MINISTRY OF HEALTH'S RESPONSE TO THE CITIZENS' JURY FOR THE WAR ON DIABETES

MINISTRY OF HEALTH
SINGAPORE

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Foreword by
Senior Minister of State (Health) Dr Amy Khor

Winning the War on Diabetes requires a whole of society approach — Individuals, Communities, Service Providers, Employers, Industry, and Government — working together to co-create solutions.

This is why, in November 2017, the Ministry of Health (MOH) set up Singapore's first Citizens' Jury (CJ) with a diverse group of 76 participants to raise awareness about diabetes efforts; and generate community-based recommendations on how to better prevent and manage diabetes as a nation. The participants included people living with diabetes or who have friends and colleagues living with diabetes; caregivers and healthcare providers; and, also those who did not know anyone with the condition. Over seven weeks, the participants discussed how Singaporeans could live their lives free from diabetes, and, for those with diabetes, how they could manage the condition well. After many hours of deliberations, supported by their own extensive research, the Jury presented MOH with more than two dozen community-driven recommendations.

I am truly heartened by the participants' enthusiasm to work with MOH to co-deliver community-based solutions to fight the War on Diabetes.

This document sets out the Ministry of Health's response to the Jury's recommendations. In responding to the recommendations, the Ministry acknowledges the commitment and effort that participants have displayed throughout the seven-week process and post-process.

On behalf of MOH, I thank each participant for the significant health promotion role they have been playing.
I also thank the many organisations and individuals who supported the Citizens' Jury for the War on Diabetes.

About the **Citizens' Jury**

Citizens' Jury (CJ) is a form of deliberative engagement that involves the community in the decision-making process on an issue of significance to them or the wider citizenry. The Jury was given the following remit:

Diabetes is a serious problem for Singapore. As a community, how can we enable one another to live free from diabetes or manage our diabetic condition well?

The Jury consisted of 76 Singaporeans who met four times between November 2017 and January 2018. Participants were selected through an independent process by the Institute of Policy Studies. Persons living with diabetes made up 34% of the Jury, 17% were healthcare professionals (endocrinologist, podiatrist, nurse, physiotherapist, among others), and the remaining were caregivers and persons without any experience with diabetes.

To ensure the Jury had access to the widest possible range of relevant diabetes and health promotion-related information, resource panellists were invited to share both expertise and experience with the Jury. In addition, throughout the process, participants were able to request for assistance to hear from resource persons of their own choosing to inform and enrich their workgroup's deliberations. Please see Annex A for the list of the resource panellists.

Between sessions, participants undertook additional desktop and field research, reflected on discussions, and thought creatively to develop practical and innovative ideas, continuing their conversations and debates through a closed Facebook page and WhatsApp groups.

In deciding which of their diabetes management and prevention recommendations were feasible and should be included in their main report, participants agreed on a voting threshold of 80%. After a half-day of pitching and voting on ideas one by one, recommendations that secured support from at least 80% of participants were included in the main report.

Recommendations that did not meet the minimum voting threshold are presented in the minority report and the response to this can be found in Annex B.







The Jury presented its recommendations to Senior Minister of State (Health), Dr Amy Khor on 13 January 2018. The following infographic illustrates the CJ's journey.

CJ Participants' Journey

Session 1 (25 November 2017)

'Living Room Chat' providing personal experiences with diabetes

Jurors discussed:
> Challenges Singaporeans face in living free from and living well with diabetes
> What a future where diabetes is well-managed could look like

Jurors formed groups by the end of the day based on preliminary suggestions for diabetes prevention and management

Session 2 (2 December 2017)

Groups presented their understanding of a diabetes-related problem and offered their preliminary solution(s)

Resource panellists provided groups with insights on current efforts and future initiatives

Problem statements were finalized for further ideation on solutions

(Post-session) Groups studied the issues rigorously and prepared evidence-based proposals

Session 3 (6 January 2018)

Groups pitched their problem statements and proposed solutions backed with evidence

Groups received feedback and critique from healthcare experts and fellow jurors, then further refined their ideas

Final pitches were made and voting was done for ideas that should be presented to MOH

Session 4 (13 January 2018)

Presented final report to SMS Khor

Discussions continued offline

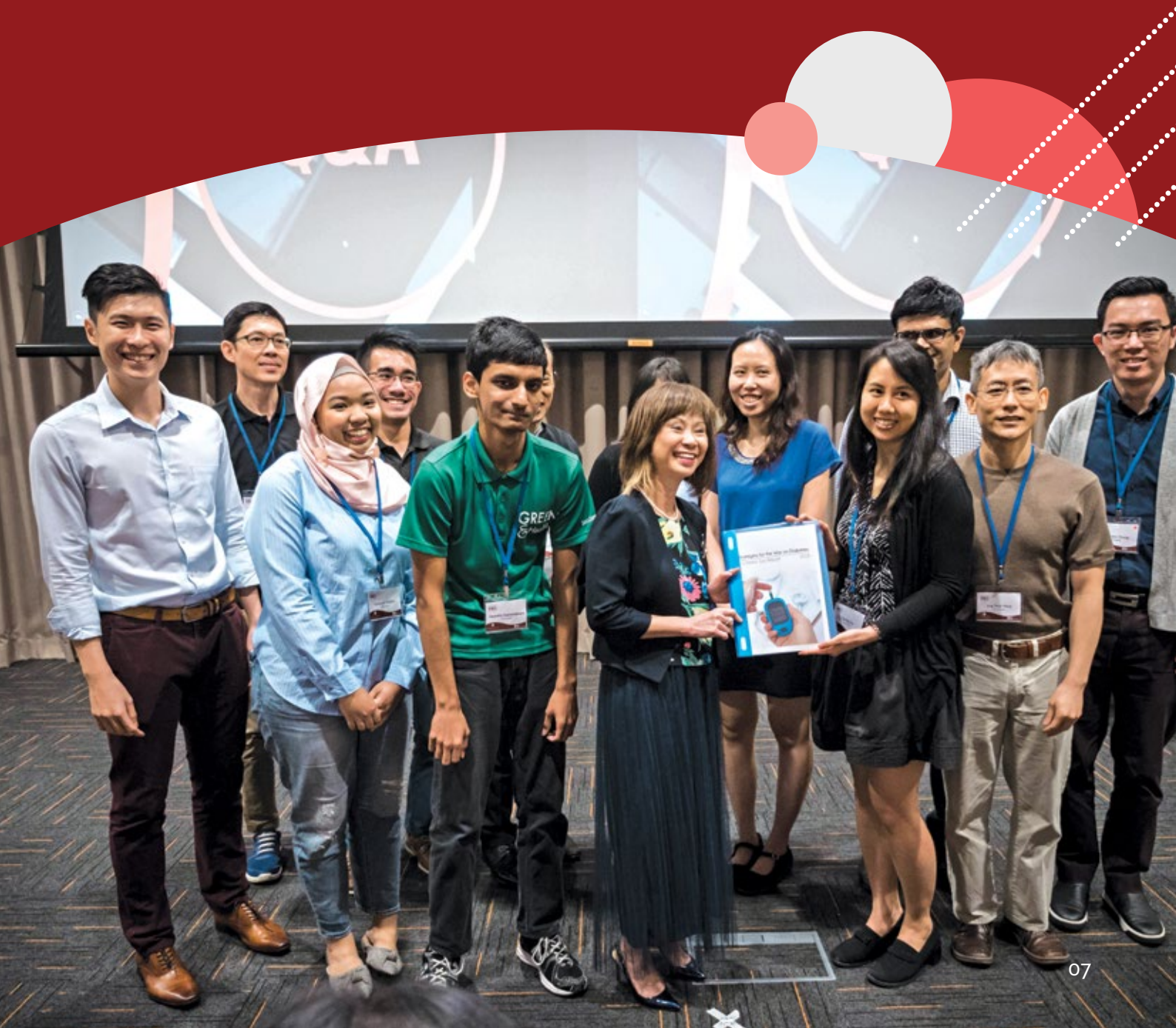
Summary Table of **Ministry of Health's Response**

No.	Category	CJ's Recommendation	MOH's Response
1.1	Education and Awareness	Public outreach programmes targeted at residents of HDB heartlands	Support
1.2		Inclusion of the at-risk solitary, elderly and illiterate groups through face-to-face interaction	Support
1.3		Diabetes awareness campaign and curriculum for children	Support
1.4		Introduction of the "Go Green Guide"	Explore
1.5		A platform/repository to consolidate diabetes-related material	Support
1.6		Raise awareness of this consolidated platform	Support
1.7		Central repository for registered interventions	Explore
2.1	Healthy Living – Supportive Environment	Re-examine the "Healthy Meals in Schools" Programme and encourage wider adoption	Support
2.2		Popularise "My Healthy Plate" guidelines	Support
2.3		A "Healthy Hawker" competition	Explore
2.4		Rating hawker centres	Unable to support at present
2.5		Limit on fast food and snacks advertisements	Explore
2.6		Restrictions on the use of garnish in food advertisements	Explore
2.7		Limit promotion on or shelf placement of nutritionally poor foods	Explore
2.8		Celebrity/mascot endorsements for healthier foods	Support
2.9		Use emotionally targeted counter advertising to improve behaviours	Explore

No.	Category	CJ's Recommendation	MOH's Response
2.10	Healthy Living – Social Movements	Citizen-led "Drink Water" Campaign	Support
2.11		Healthy food preparation and cooking competitions	Support
2.12		Expand, popularise and collaborate with existing organisations that offer cooking courses	Support
2.13	Healthy Living – Incentives	Healthpoints/travel rebates as incentives to encourage physical activity	Explore
2.14		A rewards/incentives scheme to encourage better disease management among people living with diabetes	Explore
3.1	Enhancing Skills of Healthcare Providers and Caregivers	Communication-focused Diabetic Care Clinic that may adopt motivational interviewing as an approach to influence positive behaviour	Support
3.2		Expand the role of Singapore Association for Counselling (SAC) to include clinical communication and chronic disease counselling	Support
3.3		Expansion of the responsibilities of the Association of Diabetes Educators Singapore (ADES)	Explore
4.1	Peer and Community Support	Increase peer support by expanding the number of peer groups	Explore
4.2		More effective peer matching through a central health platform	Explore
5.1	Medical Care Costs and Outcomes	Raise the Medisave – claimable amount for CDMP to $750	Support
5.2		Adoption of a Patient-Outcomes funding model	Explore

Ministry of **Health's Response**

Winning the War on Diabetes requires the whole of society to work together. To do this, Singaporeans must want to help each other live free from or live well with diabetes. Inherent throughout the recommendations put forth by the Citizens' Jury is the underlying spirit of the community coming together to ensure everyone is cared for. MOH agrees and appreciates this, and welcomes and supports community-organised efforts where we can. Page 22 of this report outlines the various government grants available to support such efforts.



01

Education and Awareness

1.1 Public outreach programmes targeted at residents of HDB heartlands

The Jury recommends a face-to-face outreach programme to screen residents for diabetes and to educate them on living and managing a healthy lifestyle, e.g., simple exercises that can be done at home. The programme is proposed to be conducted at HDB hubs, Senior Activity Centres and community centres.

The Ministry of Health supports this recommendation

MOH agrees with the Jury's observation that a face-to-face programme plays a part in encouraging the public to embrace a healthy lifestyle.

Community-based programmes form an important strategy in our War on Diabetes (WoD) effort. There are several ongoing initiatives to reach various segments of the community. Health Promotion Board (HPB) works with Voluntary Welfare Organisations (VWOs) such as Diabetes Singapore and TOUCH to raise awareness of diabetes prevention in the community. Diabetes-related messaging is included in HPB's nutrition and physical activity workshops, talks (e.g., on self-care and management of diabetes) and other programmes in the community. HPB has been working with partners such as Food Bank to influence healthier donation bundles and healthier cooked meals.

Moving forward, HPB will include messages on the importance of lifestyle management in the programmes that VWOs are conducting.

MOH welcomes efforts by the jurors to initiate or participate in public outreach programmes for the community.



1.2 Inclusion of the at-risk solitary, elderly and illiterate groups through face-to-face interaction

The Jury recommends leveraging existing outreach efforts through VWOs such as Lions Befrienders which provides social and psycho-emotional support to socially isolated seniors. For instance, these VWOs can provide more diabetic-friendly food (e.g., mixture of white and brown rice, wholemeal bread) during their home visits and encourage the elderly and the illiterate groups to adopt healthier habits.

The Ministry of Health supports this recommendation

We welcome and will extend support to citizen-organised outreach to the at-risk solitary, elderly, and illiterate. We will facilitate collaboration with ongoing efforts such as Changi General Hospital's Health Peers Programme and the Silver Generation Office where ambassadors/volunteers educate and encourage the residents and seniors to make lifestyle changes and/or to adhere to treatment as advised.

MOH is also developing a national curriculum under the Patient Empowerment for Self-Care Framework to provide educational materials for patients, caregivers, and the public. This will include resources which healthcare professionals, community-based providers, and citizen volunteers can use during clinical consults or peer visits in the community. These materials will be translated into Mandarin, Bahasa Melayu, and Tamil. In support of this recommendation from the Jury, MOH will also be testing the materials with the elderly and illiterate groups to ensure the resources are appropriately designed (e.g., pictorial materials with larger font size) to meet the needs of a wider segment of the population.

1.3 Diabetes awareness campaign and curriculum for children

The Jury recommends that diabetes awareness be introduced to children through existing subjects that provide a context (e.g., students can carry out a research project on diabetes) to avoid making the topic too prescriptive.

The Ministry of Health supports this recommendation

We agree that teaching our children about health issues can help build up their understanding from a younger age. The Ministry of Education (MOE), Ministry of Health (MOH), and Health Promotion Board (HPB) are working to include information on prevention and management of diabetes in the existing curriculum, e.g., secondary science curriculum.

1.4 Introduction of the "Go Green Guide"

The Jury recommends a guide that is easy-to-understand and user-friendly which visually steers consumers to choose healthier foods. This guide adopts a "traffic light" system to convey the nutritional value of food and aids in decision-making.

The Ministry of Health will explore this recommendation further

We acknowledge that a simple visual guide could be useful in encouraging consumers' selection of healthier food options. MOH applauds the Jury's effort to develop the "Go Green Guide" based on the wide and familiar understanding of the traffic light's "red stop, green go" schema. We recognise the understandable limitations resulting from the very short amount of time the Jury had to produce this guide, and note that more work is needed to strengthen the scientific rigour and wider applicability of such a guide. HPB is currently refining the labelling of healthier choice products and will take this proposal into consideration as we explore ways to make healthy food choice simpler and clearer.

1.5 A platform/repository to consolidate diabetes-related material

The Jury recommends that a central consolidated online health platform be established to provide resources (e.g., medication adherence and lifestyle changes) and group facilitation materials.

1.6 Raise awareness of this consolidated platform

The Jury recommends that an awareness campaign for this consolidated platform be carried out for the public and healthcare professionals.

The Ministry of Health supports recommendations 1.5 and 1.6

We recognise the need to consolidate credible resources and ensure easy access. MOH is supportive of this recommendation and together with key stakeholders, are developing resources for healthcare professionals and lay volunteers. These resources will be available on a centralised portal for patients, caregivers/families, care team members and the general public. We will invite CJ participants to test the resource materials and to co-develop awareness campaigns for the online platform when ready.

1.7 Central repository for registered interventions

The Jury recommends a central repository which can host all registered interventions for diabetes.This would include specifics (e.g., objectives) and intervention types (e.g., peer-partner, group education, SMS reminder, and digital self-education material). This central repository should also ensure that available resources are matched to participants that are most likely to benefit and allow multiple routes of access to the intervention.

The Ministry of Health will explore this recommendation further

Patients with diabetes are best managed when anchored with a regular care team. Hence, patients are encouraged to work with their care team to actively manage their conditions, through regular monitoring, appropriate and timely intervention, and lifestyle changes.

To better support our patients and their care team, MOH is developing materials under the Patient Empowerment for Self-care Framework to empower patients to initiate and sustain lifestyle changes, with the support of healthcare professionals, community-based providers, and other forms of social support. In addition, MOH and key stakeholders are currently developing training materials to equip the care team, e.g., healthcare professionals, community providers, peer volunteers, caregivers, with skills to incorporate patients' values and priorities into care. This will allow care team members to match patients and caregivers with appropriate resources, such as educational workshops and support groups, tailored to their individual care needs and desired levels of participation.

MOH will explore listing available resources and programmes on a centralised portal to facilitate this process.



02

Healthy Living

A. Supportive Environment

2.1 Re-examine the "Healthy Meals in Schools" Programme and encourage wider adoption

The Jury recommends a re-examination of the "Healthy Meals in Schools" Programme by identifying and including new healthier ingredients that could be offered in schools.

The Ministry of Health supports this recommendation

MOH agrees that it is important to inculcate healthy behaviours from young. In fact, MOH has mandated the provision of healthy meals in all mainstream primary and secondary schools since January 2017. Providing children and youths with healthier meals is one of the strategic thrusts outlined in NurtureSG. There are also plans to increase the prominence of healthier eating messages within the schools, and on online platforms.

MOH welcomes and will support continued Jury engagement to further encourage healthy eating among our children.

2.2 Popularise "My Healthy Plate" guidelines

The Jury recommends that more public education and outreach be done to increase the public's awareness of the guidelines. For instance, information booths can be set up at hawker centres.

The Ministry of Health supports this recommendation

MOH agrees that a balanced diet is important in maintaining good health. HPB has introduced "My Healthy Plate", a visual aid for the concept of a balanced diet as the basis for our daily food intake.

Besides the promotion of "My Healthy Plate", HPB is actively working on endorsing lower calorie dishes, such as sliced fish soup, and concurrently running marketing efforts in hawker centres, to promote healthier dishes.

The "Healthy Plate" concept is a useful guide; however, not all dishes sold in hawker centres would be able to meet "My Healthy Plate" proportions. Hence, HPB has carried out campaigns to motivate patrons to request for healthier options when buying hawker dishes e.g., more vegetables, less oil, and wholegrain options.



2.3 A "Healthy Hawker Centre" competition

The Jury recommends holding a competition for consumers to vote for the hawker centre with the most number of menu options that meet the "My Healthy Plate" guidelines.

The Ministry of Health will explore this recommendation further

MOH recognises that many Singaporeans eat out, and that hawker fare is a popular and convenient dining option. For this reason, promoting healthier stalls at the hawker centres is a key feature of HPB's strategy under the Healthier Dining Programme (HDP). Currently, the focus is on individual stalls which have joined the HDP and engaging consumers through marketing efforts such as discount voucher giveaways.

MOH welcomes citizens' suggestions and ground-up efforts to help increase public awareness of healthier food options and where these can be found. Such efforts to positively identify and promote healthier options could help to achieve similar outcomes as holding a Healthy Hawker Centre competition.

2.4 Rating hawker centres

The Jury recommends that ratings on hawker stalls and centres be made possible through an electronic voting system similar to the ones for rating public toilets. Customers can make use of such a system to provide feedback in the form of a nutritional rating.

The Ministry of Health is unable to support this recommendation at present

Rating hawker centres may be challenging because there are many hawker stalls selling both healthy and unhealthy dishes in their stalls. HPB has an ongoing programme to engage hawker and other food vendors to provide healthier food options that are 500 calories or less. As part of this effort, hawker stalls selling the "healthier" option have been marked with a decal for the healthier options and HPB educates the public to choose the healthier dishes. The response from the hawkers has been encouraging so far and HPB has plans to expand the number of healthier options available in hawker centres.

MOH recognises that there are existing citizen-led initiatives to review the nutritional quality and taste of hawker and restaurant meals, for example, through food bloggers and food review apps. We encourage such community-led efforts and believe that these can be effective in creating demand for hawker fare that is both delicious and healthier. We will also continue to educate the public on how to select healthier dishes, e.g., based on cooking method, ingredients among other considerations.

2.5 Limit on fast food and snacks advertisements

The Jury recommends that advertisements on fast food and snacks that are targeted at children be curtailed and advertisements on healthy food and physical activity be increased.

2.6 Restrictions on the use of garnish in food advertisements

The Jury recommends that the use of garnish on food advertisements and menu be limited.

2.7 Limit promotion on or shelf placement of nutritionally poor foods

The Jury recommends placing nutritionally poor foods at harder to reach places to reduce the access and, hence, consumption of these foods.

The Ministry of Health will explore recommendations 2.5 to 2.7 further

We agree that children should not be targeted by unhealthy advertising. There are existing guidelines under the Advertising Standards Authority of Singapore (ASAS) which stipulate that all food and beverage products promoted in marketing communications targeted at children aged 12 and below must meet a set of nutrition criteria. For example, all sugar and sugar-based products, carbonated and non-carbonated soft drinks including diet drinks should not be advertised to children below 12. HPB will work with researchers and other partners to analyse the content of advertisements targeted at children since the introduction of the Food Advertising guidelines to children, and explore how to improve compliance to the guidelines.

We acknowledge that product placement plays an important role in influencing our decision to eat healthily. Product placement is often a negotiated and contractual agreement between importers/distributors and supermarkets. During campaign periods, HPB encourages consumers to choose healthier products bearing the Healthier Choice Symbol through nudges such as wobblers and advertisements placed at strategic spots in the supermarkets.



2.8 Celebrity/mascot endorsements for healthier foods

The Jury recommends endorsements from celebrities and mascots to promote healthier eating.

The Ministry of Health supports this recommendation

MOH recognises the power of influence of celebrities, and has been working with selected celebrities and influencers to promote healthier eating. We encourage citizens to exert positive influence in their social circles as well.

2.9 Use emotionally targeted counter advertising to improve behaviours

The Jury recommends using emotionally targeted counter advertising in the marketing campaigns and materials to target, for example, pain, anger, vanity and masculinity. Over time, these may create the perception that healthy behaviours are more aligned with existing norms.

The Ministry of Health will explore this recommendation further

HPB has been designing its advertisements to resonate with the desired target audience. While pain and anger are strong emotions, our research has shown that these emotions may not be the most effective approach for a campaign, as people want hope and positive motivation which will spur them to take steps that can improve their health. HPB will continue to explore innovative approaches to communicating our messages that will resonate with the public and influence behaviour change.

B. Social Movements

2.10 Citizen-led "Drink Water" Campaign

The Jury recommends running a citizen-led campaign to get Singaporeans to switch to drinking plain water during meals.

The Ministry of Health supports this recommendation

We agree that plain water is indeed a healthy option. MOH encourages more of such ground-up efforts. Citizens can tap on government grants for ground-up initiatives (see page 22), tap into their personal networks, and leverage social media to spread the message of drinking more plain water.

2.11 Healthy food preparation and cooking competitions

The Jury recommends that MOH hold a cooking competition where participants must use pre-measured (they cannot use an unlimited amount of oil, sugar, salt, or sauce) ingredients to create a healthy meal. The set of pre-measured ingredients will also emphasise the low cost and ease of preparation.

2.12 Expand, popularise and collaborate with existing organisations that offer cooking courses

The Jury recommends that the public should be taught simple-to-cook, healthier meals that can be prepared in order to improve the nutritional quality of meals consumed. It was also proposed that publicity for the cooking courses at Community Centres, HPB-partnered organisations, and private cooking schools be increased and be reflected on a central health platform (e.g., HealthHub) because awareness is still low.

The Ministry of Health supports recommendations 2.11 and 2.12

MOH agrees that home-cooking is one of the ways to encourage cheap and healthy eating. Promoting home cooking is a key feature of HPB's strategy to encourage good nutrition at home. HPB has been organising Healthier Cooking demonstrations in community-based programmes e.g., Take Charge, Health Conversation Series with Berita Harian, and in workplace settings. Currently, there are healthier cooking segments in shows such as Makan Tiub (Suria) and Happy Can Already (Channel 8).

The simple-to-cook, healthier recipes are provided as recipe cards to participants and shared on HealthHub to ease recall. HPB can publicise these healthier cooking demonstrations and healthier cooking courses with appropriate partners on suitable online platforms.

MOH is heartened to note that some of the CJ participants are already in touch with South East Community Development Council (South East CDC) and HPB to pilot a healthier cooking programme in the district. MOH also welcomes the Citizens' Jury to organise the proposed cooking competitions.



C. Incentives

2.13 Healthpoints/travel rebates as incentives to encourage physical activity

The Jury recommends that incentives in the form of Healthpoints or travel rebates be awarded to those who use the stairs at MRT stations.

The Ministry of Health will explore this recommendation further

MOH recognises the effectiveness of incentives in encouraging immediate behavioural change. However, incentives need to be complemented by other strategies in order to encourage long-term sustained behavioural change.

HPB has been exploring ways to include physical activity of higher intensity for the next season of the National Steps ChallengeTM. With this recommendation of a new feature, we will consider ways to include stair climbing and will work with the CJ participants where possible.

2.14 A rewards/incentives scheme to encourage better disease management among people living with diabetes

The Jury recommends a reward system to motivate people with diabetes to manage their condition better. Points accumulated can be used to claim rebate vouchers on diabetes consumables, blood glucose monitoring test strips or even exercise programmes.

The Ministry of Health will explore this recommendation further

MOH appreciates the need to motivate people with diabetes to sustain desired lifestyle changes and treatment adherence. Rewards are just one of various potential sources of patient motivation, and are aimed mainly at motivating individuals to kick-start desired changes. The Government and other partners are looking into the use of incentives, among other initiatives, to empower patients to initiate and sustain lifestyle changes and improve treatment adherence for better disease management.

For instance, SingHealth is currently piloting the Pre-Diabetes Interventions and Continued Tracking to Ease-out Diabetes (Pre-DICTED) programme, which consists of interventions to help patients make lifestyle changes to reduce their risk of developing diabetes. Under this programme, patients receive incentives for full attendance of the group-based classes and when they meet weight loss targets.

MOH will continue to explore various approaches to help people with diabetes manage their condition better. One way to help patients maintain a healthy lifestyle is to create a supportive social environment. We encourage citizen-led initiatives that will help everyone eat healthily and stay active together.



03

Enhancing Skills of Healthcare Providers and Caregivers

3.1 Communication-focused Diabetic Care Clinic that may adopt motivational interviewing as an approach to influence positive behaviour

The Jury recommends that a Diabetic Care Clinic be established with an emphasis on effective communication techniques. Practitioners would not only educate and treat but also function as chronic disease counsellors and resource brokers. Clinics should operate based on a patient-outcomes model instead of a strict fee-for-service model.

3.2 Expand the role of Singapore Association for Counselling (SAC) to include clinical communication and chronic disease counselling

The Jury recommends that the expanded responsibilities include the development of minimum standards and certification requirements for chronic disease counselling. The Jury also recommends the development of training programmes to provide communication skills that tackle the biopsychosocial aspects of diabetes education and management, and which aim to achieve different levels of communication expertise and proficiency.

The Ministry of Health supports recommendations 3.1 and 3.2

MOH agrees with the importance of effective communication in encouraging patient behaviour change and the need to do more to equip diabetes care teams with these engagement skills to better support patients.

As these communication skills are relevant across all clinics and care teams, we will enable the application of such communication techniques across all our existing healthcare delivery settings, through appropriate professional training and care guidelines. In line with the recommendation, MOH and key stakeholders will develop educational and facilitation tools for care team members, including lay volunteers, which incorporate the biopsychosocial aspects of diabetes management as part of the national curriculum under the Patient Empowerment for Self-care Framework. These materials aim to equip them with the following, at different levels of proficiency, for more effective care:

- Skills for holistic assessment, integrating the biomedical, psychological, and social aspects of the patient, and to incorporate patient's values and priorities into care
- Soft skills, such as communication skills, to build rapport with and encourage the patient

As we develop the care team education materials, we welcome CJ participants to participate in testing the education and facilitation materials.

3.3 Expansion of the responsibilities of the Association of Diabetes Educators Singapore (ADES)

The Jury recommends that the Association of Diabetes Educators Singapore (ADES) assume a supervisory role over diabetes education provided by all healthcare professionals and non-professionals.

The Ministry of Health will explore this recommendation further

MOH recognises the important role played by ADES. Currently, ADES conducts lectures on the latest diabetes management guidelines for nurses and other healthcare professionals. MOH is working with ADES and other professional organisations, such as the College of Family Physicians Singapore, to develop easy-to-understand materials to train care team members, including citizen volunteers, on diabetes. These materials would be hosted on a centralised platform and updated periodically so that healthcare professionals and lay volunteers can continue to keep abreast of developments on diabetes management.

We will invite CJ participants to co-develop awareness campaigns for the online platform when ready.

To better equip primary care doctors to care for patients with diabetes, the Agency for Care Effectiveness (ACE) issued three Appropriate Care Guides (ACGs) in 2017 on oral medications and insulin therapy for type 2 diabetes and the management of pre-diabetes. ACE is also developing an ACG on gestational diabetes mellitus which is expected to be published in the 1st quarter of FY2018. The ACGs provide concise and evidence-based recommendations on care practices and complement the existing diabetes Clinical Practice Guidelines, issued in 2014, by providing timely additions and updates.



04

Peer and Community Support

4.1 Increase peer interventions by expanding the number of peer groups

The Jury recommends that the number of peer interventions should be expanded and include key features such as assistance in daily management of diabetes, coping with stress, etc.

4.2 More effective peer matching through a central health platform

The Jury recommends that participants' registration data (e.g., demographic profile) be captured by this system and used to match them to compatible peer groups (e.g., preferred spoken language, lifestyle habits).

The Ministry of Health will explore recommendations 4.1 and 4.2 further

MOH appreciates the Jury's desire to empower the community and expand the community's capacity to support people with diabetes. The Health Peers Programme is an example of a community-led initiative developed by Changi General Hospital in partnership with South East CDC. Under this Programme, volunteers, known as Health Peers, are equipped with the skills and knowledge to support residents who are at-risk or are diagnosed with diabetes to live healthily.

The National University Health System (NUHS) will roll out the Health Peers Programme to the western region in the third quarter of 2018. NUHS will engage grassroots organisations and voluntary welfare organisations in the West to recruit and train Health Peers, who will serve as health ambassadors in the western region of Singapore. We encourage citizens to participate as health ambassadors to support their neighbours and peers in diabetes management.

MOH is exploring the feasibility of developing a volunteers' portal that could facilitate referrals and matching of volunteers. We welcome suggestions and active involvement from CJ participants and citizens on how this could be done.



05

Medical Care Costs and Outcomes

5.1 Raise the Medisave-claimable amount for CDMP to $750

The Jury recommends that MOH raise the Medisave-claimable amount to $750 per year per account, while keeping the 15% co-payment. The Jury also recommends that diabetes consumables and blood glucose monitoring items be claimable under Medisave, with the claimable amount kept within $200 per year and a 20% co-payment.

The Ministry of Health supports this recommendation

We agree that those living with diabetes should be supported to self-manage their condition. The Medisave400 scheme allows the use of Medisave for Chronic Disease Management Programme (CDMP) treatments, vaccinations and health screenings up to an annual withdrawal limit. This balances making available Medisave withdrawals for immediate healthcare needs, while taking care not to deplete Singaporeans' Medisave prematurely in case of future needs.

From June 2018, the Government will raise the withdrawal limit for the Medisave400 scheme by 25%, from $400 per year to $500 per year for outpatient treatment of chronic diseases, including diabetes.

In addition, older patients who are eligible for Flexi-Medisave, can also tap on their own or their spouse's Medisave account, at up to $200 per year under the Flexi Medisave scheme. The Flexi Medisave eligibility age will also be reduced to 60 years old from June 2018.

To encourage those with pre-diabetes to seek early intervention, pre-diabetes will be included in the scope of diabetes under CDMP and the Community Health Assist Scheme (CHAS) from June 2018.

MOH will also extend CDMP to cover diabetes-related consumables (lancets and test strips) for diabetic patients who require insulin injections and need to regularly monitor their blood glucose.

5.2 Adoption of a Patient-Outcomes funding model

The Jury recommends a funding model that does not rely on productivity measures that uses patient visit to practitioner ratios to enforce cost-effectiveness.

The Ministry of Health will explore this recommendation further

MOH agrees that patient outcomes are one way to assess the cost-effectiveness of programmes. Today, funding for our public healthcare institutions is provided based on various factors, including workload, type and complexity of cases. In some cases, funding does take into account patients' clinical outcomes indicators (e.g., complication rates, re-admission rates). Moving forward, MOH will explore how we can further take into account our patient outcomes in our funding models.


PPSD

List of Grants and Volunteer Opportunities **for Community Involvement**

This section lists available funds and grants across Government agencies that could support some of the community-driven recommendations put forth by the Citizens' Jury. Some examples of the recommendations which could tap on these grants include the 'Drink Water' Campaign and 'Popularising Home Cooking'. MOH also welcomes CJ participants and citizens to continue contributing through existing volunteer opportunities in the community for a healthier Singapore.

List of Grants Across Government

SportSG



Active Enabler Programme

- Supports ground-up/community-oriented proposals for creative, sport-focused, and lifestyle-driven activities
- https://www.myactivesg.com/getactivesingapore/active-enabler

People's Association (PA)



Friendship Grant

- Encourages residents to initiate sports activities/events in the neighbourhood for community bonding
- https://www.pa.gov.sg/our-programmes/community-sports

National Youth Council (NYC)



Young Change Makers Grant

- Supports youth-initiated projects that benefit the Singapore community and society, and also helps to empower youth as decision makers to evaluate project and mentor project applicants
- https://nyc.gov.sg/initiatives/programmes/ycm

Ministry of Culture, Community and Youth (MCCY)



Our Singapore Fund

- Supports meaningful projects by passionate Singaporeans – projects that build national identity or meet social and community needs
- https://www.sg/oursingaporefund

Health Promotion Board (HPB)



Fitness Interest Group Grant

- Applicants aged 18 years and above who are interested in implementing regular and impactful physical activity programmes can apply for the Health Promotion Grant (Fitness Interest Groups).
- https://www.healthhub.sg/programmes/34/get-active

National Integration Council (NIC)



Community Integration Fund

- Supports organisations in implementing ground-up integration initiatives that create opportunities for locals and foreigners to interact and better understand each other, as well as help newcomers better adapt to Singapore society, norms and values.
- https://www.nationalintegrationcouncil.org.sg/funding/community-integration-fund

Volunteer Opportunities

SG Cares is a national movement dedicated to guide and support the goodwill of all who live in Singapore to better help those in need. Giving and kindness can take many forms: spontaneous, informal, or organised. From daily acts of kindness to volunteering together with family, friends, colleagues, neighbours and others – every action matters. Together, we can all play a part, big and small, to make Singapore a more caring and inclusive home for all.

To find out more on how you can make a difference, check out the following resources:

SG Cares website	www.sgcares.sg
SG Cares Facebook page	www.fb.com/singaporecares
SG Cares App	Read up on inspirational stories of volunteerism or find out volunteering opportunities around you in this special app! Get connected to Giving.sg to volunteer, donate to a cause you are passionate about, or dream bigger and fundraise for your chosen charity the way you want to! Available on both Apple Store and Play Store.



Annex A

List of Expert and Resource Panellists

Name	Organisation
Mr Alfred Chia	Chief Executive Officer – SingCapital
Prof Chia Kee Seng	Saw Swee Hock School of Public Health – National University of Singapore
Asst Prof Mary Chong	Saw Swee Hock School of Public Health – National University of Singapore
Ms Koh Pei Ling	Senior Dietician – Admiralty Medical Centre
Dr Jeremy Lim	Partner & Head, Health & Life Sciences – Oliver Wyman Asia-Pacific
Ms Lim Pei Kwee	President – Association of Diabetes Educators Singapore
Ms Janet Loo	Assistant Director, Healthy Food & Dining – Health Promotion Board
Mr Kenneth McGeough	Manager, Active Health – SportSG
Ms Ong Yan Ling	Volunteer – Tri-Generational HomeCare
Mr Ooi Say Leong	Senior Clinical Psychologist – National Healthcare Group Polyclinics
Assoc Prof Phua Kai Hong	Lee Kuan Yew School of Public Policy – National University of Singapore
Mrs Julie Seow	Life Coach – TOUCH Diabetes
Mr Kenneth Soh	Member, Parent Support Group – Geylang Methodist Secondary School
Assoc Prof Sum Chee Fang	Senior Consultant, Diabetes Centre – Admiralty Medical Centre
Prof Tai E Shyong	Senior Consultant, Division of Endocrinology – National University Hospital
Ms Tan Chew Sia	Dietician, Nutrition and Dietetics – Khoo Teck Puat Hospital
Mr Tio Chong Heng	Member, Parent Support Group – St Hilda's Primary School
Ms Ung Bee Koon	Team Lead (Membership Experience and Analytics) – ActiveSG, SportSG
Mr Yeo Guo Dong Dillon	Volunteer – Tri-Generational HomeCare
Assoc Prof Joanne Yoong	Director, Centre for Health Services & Policy Research; Saw Swee Hock School of Public Health – National University of Singapore
Dr Yew Tong Wei	Consultant and Diabetes Clinical Service Director, Division of Endocrinology – National University Hospital

Annex B

Ministry of Health's Response to The Minority Report

MOH notes that the recommendations in the Minority Report did not meet the Jury's threshold for inclusion in the Main Report. Notwithstanding this, MOH offers its response to these recommendations in appreciation of the Jury's efforts to explore a variety of ways to prevent and manage diabetes.

Education and Awareness

B1 Raise awareness of diabetes through social/mass media

The Jury recommends that effective educational content and campaigns on diabetes prevention and management be incorporated into television dramas, radio shows, newspapers etc.

Ministry of Health's Response: The Government has been actively raising the public's awareness of diabetes through multiple mass and social media platforms. We will continue to look into expanding our public education efforts.

B2 Promotion of Wholefood Plant-Based Diet (WFPBD)

The Jury recommends that MOH should educate the public on the health benefits of WFPBD which entails eating fruits, vegetables, whole grains and legumes and avoiding animal-based foods, refined grains and processed foods.

Ministry of Health's Response: MOH is taking steps to promote balanced nutrition through the promotion of My Healthy Plate where fruits and vegetables take up half of the plate while protein takes up only a quarter of the plate. My Healthy Plate is a friendly, easy-to-understand visual guide for creating balanced and healthy meals.

Healthy Living – Supportive Environment

B3 Government funding for nutritious canteen food and programmes for schools

The Jury recommends that MOH cover the costs of nutritious canteen food for students and sustain school programmes that promote a healthy lifestyle over a long-term.

Ministry of Health's Response: MOH agrees with the importance of inculcating healthy behaviours from young. Providing children and youths with healthier meals is one of the strategic thrusts outlined in NurtureSG.

Students on the Financial Assistance Scheme (FAS) are currently provided school meals at a nominal cost. There are plans to increase the school meal allowance for students on the FAS.

B4 "Healthy Zone" in hawker centres

The Jury recommends that a "Healthy Zone" be demarcated within hawker centres to encourage hawkers to create and sell healthier dishes.

Ministry of Health's Response: Since 2016, HPB has extended the Healthier Dining Programme to hawker centres to increase availability of healthier options when Singaporeans dine out. This involves partnering hawkers to create new innovative healthier local dishes using healthier ingredients. As a result, we now have over 3,000 hawker and coffee shop stalls offering at least one healthier meal that is 500 calories or less. Demarcation would be challenging to operationalise in today's environment as hawker stalls often sell a wide range of foods, some of which that may not all meet the criteria of healthier meals.

B5 Establish "Lifestyle Medicine Clinics" in public hospitals

The Jury recommends that clinics prescribe advice for lifestyle changes rather than drugs or surgery to treat chronic illnesses, with the Wholefood Plant-based Diet (WFPBD) as a first line of treatment for willing patients.

Ministry of Health's Response: Lifestyle modification is a cornerstone of diabetes management; healthcare professionals offer advice on diet and physical activity as part of standard care. There are ongoing efforts by the Regional Health Systems (RHS) to organise community-based outreach efforts to promote healthy behaviour, which strongly emphasises healthy nutrition and an active lifestyle.

To ensure sustainable lifestyle change, individualised meal planning should focus on personal preferences, needs and goals. There is evidence that a variety of healthful eating patterns, including the plant-based diet, can improve blood sugar control. There is, however, insufficient evidence that the Wholefood Plant-based Diet is either efficacious or safe as a standalone treatment for diabetes.

Healthy Living – Social Movements

B6 "Let's Walk It Forward" Movement

The Jury recommends that Singaporeans may feel more motivated if a social movement to encourage physical activity such as walking as a way to bond with friends and family is initiated.

Ministry of Health's Response: Social support is indeed a powerful motivator in beginning and sustaining physical activity. ActiveSG's Active Challenge during the Get Active! Singapore Festival week is a step-tracking initiation via the ActiveSG App which records individuals' steps. App which records individuals' steps. SportSG considers this recommendation to be an extension to the existing Active Challenge programme which has a pro-social element. SportSG will continue to explore this recommendation with the Jury.

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