



Reflections on the Citizens' Jury for the War on Diabetes

Carol Soon, Senior Research Fellow

Valerie Yeo, Research Assistant

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Contents

1	Executive summary	3
2	Introduction	6
3	Reaching out and recruitment	9
4	Why deliberate and engage	16
5	What makes for effective deliberation	21
6	Observations of the Citizens' Jury	26
	Inclusivity and diversity	27
	Fairness and equality	29
	Knowledge gain	33
	Efficacy	37
	Applicability	39
7	What did people think: Survey and interview findings, and public opinion	42
	Surveys and interviews	42
	Media coverage and online responses	67
8	Conclusion	76
	Appendixes	84

Note on Authors:

Dr Carol Soon is Senior Research Fellow at the Institute of Policy Studies, and her research focuses on media, technology, deliberation and public engagement.

Ms Valerie Yeo was Research Assistant at the Institute of Policy Studies and she worked on this project. She left the Institute in June 2018.



Executive Summary

In 2016, the Ministry of Health launched the War on Diabetes to rally various stakeholders to help Singaporeans live a life free of diabetes and for those who have the condition, to manage it well. Diabetes was identified as one of the key challenges confronting the Singapore society by Prime Minister Lee Hsien Loong during his National Day Rally speech in 2017. As part of the nation-wide effort, the Ministry, in collaboration with the Institute of Policy Studies, conducted the first Citizens' Jury in Singapore.

The objective of the initiative was to develop community-based and community-driven recommendations to combat the problem of diabetes. A total of 76 participants, comprising people with diabetes, caregivers, healthcare providers, those in the secondary circle of influence of diabetic persons, and members of the public who did not have any experience with diabetes, were presented with the challenge: "As a community, how can we enable one another to live free from diabetes and, for Singaporeans with diabetes, to manage their condition well?"

The Citizens' Jury took place over four sessions and spanned seven weeks from 25 November 2017 (Day One) to 13 January 2018 (Day Four) when the participants presented and submitted a report comprising their recommendations to Senior Minister of State Amy Khor and the Ministry. The Citizens' Jury, with its emphasis on bringing together citizens to hear evidence, and engage in collective discussion and deliberation, has its roots in deliberative democracy.

This report is a reflection on the implementation and impact of the Citizens' Jury, specifically the extent to which it fulfils the five key principles of deliberation — inclusivity and diversity, fairness and equality, knowledge gain, efficacy (internal, external and political trust), and applicability.

We based our reflections on our observations of all the four sessions, pre- and post-Citizens' Jury surveys, the process feedback survey, and in-depth interviews. The surveys were administered by the Ministry, specifically the Citizens' Jury Secretariat, on Day One, Day Three and Day Four. The interviews with selected participants were conducted by the authors after the Citizens' Jury was over.

As presented in "Chapter 6: Observations of the Citizens' Jury and Chapter 7: What did people think: Survey and interview findings, and public opinion", the Citizens' Jury has fulfilled the five principles of deliberation to a large extent. The participants felt that the process was fair, as everyone had the opportunity to contribute to the discussions and development of recommendations, and influenced how the Citizens' Jury was run. The diversity in the participants' background and experiences not only broadened their perspectives pertaining to the issue, but also led to greater empathy for one another and forged new friendships.

In addition, the Citizens' Jury fostered a deeper appreciation of the challenges faced by policymakers. The participants' internal and external efficacy also increased, and a large majority were willing to be involved in future government engagement sessions and initiatives relating to the War on Diabetes. A few groups took the initiative to follow up on their recommendations with different agencies, even before they received feedback on the report.

We attribute the positive effects of the Citizens' Jury to a few factors, such as the recruitment and screening process, the role played by the Facilitators, the empowerment of participants through different mechanisms, the leveraging and nimble deployment of Resource Persons, and the use of scaffolds which guided some of the group discussions. Social media (Facebook and WhatsApp) also played an important role as it facilitated information exchange and the coordination of work among participants.

Our analysis of media reports and social media posts found that the Citizens' Jury gained some traction with members of the public, mainly due to its novelty (as a form of public engagement) and the subject matter (i.e., diabetes which still had high mindshare after the Prime Minister's National Day Rally speech). We conclude

our reflection with identifying some areas for improvement and recommendations for future Citizens' Jury initiatives. The War on Diabetes Citizens' Jury has clearly demonstrated its impact in the near-term and the long-term. It is democracy at work, in terms of process and outcome, and a positive first step to building an informed and engaged citizenry.



Introduction

During his National Day Rally speech in 2017, Prime Minister Lee Hsien Loong said that one in nine Singaporeans have diabetes, and the disease was identified as one of the three long-term challenges to the country.¹ In Singapore, an estimated 450,000 adults have diabetes which is a major risk factor for other serious medical problems such as heart attacks, stroke and blindness. Diabetes also has long-term effects as it can lead to amputations, and those who suffer from kidney failure require either a transplant or lifelong dialysis to survive. Through the Ministry of Health (MOH), the government launched a three-pronged strategy for its War on Diabetes (WoD). It includes public education on healthy living and how to avoid getting diabetes, carrying out screenings to identify diabetics early, and helping those who are already diabetic to manage the disease so as to prevent or delay the onset of complications.²

Launched in November 2017, the Citizens' Jury (CJ) for the WoD is a collaboration between the MOH and the Institute of Policy Studies (IPS). IPS selected the participants based on a diverse sampling frame, and analysed the efficacy of Citizens' Jury as a methodology in Singapore's public policy making sphere, and its value in promoting active citizenship. The objective of the initiative, which was modelled after the Australian CJ, was to develop community-based and community-driven recommendations to combat the problem of diabetes. In a CJ, a group of citizens who are selected to represent a cross section of a defined community come "together to hear evidence, question witnesses and, through a process of collective discussion and deliberation, make informed recommendations on the issues before

¹ Jalelah Abu Baker, "National Day Rally: 1 in 9 Singaporeans has Diabetes; Problem 'Very Serious', says PM Lee," *Channel NewsAsia*, August 20, 2017.

² Salma Khalik, "3 Key Issues at National Day Rally 2017: Singapore's War on Diabetes." *The Straits Times*, August 20, 2017.

it”.³ The meetings are typically held over a few days where participants (the “jurors”) consider a public policy question or issue (also known as “the charge”), interact with expert witnesses, and discuss the issue(s) with one other in small groups and larger group forums.⁴ In 2016, an Australian CJ involving 52 participants was convened to review the Nuclear Fuel Cycle Royal Commission’s report. The deliverable was a report developed by the participants to help South Australians understand the opportunities and risks that come with the region’s increased involvement in the nuclear fuel cycle.⁵

In the case of the WoD CJ, there were 76 participants and deliberation took place over three full-day sessions on 25 November 2017, 2 December 2017 and 6 January 2018. The “charge” posed to the participants jurors was: “As a community, how can we enable one another to live free from diabetes and, for Singaporeans with diabetes, to manage their condition well?” On 13 January 2018, the participants presented 28 recommendations and submitted their report to Senior Minister of State (SMS) Dr Amy Khor. The entire CJ process spanned seven weeks, and discussions among participants continued between sessions.

This report is a reflection of the CJ process, and in our conclusion, we propose several recommendations to inform the design and planning of similar initiatives in the future. The structure of our report is as follows:

1. First, we provide an overview of the methodology for the CJ, focusing on participant recruitment and screening.
2. Following which, we review existing research on and extract key principles that are key to effective citizen deliberation and engagement.

³ Richard Kuper, “Deliberating Waste: The Hertfordshire Citizens' Jury,” *Local Environment* 2, no. 2 (2007): 139.

⁴ Andrew P. Barnes, Petra Vergunsts and Kairsty Topp, “Assessing the Consumer Perception of the Term ‘Organic’: A Citizens' Jury Approach,” *British Food Journal* 111, no. 2 (2009): 155–164.

⁵ Get to Know Nuclear, *Nuclear Citizens' Jury Report*, South Australia’s Citizen’s Jury Report One, July 10, 2016, <https://nuclear.yoursay.sa.gov.au/reports/citizens-jury-reports>.

3. We evaluate the WoD CJ based on the principles identified from existing literature. We substantiate our evaluation with our observations of the CJ sessions, and findings from the pre- and post-CJ surveys conducted by MOH, as well as from our in-depth interviews with selected participants on their CJ experience.
4. In addition to the above, this report includes an analysis of the public sentiments surrounding the CJ, based on our media monitoring of both mainstream media and online media. This section sheds light on how much traction the CJ gained with the general public as well as what non-participants thought of the initiative.
5. We conclude our reflection by identifying what worked, what could have worked better, and providing recommendations for future CJs.



Reaching out and recruitment

The recruitment of participants took place over a period of six weeks, from 6 October 2017 to 15 November 2017. As the aim of the CJ was to develop community-based and community-driven solutions to combat diabetes, the “defined community” comprised Singaporeans and Permanent Residents who were directly or indirectly involved in diabetes. Those who were directly involved comprised diabetic patients, their caregivers and healthcare providers who have worked with diabetic patients. Those who were indirectly involved with diabetes were people (family members or friends) who were in the diabetic patients’ secondary circle of influence. Given that the WoD is framed as a national problem, we also included a small group of people who did not have any experience with diabetes, either directly or indirectly.

The participant recruitment and screening were conducted through a combination of platforms to minimise recruitment bias, for example, towards people who were not connected digitally:

1. An open call for application was made on 6 October 2017 through the Facebook pages of MOH, its stakeholders and IPS. Interested participants had to complete a screener questionnaire. They could do so either online or over the phone with IPS.
2. IPS published the call for application in its October 2017 newsletter to subscribers.

3. MOH leveraged their network of healthcare providers to recruit diabetic patients. The contact details of interested patients and healthcare professionals were forwarded to IPS for participant screening.
4. Interested parties could also log on to the MOH microsite⁶ to answer the screener questionnaire online.

Together with MOH, IPS developed a sampling frame to guide the participant recruitment and screening. The key objective was to ensure that there was diverse representation of different groups in the Singapore public. Based on the initial target of 75 jurors, we established quotas for the various categories of participants (see Table 1).

⁶ MOH 's microsite for the War on Diabetes, https://www.moh.gov.sg/content/moh_web/WOD.html

Table 1: Sampling frame for the WoD CJ

Group	Profile	Quota (%)
Patients	<p>This group comprised patients with Type 1 diabetes, Type 2 diabetes, Gestational diabetes and Pre-diabetes.</p> <p>They were invited by healthcare providers from hospitals (e.g., Specialist Outpatient Clinics or Diabetes and Metabolism Centres), polyclinics and general practitioners.</p>	36
Healthcare providers	<p>This group comprised doctors, nurses, psychologists, podiatrists, pharmacists, Traditional Chinese Medicine physicians and dieticians who have had some experience treating or counselling patients with diabetes.</p>	16
Caregivers	<p>These individuals provided care and support to diabetic patients in the latter's management of diabetes, such as family members and guardians.</p>	24
Secondary circle of influence	<p>This group comprised individuals who had family members and/or friends who suffered from diabetes but were not caregivers.</p>	12
Citizens without any experience with diabetes or diabetic patients	<p>These individuals did not have diabetes, and they did not know of family members and friends who suffered from the condition. However, they were aware of diabetes posing a challenge for the Singapore population and were concerned with the issue.</p>	12
	Total	100

Publicising the CJ and calling for application was the first step of the recruitment process. Subsequently, we assessed the applicants for their suitability based on four criteria — (i) their experience and involvement with diabetes, (ii) their interest in the topic of WoD, (iii) their attitudes towards engaging in group discussions with other people, and (iv) their ability to commit to all four sessions (including the final session where they had to present their recommendations to MOH). To do this, all applicants were required to complete a questionnaire that was developed by MOH and IPS. The questions collected information on the following:

1. Demographics, e.g., citizenship, age, gender, ethnicity, highest education level attained, monthly household income, profession, marital status, and number of children;
2. History with diabetes, e.g., whether they have pre-diabetes or diabetes, a family history of diabetes, and the healthcare provider they go to for treatment;
3. Experience with diabetes, e.g., as a caregiver, friend of diabetic patient, or had no experience with diabetes;
4. Interest in the topic of diabetes, e.g., their opinion pertaining to the causes, challenges and efforts in fighting diabetes;
5. Personality, e.g., their attitudes towards engaging in group discussions; and
6. Ability to attend all four sessions.

The screener questionnaire was administered online via the MOH microsite and over the telephone (see Appendix A for the questionnaire). Phone interviews were conducted with individuals who did not have access to the website and/or preferred to answer the questions with an interviewer. IPS conducted the screening over a period of six weeks, and followed up with applicants who answered the online

questionnaire but did not complete it. The following table presents the breakdown of the 76 individuals who were recruited for the CJ (see Table 2).

Table 2: Profile of recruited participants

Profile Type	No. of participants	Quota (%)
Patients	26	34.2
Healthcare providers	13	17.1
Caregivers	17	22.4
Secondary circle of influence	10	13.2
Citizens without direct/indirect experience with diabetes/diabetic patient	10	13.2
Total	76	100

In addition to meeting the quotas for the various categories, we also considered the applicants' age, gender, ethnicity, household income, and highest education attained to ensure diversity in demographics across the entire CJ, as well as within each of the five categories of participants. The breakdown of participants according to the various demographic variables is presented in Tables 3, 4, 5, 6 and 7.

Table 3: Age of participants

Age	No. of participants	Quota (%)
Below 21	2	2.6
21 to 29	17	22.4
30 to 39	11	14.5
40 to 49	16	21.1
50 to 59	20	26.3
60 to 69	9	11.8
70 to 79	1	1.3
Total	76	100

Table 4: Gender of participants

Gender	No. of participants	Quota (%)
Male	35	46.0
Female	41	54.0
Total	76	100

Table 5: Ethnicity of participants

Ethnicity	No. of participants	Quota (%)
Chinese	53	69.7
Malay	12	15.8
Indian	11	14.5
Others	0	0
Total	76	100

Table 6: Household income of participants

Household income	No. of participants	Quota (%)
None to \$1,999	10	13.2
\$2,000 to \$4,999	23	30.3
\$5,000 to \$6,999	6	7.9
\$7,000 to \$9,999	13	17.0
\$10,000 to \$14,999	14	18.4
\$15,000 and above	10	13.2
Total	76	100

Table 7: Education profile of participants

Highest education level	No. of participants	Quota (%)
Primary	1	1.3
Secondary	9	11.8
Post-secondary (non-tertiary): General and Vocational	7	9.2
Polytechnic diploma	12	15.8
Professional qualification and other diploma	3	3.9
University first degree	26	34.2
University postgraduate diploma/degree	18	23.7
Total	76	100



Why deliberate and engage

The CJ has its roots in deliberative democracy, a democratic model that has been said to hold certain advantages over other models such as aggregative democracy or representative democracy. The latter, the aggregative democracy model, tends to favour majority views through simple aggregation mechanisms such as voting, regardless of the quality of those views. It has also been criticised for potentially alienating citizens from important discussions that influence their day-to-day life, and sometimes contributing to their lack of understanding of policies.⁷ In contrast, the deliberative democracy model focuses on the communicative processes of opinion and will-formation that precede voting or decision-making. Instead of numbers in a “vote-centric” system, the emphasis of the “talk-centric” deliberative model is on encouraging reasoned and informed exchange of views, with the goal of generating quality decision-making and fostering tolerance and mutual respect among diverse social groups.

Increasingly, governments in different parts of the world are moving away from the “closed model” of decision-making where citizens are perceived to “lack the ability to make informed decisions on complex policy matters” to involving members of the public during early stages of policy formulation.⁸ In Singapore, policymakers have made a similar transition. The ideas that surfaced from Our Singapore Conversation (OSC) that took place from August 2012 to August 2013 suggest that Singaporeans have the interest and ideas when it comes to proffering solutions to the problems that the country faces. Citizens now have at their disposal a wide array of options when communicating with policymakers and with one another, ranging

⁷ Amy Gutmann and Dennis Thompson, *Why Deliberative Democracy* (Princeton University Press, 2009), 16.

⁸ Beth Simone Noveck, *Wiki Government: How Technology Can Make Government Better, Democracy Stronger, and Citizens More Powerful* (Washington, D.C.: Brookings Institution Press, 2009), 25.

from nationwide public consultations to targeted forums and one-to-one engagement on social media.

The myriad forms of public participation used by governments around the world to engage with citizens are presented in Figure 1. Policymakers solicit public participation to serve different purposes, such as information gathering, obtaining consensus for a specific policy, assessing public opinion and attitudes, and making a policy decision. Ranging from referenda, public opinion surveys, citizens' panels to focus groups, public participation methods differ in terms of scale, nature, type of participants, mechanisms, and outcomes. While referenda typically involve all members or as many members as possible of a national or provincial population, consensus conferences see the participation of a smaller group (i.e., 10 to 16 members of the public) who are selected to be representatives of the general public.

The duration of participation also varies, from a single moment in time (as in the case of referenda and public opinion surveys), a few hours (focus group discussions), several days (consensus conferences and citizens' panels), a few weeks or months (public hearings), to an indefinite amount period (public advisory committees). The mechanisms are diverse, in terms of openness to the public, mode of solicitation of opinions, role of facilitators, and involvement of stakeholders such as expert witnesses.

Figure 1: Formalised public participation methods⁹

Participation Method	Nature of Participants	Time Scale/Duration	Characteristics/Mechanism	Examples/References
Referenda	Potentially all members of national or local population; realistically, a significant proportion of these.	Vote cast at single point in time.	Vote is usually choice of one of two options. All participants have equal influence. Final outcome is binding.	Biotechnology in Switzerland (Buchmann 1995); waste repository in Sweden (af Wahlberg 1997).
Public hearings/inquiries	Interested citizens, limited in number by size of venue. True participants are experts and politicians making presentations.	May last many weeks/months, even years. Usually held during week-days/working hours.	Entails presentations by agencies regarding plans in open forum. Public may voice opinions but have no direct impact on recommendation.	Frequent mechanism in, for example, United States (Florino 1990), Australia (Davison, Barnes, and Schibeci 1997); review by Middendorf and Busch (1997).
Public opinion surveys	Large sample (e.g., 100s or 1,000s), usually representative of the population segments of interest.	Single event, usually lasting no more than several minutes.	Often enacted through written questionnaire or telephone survey. May involve variety of questions. Used for information gathering.	Radioactive sites in United States (Feldman and Hanahan 1996); genetically modified food in the United Kingdom (Vidal 1998); biotech surveys (Davison, Barnes, and Schibeci 1997).
Negotiated rule making	Small number of representatives of stakeholder groups (may include public representatives).	Uncertain: strict deadline usually set: days/weeks/months.	Working committee of stakeholder representatives (and from sponsor). Consensus required on specific question (usually, a regulation).	Used by U.S. Environmental Protection Agency (Hanson 1984); method discussed by Susskind and McMahon (1985) and Florino (1990).
Consensus conference	Generally, ten to sixteen members of public (with no knowledge on topic) selected by steering committee as "representative" of the general public.	Preparatory demonstrations and lectures (etc.) to inform panelists about topic, then three-day conference.	Lay panel with independent facilitator questions expert witnesses chosen by stakeholder panel. Meetings open to wider public. Conclusions on key questions made via report or press conference.	Used in Denmark and Netherlands on topics from food irradiation to air pollution (Joss and Durant 1994; Grundahl 1995); also used in United Kingdom on plant biotechnology (Ellaoui 1995).
Citizens' jury/panel	Generally, twelve to twenty members of public selected by stakeholder panel to be roughly representative of the local population.	Not precise but generally involve meetings over a few days (e.g., four to ten).	Lay panel with independent facilitator questions expert witnesses chosen by stakeholder panel. Meetings not generally open. Conclusions on key questions made via report or press conference.	Examples in Germany, United States, and United Kingdom (e.g., Crosby, Kelly, and Schaefer 1986; Coote, Kendall, and Stewart 1994; Lenaghan, New, and Mitchell 1996).
Citizen/public advisory committee	Small group selected by sponsor to represent views of various groups or communities (may not comprise members of true public).	Takes place over an extended period of time.	Group convened by sponsor to examine some significant issue. Interaction with industry representatives.	Particularly evident in United States, for example, in cleanup of waste sites (Lynn and Busenberg 1995; Perhac 1998); see Creighton (1993) for guidelines.
Focus groups	Small group of five to twelve selected to be representative of public; several groups may be used for one project (comprising members of subgroups).	Single meeting, usually up to two hours.	Free discussion on general topic with video/tape recording and little input/direction from facilitator. Used to assess opinions/attitudes.	Guidelines from Morgan (1993); U.K. example to assess food risk (Fife-Schaw and Rowe 1995).

Traditionally, policymakers rely on opinion gathering tools such as surveys and opinion polls to inform policy. This is contrasted with deliberation, which provides

⁹ Gene Rowe and Lynn J. Frewer, "Public Participation Methods: A Framework for Evaluation," *Science, Technology & Human Values* 25, no. 1 (2000): 8–9.

policymakers with carefully considered views.¹⁰ This is because through deliberation, participants are exposed to information from multiple perspectives, discuss issues and options, and are provided with the opportunity to develop their thinking before arriving at a position.¹¹ Some examples of the more deliberative forms of engagement include town hall meetings and participatory budgeting, and from Figure 1, negotiated rule-making, consensus conferences and citizens' panels. Deliberative practices provide the platform for the public or different segments of the public to form considered opinions that serve as input for policy formulation.¹² Central to deliberative democracy is the process of deliberation which involves listening, examination of a policy problem or issue, argument and decision-making (coming up with the most optimal solution).¹³

While deliberative processes assume various forms and shapes, they share these common features:¹⁴

- A clear *task or purpose* relating to a specific decision, policy, service, project or programme;
- Discussion among participants during *interactive events*, which could be held at unmediated settings (i.e., face-to-face) or online, designed to provide opportunities to participants to learn from a variety of sources;
- The events are designed to *facilitate learning*, in a way to enable participants to build on and use the information and knowledge they acquire over the course of the exercise;

¹⁰ Involve.org.uk, "What is Deliberative Public Engagement," <https://www.involve.org.uk/knowledge-base/deliberative-public-engagement/>

¹¹ Ibid.

¹² Jurgen Habermas, *The Structural Transformation of the Public Sphere: An Inquiry into a Category of Bourgeois Society*. Cambridge, MA: MIT Press, , 1991).

¹³ Michael X. Delli Carpini, Faye Lomax Cook and Lawrence L. Jacobs, "Public Deliberation, Discursive Participation, and Citizen Engagement," *Annual Review of Political Science* 7 (2004): 315–344.

¹⁴ Involve.org.uk, "What is Deliberative Public Engagement," <https://www.involve.org.uk/knowledge-base/deliberative-public-engagement/>

- The availability of a *range of resources* which can take the form of information, and evidence and views provided by specialists or experts who have different perspectives, backgrounds and interests; and
- *Facilitation of discussions* to minimise the domination of discussions by certain individuals and the exclusion of minority or disadvantaged groups, and ensure a diversity of views.



What makes for effective deliberation

When reflecting on a public engagement initiative such as the CJ which bears the hallmarks of a deliberative process, we took into consideration both the process as well as the outcome. What makes deliberative practices different from other forms of public engagement? Political scientist James Fishkin, known for his work on deliberative democracy, identified five key elements to deliberation — (i) making accurate information and relevant data available to all participants, (ii) attaining substantive balance where different positions are compared based on supporting evidence, (iii) allowing for diversity where all major positions relevant to the matter are considered, (iv) the practice of conscientiousness through which participants weigh all arguments, and (v) giving equal consideration to views based on evidence.

In order for deliberation to achieve the goals of citizens arriving at an informed and considered position on a policy issue, building an informed citizenry, and getting buy-in for the government initiative in question, the process should meet the criteria presented in the following sections.

Inclusivity and diversity

CJs approximate the ideal of enabling each citizen to participate in a decision-making process by aiming for a broadly representative jury selection that is able to draw on a wide range of experiences and backgrounds.¹⁵ We use “inclusivity” as a criterion instead of “representativeness” for the CJ. This is because representativeness is based on the principle of proportionality, which means that the group that is recruited “should be an exact portrait in miniature of the people at large, as it should think, feel, reason and act like them.”¹⁶ Thus, recruiting a

¹⁵ Graham Smith and Corinne Wales, “Citizens’ Juries and Deliberative Democracy,” *Political Studies* 48 (2000): 56.

¹⁶ *Ibid.*

representative sample would typically require a much larger group that is preferably selected through a random process. Instead of representativeness, inclusivity through ensuring *diversity* among participants in terms of their experiences and demographics, is a better benchmark for evaluating the quality of the process and discussions.

Fairness and equality

The second criterion is fairness and equality which should be observed at two levels — at the personal level and group level. First, at the individual level, the process should provide everyone who would be potentially affected by the policy decision with equal opportunity to express their opinions, share their perspectives and place their concerns on the agenda. Second, at the group level, participants should be given the chance to propose or approve rules that govern the proceedings, to debate and critique proposals, and influence the final decision about the agenda.¹⁷

Knowledge gain

Previous research has established that participation in deliberative exercises increases participants' knowledge on the topic of deliberation.¹⁸ In addition to becoming more aware and gaining knowledge on the topic discussed, a good deliberative public engagement process should also increase participants' knowledge on wider political decision-making and policymaking processes.¹⁹ Existing research have also found that deliberation may lead to an improvement in other skills pertinent to democratic participation. These skills include the willingness

¹⁷ Audrey Armour, "The Citizens' Jury Model of Public Participation: A Critical Evaluation," *Fairness and Competence in Citizen Participation* 10 (1995): 175–187.

¹⁸ James S. Fishkin, Robert C. Luskin and Roger Jowell, "Deliberative Polling and Public Consultation," *Parliamentary Affairs* 53 (2000): 657–666.; James S. Fishkin, Robert C. Luskin and Roger Jowell, "Considered Opinions: Deliberative Polling in Britain," *British Journal of Political Science* 32 (2002): 455–487; Kasper M. Hansen and Vibeke Normann Andersen, "Deliberative Democracy and the Deliberative Poll on the Euro," *Scandinavian Political Studies* 3 (2004): 261–286; Jason Barabas, "How Deliberation Affects Policy Opinions," *American Political Science Review* 98, no. 4 (2004): 687–701; Kimmo Grönlund, Maija Setälä, and Kaisa Herne, "Deliberation and Civic Virtue: Lessons From a Citizen Deliberation Experiment," *European Political Science Review* 2, no. 1 (2010): 95–117.

¹⁹ Involve.org.uk and National Consumer Council UK, "Deliberative Public Engagement: Nine Principles," June 28, 2008, <https://www.involve.org.uk/wp-content/uploads/2011/03/Deliberative-public-engagement-nine-principles.pdf>

to listen, cooperate, and compromise, and skills in formulating and justifying proposals.²⁰

Efficacy

Existing studies on efficacy identify three dimensions — internal efficacy, external efficacy and political trust.²¹

Internal efficacy is a subjective measure of an individual's evaluation of his own competence. It can be measured by the individual's judgment of how his knowledge and skills have improved through deliberation.²² In other words, if he judges his knowledge and/or skills to have advanced post participation, his internal efficacy can be said to have increased. However, there may be situations where people are confronted with opposite views to theirs during discussions with others, which may cause doubt on one's position, thereby reducing their internal efficacy.²³

External efficacy, on the other hand, refers to an individual's assessment that his political views and action have an external impact, specifically on the political process. It refers to one's perception that the political system is responsive to citizens' demands and action.²⁴ Studies have shown that participation in deliberative exercises increases people's external efficacy because it boosts their self-confidence in what they can achieve in politics or processes relating to governance. However, similar to internal efficacy, when confronted with opposing viewpoints, one's external efficacy may be reduced.

Political trust is closely related to the concept of external efficacy as it refers to the extent to which political institutions and actors fulfil people's normative

²⁰ Graham Smith and Corinne Wales, "Citizens' Juries and Deliberative Democracy," *Political Studies* 48 (2000): 51–65.

²¹ Kimmo Grönlund, Maija Setälä and Kaisa Herne, "Deliberation and Civic Virtue: Lessons From a Citizen Deliberation Experiment," *European Political Science Review* 2, no. 1 (2010): 95–117.

²² Kasper M. Hansen, *Deliberative Democracy and Opinion Formation* (Odense: University Press of Southern Denmark, 2004), 287.

²³ Diana C. Mutz, *Hearing the Other Side. Deliberative Versus Participatory Democracy* (Cambridge: Cambridge University Press, 2006), 119.

²⁴ Richard G. Niemi, "Measuring Internal Political Efficacy in the 1988 National Election Study," *American Political Science Review* 85, no. 4 (1988): 1407–1413; Michael E. Morrell, "Deliberation, Democratic Decision-Making and Internal Political Efficacy," *Political Behaviour* 27, no. 1 (2005): 51–54.

expectations, such as responsiveness.²⁵ Deliberative practices may increase people's political trust in government institutions and political actors (e.g., policymakers) when they acquire a better understanding of the processes of democratic decision-making.

An increase in efficacy may be translated to an interest to be more involved with either the topic discussed or in similar deliberative exercises, or both, in future.²⁶

Applicability

This dimension deals with the deliverables of the process — recommendations developed by the participants. According to Warburton, Rainbow and Wilson (2007) who studied public participation in the UK, an evaluation of the applicability of a deliberative process should address questions such as: Has the initiative succeeded? Did it meet the targets or objectives set, and did it result in other achievements? What is the impact of the process (e.g. on participants, on the quality of policy, on policymakers or on others involved)?²⁷ Are the outcomes (i.e., the recommendations developed) better than what would have resulted from more traditional processes of public participation?²⁸ A measure of how much confidence the participants have in their recommendations can be used as a proxy for gauging the applicability of the recommendations.

See Table 8 for a summary of the evaluation criteria.

²⁵ Mark E. Warren, *Democracy and Trust* (Cambridge: Cambridge University Press 1999), 346–360.

²⁶ Diane Warburton, Elspeth Rainbow and Richard Wilson, *Making a Difference: A Guide to Evaluating Public Participation in Central Government*, Involve.org.uk and Department for Constitutional Affairs UK, June 28, 2007, <http://www.involve.org.uk/resources/publications/practical-guidance/making-difference>.

²⁷ Ibid.

²⁸ Ibid.

Table 8: Summary of the five evaluation criteria

Criteria	Measurement
Inclusivity and diversity	<ul style="list-style-type: none"> ▪ Participant recruitment should ensure diversity among participants in terms of their experiences and demographics
Fairness and equality	<ul style="list-style-type: none"> ▪ <i>Personal</i>: Participants have equal opportunities to express their opinions ▪ <i>Group</i>: Participants have equal opportunities to influence the proceedings and final decision
Knowledge gain	<p>An increase in knowledge on the:</p> <ul style="list-style-type: none"> ▪ Topic discussed ▪ Wider policymaking process ▪ Skills pertinent to democratic participation (e.g. willingness to listen, justifying proposals)
Efficacy	<ul style="list-style-type: none"> ▪ <i>Internal efficacy</i>: Individual's judgment of how his political knowledge and skills have improved through deliberation ▪ <i>External efficacy</i>: Individual's assessment that his political views and actions have an external impact on the political process ▪ <i>Political trust</i>: Greater trust towards government institutions due to acquiring a better understanding of the processes of democratic decision-making
Applicability	<p>Quality of recommendations developed by the participants in terms of:</p> <ul style="list-style-type: none"> ▪ Impact on policymaking ▪ Yielding better recommendations than what would have resulted from traditional processes of public participation



Observations of the Citizens' Jury

This section draws on our observation of all four CJ sessions. During group activities, we sat with groups to observe the discussions that went on. We took notes during each session, which were supplemented by our post-session reflections.

In general, the level of interest and commitment among participants was sustained throughout the four sessions. This was commendable due to the amount of effort required from participants in terms of engaging with the topic and with one another during each session, and the time they had to commit. As mentioned earlier, the CJ took place over three full-day sessions and one half-day session where participants made their pitch to SMS Khor. In addition, participants also had to take on and follow up on different tasks during the periods in between the sessions.

After a rigorous process during the first session, participants identified 13 elements that needed to work. Participants took on each of these elements and formed workgroups.

Figure 2: List of the 13 work groups formed by participants

Accessibility	Exercise	Psycho-Social	
Finance	Attitude and Behaviour	Food Advertising	
Diet — Homecooked Food	Diet — Eating Out	Diet — Whole Food Plant Based Diet	
Education — Public	Education — Patients and Caregivers	Education — Schools	Education — Medical Professionals

Inclusivity and diversity

We received a total of 114 applications for the CJ. From this group, we selected 77 participants²⁹ based on the quota set for each category of participants (see Table 1). As mentioned earlier, within each category, we ensured there was as much diversity as possible in terms of demographics. The main objective was to assemble a CJ that was as inclusive as possible, by giving people from different walks of life and who had different types of lived realities relating to diabetes a chance to be part of the process. This was an essential first step in eliciting as wide a range of views and perspectives as possible.

Different lived realities, many ideas

One of the first observable outcomes was the diversity of views that came forth during the CJ, as early as the first session on 25 November 2017. For instance, diversity was manifested in the wide range of questions posed to the Expert Panel on Day 1.³⁰ Members of the jury were quick to ask questions and raise issues to elicit expert opinion from the panel, ranging from the socio-economic factors behind diabetes, the diet practised by the Pima Indians and Seventh Day Adventists, the role of Traditional Chinese Medicine in diabetes prevention and management, to the available support for children with Type 1 diabetes in schools. The last issue was raised by a participant who was a mother to a child with Type 1 diabetes; she expressed concerns over the lack of guidelines for schools on how to handle students with the condition. Other participants contributed to the Question and Answer session by drawing on their professional experience. For instance, a doctor from a hospital commented on the lack of awareness and support for ketogenic diet.

From the myriad activities conducted during the CJ, such as “Listing of Asks” and “Small Group Deep Dive”, it was evident that participants’ interests and approaches

²⁹ One participant had to withdraw from the CJ on Day 3 due to personal reasons. Thus, the total number of jurors went down from 77 to 76.

³⁰ Henceforth, the sessions would be labelled as Day One (25 November 2017), Day Two (2 December 2017), Day Three (6 January 2018) and Day Four (13 January 2018). The expert panellists were: Ms Ong Yan Ling (Volunteer, TriGenerational HomeCare); Mr Yeo Guo Dong Dillon (Volunteer, TriGenerational HomeCare); Mrs Julie Seow (Life Coach, TOUCH Diabetes); and Assoc. Prof. Joanne Yoong (Director, Centre for Health Services & Policy Research, Saw Swee Hock School of Public Health, National University of Singapore).

towards diabetes management and prevention were varied. They ran the gamut from advertising, diet, exercise, education, cost/finances to the psychosocial aspects of diabetes prevention and management.

The diversity of the perspectives and opinions exchanged among participants was observed in most activities that took place on Day One, Day Two and Day Three. Personal anecdotes shared by participants were valuable as they helped fellow group mates consider challenges and problems that were unfamiliar to them. For instance, during a discussion on diabetes prevention and schools, a participant who was a mother of a pre-schooler shared how her son returned from school with birthday goodies that were high in sugar content almost on a weekly basis. Her sharing highlighted to the group that unhealthy eating habits in school settings extend to preschools as well. When the discussion veered into whether teachers should play a larger role in the WoD, another participant from the same group,

whose wife was a teacher, said that teachers were already overloaded with teaching and administrative tasks, and should not be expected to take up the added responsibility of educating students concerning diabetes prevention and management.



Figure 3: Participants in their work groups

This is where diversity was critical in exposing participants to aspects of diabetes prevention and management, and the challenges faced by others, that they would not encounter in their day-to-day life.

The activities that were held on Day Two, specifically the “One Minute Elevator Pitch” and the “Plenary Presentations”, were useful in getting participants to consider and give their feedback to ideas proposed by other groups. There were two positive

outcomes to such activities. First, they enabled each participant to learn more about the problem and possible solutions. Second, they provided a mechanism through which each group could solicit suggestions and confront issues that group members may have overlooked, thereby helping them refine their proposal. For instance, a healthcare provider questioned the feasibility of a suggestion put forth by the Exercise Group to train doctors in “prescribing exercise” to diabetic patients.

Fairness and equality

The earlier section established how some mechanisms (the recruitment and screening process pre-CJ, and the CJ activities) increased the inclusivity and diversity of the process. However, the benefits to be reaped from inclusivity and diversity would come to naught if there were little or no fairness and equality in the process.

As with any citizen engagement sessions or group discussions, we expected varying levels of participation and we did observe that there were participants who were less vocal. Thus, it was important for the organisers to minimise lurking and increase active participation through providing a level playing field for all. In so doing, participants, regardless of their background and experiences with diabetes, would have an equal chance to voice their opinions, put their ideas on the table, and be given the opportunity to give feedback on the recommendations that emerge from the process.

To create a level playing field, at the most basic level, the conditions for discussion and engagement among participants must be conducive so that they feel free and uninhibited in taking part in discussions, without fear of repercussions or being judged. For the WoD CJ, the setting of ground rules done on Day One was an effort to promote fairness and equality in participation from the start. When rounding up Activity 1 (“Small Group Discussion”), the Lead Facilitator, in addition to getting representatives from two to three groups to share their hopes and aspirations for the CJ, called for respectful conversations among participants.

However, during the subsequent activities on Day One, a few participants exhibited behaviour that contravened the desired norms for the CJ. Such behaviours included gesturing to fellow participants to get them to stop talking, waving of print-outs at others to indicate that one had done the research and knew better, and talking over others.

We observed improvement in terms of some participants putting in more effort to listen to one another and “disagreeing in a more agreeable manner” after Day One. For instance, during “The Pitch” on Day Three (where each group had to present their proposal to the CJ for voting), participants generally posed questions in a relatively polite and respectful manner at the end of each presentation, even when they were critiquing and challenging some of the recommendations.

In addition to fairness and equality in participation, there should also be fairness and equality among participants in deciding how the CJ process should be like. To promote ownership of the process, the CJ Secretariat delegated decision-making for many aspects of the WoD CJ to the participants. The participants were tasked to decide on issues such as:

- *Acceptance or threshold level that recommendations have to meet to be included in the report to be submitted to SMS Khor.* Participants were told that the threshold was typically 90 to 95 per cent in other countries, but they could decide on what they deemed works better for this CJ. The participants decided on a threshold of 80 per cent (i.e., about 60 votes) on Day Three.
- *Developing the proposal as a collective.* The participants decided on three roles to facilitate the process — a person from each group would consolidate the ideas and information for the report; a person from each group would be part of the presentation team; and three persons would start and manage the Facebook group to facilitate communication and collaboration during the seven weeks.

- *The modality for internal communication over the course of the CJ.* The participants decided on a closed Facebook group for privacy, and different working groups had their own WhatsApp chat groups.
- *The publishing of the final report comprising of recommendations from the CJ on how to combat the problem of diabetes.* One suggestion was for the report to be shared publicly three months after making the presentation together with MOH's response. (The participants did not follow up on this suggestion and there was no further discussion on whether the report would be released to the public.)
- *The inclusion of a Minority Report.* This section of the report to be submitted to MOH would include recommendations that did not meet the voting threshold.
- *The menu for lunch.* The participants were agreeable to having one of the participants, who was a nutritionist, to help select lunch items for the CJ sessions.



Figure 4: Participants voting with their paddles

For matters such as those mentioned in the above, the participants took part in collective decision-making. They cast their votes by using the set of “traffic lights” (in green, red and amber) which they were given.³¹ Decisions were made based on the majority vote, such as setting the threshold for voting at 80 per cent and keeping the Facebook group a closed one. In the case of the Facebook group, the majority voted yellow as they were undecided if it should be closed or open to the public as they felt that the proceedings should be made transparent. A compromise was made when one of the participants who had proposed setting up the public Facebook page suggested that a closed group could be used up for information exchange during the initial stages of the CJ, and the settings could be changed to “public” when their recommendations have been agreed on.³²

Role of Facilitators

As gathered from the CJ Secretariat the role prescribed to Facilitators was to enable, as opposed to intervening, in the proceedings. In other words, Facilitators had to practise neutrality, bring into group discussions as many views as possible, and mediate only when necessary. Minimal intervention on the part of Facilitators was also important to maintain the integrity and credibility of the CJ process as it reduces the possibility that their personal biases would influence the discussions. There was a conundrum or dilemma among Facilitators in striking a balance between stepping back and intervening to achieve a minimum standard in quality for group discussions. CJ secretariat cited CJ practitioner Ms Emily Jenke who gave the advice of “pulling Facilitators back”, i.e., for Facilitators to take a back seat, minimise intervening in discussions, and step in only when required. According to the CJ Secretariat, Facilitators were told to “step back” after lunch on Day Two.

This challenge was echoed by a Facilitator who highlighted the need to intervene and create a safe environment for discourse. She said, “One of the challenges we faced was bringing the CJ into a local context. Something that we saw was that

³¹ Green meant “agree” or “yes”, red “disagree” or “no”, and yellow “undecided”.

³² As of the date of publication of this report, the Facebook group remains closed. The suggestion to open it to the public was not raised during subsequent sessions, at least not at the collective level.

Singaporeans were more polite, less confrontational than we might like. In order to encourage a strong debate, we need to make people feel safe about disagreeing with each other.”

Based on our observations, there was some unevenness in terms of facilitation. For instance, some Facilitators played a more active role in probing for clarification and elaboration, while others intervened only when they felt they had to, such as to mediate disagreements or stop rude behaviour. A Facilitator who stood out played a key role on Day Two by distilling the group discussion into themes to help members decide what to focus on when the sharing and brainstorming branched out in many different directions. He did so in a fair and inclusive manner by soliciting agreement from group that they were fine with narrowing down the scope of their idea-generation to specific themes (e.g., if the group would like to focus on primary schools and secondary schools).

One reason could be the difference in the amount of experience Facilitators had in playing this demanding role. Another reason could be some participants were very vocal, and were clearly comfortable in leading group discussions and shepherding group discussions, hence reducing the need for Facilitators to step in.

Knowledge gain

The post-CJ survey showed that 84 per cent of participants felt that they learned more about diabetes management and prevention after participating in the CJ. We emphasise that knowledge gain should not be seen just as an outcome of the CJ process, but also as an essential process enabler that contributes to the development of ideas that are substantive (substantiated by evidence), novel and applicable. In addition to the participants learning more about the topic and overcoming their blind spots through discussions within group and with other groups, several features of the WoD CJ played a critical role in ensuring that participants had a minimum level of subject competency, irrespective of their socio-economic and professional background.

One of the mechanisms was the information kit sent to all participants via email prior to the first session. The information kit provided a brief overview of the state of diabetes in Singapore, and the current measures that are implemented in the country and elsewhere to prevent and manage diabetes. The objective of the information kit was to place the participants on a level playing field and equip them with basic knowledge of diabetes. Participants were also told to come prepared with their responses to questions that framed the CJ: “What are some community-based solutions to prevent and/or manage diabetes in Singapore?”, “How can we better tap on technology as a solution?”, and “What resources do I have to manage/prevent diabetes for myself and my loved ones?” The information kit seemed to have fulfilled its function as over 90 per cent of participants said that they read the information kit thoroughly and about 87 per cent of participants agreed that the information kit provided them with useful information about diabetes in Singapore.

In addition to the publicly available information that was included in the information kit, MOH also shared government data that was not available in the public domain. During the first session on Day One, the Lead Facilitator brought the participants through a set of confidential statistics pertaining to diabetes in Singapore.

Experts as resource

The Expert Panels comprising Resource Persons (e.g., medical practitioners, dietitians, academics, industry representatives and volunteers) on Day One and Day Two were critical in helping participants “level up” their awareness of the problem, the different schemes and initiatives that have been put in place by various government agencies, and the relevant stakeholders who are involved in combating the problem of diabetes in Singapore. Opportunities were created for participants to interact with the Resource Persons during activities such as “Human Interest Stories” and “Experts Feedback”. Besides dispelling myths relating to

diabetes prevention and management, experts also modelled dialogue for participants.

The Panel on Day One comprised a good mix of Resource Persons — a person who suffered from Type 1 diabetes, an academic, two medical students who were part of ground-up initiative Tri-Generational Homecare. The Resource Persons provided rich, and sometimes, intimate insights into a wide array of issues. The issues dealt with included economic and financial matters relating to diabetes, personal challenges faced by diabetic patients and home care provision to patients.

Fluidity and flexibility in planning

What was notable about the WoD CJ was the fine-tuning and refinement that took place in selecting the Resource Persons. For instance, the CJ Secretariat decided whom to invite for Day Two based on the ideas that were generated from Day One. There was commendable commitment made to put together an Expert Panel that was tailored to the ideas that were emerging so that they could provide as much value as possible to the participants, although it meant that the Secretariat had to pull the panel together within a tight timeframe of one week.

Another instance when fine-tuning was done to enable the participants to reap maximum benefits from interacting with the experts was when the organisers changed the format for Day Two — instead of having the CJ as a collective interacting with the Resource Persons in a group, participants were kept in their groups and the experts were matched with groups whose topics were aligned with their expertise. This provided each group with the opportunity to elicit in-depth feedback specific to their proposal.

Similarly, based on the progress made by participants between Day Two and Day Three, the Secretariat decided to assign Resource Persons to the groups instead of convening a Judging Panel on Day Three. This was because based on the Facilitators' feedback, it was evident that participants were at very different stages of developing their proposals and may not benefit much from a judging session. For

instance, while some groups already had a draft deck of presentation slides to showcase their ideas, others were still developing specific recommendations.

As a result, the Resource Persons could spend more time in listening and responding to each groups' questions. For instance, the Resource Person for the Attitudes and Behaviour Group provided granular feedback because the group was ready with their recommendations. Similarly, for the Accessibility Group, who had developed specific recommendations at that point, the Resource Person gave an example of an NUS study on the effectiveness of habit formation for climbing stairs. This provided the group with insight into how to build a long-term model to encourage people to be active. This is contrasted with the more general comments made by other experts. One such case was the Resource Person for one of the Education Groups who responded on a broader level by questioning conceptual issues that the group was unsure of and was debating over questions (e.g., Whom to educate? Children or parents? Is it feasible for a new subject to be introduced in schools given the already packed curriculum?).

The above activities played an important role in increasing participants' knowledge pertaining to different aspects of diabetes prevention and management. Through our observation and feedback from the CJ Secretariat, the participants' knowledge and understanding of specific domains varied. For instance, while some were more informed of the programmes and schemes that already existed, others lacked knowledge and came up with ideas that have already been implemented by various stakeholders, such as government agencies and non-profit organisations. The activities described above were important as they pushed participants to challenge their assumptions and question the usefulness of their recommendations. The flexibility and fluidity demonstrated in the organisation of these sessions ensured that the groups, who were at different stages of progress, were able to get as much input as possible to help them revise and refine their recommendations.

Efficacy

The survey showed that the participants' internal efficacy increased after the CJ — about 82 per cent of participants agreed that the CJ experience strengthened their confidence in the value of their contributions as an active citizen. Participants' external efficacy also increased with close to 88 per cent of them saying that they would favourably consider participating in future citizen engagement opportunities. A large majority of the participants — 90 per cent of them — wanted to be more actively involved in diabetes prevention and management initiatives after attending the CJ.

We explained earlier that internal efficacy is a subjective measure on a person's evaluation of his own competence, and external efficacy is a person's assessment that his action would have an external impact, such as on policy. In addition to the survey findings, we observed manifestations of efficacy and identified the mechanisms that could have contributed to increasing the participants' efficacy.

Internal efficacy was demonstrated clearly by some groups who took the initiative to conduct their own fieldwork and collect data when developing their proposals. Members of one of the Education Groups visited the hawker centres that were close to where they lived and observed hawkers' use of the Healthy Choice symbol, and another group conducted a survey with 175 respondents. There was agency in getting the job done, which was exhibited in the participants doing the necessary research to find out where the gaps in existing initiatives were, so as to develop useful recommendations.

As for external efficacy, one important factor that could have contributed to participants feeling that the CJ would make a difference was the commitment given by SMS Khor on Day One that MOH would close the loop and respond to them in three months, specifically on whether the recommendations could be and could not be implemented. SMS Khor told the participants that they were "pioneers", given that the WoD CJ was the first CJ to be implemented in Singapore, and she also said that it was a new experience for the participants as well as MOH. Her address to the CJ as a collective at the start of the process, and her promise to give their

recommendations due consideration and provide an official response, demonstrated MOH's commitment. It also provided participants with the necessary assurance that their proposals will not go into a black box where no one knows what would happen with the suggestions.

SMS Khor's regular visits on Day Two and Day Three also sent a strong signal to the participants that the policymakers were committed to the process. Her reassurance was reiterated on Day Four when the participants made their presentation to her and policymakers from other ministries, agencies and institutions, such as the Health Promotion Board, Ministry of Culture, Community and Youth (MCCY), and representatives from Association of Diabetic Educators Singapore, National University Hospital and Khoo Teck Puat Hospital. The response from the policymakers during the Question and Answer segment also demonstrated interest on their part to explore implementing feasible ideas. For instance, Ms Yeoh Chee Yan, former Permanent Secretary of the MCCY, said that the Ministry would look into installing more water coolers at public venues to support the drink water campaign.³³ Besides enhancing external efficacy, assurances to respond in a timely manner, given by policymakers personally, may have contributed to higher political trust among participants.

After the final CJ session, participants continued to demonstrate both internal and external efficacy by following up on their own recommendations. The Diet— Eating Out Group set up a meeting with the Southwest Community Development Council (CDC) to promote the "Go Green Guide". They received positive reception as the CDC staff had agreed to include the guide in their healthy school programme that would be piloted in 2019. Another group, the Diet— Homecooked Food Group met with the Southeast CDC to promote their healthier cooking programme in the district. These participants demonstrated efficacy by taking the initiative to seek partnerships with stakeholders to execute their ideas.

³³ Rachel Au-Yong, "First Citizen's Jury Presents its Recommendations on How to Combat Diabetes," *The Straits Times*, January 13, 2018, <https://www.straitstimes.com/singapore/health/first-citizens-jury-presents-its-recommendations-on-how-to-combat-diabetes>.

Applicability

The survey showed that 97 per cent of the participants felt that the CJ's recommendations were worthy of government support while close to 92 per cent of them felt that the recommendations would be supported by Singaporeans.

While we will not be assessing the feasibility of the recommendations that were submitted to SMS Khor and MOH, we will be reflecting on the discussions and process through which the participants developed their proposals. In terms of outcomes, the CJ met the target set at the beginning, which was for the CJ as a collective to develop community-based and community-driven initiatives to help prevent and manage diabetes, and submit a report to SMS Khor on Day Four.

The CJ Secretariat worked closely with the participants to refine the quality of the proposals. We observed two important features of the CJ process which played an important role in increasing the quality of the recommendations. The first was the Resource Persons. It was evident from some of the group discussions and activities (e.g. "The Pitch" on Day Three) that the ideas mooted by several groups were not new, and lacked evidence and support. As mentioned earlier, the Resource Persons with their domain expertise challenged participants' thinking and assumptions. For instance, the Diet Group initially explored the idea of promoting healthy cooking and recipes for health food. The expert who sat with the group on Day Two told them that such initiatives were already put in place but the problem lay in low interest among the public. Based on this feedback, the group decided to look into how to improve existing initiatives relating to promoting healthy eating so as to increase their take-up rate.



Figure 5: Participants presenting their ideas during “The Pitch”

One more example was the proposal made by another group to develop applications (apps) to help people better manage their diabetic condition. The expert for that group told them a variety of apps was already in the market. Another participant in the same group responded by suggesting the use of Artificial Intelligence (AI) for the apps, to which the Resource Person highlighted the challenges associated with deploying AI (e.g., the lack of personalised knowledge of users which meant that it was hard to tailor suggestions and recommendations to people with different needs). While some of the ideas were not feasible due to the level of technical knowledge required on the part of the participants, others were not as well thought through due to the lack of research by the participants. In many occasions, the evidence cited by participants were personal anecdotes. While we had earlier mentioned that the sharing of personal anecdotes contributed to the diversity of opinions and perspectives, they were insufficient as evidence for idea development on their own. The Resource Persons thus helped to clarify doubts and dispelled myths. Through their feedback, they also helped participants craft their problem statement in a more specific way and streamline their recommendations.

The second feature of the CJ process was the use of scaffolds to provide “tools” to prompt participants to question their assumptions, focus and refine their ideas, and develop evidence for their proposals. In addition, there were also scaffolds on how to respond and provide feedback. Some example of the scaffolds deployed by the organisers included:

- The template comprising four questions issued on the morning of Day Two to guide participants' conversations with the experts. (What is the *problem* to be addressed? What is the *evidence* that this is a problem that is important to merit investment in the action proposed? What might be the *root causes* or deeper level unmet needs? *Who* is affected by the issue and what's the impact on them?)
- The framework comprising five questions to help participants develop their proposed recommendations for the Plenary Presentation on Day Two. (What is the big idea or broad concept? What are the key actions? What benefits are expected? How does it address the root cause or meet the unmet needs? How is this solution different from what has been tried before?)
- The guidelines issued to participants to help them provide constructive feedback during the Plenary Presentation (e.g., to consider the relevance and implementation of the idea, and the gaps and areas to be further developed).

Based on our observation, the scaffolding had some positive impact. The discussions on Day Two were more focused, purposeful and strategic, compared to those on Day One.



What did people think: Survey and interview findings, and public opinion

Surveys and interviews

In this section, we present key findings from the pre- and post- surveys conducted by MOH as well as from our in-depth interviews with selected participants on their CJ experience. The findings provided deeper insight into the participants' experience.

Surveys

The analysis of survey data is based on three sources — a pre-CJ survey (N=73), a post-CJ survey (N=73), and a process feedback survey (N=76), all of which were conducted by MOH. The pre-CJ survey was administered at the beginning of Day One, the post-CJ survey on Day Three, and the process feedback survey on Day Four.

The surveys were designed to measure participants' attitudes towards: (i) the fairness and equality of the deliberative process including the nature of facilitation, (ii) their assessment of their contribution as citizens and the external impact of their actions on the political process, (iii) their knowledge gain, (iv) their recommendations, and (v) the overall CJ process.

To evaluate if the CJ process had an impact on participants, some questions asked in the pre-CJ survey were repeated in the post-CJ survey. The pre-CJ and post-CJ surveys comprised only close-ended questions while the process feedback survey had a mix of close-ended and open-ended feedback questions. See Appendices B, C and D for the pre-CJ, post-CJ and process feedback questionnaires.

For close-ended questions, participants were asked to provide their response using a five-point Likert scale (1= Strongly disagree; 2= Disagree; 3= Neither disagree nor

agree; 4= Agree; 5= Strongly agree). In Table 9, we present the questions used to measure the various deliberative dimensions of the CJ process.

Table 9: Types of questions asked in surveys

Criteria	Measurement
Fairness and equality	<ul style="list-style-type: none"> ▪ Participants were asked if the CJ process was fair and gave every participant ample opportunity to voice their thoughts. ▪ E.g., "Fellow participants gave fair consideration to my opinions relating to the problem of diabetes prevention and management."
Knowledge gain	<ul style="list-style-type: none"> ▪ Participants were asked if they had learnt more about the challenges of policymaking and diabetes prevention and management. They were also asked about the usefulness of the information kit and Resource Persons made available to them. ▪ E.g., "I have learnt more about diabetes prevention and management that I did not know previously."
Internal efficacy	<ul style="list-style-type: none"> ▪ Participants were asked if they experienced a change in their confidence of their contribution as an active citizen. ▪ E.g., "I believe the government seriously considers suggestions made by citizens like me at public engagement sessions."
External efficacy	<ul style="list-style-type: none"> ▪ Participants were asked if they thought they had a say in government decisions and were heard at public engagement sessions. They were also asked if they were willing to continue participating in other citizen engagement or diabetes related activities, and the frequency with which they discussed issues relating to diabetes with other people.

	<ul style="list-style-type: none"> ▪ E.g., "After my CJ experience, I will favourably consider participating in future citizen engagement opportunities."
Applicability	<ul style="list-style-type: none"> ▪ Participants were asked about how confident they were in their recommendations and if they thought the recommendations would be supported by the government and fellow citizens. ▪ E.g., "How confident are you that your position on the problem of diabetes prevention and management is correct?"
Evaluation of the overall CJ process	<ul style="list-style-type: none"> ▪ Participants were asked about their general feelings towards the entire CJ process. ▪ E.g., "I feel that the Citizens' Jury is both a meaningful and empowering experience for citizens."
Facilitation	<ul style="list-style-type: none"> ▪ Participants were asked about their perceptions of the facilitation that was conducted to maintain deliberative norms and balance group dynamics. ▪ E.g., "The facilitators were helpful ensuring a safe space for all of us to share our views openly throughout the engagement sessions."
Most valued attributes of the CJ experience	<ul style="list-style-type: none"> ▪ In an open-ended question, participants were invited to reflect and list three things they valued most from the CJ experience. ▪ E.g., "For me, the three things I value from my participation in the Citizens' Jury are:..."
Duration of CJ	<ul style="list-style-type: none"> ▪ Participants were asked if they were satisfied with the three-day duration of the CJ. If they were not satisfied, they were asked to propose an alternative number of days. ▪ E.g., "I feel that the three-day duration was enough for the participants to meaningfully deliberate, research and consolidate our recommendations."

The participants' responses were tallied to derive a mean score and analysed via a comparison of means.

Interviews

In order to explore the motivations behind participants' responses, we interviewed eight participants. They were selected for their varying levels of participation in the CJ and their experience with diabetes. For instance, one interviewee, who was male, Chinese, from the 60—64 years age group, had no experience with diabetes. He was very engaged and contributed actively to all the four sessions. Another interviewee, who was female, Chinese, in the 35—39 years age group, was a primary caregiver to a diabetic patient. She was more passive in her contribution to the group discussions. Two other participants were interviewed because they had participated in other types of citizen engagement activities (see Appendix E for the full list of interviewees). We conducted the interviews over the telephone from 15 January 2018 to 2 February 2018.

We used a semi-structured in-depth interview to obtain qualitative descriptions of: (i) their reasons for signing up, (ii) their opinion on whether the CJ was fair and equal, resulted in knowledge gain and changed their perceptions of government-citizen engagement, (iii) how the CJ compared to other public engagements, and (iv) their suggestions on how to improve the process. The themes that guided the interview process are presented in Table 10.

Table 10: Summary of themes in the interview guide

Criteria	Measurement
Reasons for joining the CJ	<ul style="list-style-type: none"> ▪ Interviewees were asked to describe their reasons for signing up for the CJ.
Evaluation of the CJ	<ul style="list-style-type: none"> ▪ We asked the interviewees if they thought their CJ experience was inclusive, fair and equal, resulted in knowledge gain, and changed their perceptions of government-citizen engagement. ▪ E.g., "What do you think about the CJ in terms of increasing your knowledge on the prevention and management of diabetes? Did it change your views? Why or why not?"
Comparison of CJ with other public engagement exercises	<ul style="list-style-type: none"> ▪ We asked interviewees who had attended other forms of public engagement to compare the similarities and differences between the CJ and other initiatives. ▪ E.g., "What did the Citizens' Jury have to offer that the other engagement exercises did not?"
Suggestions	<ul style="list-style-type: none"> ▪ We asked interviewees if they had suggestions to improve the CJ process. ▪ E.g., "What do you think can be done to improve the CJ process?"

See Appendix F for the interview guide.



I was interested to find out if the government actually cares about what people think and if it would take the Citizens' Jury seriously. (Male, 25—29 years old, Secondary Caregiver)

Reasons for joining the Citizens' Jury

The interviews revealed three main reasons why participants signed up for the jury. First, they were interested to engage the government. Second, they were interested in the topic of diabetes. Third, they had professional expertise relating to diabetes and wanted to share it.

At the beginning, several participants were doubtful whether the government would listen to the CJ. They were curious and wanted to “test” how receptive the government would be to the CJ’s recommendations. For instance, one interviewee noted that he did not want another government-centric, top-down approach for public consultations.

I was interested to find out if the government actually cares about what people think and if it would take the Citizens' Jury seriously. (Male, 25—29 years old, Secondary Caregiver)

Besides the mode of engagement, participants also had a keen interest in the subject topic of diabetes. Their motivations ranged from seeking information to sharing their personal experiences with diabetes with other people. Some felt that they could contribute effectively to the discourse due to the role they played, for instance, a mother of a child with Type 1 diabetes.

The Type 1 group is so small, sometimes their voices are not heard. Behind me [sic], I have a group of Type 1 mummies who are facing the same situation, so I thought let's give it a try and let someone hear our voice. (Female, 40—44 years old, Mother of Child with Type 1 diabetes)

For those whose professions involved working with diabetic patients, their motivations for joining the CJ stemmed from a desire to learn more about their patients and share their expertise. A physiotherapist from the Khoo Teck Puat Hospital, who worked with diabetic patients on a daily basis, wanted to dispel prevailing misconceptions about exercise and share his expertise.

Being a physiotherapist who work with diabetic patients, there is a lot more that we have to do with regards to what people know about exercising. Exercising goes beyond the 10,000 steps, which is just being active on a day to day basis. [That is] just physical activity. On top of that, you need to do aerobic, strengthening and flexibility exercises. People don't know that. (Male, 25—29 years old, Healthcare Provider)

Overall CJ experience

In general, participants felt very positive about the entire CJ experience. They gave it a mean score of 4.5, which indicated strong agreement that they enjoyed participating in the CJ. All participants agreed or strongly agreed that the experience was enjoyable. Specifically, 97 per cent of participants felt that the CJ was a meaningful and empowering experience for citizens.

Table 11: Overall experience

Question	Pre-CJ	Post-CJ
Overall, I enjoyed the experience of participating in the Citizens' Jury.	-	4.5
I feel that the Citizens' Jury is both a meaningful and empowering experience for citizens.	-	4.5

Likewise, most of the participants who were interviewed described their experience positively as being an eye-opener or enriching experience for them. They acknowledged that it was a challenge for 76 jurors to find common ground, but the fact that everyone completed the process instilled a sense of pride in them.

Inclusivity and diversity

Majority of the participants whom we interviewed felt that the CJ had included a diverse mix of participants. As a result, they were able to benefit from the different perspectives shared during the sessions, as illustrated by one interviewee.

I found it to be enriching because I met people who won't be in my social circles and I get to learn the different perspectives of people who are living with diabetes and how they deal with it. (Female, 35—39 years old, Primary Caregiver)

However, there were some calls for greater representation of patients with Type 1 diabetes and young people.

I find it well represented but Type 1 is very small [sic]. There were very few participants with Type 1 diabetes. I don't agree with the argument that because there are a small number of Type 1 patients so the focus is lesser. The knowledge of Type 1 is very minimal. It will be more balanced if you could get more of Type 1 patients. (Female, 40—44 years old, Mother of Child with Type 1 diabetes)

I did not think it was as inclusive as it should have been. I did not feel there were enough young people, aged 25 to 30. I felt the group was on the whole much older which I understand why [sic] because of the subject of diabetes. But it is an issue that is growing and you need to combat it from young. (Male, 25—29 years old, Secondary Caregiver)

Fairness and equality

The CJ participants felt that everyone had ample opportunities to voice their opinion and contribute to the discussions. About 92 per cent of participants agreed that the CJ had been fair and there was a high mean score of 4.3.

The act of maintaining fairness throughout discussions fell largely upon the Facilitators. They played an integral part in balancing group dynamics. There was a high level of consensus among participants on the important role played by the Facilitators; 97 per cent of participants agreed that the Facilitators were helpful in

ensuring a safe space for views to be shared openly, and as seen by the high mean score of 4.4.

Table 12: Fairness and equality

Question	Pre-CJ	Post-CJ
There were enough opportunities for us to express our opinions on diabetes prevention and management during discussions.	-	4.3
Fellow participants gave fair consideration to my opinions relating to the problem of diabetes prevention and management.	-	4.1
The Facilitators were helpful in ensuring a safe space for all of us to share our views openly throughout the engagement sessions.	-	4.4

Similarly, all the participants whom we interviewed agreed that there were many opportunities for them to contribute their views and ideas. The Facilitators played a crucial role in balancing group dynamics. Some groups had members who dominated discussions while others had more silent members. Disagreements were inevitable during discussions but participants employed different mechanisms to resolve it civilly, including agreeing to disagree.

Yes, I thought it was quite fair. So you could just say whatever you want, you just have to raise up your hand and the Facilitator will give you a chance to speak. But I understand that because of time constraint, we can't give equal air time to everyone but they did the best they could within the time limit. (Male, 25—29 years old, Healthcare Provider)

I realised that group dynamics can be quite a challenge because you have people who want to speak or present all the time. Whoever wants to take lead in the conversation may not be the expert actually. (Female, 40—44 years old, Mother of Child with Type 1 diabetes)

An interviewee commended the Facilitators in being neutral and allowing participants to make their contributions as opposed to dominating the discussion and brainstorming of ideas.

The Facilitators held back their own views and they tried to elicit as much feedback and views as possible from the group so it was really peer driven.

(Female, 35—39 years old, Primary Caregiver)

The voting mechanism (i.e. the three traffic lights) was lauded as being fair as it gave each person one vote. Participants were asked to hold up paddles that came in three colours to indicate their vote. One interviewee suggested the use of an electronic voting mechanism in future as it would allow for a quick count of votes and enable participants to submit brief comments as well.

Knowledge gain

Resources given to the participants during the CJ came in the form of the information kit and consultation sessions with Resource Persons. The participants agreed that the information kit provided useful information about diabetes in Singapore and that the Resource Persons and experts guided them in thinking through their proposals.

Through the CJ, participants gained more knowledge in two areas. First, the post-CJ survey showed that about 84 per cent of participants felt that they learned more about diabetes management and prevention (also reflected in the high mean score of 4.2). One interviewee felt that relevant domain expertise provided by the Resource Persons helped streamlined their group's recommendation.

The Resource Persons did give us quite useful feedback to take on board. There was a psychologist who told us, when we were talking about motivating people to take action for their diabetes, that we should go for low hanging fruit rather than proposing a giant leap. I think we were getting too ambitious in terms of what we had wanted to do. (Female, 35—39 years old, Primary Caregiver)

Apart from gaining more information about diabetes management and prevention (as mentioned earlier, 84 per cent said they had learnt more about this issue that they had not known before), about 86 per cent of participants also felt that they learnt more about the challenges involved in policymaking (i.e., balancing competing needs and finite resources when developing solutions to community issues). This was corroborated by the high mean score of 4.1. An interviewee said that she gained a deeper understanding of and a better appreciation for the challenges faced by the government in balancing multiple viewpoints better and cherished the channel given to citizens to voice their opinions.

Yes. I also realise the challenges faced by the government going to the ground to get people's views — too many people and too many different views. It is difficult to manage these views, especially when people say that government have to do this and that. (Female, 35—39 years old, Primary Caregiver)

However, participants were relatively ambivalent on whether they were better informed about public policies and the government than are most people (see Table 13).

Table 13: Knowledge gain

Question	Pre-CJ	Post-CJ
I read the information kit (sent via email and hardcopy) thoroughly.	-	4.2
The information kit (sent via email and hardcopy) provided me with useful information about diabetes in Singapore.	-	4.1
The Resource Persons and Expert Panel present at Sessions 1 to 3 provided useful input and guidance that helped refine my group's ideas.	-	4.2
I have learnt more about diabetes prevention and management that I did not know before.	-	4.2
The CJ process helped me to better understand the challenges of balancing competing needs and finite resources in developing solutions to community issues.	-	4.1
I am better informed about public policies and the government than are most people.	3.6	3.6

Furthermore, they also learnt from other participants' experiences, and for some, through conducting their own research when they were developing their proposals. This gain in knowledge translated into a change in how participants viewed diabetes, as illustrated by the following participants.

For me, my father is diabetic and I realised I did not know anything about his condition because he doesn't share and he also manages his condition very well. He takes his medication and sees the doctor. I always thought diabetes was a very manageable condition until I went to the CJ and I realise people actually have difficulties because they are not as well off or they are not as cooperative with their doctors. (Male, 25—29 years old, Secondary Caregiver)

Yes, it's very good. People are sharing. In the past, I thought that getting diabetes was the end of the road, if you don't manage it well, you will have amputation of toes and legs. Now I feel that diabetes is not a terrible disease and you do not have to be afraid a long as you manage it properly. Eat food in moderation, it will be okay, and won't definitely end up with kidney failure. (Female, 35—39 years old, Primary Caregiver)

Some of the participants whom we interviewed also said that that they benefitted from the broadening of perspectives, and being exposed to other points of views helped them gain a more holistic understanding of diabetes. As presented below, some of the participants said they learnt more from the lived experiences of patients and caregivers rather than from the facts that they were given.

[The CJ] gave me a wider perspective and understanding of people's views. There are some things that I didn't hear from the medical point of view that I am hearing from the citizens. It may be true or partially true. But you need to know the sensing on the ground. For example, one of the participants was quite enthusiastic about the Whole Food Plant Based Diet that is popular in the US. I think it is interesting and I wouldn't discount the fact that there are benefits but making it mandatory is not appropriate because it may not be suitable for everyone. The gist of the Whole-Food Plant Based Diet is kind of captured in the healthy plate concept as half of the plate is leafy vegetables. So the essence of it is actually captured. (Male, 25—29 years old, Healthcare Provider)

I gained a broader social perspective — knowing how a person with diabetes copes in a community, and the bigger impact that the disease has on their lifestyle, diet and family. Being in this CJ really brought to light all these issues and made it much clearer to me rather than the limited exposure I have had. I don't have any family members with diabetes and the only people with diabetes that I meet are those in the

clinic. (Female, 21 years old, Medical Student, No experience with diabetes)

Efficacy

Internal efficacy — Participants' perceptions of their role

The survey showed that the participants' sense of internal efficacy increased after the CJ. About 82 per cent of the participants agreed that the CJ experience strengthened their confidence in the value of their contributions as an active citizen. This was reflected by the high mean score of 4.1. There was also an increase in the number of participants who agreed that citizens like them had a say in the affairs of the government, as evident in the fall in disagreement with the statement "People like me do not have any say about what the government does," captured in the post-CJ survey (see Table 14).

Table 14: Internal efficacy

Question	Pre-CJ	Post-CJ
People like me do not have any say about what the government does.	2.9	2.7
The CJ experience strengthened my confidence in the value of my contributions as an active citizen.	-	4.1

Several interviewees felt empowered to take charge of the problem after the CJ and experienced a change in their role as a citizen, from a passive to an active agent. These interviewees tended to be first-time participants in a citizen engagement exercise.

This is the first time I've participated in a citizen engagement exercise. I do think if you put yourself out there on this platform that is provided for you, there is definitely a chance for citizens' voices to be heard. (Female, 21 years old, Medical Student, No experience with diabetes)

When I go back, I feel very proud because I attended all four sessions, on four Saturdays. What made me return to each session is we have come such a long way. There is hope that maybe the government will listen. It is more than just a focus group — we can fight it out, ultimately we all want to support one other in this battle. (Female, 40—44 years old, Mother of Child with Type 1 diabetes)

I have not seen the other types of citizen engagement to know the difference and change my perspective [about government-citizen engagement]. There are different talks like Meet the MP sessions, kopi tiam talk. You still get to voice [your opinion] but you don't know how much of it is being put into practice — CJ a little bit more [sic]. (Male, 25—29 years old, Healthcare Provider)

Other interviewees said that they were already aware of their role as an active citizen and appreciated the platform the CJ provided for them to exercise this role.

I think [the CJ] only enhances [my role as an active citizen] because I [know that] I have to voice my opinion. It's my duty to express what I feel, it's for them [the government] to decide whether they want to listen to me or if they think some of my points are valid. (Male, 60—64 years old, No experience with diabetes)

If there is a social issue or cause that I believe in, I would have stepped up and gave my feedback or offered my service. With regards to this CJ, is it going to make me do much more, maybe, maybe not. But I am certainly more aware of diabetic issues, which I will take note of for myself and my family members. (Female, Chinese, 35—39 years old, Primary Caregiver)

External efficacy — Participants' perceptions of their impact on political process

The CJ seems to have made a potentially enduring impact on the participants, as seen in their enthusiasm and interest in continuing to be involved in citizen

engagement exercises in general and initiatives related to diabetes in the future. More than 87 per cent of the participants said that they would favourably consider participating in future citizen engagement opportunities, and the mean score was high at 4.2. About 90 per cent of them wanted to be more actively involved in diabetes prevention, and the mean score was high at 4.3.

This enthusiasm may not only impact the political process, specifically active citizenry and civic engagement, but may also have a spillover effect when participants continue to discuss the issue with other people, spreading knowledge and hopefully increasing awareness among non-CJ participants. Their participation in the CJ led to a slight increase in “diabetes talk” — discussion of issues relating to diabetes with others (the mean score increased from 2.7 to 2.9).

However, there was no change in the participants’ perception that the government seriously considered suggestions made by citizens at public engagement sessions. The mean score remained at 3.7 after the CJ. This could be due to the fact that the participants answered this survey question before receiving the feedback from SMS Khor and MOH.

Table 15: External efficacy

Question	Pre-CJ	Post-CJ
How often do you discuss issues relating to diabetes with other people?	2.7	2.9
I believe the government seriously considers suggestions made by citizens like me at public engagement sessions.	3.7	3.7
After my CJ experience, I will favourably consider participating in future citizen engagement opportunities.	-	4.2
After my CJ experience, I am keen to be more actively involved in diabetes prevention and management initiatives.	-	4.3

The survey findings were supported by what emerged from the interviews. Most of the participants whom we interviewed expressed a positive change in their perceptions of government-citizen engagement. One interviewee said that the CJ had given her renewed hope that her previously unanswered questions on school policy guidelines for children with Type 1 diabetes may be addressed.

I work in SGH so I work closely with MOH. Whenever I approach schools, they will say “we cannot do this for you” when they hear about [insulin] injections. There are no guidelines for helping children with diabetes. In the US they have a 504 policy, every school knows they have to help children with Type 1 diabetes. You don’t have a nurse but you have someone who is trained to do that. I have not received a reply at all from MOE or MOH. So I feel frustrated because I do not want them to reject me and say [that] my son cannot study in this school because of his condition. So I need to ask schools individually if they can help in specific ways, such as to arrange for someone in the office to make sure that he does his own injections because sometimes he may just skip them. The school supports but they are very fearful because there are no guidelines and policy. If he injects wrongly then how [sic]? I was sceptical at the first session [of the CJ] but after the fourth session and presentation, I have a faint hope that maybe something can come out of it. (Female, 40—44 years old, Mother of Child with Type 1 diabetes)

Two of the interviewees said that the effectiveness of the CJ was dependent upon SMS Khor’s reply. After MOH announced that it would support 14 out of the 28 recommendations, they still expressed some uncertainty about MOH’s commitment to implementing the recommendations. One interviewee was doubtful about the eventual outcome but optimistic that the CJ signalled the government’s openness to try new methods.

Not yet. It has changed slightly now that I see that they are taking us kind of seriously. But I will only know when I see the recommendations being

implemented since MOH said they would support some of them. I now feel that they are more willing to try new ways. (Male, 25—29 years old, Secondary Caregiver)

Applicability

The participants felt more confident about their recommendations after the CJ process as compared to before they started. Post-CJ, participants felt more strongly that their position on the problem of diabetes prevention and management was correct, as seen by the increase in mean score from 3.5 to 3.9. The survey showed that about 97 per cent of the participants felt that the CJ's recommendations were worthy of government support, also seen in the high mean score of 4.4. Furthermore, close to 92 per cent of the participants felt that the recommendations would be supported by fellow Singaporeans (the mean score was 4.1).

Table 16: Confidence in recommendations

Question	Pre-CJ	Post-CJ
How confident are you that your position on the problem of diabetes prevention and management is correct?	3.5	3.9
I believe the Citizens' Jury generated recommendations that are worthy of government support.	-	4.4
I believe the Citizens' Jury generated recommendations that will be supported by Singaporeans.	-	4.1

When asked if they were satisfied with the recommendations, all the participants whom we interviewed were satisfied with the recommendations that were included in the final report. The democratic voting mechanism ensured that the solutions were approved by the majority (at least 80 per cent of the participants).

I am 80 per cent happy [with the outcome], at least the views are all being heard. (Female, 35—39 years old, Primary Caregiver)

Yes, I would rate [my satisfaction with the recommendations] 8 to 9 upon 10. There were ideas that I've never considered before and I felt they were feasible and would render a lot of support to the community, e.g. the social support group that starts from the community level, where patients who are doing well are part of the support group. The idea about schools, weaving it into the education, it's a similar concept to social studies where you start from young. (Female, 35—39 years old, Primary Caregiver)

The ideas that did not receive 80 per cent of votes were included in the Minority Report. The participants whom we interviewed felt that this was a good move as everyone's recommendations and contributions were included.

We have the voting system right the 80 per cent threshold so if your idea doesn't get the 80 per cent approval, it will be put into the Minority Report which is great because that really shows that there is 100 per cent inclusiveness. (Male, 60—64 years old, No experience with diabetes)

I feel that some recommendations are rather vague and not specific enough. I find that the portion about schools is not enough. We have limitations because not all the views agree. So the Minority Report will be helpful. (Female, 40—44 years old, Mother of Child with Type 1 diabetes)

Comparison with other government engagement exercises

Several of the participants whom we interviewed had attended previous engagement exercises. They included the Our Singapore Conversation, MediShield Life focus group discussions, Population White Paper focus group discussions and REACH forums. They felt that some aspects of the CJ and the focus group discussions

they had participated in shared some similarities, specifically, the small-group format for discussions and the presence of facilitators.

I attended the session on the National Population Talent Division Population White Paper, [and] was involved in the brainstorming session. The format is quite similar to the first CJ session, with Facilitators leading discussions on different topics. (Male, 60—64 years old, No experience with diabetes)

However, beyond these two similarities, various aspects felt different to the participants. While the focus group discussions such as MediShield Life focus group were one-off events to canvass public opinion, the CJ took place over four sessions. The participants felt that this was a significant difference because the multiple sessions provided room for them to dive deep into the topic. In addition, there were many more opportunities for them to have meaningful conversations with other participants. They also felt that there was continuity and completeness in their experience as they got to be involved from idea generation, idea development to the presentation of ideas.

Another difference lay in the content and scope of the discussions. The interviewees felt that the focus group discussions were prescriptive, while the group discussion at the CJ being were more inventive. One interviewee had attended the MediShield Life focus group discussion and dialogue sessions from Our Singapore Conversation. She highlighted that the other engagement sessions already had a specific policy idea assigned for discussion but the CJ allowed more freedom and leeway in the recommendations put forth, making it feel more ground-up.

The key difference between the CJ and previous government consultations was that there weren't prescriptive topics or policies for us to talk about. For the CJ, we could come up with something that we would like to do or would like the government to consider doing, so the approach was very different. It feels more ground-up whereas for other public consultations, such as Our Singapore Conversation which I had participated in previously, they were essentially top-down — like this is

what we're thinking, what do you think about it? In that sense, those citizen engagement sessions were more prescriptive. And there is the sense that, regardless of whatever feedback you give, the government has already decided what it wants to do. Your opinion doesn't really matter. The sessions are just for them to tick off the list and say that they've did public consultation. That's the cynic in me speaking. (Female, 35—39 years old, Primary Caregiver)

In addition, the participants felt that CJ had a better diversity and representation of people from different walks of life, which they attributed to the recruitment process.

Different groups of people were carefully selected to ensure the mix of people is as diverse as possible — so you have patients, caregivers, healthcare providers, doctors, Type 1 and 2 patients and people like me who are part of the interested public. It's very good to ensure that diverse groups of people are represented so the recommendations can be complete. (Male, 60—64 years old, No experience with diabetes)

Beyond the process, the participants held the belief that the CJ would have a more lasting impact than other engagement exercises. This is because the participants developed community-based solutions they could take ownership of.

[The CJ] nudges you to think about the things that you can do in your own social circle whereas for other government consultations, it's always at a national level. There is no ownership, you don't have to take responsibility for it. (Female, 35—39 years old, Primary Caregiver)

Other feedback

Most valued attributes of the CJ

The participants were asked to list the three attributes they valued most about the CJ experience in an open-ended survey question. The following are ranked in order of descending number of mentions:

Table 17: Most valued attributes of the CJ

S/N	Issue	Number
1	Friendships forged with fellow jurors, being able to interact with a diversity of participants, networks formed.	n = 37 (26%)
2	Knowledge gained pertaining to factual information about diabetes and anecdotal experience from patients.	n = 31 (21%)
3	Citizen empowerment, being able to make a difference, no matter big or small, and the perception that the government is serious about soliciting citizens' views.	n = 23 (15%)
4	Civilised discussion, respect was accorded to everyone.	n = 21 (14%)
5	Knowledge imparted to others from one's personal experience.	n = 15 (10%)
6	Opportunity to present and propose solutions to the government.	n = 5 (0.3%)
7	Zero intervention from Facilitators for content discussion, efficient facilitation.	n = 3 (0.2%)

Scheduling of sessions

Close to 60 per cent of the participants felt that the three-day duration of the CJ was sufficient. The others, 40 per cent of the participants, felt that there was insufficient time and some proposed that there should be one more session due to the amount of work that had to be done. Day Three involved voting on recommendations that would be included in the main report and Day Four was when the final report was presented to SMS Khor. They felt that the one-week period between Day Three and Day Four was insufficient since the report writing involved multiple parties.

Table 18: Duration of CJ

Question	Pre-CJ	Post-CJ
I feel that the three-day duration was enough for the participants to meaningfully deliberate, research and consolidate our recommendations	-	3.5

Some participants proposed that the one-week interval between Day Three and Day Four be extended. That would enable participants to have adequate time for a more robust debate about the recommendations, some of which the participants felt were rather vague and undeveloped.

[We need] to spread out the third and the fourth sessions. From the third session where we voted to the time that we had to pull together the report, I thought one week was a little bit tight. I think you probably have some scheduling issues, due to festive periods, but it would have been nice to have a little bit more gap. Also, a longer gap would give people more time for robust debate on the recommendations, whether we can accept or not, and what we can do with it. We could also have more air time [sic] on why people voted for or against a recommendation, and whether that changes anything at all, in terms of whether the recommendation will be in or out. The CJ had many recommendations, if we had focused on four good ones, I think we could have a higher quality of debate and discussion. But I think we were very benevolent and tried to include everything that everybody worked on, so we were not harsh enough. (Female, 35—39 years old, Primary Caregiver)

Another suggestion made by an interviewee was to reduce the five-week break between Day Two and Day Three because several groups had reported that the break might not have been fully utilised by every group.

The second and third sessions, we may want to be more focused in terms of the discussion, and honestly, the fourth session was a bit of a surprise

to us because we ended up having to organise it and emcee it. It was a good thing we had someone who took the initiative to compile the report and format it, so it can come together quickly. Otherwise we would have needed more time to produce a succinct summary of all the recommendations. The five-week break between the second and third sessions, maybe not all of us got down to doing work because it was also over the year-end and some people went on holiday. The break was not as productive and focused as it could have been. We could have either shortened that period of time or continued to have face-to-face discussions. Some other groups did it quite well because they used the five weeks to do their survey, the hawker food idea [sic]. For our team, maybe the involvement is not as deep so we didn't meet. (Male, 60—64 years old, No experience with diabetes)

Experiential activities

The second suggestion made by some of the participants was to introduce experiential activities to enliven the series of talks and discussions during the CJ. One example was to test the effect different foods have on blood sugar levels.

If you want to talk about food, to see the effect of food on blood sugar, you get a test strip, and you eat and you test. If you tell someone that if you eat bread, your blood sugar is going to be high, they won't believe me. Why don't we do tests on the spot because bread is very high in carbs so we can get the results very quickly. So all these things you tell people no use [sic], some people want to argue with you, so we should include these kinds of experiments. Don't need to be so boring, talk talk talk all the time. (Female, 40—44 years old, Mother of Child with Type 1 diabetes)

Other suggestions

The participants were asked in an open-ended survey question for general feedback, comments and suggestions. The following are some of the suggestions that are relevant to the CJ process.

- The first day should include more activities to let jurors bond before they start on the work process.
- Bigger spaces were needed for break out discussions, thus a venue with a large conference space and smaller tutorial rooms would be ideal.
- MOH could organise an annual meeting for the CJ where the progress of recommendations is reviewed.
- The objective, nature and deliverables of the initiative, should be made clear to potential participants before Day One. Many participants were unaware of the intensity and autonomy required of them before they joined. This might not be a deterring factor, but awareness may help manage expectations and increase contribution made by participants.
- It would be helpful to leverage the different skill sets members of the CJ had (e.g., marketing, educators, design and art, researchers). This could have been mentioned in the first few sessions so that roles and responsibilities could be assigned within and across groups.
- There should be a limit to the number of members there are in a group, perhaps to eight or fewer people.

Role of social media

The creation of a Facebook group for all jurors to facilitate the sharing of ideas and resources was well received by jurors. Each working group also had their own WhatsApp group to coordinate team effort in developing their recommendations. Close to 95 per cent of the participants agreed that social media was an important tool that helped them engage with their fellow participants throughout the CJ process.

Table 19: Role of social media

Question	Pre-CJ	Post-CJ
Social media (e.g., Facebook and WhatsApp) was an important tool to engage with my fellow participants throughout the CJ process.	-	4.3

Media Coverage and Online Responses

The WoD CJ saw some media coverage and online buzz from the time it was announced on 16 October 2017 to 14 April 2018 when SMS Khor and MOH responded to the participants' recommendations. During this period, there was a total of 18 media reports and 12 social media posts. Majority of the buzz was created by a few prominent personalities sharing news relating to the CJ. This demonstrates that the CJ gained some traction with members of the public, beyond the CJ participants.

The media platforms that featured the CJ included the following:

- eCitizen Ideas! portal (a government portal where citizens could comment on specific topic threads)³⁴
- Facebook pages belonging to MOH, IPS, SMS Khor, Kuik Shiao Yin (Nominated Member of Parliament) and Yeoh Lam Keong (former Chief Economist at the Government of Singapore Investment Corporation)
- Mainstream media sites such as *The Straits Times*, Channel NewsAsia, *Lianhe Zaobao*, Channel 8 News, *Tamil Murasu*, *Berita Harian* and online news site GovInsider
- Facebook page of mainstream media site such as The Straits Times and Channel NewsAsia

Factors that influenced media buzz:

- (a) Novelty — This was the first CJ ever held in Singapore. There was significant interest from the public due to the lack of familiarity with the new method

³⁴ eCitizen Ideas! portal, <https://ideas.ecitizen.gov.sg/egp/process/EGOV/EideasChallenge/?challengeId=20062>

of citizen engagement, as compared to previous consultation exercises such as focus group discussions and citizen dialogue sessions.

- (b) Subject matter — Prime Minister Lee had highlighted diabetes as one of the challenges faced by Singapore during his National Day Rally speech in 2017. Following his speech, discussions about the feasibility of a sugar tax, beverage companies reducing the amount of sugar in sweet drinks, and how to encourage people to consume brown rice were rife in the public domain. By the time that the CJ was launched, some members of the public were familiar with WoD efforts (e.g., the National Steps Challenge and the Diabetes Risk Assessment tool). Hence they could have been interested to find out what more the CJ participants could recommend since the focus of the CJ was on community-based solutions rather than government-centric ones.

Pre- CJ (16 October 2017 to 25 November 2017)

There was a peak of 19 posts on the eCitizen Ideas! portal when news of the CJ first broke on *The Straits Times* on 21 November 2017. Online users contributed to the discussion on the portal by suggesting how Singaporeans could live free from diabetes. There were a total of 44 posts over a period of two months from October 2017 to November 2017 (see Figure 6 for some of the posts). These posts largely contained recommendations to beat diabetes, and called for the government and community to help individuals live a healthy lifestyle. Only a few users had suggestions for the individual, i.e., promoting a “low carb diet”.

Figure 6: Screenshot from eCitizen Ideas! portal on 1 December 2017

The screenshot shows the eCitizen Ideas! portal interface. At the top, the Singapore Government logo and tagline 'Integrity • Service • Excellence' are visible, along with navigation links for 'About Us', 'Contact Us', 'Feedback', and 'FAQ'. Below this is a navigation bar with 'HOME', 'CHALLENGES', 'LEADERBOARD', and 'FUNDING', and a 'LOGIN/SIGN UP' button. The main content area displays the challenge 'War On Diabetes - What's your take?' organized by MOH and IPS, posted on 9 October 2017. A progress bar indicates the challenge is in the 'Evaluating' phase. Two ideas are listed:

- Painless Laser Acupuncture(PLA) Therapy Technique for Pre-Diabetes:** Submitted by Rodney, 2 months ago. The idea states: 'My patients with Diabetes had benefitted from the PLA Therapy Technique with a course of 10 sessions.'
- Healthy food outlet finder app.** Submitted by IonPhoon, 2 months ago. The idea states: 'Many busy Singaporeans eat out and have no time to cook for themselves. Many complain that there're few healthy options outside. Food operators may be reluctant to offer a healthier menu because the purchase of certain ingredients e.g. brown rice or wholemeal bread may actually cost more, and may be less popular amongst Singaporeans in general. So to the vendor, it doesn't make economic sense. So we end up with a situation whereby a patient may be motivated to try to choose a healthier menu, but just don't know where to go. To address this, an app can be created that has a comprehensive directory of food stalls!'

Each idea includes a comment box and an 'Add' button. A comment on the second idea reads: 'Nice Idea.. I can help you get the app developed! It should help us all' by Vamsee on January 19th, 2018.

Majority of users on the eCitizen Ideas! portal called for the government and community to create a conducive environment for individuals to live diabetes-free. The ideas can be categorised into two groups — providing healthy food choices and early detection.

- (i) Users suggested food vendors to improve the selection of food choices that are publicly available. For instance, one user did not want bubble tea shops to offer drinks with sugar levels higher than 100 per cent. Another user did not want school canteens to offer food high in salt and sugar. A solution proposed by another user was the creation of a healthy food outlet finder

app — an app that has a comprehensive directory of food stalls and outlets that offer healthier choices.

- (ii) Users also suggested systemic changes to improve the early detection of pre-diabetes, e.g. early detection through National Service and for pre-diabetic patients to enrol in a three-month programme to gain control of their health. Also, more support was called for Human Resource policies in companies to be patient-friendly. For instance, diabetic patients can be given time-off for their medical appointments, which is different from going on medical leave and would require a Medical Certificate.

On the social networking site, Facebook, well-known thought leaders such as Yeoh Lam Keong and Kuik Shiao Yin shared news of the CJ, which generated some discussion online (see Figure 7 and Figure 8). Both individuals shared the GovInsider article titled “Singapore adopts South Australia’s inclusive approach” and lauded the initiative. Majority of the comments were supportive of the government’s efforts to try a new mode of engagement. The comments included “Power to the people” and “Love this, we’ve come a long way”. There were a few individuals who expressed scepticism, making comments such as “Wayang show only, ownself pretend ownself happy” and “My friends, don’t be mistaken. The G already has a solution in mind, this is just for show only, been there, done that.” There were about 60 likes per post. The two posts had an average of 23 shares and a total of 22 comments.

Figure 7: Screenshot from Yeoh Lam Keong's Facebook page on 27 November 2017

 **Lam Keong Yeoh**
November 3 at 12:32pm · 🌐

Good further move by Singov and IPS towards collaborative governance! 👍

"Singapore has adopted a new approach to include citizens in policymaking, learning from a successful South Australian scheme.

The Ministry of Health and the Institute of Policy Studies are running a 'Citizens' Jury' that will ask ordinary citizens to debate solutions and give their verdict to the government.

Over four Saturdays, 75 citizens will listen to expert views in a courtroom format and get access to data on the diabetes epidemic in Singapore.

Jurors will write their recommendations in a report at the end, and the Ministry must provide responses to these recommendations. Recommendations, "where feasible", will be piloted, according to the Ministry.


"The Ministry of Social and Family Development ran a citizen jury last year on what the government can do to support people having stronger relationships," Aaron Maniam, a former senior Singaporean civil servant, and citizen engagement expert, told GovInsider.

"It's encouraging because it means that the government is making sure that it listens to a wider range of perspectives and is able to hopefully use those perspectives and incorporate them into policy," he added."



Singapore adopts South Australia's inclusive approach | GovInsider
Innovative model to be used in Singapore's health and social services ministries.
GOVINSIDER.ASIA

Figure 8: Screenshot from Kuik Shiao Yin's Facebook page on 4 January 2018



Shiao-yin Kuik
November 2 at 10:07pm · 🌐

Follow ⋮

"Singapore has adopted a new approach to include citizens in policymaking, learning from a successful South Australian scheme.

The Ministry of Health and the Institute of Policy Studies are running a 'Citizens' Jury' that will ask ordinary citizens to debate solutions and give their verdict to the government.

Over four Saturdays, 75 citizens will listen to expert views in a courtroom format and get access to data on the diabetes epidemic in Singapore.

Jurors will write their recommendations in a report at the end, and the Ministry must provide responses to these recommendations. Recommendations, "where feasible", will be piloted, according to the Ministry.


South Australia pioneered this model, setting aside budget that citizens could spend on solutions. Singapore has not revealed whether there will be any budget for the Citizens Jury to allocate.

This is Singapore's second use of the system. The Ministry of Social and Family Development last year trained public servants in how to design and run the country's first citizens' jury.

"The Ministry of Social and Family Development ran a citizen jury last year on what the government can do to support people having stronger relationships," Aaron Maniam, a former senior Singaporean civil servant, and citizen engagement expert, told GovInsider.

"It's encouraging because it means that the government is making sure that it listens to a wider range of perspectives and is able to hopefully use those perspectives and incorporate them into policy," he added.

The system has also been used in North America, Maniam said. The Jefferson Centre is using the citizens' jury process to discuss climate change, while in Canada, the approach has been used to decide on online voting."



Singapore adopts South Australia's inclusive approach | GovInsider


Innovative model to be used in Singapore's health and social services ministries.

GOVINSIDER.ASIA

👍 Like
➦ Share


👍👎👏 59
4 Comments

30 Shares 4 Comments



Shubaashini Vijayamohan

Do join us as a participant if ur schedule allows
😊 Sign up at www.moh.gov.sg/wodcj




War on Diabetes - Citizens' Jury | Ministry of Health

Do you want to live diabetes-free? And if you have...

MOH.GOV.SG

Like
👍👎👏 5
November 2 at 10:13pm · Edited


👤 Jamie Koh replied · 3 Replies



David Thian

Power to the people!

Like
👍👎 2
November 2 at 10:31pm




James Crabtree

Who is this Aaron Maniam fellow? sounds suspect.....

Like
👍👎👏 5
November 2 at 10:47pm

👤 Muhd Iknur Rashad replied · 2 Replies



Charissa Ee

Love this! We've come a long way!

Like
November 3 at 9:57am

There was no media coverage in between sessions, and the online discussions were limited to the closed CJ Facebook group.

Post- CJ (13 January 2018 to 13 February 2018)

News of the CJ's recommendations were well-received on both mainstream media and online platforms. The major news outlets in all four languages (*The Straits Times*, Channel NewsAsia, *Lianhe Zaobao*, Channel 8, *Berita Harian* and *Tamil Murasu*) published articles on the CJ and its recommendations. SMS Khor had posted on her Facebook account that she had received the report from the participants and would give them a reply in three months. Her post received 89 likes and a few comments commending the CJ's effort.

The reactions on Facebook and online news articles focused on the 28 recommendations submitted by the CJ.³⁵ *The Straits Times* highlighted the recommendation of "more water coolers in hawker centres to curb sugary drinks." The comments on Facebook showed that the response for the idea was mixed.

The negative comments focused on the poor hygiene and potential abuse of these water coolers. Comments such as "Who will maintain the water cooler?", "The water coolers will turn into hand washing basins" and "I can imagine people spitting into it" were common. The scepticism reflected a lack of trust in people's ability to take care of public property. Their criticisms were not targeted at the recommendation, but at members of the public who may abuse public property. Another group of online users was more sceptical about the effectiveness of the recommendation. For instance, there were comments such as "*Like smoking, unless you totally ban smoking, people will still smoke regardless. It's the same with water cooler, unless you ban sugary drinks, people will still buy regardless.*"

The positive comments supported the initiative and listed the health benefits of drinking water. Online users also mentioned how the availability of water coolers can help people get around having to pay for water at places such as restaurants.

³⁵ There was no comment function for the mainstream media reports on their websites, so all the comments were from their Facebook pages.

For instance, a user commented, "A great suggestion! Sadly, one even has to pay for plain water." Others also raised the examples of other countries such as Korea, France and other European countries that serve water free-of-charge, and said that Singapore should emulate their example. They commented, "We are too outdated. Back in 2004, Food court in Korea already has water dispensing with cups. And it is free" and "I vote for water cooler install @ all hawker centre. Of course we still cannot change those eating machine mindset for sugary stuffs. Soon their health problems will turn into a national problem!"

MOH's response to the CJ (14 April 2018)

SMS Khor promised the participants that MOH would respond to their proposal within three months. Both the Ministry and she did so on 14 April 2018. At the CJ appreciation event, MOH announced that it would support 14 of the 28 recommendations and explore another 13. Mainstream media outlets such as *The Straits Times*, *Lianhe Zaobao* and Channel 8 highlighted the government's support for the "Drink Water Campaign" and its plans to install more water coolers in public areas. SMS Khor and MOH also posted about the event on Facebook. SMS Khor's post received 46 likes and MOH's posts received 22 likes and 14 shares.

Overall, the CJ was perceived as a successful first attempt at a novel government-citizen engagement initiative that develops community-based solutions to help Singaporeans lead a diabetes-free lifestyle. There was the expected scepticism about the engagement as a public relations exercise for the government and the CJ as a waste of resources. However, majority of the comments online were positive, focusing on the potential contributions of the CJ and the signalling by the government that it is open to new forms of engagement.

There were two peaks in terms of public interest. The CJ gained traction leading up to the first session with considerable public interest in the modality and effectiveness of this new mode of engagement. The next peak in public interest was when the jury presented its report to SMS Khor. The general consensus among those

who commented on the CJ was that the process has contributed to the public consciousness and discourse on helping Singaporeans lead a diabetes-free life.

See Appendix G for the media reports and social media posts on the CJ.



Conclusion

In summary, the WoD CJ was a success and a commendable first citizens' jury in Singapore. The fact there was no attrition between the first day and the last day (with the exception of the 77th participant who had to withdraw from the CJ after Day Two due to a personal emergency) demonstrated participants' commitment, despite the time and effort required from each of them during every session and off-session. As mentioned earlier, despite differences in terms of individual participation, the overall engagement level of the CJ as a collective was sustained throughout the four sessions. There was also sustained participation during the breaks between sessions, as evident in the communication that took place in the WhatsApp chat groups and closed Facebook page set up for the CJ.

What worked

As presented in "Chapter 6: Observations of the Citizens' Jury" and "Chapter 7: What did people think: Survey and interview findings, and public opinion", the CJ has met the five criteria of a deliberative exercise that we listed in "Chapter 5: What makes for effective deliberation". To recap, they are: (i) inclusivity and diversity, (ii) fairness and equality, (iii) knowledge gain, (iv) efficacy (internal, external and political trust), and (v) applicability. The pre- and post-CJ surveys showed that the CJ resulted in positive opinion change for the five dimensions, and our in-depth interviews conducted with selected participants provided deeper insights into why and how the CJ led to the positive changes.

On the whole, the participants felt that the deliberative process was fair and accorded everyone ample opportunities to voice their opinions. Those whom we interviewed felt that disagreements were inevitable but were mostly resolved in a respectful manner. In addition to gaining knowledge through the information kit

and Resource Persons, the participants also benefitted from a broadening of their perspectives through being exposed to other points of views. This was critical as it helped cultivate empathy among participants for those whose experiences were different from theirs. Friendships and social networks were also forged among participants who started out as strangers from diverse background. The CJ also cultivated a deeper appreciation for the intricacies and complexity in policymaking.

The CJ also increased participants' internal efficacy as it boosted their confidence in their contribution as citizens and their ability to influence policymakers and policymaking. What is significant is that the CJ may have exerted an effect that lasts beyond the four sessions — the majority of the participants were willing to be involved in future government engagement sessions and initiatives that combat diabetes. Another evidence that showed that the impact of the CJ could be far reaching is the collaboration and follow-up work embarked on by three groups. They are the Diet — Eating Out Group collaborating with the Southwest CDC to promote the "Go Green Guide", the Diet — Homecooked Food Group with the Southeast CDC to promote their healthier cooking programme in the district, and the Exercise Group following up on their "Walk It Forward" initiative with Sport Singapore.

The participants were also satisfied with the process; a large majority found it meaningful and empowering. The participants whom we interviewed said that they were impressed and felt encouraged that a group of 76 people could come to a consensus and they cherished the opportunity to learn from other participants. The participants who had participated in other government engagement initiatives felt that the WoD CJ was significantly different as the entire process was a ground-up generation of solutions and there was a sense of completeness in their experience.

Based on our observations, and the survey and interview findings, the above positive effects of the CJ could be attributed to a few factors. They include: the multi-prong recruitment and screening process, which ensured that the CJ was as diverse as it could be, the Facilitators who had to strike a fine balance between stepping in and taking a step back, the recruitment of suitable Resource Persons and the flexible

adjustments made in how they were deployed (on Day Two and Day Three), the amount of empowerment accorded to the participants (in collective decision-making and setting their rules for the proceedings), and the use of scaffolds which guided some of the group discussions. Social media (Facebook and WhatsApp) also played an important role as it facilitated information exchange and the coordination of work among participants. The outcome was seen as a democratic one by the participants who felt that the voting mechanism and threshold set for the acceptance of recommendations were fair. The incorporation of the Minority Report was viewed positively by them as no ideas were omitted from the final report that was submitted to MOH.

In addition to the above positive effects, the CJ also generated *spillover effects* or “side effects” — effects on behaviours that are not directly related to the deliberation topic or deliberation process.³⁶ The current research on deliberation established that deliberative processes could lead to spillover effects, such as a gain in political knowledge and interpersonal talk. In the case of the WoD CJ, there was an increase in “diabetes talk” among the participants with other people in their social networks. This spillover effect highlights the potential extended impact of the CJ engagement beyond the four sessions — the increase in “diabetes talk” may create a multiplier effect as participants’ discussion with their friends, colleagues and family members help amplify the reach of the WoD.

What could have worked better and recommendations

The data gathered from the surveys and interviews, and our observations, shed light on a few possible areas for improvement. First, while the participants found the CJ to be diverse in terms of the participants who were recruited, there were some calls for a greater representation of certain segments, such as people who have Type 1 diabetes and youth. Second, some participants felt that they would have benefitted from having more time to develop their recommendations, both at the group level

³⁶ Weiyu Zhang and Carol Soon, “The Main and Spillover Effects of Online Deliberation: Changes in Opinions, Informational Media Use and Political Activities,” (presentation, Conference on E-Democracy and Open Government, Danube University Krems, Austria, 17–19 May, 2017).

and the collective level. They felt that they had insufficient time to develop their recommendations. Finally, some of the participants reflected that the recommendations lacked depth and were not novel as they could have been. However, based on the feedback given by Deputy Secretary (Policy) of MOH, Ms Ngiam Siew Ying, on 14 April 2018 (the day SMS Khor and the Ministry gave their feedback), said that the CJ's suggestions demonstrated applicability in three ways. First, they helped the Ministry refine and sharpen its existing plans pertaining to the WoD. Second, some of the recommendations validated the approach that the Ministry is embarking on. Third, the CJ's proposal has prompted the Ministry to revisit and relook at some of its existing as well as previous initiatives. For instance, DS Ngiam mentioned that the Ministry used to run a campaign on drinking water. Since it was clear from the CJ's proposal that the idea still has traction with members of the public, the Ministry would work with the relevant partners to explore a similar campaign.

Pertaining to the lack of representation of Type 1 diabetic patients and youth, what could be done for future CJs would be to get successful applicants from groups that require a "sample boost" to recommend their peers. This would mean extending the recruitment period (the recruitment for the WoD CJ lasted six weeks) to make time for snowballing to be done. However, we would like to emphasise that **inclusivity and diversity are more important than "representativeness"** (as explained in "Chapter 5: What makes for effective deliberation?"), which was achieved by the CJ.

As for giving participants more time to develop their recommendations, scheduling the CJ process differently may help. The suggestions given by a few participants were to shorten the break between Day Two and Day Three, and increase the break between Day Three and Day Four so they could have had more time to put their presentation and report together. In the context of the WoD CJ, the **scheduling** was an outcome of the timing of the initiative — it coincided with the school holidays and the year-end festive period. We observed that different CJs in Australia took up different number of sessions, spanning different lengths. For instance, the

Australian CJ on Compulsory Third Party Insurance over four days,³⁷ while the Australian Nuclear waste CJ took place over six days.³⁸ The WoD CJ showed that Singaporeans, being new to such intense deliberation aimed at generating ground-up recommendations to solve a policy problem, may require more time for deliberation (about 40 per cent of the participants felt they needed more time), and in developing and fleshing out their ideas and working on the report. Thus, future CJs could incorporate more sessions or be scheduled in a way that gives participants more time to work on their proposal.

In addition to the issue of representation of certain segments, the lack of time felt by participants, and applicability of the ideas, we propose that conveners of future CJs consider the following:

Level up the engagement among participants: While most of the participants contributed to group discussions, it was apparent they practised “face-saving” when giving feedback to one another’s suggestions and casting their votes. This was most visible during two sessions — the “Plenary Presentations” segment on Day Two and on Day Three when participants had to vote for the recommendations that would go into the main report. The former saw many reserved and politely couched comments, and little debate even during instances when it was clear that the responses to questions raised by participants in the audience might not have been satisfactory. When it came to voting with their traffic lights, participants generally held up their green paddle to indicate support. The feedback we received from the CJ Secretariat supported these observations.³⁹

Building up Singaporeans’ competency to engage with one another and with the issue at hand would take time and perhaps even a cultural shift. However, future CJs could incorporate mechanisms to help participants engage with one another (especially when it came to debating over different opinions and ideas) and with the

³⁷ *Citizens' Jury on Compulsory Third Party (CTP) Insurance*, October 2017, <https://www.yoursay.act.gov.au/ctp>

³⁸ *Get to Know Nuclear, South Australia's Citizens' Jury on Nuclear Waste: Final Report*, South Australia's Citizen's Jury Report Two, November 2016, <https://nuclear.yoursay.sa.gov.au/reports/citizens-jury-reports>

³⁹ During the voting session, the Lead Facilitator had to change yellow from standing for “Undecided” to “Yes, but...” in order to encourage more participants to raise their yellow paddle instead of instinctively raising their green paddle.

ideas presented. To help participants better engage with one another, the ground rules for engagement could be laid out and explained more clearly (with examples of positive and negative practices), and this should be done as early as possible, preferably when the CJ commences. Reminders and re-orientation at the group level by the Facilitators would serve as reminders and encouragement for participants to adhere to the established rules and norms.⁴⁰ Another approach would be to set aside some time on Day One for participants to draw up “rules of conduct” for themselves. This practice, which has been used in the UK, led to the production of “excellent rules” and demonstrated effectiveness when members often referred one other back to them throughout the CJ.⁴¹

As for the voting segment, an electronic voting mechanism where participants would have to give their reasons for supporting or not supporting an idea, besides casting their vote, could be used. In addition to quickening the process, this will accord a degree of comfort and “protection” (i.e., alleviate fear of censure for not supporting an idea), especially to individuals who are new to public engagement and deliberation. In addition, participants could be told before voting commences that they would have to be ready with a reason for why they support or not support an idea, and share the reason if they are called upon to do so. We observed that the ideas that gained more traction (and votes) were those that were simple, and more familiar and relatable to people, and not necessarily better or more novel.

More facilitation and more scaffolds: As mentioned earlier, the Facilitators faced the challenging task of striking a fine balance between stepping in and stepping back. Their neutrality was critical to safeguarding the integrity of the process. The CJ Secretariat had made the observation that the CJs in Australia used fewer Facilitators who play a smaller role, compared to the WoD CJ. What is evident is that social and cultural context matters — given what we observed from the WoD CJ, it would take time for the public to acquire skills and confidence in deliberating and

⁴⁰ Laura W. Black, Stephanie Burkhalter, John Gastil and Jennifer Stromer-Galley, “Methods for analysing and measuring group deliberation,” in eds. Erik P. Bucy and Lance Holbert, *Sourcebook for Political Communication Research* (New York: Routledge, 2011), 323–345.

⁴¹ Graham Smith and Corrine Wales, “Citizens’ Juries and Deliberative Democracy,” *Political Studies* 48 (2000): 58.

even debating with one another. Therefore, the convenors of CJs in the near future may want to increase the level of facilitation. We cited the example of the Facilitator for the Education Group. His involvement could be a “middle way” between stepping in more to provide the necessary scaffolding and stepping back by not dominating the discussion or steering it in a particular way. His facilitation could be summarised in three words — “*distil*” (summarising and extracting key themes of the discussion), “*elicit*” (getting members to comment on the themes), and “*probe*” (encouraging members to substantiate their suggestions with evidence).

While there were several scaffolds used in the WoD CJ (e.g., the template to guide participants’ conversations with the Resource Persons, the framework to help participants develop their ideas for the Plenary Presentation, and guidelines to help participants provide constructive feedback during the Plenary Presentation), future CJs could incorporate an additional scaffold — one that models critical thinking for participants. For instance, participants could be told of cognitive tools or signposts that they could use when engaging in group discussions, e.g., be open to different ideas, look at multiple perspectives, and examine trade-offs for every idea.

Preparing the participants: Some of the participants gave the feedback that they were caught by surprise on Day One as they were not aware of what was expected of them. To save time (almost half of Day One was spent on explaining what a CJ was, how it worked and what was expected of the participants) and to better prime the participants for the tasks that lay ahead of them, we recommend that information on the CJ and its deliverables (e.g., coming up with a report and making a pitch to policymakers) be sent to participants before Day One. The information could be included in the information kit that would then have two sections — one on the subject matter to be discussed (e.g., diabetes and WoD) and another on the modality (the CJ).

Going smaller: To encourage greater exchange within the group and greater contribution at the individual level, especially among the more reserved members, groups could be kept to a smaller size, for example, eight members. For instance, the Diet — Homecooked Food Group was quite large, at 13 members. For future CJs,

bigger groups could branch out into smaller ones, with each sub-group developing different ideas that originate from the initial large group. A smaller group would minimise lurking and embolden the more reticent participants to play a more active role. Participants from large groups could also be split into smaller breakout groups (e.g., pairs and triads) from time to time to enable quieter participants to develop confidence in expressing their opinions.⁴² However, more groups may require more time, thus depending on the size of the CJ, appropriate scheduling considerations (as mentioned earlier) would have to be made.

Engagement and deliberation is a learned competency, one that is shaped by institutional context and culture. Time is needed for the development of norms, attitudes and competencies to critique and debate, critical to the cultivation of informed citizens who can participate actively in the co-creation of policies. The WoD CJ is democracy at work, in terms of process and outcome. It has also demonstrated its impact, both in the near-term as well as in the long-term, and is an encouraging and a necessary first step to building an engaged citizenry.

⁴² Lyn Carson, "Improving Public Deliberative Practice: A Comparative Analysis of Two Italian Citizens' Jury Projects in 2006," *Journal of Public Deliberation* 2, no. 1 (2006): 9.

Appendixes

Appendix A

Screener questionnaire for participants

TELEPHONE QUESTIONNAIRE		
Q1	<u>ASK ALL</u>	Code
	Are you a....	
	Singaporean	1
	Permanent Resident	2
	Others	3 (TERMINATE)
Q2	<u>ASK ALL</u>	Code
	May I know your gender please?	
	Male	1
	Female	2
Q3	<u>ASK ALL</u>	Code
	May I know your age please?	
	Below 21	1 (TERMINATE)
	21—24	2
	25—29	3
	30—34	4
	35—39	5
	40—44	6
	45—49	7
	50—54	8
	55—59	9
	60—64	10
	65—69	11
	70—74	12
	75—79	13
80—84	14	
85 & over	15	
Q4	<u>ASK ALL</u>	Code
	What is your ethnicity/ race?	
	Chinese	1
	Malay	2
	Indian	3
	Others	4

Q5	<u>ASK ALL</u>	Code
	What is your highest education level?	
	No formal qualification / Lower primary	1
	Primary	2
	Lower Secondary	3
	Secondary	4
	Post-secondary (Non-tertiary): General & Vocational	5
	Polytechnic Diploma	6
	Professional qualification and other diploma	7
	University first degree	8
	University postgraduate diploma/degree	9
	Others, please specify (_____)	10
Q6	<u>ASK ALL</u>	Code
	What is your current occupation?	
	Professional / Senior managers	1
	Middle managers / Executives	2
	Self-employed	3
	Other white collar worker	4
	Blue collar worker	5
	Student	6
	National Service	7
	Full-time homemaker	8
	Unemployed but looking for a job/ waiting to start a new job	9
	Others, please specify (_____)	10
Q7	<u>Please answer this question ONLY if you selected Option 1—5 in the previous question (Q6).</u>	Code
	Do you do shift work?	
	Yes	1
	No	2
Q8	<u>Please answer this question ONLY if you are employed.</u>	Code
	Which industry are you working in?	
	Accounting and Audit	1
	Banking and Finance	2
	Biomedical / Pharmaceutical	3
	Building / Construction	4
	Business Services, Legal & Consulting	5
	Chemical / Petrochemical	6
	Education / Training	7
	Healthcare	8
	Hotels / F&B / Entertainment / Travel Services	9

	Insurance	10
	IT / Telecommunications	11
	Logistics / Transportation	12
	Manufacturing - General	13
	Media and Advertising	14
	Others, please specify (_____)	15
Q9	<u>ASK ALL</u>	Code
	How much is your family's gross monthly household income from work? Please indicate a number.	
	Note: Monthly income refers to income earned from work. It does not include other forms of income which are not derived from work. It includes overtime pay, but excludes any bonuses and reimbursement. Allowances from non-work sources are not included.	
	No working person / Retiree household	1
	Below \$1,000	2
	\$1,000—\$1,999	3
	\$2,000—\$2,999	4
	\$3,000—\$3,999	5
	\$4,000—\$4,999	6
	\$5,000—\$5,999	7
	\$6,000—\$6,999	8
	\$7,000—\$7,999	9
	\$8,000—\$8,999	10
	\$9,000—\$9,999	11
	\$10,000—\$10,999	12
	\$11,000—\$11,999	13
	\$12,000—\$12,999	14
	\$13,000—\$13,999	15
	\$14,000—\$14,999	16
	\$15,000 and above	17
Q10	<u>ASK ALL</u>	Code
	What is your marital status?	
	Single	1
	Married	2
	Separated/ Divorced	3
	Widowed	4
Q11	<u>ASK ALL</u>	Code
	Do you have children?	
	Yes	1
	No	2

Q12	<u>Please answer this question ONLY if you have children.</u>	Open-ended. Respondent to provide answer.
	How many children do you have?	
Q13	<u>Please answer this question ONLY if you have children.</u>	Open-ended. Respondent to provide answer.
	How old are your children? Please indicate their ages.	
Q14	<u>ASK ALL</u>	Code
	Do you have a family history of diabetes?	
	Yes	1
	No	2
Q15	<u>ASK ALL</u>	Code
	Do you have pre-diabetes or diabetes? If so, what type?	
	Yes, Pre-diabetes	1
	Yes, Type 1	2
	Yes, Type 2	3
	Yes, unsure what type	4
	No	5
Q16	<u>Please answer this question ONLY if you are a female and have children, or if you are pregnant.</u>	
	For women, have you ever had gestational diabetes during pregnancy?	
	Yes	1
	No	2
Q17	<u>Please answer this question ONLY if you have diabetes.</u>	Open-ended. Respondent to provide answer.
	When were you diagnosed with diabetes?	

Q18	<p><u>Please answer this question ONLY if you have diabetes.</u></p> <p>Which healthcare provider or organisation do you visit most frequently for diabetes treatment?</p>	Code
	<p style="text-align: right;">Polyclinic</p> <p style="text-align: right;">General Practitioner</p> <p style="text-align: right;">Hospitals (e.g., Specialist Outpatient Clinic or Diabetes and Metabolism Centre)</p> <p style="text-align: right;">Traditional Medication clinics, e.g., TCM/Jamu/Ayurveda</p> <p style="text-align: right;">Others, please specify (_____)</p> <p style="text-align: right;">None, do not seek treatment</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p>
Q19	<p><u>Please answer this question ONLY if you have diabetes.</u></p> <p>What is your main challenge in managing diabetes?</p>	<p>Open-ended. Respondent to provide answer.</p>
Q20	<p><u>ASK ALL</u></p> <p>I will be listing a few situations. Please choose which of the following situations applies to you?</p> <p style="text-align: right;">I am a caregiver to a person with diabetes.</p> <p style="text-align: right;">I have family members and/or close friends and colleagues who have diabetes.</p> <p style="text-align: right;">I have acquaintances who have diabetes.</p> <p style="text-align: right;">I live in the same house as a person with diabetes.</p> <p style="text-align: right;">I know someone with diabetes but I do not have to care for him/her.</p> <p style="text-align: right;">I pay the bills for a person with diabetes but I do not have to care for him/her.</p> <p style="text-align: right;">None of the above</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>
Q21	<p><u>ASK ALL</u></p> <p>What do you think are the main challenges faced by persons with diabetes?</p>	<p>Open-ended. Respondents to provide answer.</p>
Q22	<p><u>ASK ALL</u></p> <p>What do you think causes diabetes?</p>	<p>Open-ended. Respondents to provide answer.</p>

Q23	<u>ASK ALL</u>		
	What do you think can be done to fight diabetes in Singapore?	Open-ended. Respondents to provide answer.	
Q24	<u>ASK ALL</u>		Code
	I like to meet new people at events.		
		Not at all applicable	1
		Slightly applicable	2
		Moderately applicable	3
		Applicable	4
		Very applicable	5
Q25	<u>ASK ALL</u>		Code
	I like to express myself and share ideas with people.		
		Not at all applicable	1
		Slightly applicable	2
		Moderately applicable	3
		Applicable	4
		Very applicable	5
Q26	<u>ASK ALL</u>		Code
	I listen to others and am open to differing viewpoints.		
		Not at all applicable	1
		Slightly applicable	2
		Moderately applicable	3
		Applicable	4
		Very applicable	5
Q27	<u>ASK ALL</u>		Code
	The Citizens' Jury will take place over 4 Saturdays, full day sessions from 9am to 5.30pm. We will require commitment to all four sessions. Are you available on the following dates?		
	Session 1: 25 November 2017, 9am to 5.30pm		
		Yes	1
		No	2
			(TERMINATE)
	Session 2: 2 December 2017, 9am to 5.30pm		
		Yes	1

		No	2 (TERMINATE)
	Session 3: 6 January 2018, 9am to 5.30pm	Yes	1
		No	2 (TERMINATE)
	Session 4: 13 January 2018, 9am to 5.30pm	Yes	1
		No	2 (TERMINATE)
Q28	<u>ASK ALL</u> <u>On a scale of 1 to 5,</u> How comfortable will you be in taking part in online activities throughout all 4 sessions? This includes the use of Facebook, Google Docs and eCitizenideas!. To what extent will you be comfortable in participating?		Code
		Not at all comfortable	1
		Slightly comfortable	2
		Moderately comfortable	3
		Comfortable	4
		Very comfortable	5
Q29	<u>ASK ALL</u> The engagement sessions will be video-recorded and photographed. Are you agreeable to that? Videos and photos may be used for MOH's future publications or public engagements.		Code
		Yes	1
		No	2 (TERMINATE)
Q30	<u>ASK ALL</u> Name: Contact number: (Home) (Mobile) Email Address:		

Appendix B

Pre-CJ survey questionnaire

CIRCLE the option that best reflects your response.

1. I am better informed about public policies and the government than are most people.

Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
-------------------	----------	----------------------------	-------	----------------

2. People like me do not have any say about what the government does.

Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
-------------------	----------	----------------------------	-------	----------------

3. I believe the government seriously considers suggestions made by citizens like me at public engagement sessions.

Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
-------------------	----------	----------------------------	-------	----------------

4. How often do you discuss issues relating to diabetes with other people?

Never	Once a week or less	A few times a week	About once a day	Several times a day
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5. Government cares about what people like me think.

Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
-------------------	----------	----------------------------	-------	----------------

6. How confident are you that your position on the problem of diabetes prevention and management is correct?

Not at all confident	Slightly confident	Moderately confident	Confident	Very confident
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Appendix C

Post-CJ survey questionnaire

CIRCLE the option that best reflects your response.

1. I am better informed about public policies and the government than are most people.

Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
-------------------	----------	----------------------------	-------	----------------

2. People like me do not have any say about what the government does.

Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
-------------------	----------	----------------------------	-------	----------------

3. I believe the government seriously considers suggestions made by citizens like me at public engagement sessions.

Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
-------------------	----------	----------------------------	-------	----------------

4. How often do you discuss issues relating to diabetes with other people?

Never	Once a week or less	A few times a week	About once a day	Several times a day
-------	---------------------	--------------------	------------------	---------------------

5. Civil Servants cares about what people like me think.

Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
-------------------	----------	----------------------------	-------	----------------

6. The CJ process helped me better understand the challenges of balancing competing needs and finite resources in developing solutions to community issues.

Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
-------------------	----------	----------------------------	-------	----------------

7. I believe the Citizens' Jury generated recommendations that are worthy of government support.

Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
-------------------	----------	----------------------------	-------	----------------

8. How confident are you that your position on the problem of diabetes prevention and management is correct?

Not at all confident	Slightly confident	Moderately confident	Confident	Very confident
----------------------	--------------------	----------------------	-----------	----------------

9. After my CJ experience, I will favourably consider participating in future citizen engagement opportunities.

Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
-------------------	----------	----------------------------	-------	----------------

10. I believe the CJ generated recommendations that will be supported by Singaporeans.

Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
-------------------	----------	----------------------------	-------	----------------

11. The CJ experience strengthened my confidence in the value of my contributions as an active citizen.

Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
-------------------	----------	----------------------------	-------	----------------

12. After my CJ experience, I am keen to be more actively involved in diabetes prevention and management initiatives.

Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
-------------------	----------	----------------------------	-------	----------------

Appendix D

Process feedback survey

CITIZENS' JURY FOR THE WAR ON DIABETES

Your Feedback is Important to Us!

Thank you very much for being part of the Citizens' Jury for the War on Diabetes. Your feedback helps us with our planning and delivery of future engagement sessions. We would be grateful if you would take just a few minutes to answer the questions below.

CIRCLE the option that best reflects your response.

Section A Pre-Citizens' Jury

1. The objectives and remit of the Citizens' Jury were clear for me to meaningfully contribute to this engagement effort.

Strongly
disagree

Disagree

Neither
disagree nor
agree

Agree

Strongly agree

2. The CJ application process via phone/online platforms was seamless i.e easy and efficient.

Strongly
disagree

Disagree

Neither
disagree nor
agree

Agree

Strongly agree

3. I read the information kit (sent via email and hardcopy) thoroughly.

Strongly
disagree

Disagree

Neither
disagree nor
agree

Agree

Strongly agree

4. The information kit (sent via email and hardcopy) provided me with useful information about diabetes in Singapore.

Strongly
disagree

Disagree

Neither
disagree nor
agree

Agree

Strongly agree

Section B Citizens' Jury Process

5. There were enough opportunities for us to express our opinions on diabetes prevention and management during discussions.

Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
-------------------	----------	----------------------------	-------	----------------

6. Fellow participants gave fair consideration to my opinions relating to the problem of diabetes prevention and management.

Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
-------------------	----------	----------------------------	-------	----------------

7. I have learnt more about diabetes prevention and management that I did not know previously.

Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
-------------------	----------	----------------------------	-------	----------------

8. The resource persons and expert panel across sessions 1 to 3 provided useful input and guidance that helped refine my group's ideas.

Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
-------------------	----------	----------------------------	-------	----------------

9. The facilitators were helpful ensuring a safe space for all of us to share our views openly throughout the engagement sessions.

Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
-------------------	----------	----------------------------	-------	----------------

10. Social media (e.g., Facebook and WhatsApp) was an important tool for me to engage with my fellow participants throughout the CJ process.

Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
-------------------	----------	----------------------------	-------	----------------

11. Overall, I enjoyed the experience of participating in the Citizens' Jury.

Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
-------------------	----------	----------------------------	-------	----------------

12. Overall, I am satisfied with the food and beverage provided.

Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
-------------------	----------	----------------------------	-------	----------------

13. Overall, I am satisfied with the venue and facilities.


Strongly disagree Disagree Neither disagree nor agree Agree Strongly agree

14. I feel that the Citizens' Jury is both a meaningful and empowering experience for citizens.

Strongly disagree Disagree Neither disagree nor agree Agree Strongly agree

15. I feel that the three- day duration was enough for the participants to meaningfully deliberate, research and consolidate our recommendations

Strongly disagree Disagree Neither disagree nor agree Agree Strongly agree



15a. *(Answer this question if you chose one of these options in question 15)*

How many days do you think would be sufficient and would Singaporeans be willing to commit to?

16. For me, the three (3) things I value from my participation in the Citizens' Jury are:

Section C Post- Citizens' Jury Process

17. Would you like to be involved in the development and implementation of your proposals?

- Yes.** Email: _____
- No**

18. Please write in the space below if you have any other feedback, comments and suggestions to improve the Citizens' Jury process.

Thank You for Your Time!

Appendix E

List of interviewee respondents

1. Female, 35—39 years old, Primary Caregiver
2. Female, 35—39 years old, Primary Caregiver
3. Male, 25—29 years old, Secondary Caregiver
4. Female, 50—54 years old, Secondary Caregiver
5. Female, 40—44 years old, Mother of Child with Type 1 diabetes
6. Male, 25—29 years old, Healthcare Provider
7. Female, 21—24 years old, Medical Student, No experience with diabetes
8. Male, 60—64 years old, No experience with diabetes

Appendix F

Interview guide

Selection phase

1. What were your reasons for joining the Citizens' Jury (CJ)? How did you find out about the recruitment call?

Process

2. How would you describe your CJ experience?
3. I would like to ask your opinion on different aspects of the CJ:
 - a. Do you think the CJ was inclusive (If need be, prompt: people from different backgrounds and experiences participated)?
 - b. What do you think about the CJ in terms of fairness and equality? (If need be, prompt, people had opportunities to share their opinions and ideas, if there was room for difference and voting mechanism)
 - c. What do you think about the CJ in terms of increasing your knowledge on the prevention and management of diabetes? Did it change your views? Why or why not?

Outcome

4. Did the CJ experience change your perception of government-citizen engagement? If yes, how? If no, why not?
5. Did the CJ experience change your perception of your role as a citizen? If yes, how? If no, why not? Were you satisfied with the recommendations submitted to SMS Khor? Why or why not?
6. Have you participated in other engagement sessions? (If yes, proceed to question 7, 8 and 9. If no, proceed to question 10)

Comparison with other engagement exercises

7. What other engagement exercises did you participate in previously? Can you describe your experiences?
8. In your opinion, what are the differences between your previous experiences and the CJ? Are there similarities? If yes, what are they?
9. What did the CJ have to offer that the other engagement exercises did not?

Conclusion

10. What do you think can be done to improve the CJ process?

Appendix G

Media reports

S/N	Date published	Platform	Title
1	16 October 2017	GovInsider	Singapore adopts South Australia's inclusive approach
2	21 November 2017	The Straits Times	Government sets up 75 member Citizens' Jury to crowdsource ideas for War on Diabetes
3	22 November 2017	The Straits Times	New panel to offer ideas in War on Diabetes
4	22 November 2017	Tamil Murasu	நீரிழிவு பற்றிய யோசனைகளை திரட்ட குடிமக்கள் நடுவர் குழு
5	28 November 2017	The Straits Times	Joining hands in Diabetes war
6	13 January 2018	The Straits Times	First Citizens' Jury presents its recommendations on how to combat diabetes
7	13 January 2018	The Straits Times	What the 'citizen jurors' recommended to beat diabetes
8	13 January 2018	Channel NewsAsia	Inaugural Citizens' Jury reveals recommendations for the War on Diabetes
9	13 January 2018	Channel NewsAsia (Video)	Inaugural Citizens' Jury reveals recommendations for the War on Diabetes
10	13 January 2018	Channel 8 News and Current Affairs	公民审议团总结三场对抗糖尿病讨论会 将建议提呈给许连碯博士
11	13 January 2018	Channel 8 News and Current Affairs	本地首个公民审议团 提呈抗糖尿病建议
12	14 January 2018	Lianhe Zaobao	总结 76 志愿者讨论 公民审议团 提 12 建议对抗糖尿病
13	14 January 2018	Berita Harian	Juri rakyat pertama di S'pura bentang saranan atasi kencing manis

14	14 January 2018	Tamil Murasu	நீரிழிவுக்கு எதிரான குடிமக்கள் நடுவர் குழுவின் பரிந்துரைகள்
15	14 April 2018	Channel 8 News and Current Affairs	公民审议团提呈 28 项对抗糖尿病建议 卫生部接受了 14 项
16	14 April 2018	The Straits Times	Drink Water campaign among plans by Government to combat diabetes
17	15 April 2018	The Straits Times	More water coolers in fight against diabetes
18	15 April 2018	Lianhe Zaobao	支持公民审议团对抗糖尿病建议 政府计划拨款资助“多喝开水运动”

			<p>has many community-based recommendations and more importantly, their desire to work with the Government to implement these recommendations. The Jury's recommendations will be submitted to MOH unedited and unchanged, and MOH will provide a detailed response to these recommendations within three months.</p> <p>I have sat in their discussions in the past three sessions, and witnessed their commitment and passion. They have provided us with good insight into some of the gaps on the ground and their generous sharing of experiences and ideas have enriched us all. This CJ process has also shown that many of our citizens are ready to develop solutions and take ownership on issues that affect all of us. I am heartened by their active participation and I look forward to working with them to co-deliver solutions that will contribute to a healthier Singapore.</p> <p>(86 reactions, 5 shares, 4 comments)</p>	
4	14 April 2018	Facebook	<p>SMS Khor</p> <p>Original content:</p> <p>Happy to meet participants of the inaugural Citizens' Jury (CJ) again, but this time to present the Ministry of Health (MOH)'s response to their report which they submitted to MOH 3 months ago. Their recommendations on how Singaporeans can</p>	

			<p>fight the War on Diabetes together were thoughtful and reflected concerns from the community, and I am happy to share that MOH will support and explore most of their recommendations.</p> <p>Though the Citizens' Jury engagement has officially concluded, the Government and the CJ still have a long journey ahead of us, as we work closely together to turn the ideas into reality. I am very encouraged to see several CJ participants taking the lead to initiate discussions with various agencies to pilot their ideas within our community! I hope that more participants and citizens will be inspired by them and come up with more ground-up initiatives to win this War on Diabetes!</p> <p>The Citizens' Jury has been an inspiring and meaningful journey for all of us at MOH. The CJ participants have inspired us with their commitment and passion to make a difference. I hope that their experience and efforts will inspire more Singaporeans to contribute actively to a healthier Singapore. Find out more about the CJ report and MOH's response at: www.moh.gov.sg/wodcj.</p> <p>(46 likes, 2 shares, 2 comments)</p>	
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