Everyone is familiar with this system. That's good. The volunteers will ask the newcomers to give at least \$1 for lunch. So those who refuse to give won't get to eat.

With this system, it is fair for everyone. That's why more people are here for lunch.

4. Number of Friends & Close Friends at the Wellness Center

Principal Investigator

How many friends do you have here?

Interviewee

Many, all of them are my friends. They are all very good. They also know that I am the one who cook for them. A few of them even helped me out when I go overseas. They will take turns to cook. I know I can call on them for help anytime. It is very good here. Now the seniors here are very happy.

5. Knowledge of Rules Enforced

Principal Investigator

How do you tell off those who did not follow the rules to give \$1 for lunch?

Interviewee

There was one of them who was here for “Share-A-Pot”. He had not been here for a while. He was one of those who bad-mouthed us and Ms F (another resident volunteer) confronted him. He is usually here for free food. He was one of those who refused to give a token for a meal. Because there is “Share-A-Pot” today, so he came for the soup and exercises. We cannot confront him since he is here for the programme. Not all residents are like him. Some of them are very generous, they will contribute even though they are not here to eat. They said they wanted to do good so we keep their contributions.

Principal Investigator

How do you manage all the groceries needed for cooking?

Interviewee

I buy the groceries myself. Like there’s soup today, so I had to prepare the chicken yesterday. I have to de-skin the chicken. That’s a lot of work so I prepare the chicken yesterday and keep it in the fridge. Today, I just have to cook the soup because it has to be ready by 9.30am after the morning exercises. For today’s lunch, I will prepare 2 dishes to go with the rice. I cooked sardines and bitter gourd. The seniors can have 2 dishes, and a soup for \$1. Where can you find such a deal? We are not bothered by what others have to say these days. We just do what we think is the right thing to do.

Those who complained that \$1 a lot need to think twice. Our system works well now.

Although I am very busy, I feel happy because everyone here is happy.

At this center, there are still many people by 4pm. Some play the game Rummy and another group will play mah-jong.

If we do not provide lunch at this Center, many of the seniors will go home for lunch.

They will leave at about 11 o’clock to prepare lunch or to buy food from the coffee shop.

They are unlikely to return after that. When they are home, they just watch TV. Over there, there are people to chat with, games to play, they feel very happy. With lunch, they have a reason to hang around till 3 or 4 o’clock. For the sake of this Center, my efforts are worth the while. It is tough but everybody is happy.

6. Concrete examples of Other Customer Experience at the Wellness Center

Principal Investigator

Have you recommended anyone here like your neighbor?

Interviewee

Yes I did. But some people bad-mouth the Center, like those who wanted to eat for free. They told others that I fought with other residents here. Those who heard them may not want to come. I told them to come and check out themselves. Some came but some didn't. Actually I was not the one caught in the fighting. It was an uncle who created trouble here. He wanted to use the karaoke room for himself but Mr T (the center manager) requested that he leave the room. He scolded Mr T and one of the resident was very angry and told him to stop. He then threatened to call the police. When the police came, they asked if we wanted to charge him but we didn't want to. So the story turned into a fight between me and others. I feel angry that people make up such stories all because they wanted to eat for free.

I do not care about what others say so long as my conscience is clear. I sacrifice my time for this Center so I have learnt not to be disturbed by the rumour mongering. We are happy here, we have friends, we have karaoke and dancing. I enjoy myself here.

Although I sacrifice my time, I am happy. When I am not here to cook, I worry that the residents have nothing to eat. They often have to walk very far to the coffee shop. When they are here for their morning exercises, they can stay till 11.30am for their lunch. After lunch they can chat with their friends till 2 or 3 o'clock before they head home. If I do not cook for them, they will leave for home early and the center will be empty. So I feel that what I am doing is rewarding.

Principal Investigator

Thanks very much for your help here.

Interviewee

Don't mention at all. We are here as volunteers, we help each other. Not me alone.
Sometimes when I cannot finish the work, the rest of them will help me cut the vegetables.
When there are too much vegetables to clean, the domestic helpers will offer their help.
Even those seniors on wheelchair offer to help. I cannot do all this alone. Look at this,
there is so much dishes that I have not yet prepare.

Principal Investigator

Thank you for your participation in this interview.

Interviewee

Don't mention. Anything else?

Principal Investigator

That's all. Thank you.

No. 038 – Interview Code 2017028-260 Chinese (interview in Mandarin)

1. Brief Demographic Profile

Principal Investigator

Please share with me how old you are.

Interviewee

I am 60 years old this year. I work part-time and I exercise daily.

Principal Investigator

What about your education level?

Interviewee

I have primary 6 education. But I learnt English, and I am still learning English.

2. Feelings Towards & Experience with Wellness Center

Principal Investigator

Please share with us, your feelings and experiences in this Wellness Kampung (WK).

Interviewee

Not bad. This Center is very good. I feel very happy at this Center, because I get to chat with friends, watch TV, dance. I feel relaxed here, very happy. I also get to help others, I can help so I help them.

Principal Investigator

When did you start to come here?

Interviewee

I have been here for a long time, for many months. I registered for the English classes when it first started. I also join the Karaoke sessions to learn singing.

Principal Investigator

You came here when WK first started?

Interviewee

Not so long ago. My friend was going to teach English here, so she asked me to join and I joined. My friend asked me to join the karaoke and I joined to. So I join because my friends invited me... *laughs* since we are happy being with our friends.

3. Frequency Of Visit And Duration Of Each Visit

Principal Investigator

Do you come here every day?

Interviewee

Every day... no, not every day. I come here on Wednesday, Thursday and Friday to deliver the meals.

Principal Investigator

How long do you usually stay each time?

Interviewee

Each time, I will stay till the afternoon. Sometimes I will join them for karaoke singing before I return home for household chores. That's how I pass each day, very fast.

4. Number of Friends & Close Friends at the Wellness Center

Principal Investigator

How many friends do you have here?

Interviewee

All of them are my friends. I feel everyone here is good. I don't gossip, I just do what I needed to do. When I chat with them, I only say the good things, not the bad things. I feel very happy every day like that, ok this way.

Principal Investigator

How about friends who can share your problems and solve your problems?

Interviewee

I have no problems to solve. Everything is ok. My children are grown up and they give me money. I am not short of cash. No problem at all.

Principal Investigator

Have you always been living around here?

Interviewee

No I don't live around here. I live at block 737 and I have to take a bus here.

I am familiar with this place because my friend and I used to dance here. She was the one who recommended me to come to this Center. I know her very well because she is my long time friend. The English instructor here is also my friend, I know her for many years. We used to dance at another place for about 1.5 to 2 years. We also travelled together. I am here because of their recommendations or else I won't come here.

5. Programs & Activities at the Wellness Center

Principal Investigator

Do you exercise here in the morning?

Interviewee

No I don't exercise here. I go to the open field opposite my home. It is a park. I exercise in the park. I used to go up the hill every Monday because the air is fresh there. The fresh

air is good for the body and some sun is good. The sunshine at 7 am is good for me. There are lots of people exercising in the park and up the hill.

6. Types of Volunteer Activity/ies

Principal Investigator

Do you know that there is this Kampung Buddy meals-on-wheels program here?

Interviewee

I came here to be a Kampung Buddy. I wanted to be a volunteer and this is my chance to do some volunteer work and help the elderly. It is only a few hours, ok with me.

Principal Investigator

How many packs of food do you distribute each day?

Interviewee

The first time I distribute the meals, I was scared and I trembled. Mr T (the center manager) accompanied me to do the delivery. I remembered the locations and yesterday I delivered the meals to 3 homes. I learnt to recognise the way, the place, ... slowly. I didn't know the way when I had to do my first delivery alone. So I asked around and finally I found a shortcut, a shorter route than the one Mr T showed me.

Now I know the place better, I can remember and I can take on more deliveries that are further away. I am afraid that I cannot handle the delivery and the elderly do not get their food. Sometimes I am worried that the elderly give us the wrong address and I deliver to the wrong place. Then they don't get their food. I do worry about this sometimes.

I have always wanted to be a volunteer but I didn't know how to. I don't have much education, so I also am not sure how I can help.

I found out that there is a senior welfare center on level 2 and I will go there to help on some days like Mondays and Tuesdays. I help the seniors. When they are lonely, I spend time with them.

I have sympathy for the isolated seniors. I told my children that I am already 60 years old.

I want to treasure my next ten years. So, give me some freedom to do what I like. I will cook for them when I can but if I cannot, they can pack their own meals. I will also ensure that the household chores are done.

To do what I like, I have to keep myself fit by exercising every day and to be physically active.

7. Knowledge of Rules Enforced

Principal Investigator

Have you witnessed any friction among residents here?

Interviewee

No lah. I hardly talk. I laugh mostly. I just listen to what others have to say. When people ask me, I just say I don't know much. It is better this way, happier for me. I don't want to be fussy, I rather be easygoing.

Principal Investigator

Do you know of any rules that are enforced here?

Interviewee

Yes, I know about these rules. It's ok, if any residents forgot to wash their cups, we can explain to them and remind them. Just tell them nicely and I will help them too.

8. Concrete examples of Other Customer Experience at the Wellness Center

Principal Investigator

Have you recommended anyone here like your neighbor?

Interviewee

Some of my friends stay faraway so they cannot come here. I recommend my friends to come here to sing. One or 2 of them enjoy singing and they join us. We like to sing oldies. Sometimes they sing the newer songs and we are not so keen to join. We prefer oldies.

Most importantly, the residents are happy here. They don't hide in their homes. For most of them, the house is empty because the children are out for work in the day. Over here there are friends to chat with. I respect the resident cook here, she cooks very well.

Principal Investigator

Do you know that this Center is supported by xxx Hospital?

Interviewee

Yes, I do. There are three Centers in all. I have been to the one at block 765. I hardly go to the one at 115. I went there because my friend was teaching English at that Center. When I was in the class there, I sat at the front. The auntie there told me I cannot sit in front and had to move to the back because I was new to the center. I felt the whiteboard there is too small and I cannot see, so I stopped going there. I just go for the classes at this Center.

I organise my time for household chores, classes and part-time work. I work part-time at Mcdonalds. The one at Sembawang that has a drive-thru.

Principal Investigator

Thank you.

No. 039 – Interview Code 2017029-260 Chinese

1. Brief Demographic Profile

Principal Investigator

How old are you?

Interviewee

63. Born in 54 so 63.

Principal Investigator

What about your education level?

Interviewee

Sec 4.

2. Reasons for Joining the Wellness Center

Principal Investigator

You are teaching English here?

Interviewee

English conversation. Just speaking only la... for fun... because err I found out previously the English teacher taught them English... I find that it's not very good for the children... I mean the aunties la. They can't catch anything, too specific already. And then err this auntie don't need to really read... err learn English like grammar... whatever this thing... maybe speech. So the students... aunties become lesser and lesser. Then err towards closing mah... so I told Mr T (the center manager), "Why not I start an English conversation and I try out?" and then end up very good, already more than half a year. The class is already more... and the crowd is still coming in mah. So after that, I also conducted at 115 and it was quite... I mean very successful la. All the people they like it and then I told them I'm not a qualified teacher, I just come here to have fun. "Eh fun 老师, 我们就是要这样。" ("eh fun, teacher, that is what we want") Err happy and then no restriction... Then don't... every time I just joke with them, make them happy, you know, make them crave to come. So that's the thing. So whenever they say... yeah they... besides err going overseas or what, they don't... say absent for my class one. So I feel happy with them also, anywhere anyway... even outside sometimes I joke with them. Just now, that one also my student. I told her I got classes that's why she came and then at one period she was going 2 sides. But 115 quite cramp ah, the seats are quite limited so this is a bigger space for me, more aunties to attend. At present, both sides have about 30 over students each. Yeah but that side err... every time attending is around 20 only. Some of them got commitments la... err look after grandchildren or whatever. But here normally, average always 20 something turn up... some go overseas la then this and that la, still the standard is there la. But hard work la, I've got to do my homework. Go and get whatever I need to teach, I have to prepare the next day what. But it's fun. Anyway, when I teach them English, at the same time, I'm also learning back, bringing

back my Chinese because my Chinese also... all given back to the teachers la, forgot. We can speak but we can't write. So normally I'll just write in English then I'll translate in Chinese also. Because in the beginning, I just write in English so the teacher... so the student-aunties are struggling to write in Chinese. And then end up, I said ok la, I write and then you all copy. So happy they all. I said never mind, any words that I write wrongly, you all let me know. Then they study together, English and Chinese. English and Chinese, just learn la so quite interesting. I even went into cooking you know! After conversation, I happen to teach them about pizza... end up also I teach them how to do pizza. Erm about salad... end up also I tell them how to do the salad dressing because my husband is a chef.

So they were so happy. Both sides I've been doing this. One time I think I taught them the pizza. The other time I taught them the salad. But the third time, it's going to be jacket potato. But I don't know when la, still plan la... I need to hunt for the ingredients. Yeah so wait until the day comes, then I will start with them. Once I do here, I will do there also. That's it. Interesting, right?

I told Mr T... wah they took my pizza. So nice. I said, yeah you see? English conversation, end up cooking! That's why Mr T asked me... I have to go and attend the course for cooking. Like the health... for the cooks err... need to learn how to be healthy... like how you cook and how you handle food. Handling of food, I think next month, somewhere around next month.

Principal Investigator

You know, how did you get to know about this WK?

Interviewee

In the first place, when I was young, my husband and I were saying that when we were old, we must try to do some volunteer work la, rather than stay at home you know? Especially I'm very active. My husband end up... he said he doesn't want. He said too many people. 很复杂。 (“very complicated”) He don't like. My husband is Chinese-

educated so he doesn't know... no matter how free he is, he doesn't want to come. So end up, I'm the one doing. So in the first place, I was recommended by 'xxx Hospital', one of the staff there... 'Ms N'. I was performing line dancing with my teacher at one of the temples.

And then they were doing some promotion. Then Ms N said... Eh 我们要开这个 (“we want to open...”) Wellness Center. You want to come and join us and volunteer? I said ok ok. I ask my teacher to go there and teach line dancing. Then after that, she asked me, what about me? Then I said ok the most I can do is Qigong. I never think of this English conversation. I never think of it. So I said ok. Then we joined. Then err before this opened, we went to 'xxx Hospital' for meeting. Then err end up, he will sort out, who and who... what to do. My teacher will be doing line dancing, I'll be doing the Qigong.

Yeah then I told 2 of my friends who will be doing the gardening and whatever... so end up, we started this way. My teacher teaching line dancing, I'll be doing the Qigong. Then slowly, I saw these people playing Rummy-O, don't know how to play. So I started to teach them. I even went to buy for them. I bought 3 sets of Rummy-O for them. Then I coached them... ok that's why nowadays free. They always catch me to play, 老师, 来来来。 (“teacher, come join us”))End up now they're better than me. Their heads are better than me. Their brains... everyday they play.

Everyday... after that so once I come in, Mr T will see whatever thing he needs me to help, so I just help out lor. Like err Cha-cha, join in the Cha-cha, doing whatever, just join in la. Then karaoke ask me... this one week I did for him. One week only I did the karaoke for him. Mm who can ever do it? Many people wanted to do but they can't do it... only 1 week only. Then at the end, err... karaoke is not my cup of tea la but I just help out. 1 week I get members, I get the sound system, I get the teacher. Because what I want to do... I will do. That's all.

So that's what I think. Then if I don't do, then I don't feel like doing. Just like I told Mr T, Monday please let me off. I don't... I want to rest for this month, really very tiring. Next

month, if I feel ok, then I will do alternate weeks. Because I want the center to be more or less busy... ahh if so quiet, no use also right? So sometimes like, he told me Monday half-day. I still stayback until 4-5 o'clock, play with them to make the center... you know err 115 I realized very quiet after lunch time, right?

They keep here going until evening. So my thinking is... Wellness you have to have people here, you have to have happy people here. Err doing things, activities over here, rather than quiet Wellness... that's not the right thing, right? Or what I think la... anywhere, anywhere RC or whatever. Even 426, they've got one under Church Wellness Center, also asked me to go to do English Conversation. They asked me, I said, sorry no time. I went there before, helping the teacher do Cha-Cha session. Then I met some of my aunties err doing the park exercise with me. They were there so I thought them the Rummy-O also. Then after that, 老师, 老师, 你来这边教我们气功。老师没有时间... ("teacher, teacher, you come here to teach us qigong." I have no time...) I really cannot. I already promised here, I do here. Then 115 I happened to go there is because I pace my time. Morning I do Qigong 115, then after that I go over to 135. It's just nearby only, just across the road. So I place my Tuesday, reserved for block 100+. The rest of the time is here. I plan my time. Then Sunday is own time for line dancing, err learning at my place. That's my own learning, not volunteer work.

But I still help out the teacher la as an assistant la. But night time all this... if I don't go ah, my group of aunties, my friends... eh you don't come ah, we cannot dance leh ...because 没有口号。 ("exercise slogan") Because I used to shout and teach them, left and right, this and that. And then if I'm not around... too dependent la. Too dependent sometimes la... but I'm that kind of character. People need help, I will just help, regardless of whatever. Then some of my friends, they comment, 这么辛苦干吗? 你做到... 你自己都... ("Why go through so much trouble. You are so busy already.") I said never mind, as long as I can do, I do. 自己这么累, 没有想到自己? ("I am so tired but I

don't think about me.”)I said I know I know. Actually, it's true la, maybe beyond my limit la. I've done beyond my limit.

Yeah yeah yeah... then err... until I find that I'm tired then I realized it. Actually I don't realize it. Go help Mr T do whatever... do whatever I will just do. You know? Even ask me Monday... ok ok Monday, ok la. Actually I told him, please promise me, don't call me on Monday. But my heart 很软啦... softhearted. Ask me ok la... help help help. The word 'help' ok!

Then sometimes my husband said... 你每次... 人家讲 help 你就做。你有没有想到你自己? 就是咯。没有想啦。想的时候, 就太慢了。(“You always help when others ask you to. Do you think for yourself? That's why, I didn't spare a thought for myself. By the time I realized, it is too late.”) My husband always say me, even my children... my 2 children, err very worried about me la. Can you cut down or not? Make a lot of noise. I said ok la, I will just plan my time, don't worry. Especially my son said... mummy I know... I also agree that you do this. I like the way that you plan your time. But I find that you are very tired. Please, please cut your time. Cut down your time. My children la, my children... but 讲是 (“the truth is...”)... I told Mr T... Mr T I want to cut down. But my heart feels very uncomfortable you know? Monday class closed down. So I told them said, let me rest one night. Actually I wanted to cut it off completely la. But like just now my friend also... Eh 怎样拜一(“how about Monday?”) ok mah? Let me rest. So I still have to come back la. Maybe next month or so.

我是那种人 leh... 放不下 leh (“I am the kind, I find it hard to let go.”)... I can't just err... anybody says need help, I will just go in that kind of thing. At times you come across err... like err some stress or some problem ah... that you really want to let go you know, don't feel like... because there are so many... people ever criticize me. 华语讲我... err 做么这么辛苦干吗? 你要拿功劳啊? (“The Chinese say I work so hard for what? Are you after any award?”)Err beyond your limit... 他讲 err... 讲福建话... kiang de hor,

mai gei kiang la! 做到这么多。 (“Some say in hokkien, just be clever, don't be a smart aleck to do so much work!") Then 我静静, 我可以做, 我就做咯。 (“I keep quiet, still if I can do it, I will do the work.”) But some... this kind of remarks... sometimes what some of my good friends... aiya don't bother. Maybe they are clueless... maybe they are... you know... this one let them say. But I feel hurt lor. I don't really want to get anything from 'xxx Hospital' or anything. I don't... even my conversation students... err those aunties, during Chinese New Year, you know what they did? They want to give me angbao, they want to buy me present. I told them no, if you ever give me angbao or presents, sorry, I stop my class. So they dare not give me. Volunteer means you come and do volunteer work. You go and buy Rummy-O, I spend so much. I buy fruits, I buy... I don't bother as long as I can afford, I just buy. But I don't want anybody to give me anything. I said no, this is volunteer work. If I want to have cash or I want to have something, I will go and work full-time, right? Different what volunteer work. So there are people who said I want to get 功劳 (“credit”)... I don't want 功劳, 有什么功劳? (“credit, what for?”) People know that I'm helping out, my energy all worn out. Who knows right? Mr T, I told him... 如果有人讲我 har, (“when others pass remarks about me”) if I can take it, I just take it. But sometimes I get... there was one time I quit one week. I didn't come. I got very mad with somebody.

I quit. Mr T... wah beg me. My friends the aunties... quickly all call me up. I can't take the stress. Somebody passed some kind of remark, made me really fed up. After one week, I cooled down. I said no, not because of that woman, I don't come here. It's a waste so I came back again. I came back then I started la. Then the Monday class and whatever you need, I will just do lor. Sometimes I say... don't bother already la. But in the moment you can't take it, right? Sometimes... right or not? Anywhere you go, sure got politics one. Even this Wellness... this is only volunteer work. Why must you fight with me? Why must you pass remarks? Why must you do such things, right or not? Ahh then I just tell myself, I just stay away from her. Then I just tell my English conversation students... 我

要休息。(“I want to rest”) As long as I stop for class for one week, by the time I went over, a pity ah, they don't come back. That's why after I cool down, then I came back. Then now I tell myself, don't bother about whatever people say. People still pass remarks, I don't bother. Even Monday class, people also pass remarks, I don't bother. As long as Mr T asked me to do it, I will do it. Last time people will say... Wah this woman ah, doing so much ah, this and that. Eh I do so much, I'm tired, you know? But I still do, you know? I tell myself, as long as people are happy... I like to see people happy. You see this auntie? Maybe you ask them whether they are happy or not. They come here play and... sometimes I even have to act like a clown and make them happy.

No, my character is... I like to make people happy. Even when I came to Wellness Center, I got walk with the aunties at the park ah. I used to have err... organize outings like buffet... let's go for buffet, 10 of us. Let's go JB and all that. But along the way ah, I will just create fun with them. That's why they always ask me to organize things. Ahh but there was one time last year, I organized 50 people. 50 aunties ah... all the ages... JB one-day tour. Wah that one I 3 nights can't sleep you know? I got to call them up. You know these aunties sometimes they don't pick up their phones... call them up to get their passport number this and that... 3 nights, I can't sleep. Morning call the auntie, cannot get. I must wait until night time, 9 o'clock still cannot get... 10 o'clock. 50 persons' passport and IC ah... I mean passport... I've got to call them and all that. Then after that, I've got to arrange. Ok one bus picking up aunties here. One bus 115. 2 places and luckily it was successful. No accident... nothing it was very smooth. And they are also looking forward to another organized... I said no no. I'm not going to do anything until you all got your own group, ask me to book the place, I book. I'm not going to do the work already. It's very tiring, very tiring... a few nights I can't sleep well because this is the first time I create such a big group for the tour. For myself, I always not beyond 20. Wah this 2 centers, all of them want to go. That's why I've got no choice. Actually I stopped at 30. Then keep coming in... after 50, 10 more coming in, 60. I said no way, no way. 50 is

good enough already. So err... those aunties who want to go, they will ask me, next time limit to 30. I said ok la... 你们去召, 召了人要, 才跟我讲。我很累。 (“You all form the group, tell me when there is enough people. I am tired from doing all this organizing.”)

Actually I didn't know I'm so tired... afterwards I realized... only like this month like I find maybe I don't know is it because too much or what... very tired, very very tired. And I'm quite worried about my health. I need to go for a checkup maybe around this month or next month, yearly checkup because under my husband's club, SOS. They've got a free checkup, for eyes for body. Every year ok. I'm very healthy... no... 没有三高。 (“no high blood pressure, high cholesterol nor high blood sugar.”) No cholesterol, no nothing. But I still eating wise, I still try to cut down la. The food here... it's actually very healthy so not bad la. Healthy is more important la. If healthy then I can cope with all this, right?

3. Frequency Of Visit And Duration Of Each Visit

Principal Investigator

How long do you stay here? So every day when you come here, how long do you stay?

Interviewee

Sometimes even 6... until closing time, 5 something, 5.45. Last week also a few times... like today it might be until 5... closing time is 6 what... sometimes I will be the last one to go. Sometimes eh nobody already, I sit down, chitchat with Mr T or whatever lor.

Principal Investigator

Before you join here, what were you doing? How do you spend your time?

Interviewee

In the morning, definitely Monday to Friday, morning exercise at the park. After that, we go for breakfast with the aunties. Then after that, we disperse, marketing. After that, we go back, do housework, alone at home. So I will go and visit my sister-in-law, or maybe just linger around la, whatever... just do some... then I still have my part-time job. Mm

my part-time job. That time I was still doing quite well la, quite busy. After that... after I start with this, I do less. I do less.

I even err... part-time job like still doing beautician. Then after that, I quit then I came to join here. I quit. So in fact, now I have less time with my relatives. I used to visit my sister-in-law, my sister in my free time. Then 3 of us will go coffee time, shopping time, those kind of things. You know, err like aunties do

That's why my sister-in-law grumbled. Wah nowadays so busy, don't even go coffee with us! We used to go for coffee and lunch very often, a few times a week, lunch especially. Then dinner sometimes I eat at her place. Then sometimes I will go back because I'm still working. We only come back weekend... Ahh so that's my... passing time.

So I might as well spend here everyday but I spend less time with my sister-in-law and sister. So I told Mr T... please let me off for one day. I want to spend time with my sister. I even told Mr T about my problems because my sister-in-law whom I'm always together because she erm... cancer patient.

Two years ago, she had a womb cancer and then after 1 year, liver cancer. And so what happened already... 2 years total. She's still living. Now I want to spend more time with her la. She's a very close sister-in-law of mine, my younger brother's wife. We are very very close, just like sisters and I've got only 1 sister only. So the 3 of us always together. So I told Mr T... Mr T knows la. I think he also forgot about me spending time with my sister-in-law. Like for everybody, if your close relative or what... when you're always with her. When you know that she's having this kind of sickness, you will want to spend time with her, correct or not?

So I sometimes weekend I will just go out with her or walk to her place.

4. Number of Friends & Close Friends at the Wellness Center

Principal Investigator

So how many people here do you count as your closer friends?

Interviewee

I think these volunteer people are my closest. The cooks and then some of the aunties here also. Not say close, I still with them, joke... like just now the auntie... not do... the volunteer work but she still sit here everyday. But we still talk and all that la. Yeah then just now that uncle sitting there also one of our closest... because I used to play games with him. But really close, we tell our problems and all that, we tell our volunteer aunties la, cooking and all that, you know, the karaoke one and all this. We just talk among ourselves.

5. Programs & Activities at the Wellness Center

Principal Investigator

So you teach... and then you teach Qigong and then you teach English, you teach cooking?

Interviewee

Cooking not actually cooking la. It so happened err just let them learn some new things because these aunties don't know how to cook Western food mah so I just cook under my husband's advice ah, what to do what to do... that's all.

Western meal la... then the next one is jacket potato which I've tried. It's very nice.

These are food that most people will like one.

If give them typical Western food, maybe they will not like. You know? Like err... the... a lot of Western food dishes... some of the aunties, they don't really like. Always look for Chinese food one. If you bring them for Chinese food, maybe chicken chop, fish and chips... different from what we eat... the real Western food.

6. Types of Volunteer Activity/ies

Principal Investigator

Are you one of the Kampung Buddies to distribute food?

Interviewee

No no no, I don't have the time. I don't have the time. Because after my morning exercise, breakfast come here... where... sometimes I also... just now I come here, they already finish distributing the... I can't.

I've got other things la. If you ask me to distribute the food, come back, I can't do anything already. Tired already. Correct or not? So leave it to the aunties do.

7. Knowledge of Rules Enforced

Principal Investigator

Over here in this Wellness Kampung, are there rules for the people here? For the members here?

Interviewee

In fact, I've been here for exactly more than a year. I started at the end of March. Frankly speaking, there are lots of all this thing la. But well err then we still have to manage lor. We still have to manage.

人家的嘴巴("Others' mouths...") we cannot close it. Then we try to say... forget it. Like one time we have a problem with the cooking with the aunties. So we say... advice, advice, 啊, 有人是这样的。("Some people are like that.") To err is human. What can we do? We have to learn to accept, right or not? Everybody makes mistakes. Everybody 嘴巴("has a mouth") cannot stop. Everybody have their character. Correct? It's up to you to adapt. Just like I told you, I've got problem. Ok just leave it. As long as I... 我做我自己...("I do my own things...") if I know that I'm in the right, I do the right thing, I'm happy. That's it. It's the only way to console yourself because I've been to this Buddhist preaching ah, talking ah... a few times. So I learnt a bit from them. So that's the way I try to recall what I've learnt. Last time when I was young, I was very fierce, very hot-tempered one. I will, I will... if you make me angry, I will just go all the way out. But now I cool down. I cool down a lot because after the preaching, I will tell myself, that's

the right thing to do. And every Monday I look at the video ah, you know people send those video ah? I also learn from there. In fact, life is short la. Even my children, my grandchildren... I teach them the same thing. Like my son, driving... start scolding people. Eh son, you scold this people, they can't hear you. Inside the people can hear you. Please, don't do this. You make yourself... temper then cannot drive properly. I also advise him. These are the times when you need to think and then tell them the right thing. Ahh just like my children, my daughter... working also got politics. I said, girl... wherever you go, same thing. You go to another job, you will also have the same thing. It's up to you to manage. Always tell yourself, anybody give you problem, you try to cope with it and then more or less, tell yourself, if you can take it, take it. And you have to resolve the problem la. I mean everybody also have problems right. I believe everybody have problems, right? Whether you can take it or not... this kind of places, I told Mr T, lots of problems one – among volunteers, among aunties, definitely there is. Mr T also headache. There's one time also... commotion. Also I helped Mr T with the storm... one nasty man.

I think it was a police case. I was here. Mr T said luckily you're here. I said this man is too much. This man is too much because ah... err he... something happened so he was saying... I want to report to police. You all playing, you all gambling! I said hello. That was the time I came in. I said... uncle 你知道这个是赌博啊? 你有没有知识? 你没有知识, 你不要乱乱讲。为什么不是? 四个人在... then he called the police you know? (“uncle, you though this is gambling? How much do you know? If you don't, please do speak nonsense. Why not, he said, there are four of you ...”) I told him off and then he said... I want to fight. I said there's nothing I can fight with you. I'm reasoning with you. If you think that you want to get the police, get the police. Because this is the thing that we teach the aunties to... you know? More or less to create the brain to think well (referring to Rummy-O)... 你不懂, 你没有知识, 你不要乱乱讲。 (“You know

nothing. You have no knowledge. You speak nonsense.”) Then the police came lor. I think Ms C, everybody knows about this.

He kept on scolding Mr T, you know? Mr T has to cool down. I see Mr T so poor thing, you know? This man bully him. I’m so angry because Mr T cannot quarrel mah. Then I stand up. Actually I listen, listen until I’m very angry already. I tolerated until when he asked around about the Rummy-O ah... then I told him off. Please uncle, you have no knowledge, don’t come and tell me this one. You see what... come and report to the police. The police came... then he was told by the police to not to come here to disturb again la. Many kinds of thing happen one. So many... headache ah. I think they need the place...

8. Concrete examples of Other Customer Experience at the Wellness Center

Principal Investigator

Do you know other residents who benefitted from coming here?

Interviewee

Any resident ah? A lot of residents benefit here what. Well frankly speaking, a lot of them benefitted especially the lunch, you see? There’s no Wellness Center that really provide this kind of thing. And then also games whatever... anything la, any kind of activities you have here, there are bound to have people here. It’s already benefitted us, right or not?

So I mean this Wellness Center, wherever you have, it’s actually very good. Actually I appreciate our government la, giving Singaporeans such a good life. 不可以讲不好。

(“How can this not be good.”) 也有他们的不好啦。But 也是对我们的心够好了啦。

(“While there are areas the government can do better, they are after all good to us

already.”) Especially old people hor? Young people 我不敢讲。 (“I cannot speak for the

young people.”) *laughs* 就是我们 old people 就应该知足了。 (“We should be satisfied that they are good for seniors like us.”) Correct or not? I see Wellness everywhere, even

Church people they also have their own... Wellness Center. Even Thye Hwa Kuan they have.

Like all these... it's also good enough la. But err problems everywhere we have. So wherever we go, it's the same. It's the same. So I just stick to here. I just tell myself once... if I'm happy, I'm happy, even if my children nag nag nag at me, I don't bother. Really about... like my sister, my brother, my husband, my children... they nag at me. Yeah... 我知道, 我知道。 ("I know, I know.") Ok la ok la, but they won't know whether I cut down because they're not at home. They won't know.

So I just tell them, don't worry, I'll cut down, I'll cut down. But 很难啦, 我觉得很难。 ("But very difficult, I feel that it is difficult.")

Principal Investigator

Do you recommend your friends here? To this Center?

Interviewee

I recommend a lot. Yeah I recommended a lot of people, especially Mr T wants people come. I'll call... ok ok... you just look at the karaoke. Who can manage to get at least 20 persons? Mr T got 10, I got 20. I got more than 20... Mr T 讲... 不可以了。太多了。 ("Mr T said... enough, too many already.") Everytime he wants people, I will just get because I want people to come and be happy lor.

Principal Investigator

What do you think can be done to get more people here?

Interviewee

Maybe more interesting activities? There was so many times they have health talks... health talks and they repeat, repeat, until all the aunties don't want to come already. Too many repeated kind of health talks... you know? Mr T should know. Many times...

beginning ok. You want people come... then later 一样的。 (“It is the same.”) 又是一样的。讲来讲去。 (“It’s always the same, this keeps repeating.”)

Maybe other kinds of activities... for the old people, more interesting types of thing.

Yeah even... ok let’s say Share-A-Pot also have some people already. Last time we don’t have many people. Share-A-Pot also very important. You must teach the things that they really like to cook. I mean if you have interesting activities, of course people will just come. Maybe you’ve got to think hard. Must plan.

In fact, I find also... not bad already la. All the crowd like that... and have to be... more or less when we go round to advertise hor... I think they have sent students... given leaflets around this place. But not much response.

I don’t know how you all are going to do it to make people really respond and come here. Ahh that’s the only thing. Normally, it’s friends who will bring their friends... but err this people here I don’t think... I don’t know. So far, I never see any people come. I saw these students... for 2 days, they came. Secondary school or primary school students, I can’t remember. They came to give those leaflets. But I don’t find much response from... they brought a lot you know? To go round nearby blocks but still no response la. I don’t know. Maybe have to think hard la. Like what kind of activities.

Principal Investigator

Thank you very much. Thanks so much for your time.