



HEALTH & PERSONAL WELL-BEING: PHYSICAL HEALTH CONVENING REPORT

This aspect of quality of life refers to the general health status of the population including physical and mental health, and the availability and accessibility of healthcare services

PHYSICAL HEALTH



46%

AVAILABILITY OF HEALTHCARE SERVICES



68%

ACCESSIBILITY OF HEALTHCARE SERVICES



68%

RESIDENTS RATE BERMUDA AS HIGH TO EXTREMELY HIGH

BERMUDA VITAL CONVERSATIONS

The Bermuda Community Foundation (the “foundation”) introduced Vital Signs® as an important step in identifying resident’s priorities related to their quality of life in Bermuda and the issues most important to them. The Vital Signs® programme has become a standard of excellence among community foundations around the world. It provides a methodology that evaluates community vitality and wellbeing and plays an important role in informing the allocation of resources. The reporting and prioritisation process is tailor-made to suit each jurisdiction’s needs.

In Bermuda, we conducted research on the community’s priorities, determined standardised outcomes based on that information and then sought further input from field experts in order to prioritise funding needs. This last step is carried out through convenings, known as “Vital Conversations”.

The foundation is hosting the Vital Conversation Series to further refine the valuable information gathered from the community. In this phase, local stakeholders convene to access public opinion, local, and international data for each of the Vital Signs® areas and prioritize the top outcomes that will guide the foundation’s funding strategy.

THE FINDINGS

The 2017 Bermuda Vital Signs® Report revealed that Health & Personal Wellbeing was an important aspect of quality of life in Bermuda. The data revealed that residents broadly define Health and Personal Wellbeing as two broad categories, mental and physical health. The issues of availability and accessibility to health care were also defining features in their definition. The majority of residents perceived that mental health on the island was generally good.

In addition to public perception, there are many important data trends that help add meaning. For example, local and international data show Bermuda’s rate of suicide being lower than in comparable countries. Suicide rates are a key indicator of community wellbeing, reflecting the availability and accessibility of mental health services. Many residents reported to have been able to access emotional support when needed. Further, residents’ self-assessed level of stress was moderate overall.

HOW DO WE COMPARE?



INFANT MORTALITY RATE

Infant mortality rate compares the number of deaths of infants under one year old in a given year per 1,000 live births in the same year. This rate is often used as an indicator of the level of health in a country.

SUICIDE MORTALITY RATE

Suicide mortality is an important proxy for the prevalence of mental health disorders in a country. Mental health disorders are a major impediment to the well-being of populations in developed and developing countries. Mental disorders, especially depression and substance abuse, are associated with 90% of all suicides.

Opinions on physical health were less positive. Both the availability and accessibility of healthcare services were rated moderately high. Both local and international data sources show that life expectancy has notably increased in the past twenty-five years while the infant mortality rate has varied but remained low. However, a noteworthy proportion of residents have been diagnosed with a chronic health condition. Further, the majority of residents were assessed as having had a body weight above the healthy or normal level based on the BMI measurement, with the proportion of overweight residents having risen in later years.

WHAT PEOPLE THINK

QUALITY OF HEALTHCARE

65%

Rate the quality of healthcare as good or excellent

AFFORDABILITY OF HEALTHCARE

38%

Agree that healthcare is affordable

ADEQUACY OF COVERAGE

65%

Rate their healthcare insurance as adequate

PERCEPTION OF HEALTH

83%

Rate their own health as either good, very good, or excellent

FEEL STRESSED

35%

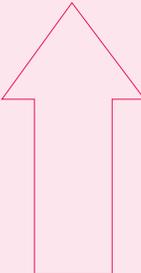
Rate their own level of personal stress as high to extremely high

Results from the Vital Signs® survey showed that the general public believed that Bermuda performed well at meeting residents' expectations in terms of the availability and accessibility of healthcare services. Further, opinions were generally favourable with the quality of healthcare available in Bermuda, despite room for improvement. In addition, local research findings revealed that the vast majority of residents had a personal doctor, that the number of hospital beds per capita was on par with the global average, and that only a minority of residents had to travel abroad in the past year to receive medical treatment or services not available in Bermuda. Despite residents' positive outlook on the accessibility.

THE PLAN

On March 23, 2018 the first in the series of Vital Conversations was convened with health experts to examine the public opinion data from the Vital Signs® Report as well as relevant local and international data. The Bermuda Community Foundation selected a list of outcomes and indicators for the group to examine and prioritise. The result of this collaborative prioritisation effort yielded the following key outcomes and indicators that the foundation, and potentially other funders, can use to guide its funding decisions through 2021.

JUST THE FACTS

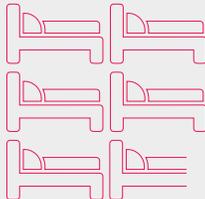


DIABETES

PROSTATE CANCER

OBESITY

Bermuda has significantly higher averages than other OECD countries



5.8

HOSPITAL BEDS PER 1000 PEOPLE

OECD average is 4.7



98%

HEALTHCARE ACCESS

Adults who get regular health checks

VITAL CONVERSATIONS PRIORITISED OUTCOMES & INDICATORS

• PHYSICAL HEALTH •

High quality, affordable, accessible and inclusive services available to all

Improved availability of good quality affordable sports and fitness services

- | | |
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| <ul style="list-style-type: none"> • Number of social enterprises operating in sports and fitness-related industries • Percentage of population using local sports and fitness facilities • Availability of sports and fitness facilities in local areas offering affordable opportunities | <ul style="list-style-type: none"> • Number and coverage of sports and fitness organisations in deprived areas of communities • Number of sports and fitness facilities that have become more accessible to people with specific needs |
|---|--|

Equal access to high quality, safe health and social care services

Equal access to health and social care services	Improved quality of health and social care services and their effectiveness at preventing people from dying prematurely	Improved safety of health services environment	Improved availability of preventative support and programmes
<ul style="list-style-type: none"> • Number and geographical coverage of public health centres including dental services, maternity services, social care services and sexual health centres and sexual education providers • Number of people who have used a healthcare service in the past 6 months • Proportion of people who are offered rehabilitation services after discharge from hospital • Proportion of the population registered at a General Practice 	<ul style="list-style-type: none"> • Decrease in the under 75 mortality rate from major diseases (cardiovascular disease, respiratory disease, liver disease, cancer) • Emergency waiting times for medical treatment • Increase in the average number of survival years (one and five year survival) for all kinds of diseases or medical conditions • Number of people for whom the concern for their health is reduced • Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare • Proportion of people who experience improved health following planned treatments • Proportion of people who recover from injury or trauma • Quality of social care 	<ul style="list-style-type: none"> • Number of full-term babies admitted to neonatal care (safety of maternity services) • Number of hospital deaths attributable to problems in care • Number of incidences of harm to children due to failure to monitor • Number of incidences of hospital-related venous thromboembolism (VTE), healthcare associated infections (HCAI), newly-acquired ulcers, and medication errors 	<ul style="list-style-type: none"> • Delayed transfers of care from or to hospital • Incidence of acute health incidents and admissions into hospital and care settings • Number and geographical coverage of community based programmes • Number of people enabled to regain independence/reduce dependency due to support received • Permanent admissions to residential and nursing care homes, per 1,000 population

Key Outcome Category	Specific Outcome	Indicator(s)
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We are pleased to make more detailed outcome and indicators reporting available to BCF fund holders. Special terms and conditions apply. Contact info@bcf.bm

Healthy and physically active people and communities

Decreasing levels of obesity, smoking, alcohol consumption, addiction and illicit drug use	Healthy eating and appropriate levels of exercise	High life expectancy	Improved health equality	Improved sexual health and family planning
<ul style="list-style-type: none"> • Average household spend on smoking and alcohol • Levels of illicit drug use and rates of addiction • National/local obesity rates • Percentage of household food derived from saturated fatty acids • Proportion of the population drinking more than recommended amounts for men and women • Proportion of the population that smokes 	<ul style="list-style-type: none"> • Availability and use of sports and fitness facilities • National/local levels of fruit and vegetable consumption • National/local levels of malnutrition • Percentage of the adult population participating in at least 150 minutes of moderate-intensity aerobic activity every week (NHS recommended target) 	<ul style="list-style-type: none"> • Age-standardised mortality and infant mortality rates • Incidence of major diseases (cardiovascular disease, respiratory disease, liver disease, cancer) • Life expectancy at 75 • National/local average life expectancy • Overall mortality rate 	<ul style="list-style-type: none"> • Equality throughout the population in life expectancy and preventing premature death • Equality throughout the population in healthy eating and exercise 	<ul style="list-style-type: none"> • Number of people practicing safe sex • Number of teenage pregnancies • Rates of sexually transmitted diseases

Improved/ maintained quality of life for elderly and disabled

Improved functional independence	Improved/ maintained overall quality of life	Reduced recovery time after illness/injury	Reduced time spent in hospital
<ul style="list-style-type: none"> • Level of social services care accessed • Rate of employment of people with long term conditions • Ability to conduct activities of daily life 	<ul style="list-style-type: none"> • Score on self-assessment survey tools designed to measure overall quality of life 	<ul style="list-style-type: none"> • Time taken to increase (reduce) score on survey tool designed to assess ability to conduct daily activities • Time taken to increase (reduce) score on survey tool designed to measure health 	<ul style="list-style-type: none"> • Average time spent in hospital per person

Public and corporate policies and expenditures that support good physical health

Improved investment, expenditure and procurement	Improvements in policy and legislation
<ul style="list-style-type: none"> • Corporate investment and expenditure (giving) on improving physical health • Government expenditure/funding for healthcare programmes • Government investment in physical health • Procurement practices and public sector contracts that are designed to improve social outcomes (e.g. contracts that enable social enterprises and smaller SMEs to bid, outcomes-aligned contracts) 	<ul style="list-style-type: none"> • Changes in policy and legislation that support improvements to public physical health • Regulatory changes • Level of relevant parliamentary activity (e.g. white papers published, committees formed, consultations or reviews conducted, citations made)

WHAT THE EXPERTS SAID

The majority of participants (60%) were confident that the quality of life for Bermuda residents would improve if the top priority health outcomes were achieved. One participant from the government/QUANGO sector stated, *“the top priority items were wisely focused on root causes and social determinants of health.”* This participant went on to share that, *“It is important to express in the public domain our understanding that health outcomes will improve when social and economic equity is improved. We cannot do one without the other. Eliminating the extremes of wealth and poverty and the disparity in opportunities in society will benefit every demographic. We all win when the structural disparities are removed. Bermuda has the possibility of becoming the healthiest and happiest island on earth if we recognize this and take action.”* This participant felt more confident because efforts focused on root causes tend to yield more meaningful and lasting results.

A number of participants (30%) showed moderate confidence in the top priorities alone leading to improvements to the quality of life for Bermuda residents. Some felt that success could only occur if everyone actively shared the responsibility of achieving these goals. The top priorities are not just the responsibility of the government, corporate, or nonprofit sectors but of community members themselves and their involvement in these efforts.

WHO NEEDED TO BE IN THE ROOM

Representatives of key government entities, policy influencers and makers, nonprofits, vendors and service providers in the relevant field were invited to participate in the convening. They were also encouraged to nominate additional participants we may not have considered. The purpose was to ensure that the convening outcome would reflect input from those with the greatest experience and knowledge of the topic under review.

“If we can improve on making the community healthier through some of the initiatives discussed, better health equals better quality of life.”

- Nonprofit sector member

One participant from the nonprofit sector concluded, *“if priorities were achieved (i.e., improvement in access and availability of healthcare), the quality of life would most likely benefit. I cannot be overly confident, as my concern lies in that the Bermuda residents must actually use the health care provided. Currently, there is so much available to the people of Bermuda, but either they are unaware that it exists, or they choose not to use the services. This is more of an issue with marketing the services available, and more importantly, changing the mind-set of the people to use the services that are available to help them improve their health.”* Another participant stated, *“we (all stakeholders) should be focused on one of the top priorities -- which is making good health care available and affordable to all! There are many components that need to work together to make that a reality.”*

Overall, the majority expressed confidence that successful efforts to achieve the health priorities would improve the quality of life for Bermuda residents.

This would include senior civil servants, nonprofit executives, industry leaders and community experts in their respective fields. At the convening, participants were asked to step aside from their individual affiliations and participate in the discussions as policy influencers, programme and service providers, researchers and other professionals for the benefit of Bermuda.

WHO WAS THERE

Department for National Drug Control, Nelson Bascome Substance Abuse Treatment Center	Angria Bassett	Treatment Coordinator
BF&M Limited	Brenda Dale	AVP, Wellness
Multiple Sclerosis Society of Bermuda	Carolyn L. Armstrong	President
S.T.A.R. (Supportive Therapy for A.I.D.S. Victims and their Relatives)	Carolyn L. Armstrong	Director
Learning Disabilities of Bermuda	Cathy Sousa	Chair
Windreach Bermuda	Chrissie Kempe	Executive Director
Ministry of Health	Cheryl Peek Ball, MD	Chief Medical Officer
Age Concern Bermuda	Claudette Fleming, PhD	Executive Director
	Danea Tucker	Representative
Bermuda Health Council	Elizabeth Kast	Compliance Officer
Ministry of Health	Jennifer Attride Stirling, PhD	Permanent Secretary
Open Airways	Mary Ellen Ewles	Director
Friends of Hospice	Reilly Smith	Programme Manager
PRIDE (BERMUDA)	Samantha Smith	Programme Manager
Argus Group (The)	Shakira Warner	Population Health Specialist
Family Centre (The)	Stephanie Guthman, PhD	Director, Specialized Training & Assessment
Open Airways	Tracy Nash	Nurse
PRIDE (Bermuda)	Truell Landy	Programme Director
Bermuda Diabetes Association	Debbie Jones	Chair
PALS	Colleen English DeGrilla	Executive Director
Bermuda Hospitals Charitable Trust	Lisa Sheppard	Development Director

AN EVOLVING PROCESS

We strive to inform these convenings with high-level field and content area expertise. We ask participants to use their knowledge to inform this work at a national level. We appreciate the participation of the attendees of this convening. Also considered for participation, and therefore, potential community resources on this issue are:

ABC Speech-Language Pathology & Educational Services
 Action on Alzheimer's And Dementia
 Aerie Foundation
 Agape House
 Argus
 Association for the Mentally Handicapped of Bermuda
 Bermuda Asthma and Allergy Support Group (The)
 Bermuda Autism Support and Education Society
 Bermuda Cancer and Health
 Bermuda Cerebral Palsy Support Network
 Bermuda Diabetes Association
 Bermuda Fibro Institute
 Bermuda Fibromyalgia & Chronic Fatigue Syndrome
 Bermuda Health Council
 Bermuda Heart Foundation (The) & Core Health Clinic
 Bermuda Hospitals Board
 Bermuda Hospitals Charitable Trust
 Bermuda Islands Association of The Deaf
 Bermuda Life Skills Group
 Bermuda Lupus Association
 Bermuda Mental Health Foundation (The)
 Bermuda Organ and Tissue Donor Association
 Bermuda Overseas Missions
 Bermuda Psychologists Registration Council
 Bermuda Schizophrenia Society
 Bermuda Society for The Blind
 Bermuda Sport Anti Doping Authority (Formerly

Known as Bermuda Council for Drug Free Sport)
 Bermuda Stroke & Family Support Association
 Bermuda Youth Counselling Services
 BF&M
 Child and Family Services
 Chrysalis Foundation
 Colonial
 Communicable Disease Clinic
 Community Rehabilitation Occupational Therapy and Physiotherapy Services
 Continuing Care Programme
 Department of Health
 Depression & Bipolar Support Group
 Fair Havens Christian Care Association
 Family Centre (The)
 Fight for Life Foundation
 Focus
 Friends of Hospice
 Friends of Lefroy House Association (The)
 Health Headquarters
 Health Insurance Department
 Health Promotion Office
 Healthy Schools
 HIV/AIDS Programme
 Just Between Us
 K Margaret Carter Centre
 La Leche League Bermuda at BCF
 Learning Disabilities Association of Bermuda
 Live Healthy Bermuda Foundation

Maternal Health and Family Planning
 Melange
 Michael Dolding Prostrate Cancer Foundation
 Mid Atlantic Wellness Institute - Acute Community Health Service
 Ministry of Health
 Neverland Foundation (The)
 Open Airways
 Orange Valley Centre *
 Order of St. John (Bermuda) St. John Ambulance Brigade
 Ostomy Association of Bermuda
 P.A.L.S.
 Pathways (Formerly Caron) Bermuda
 Pride (Bermuda)
 Residents Family Council (The)
 Seniors' Wellness Clinics*
 Silver Lining Foundation (The)
 Syncarily Yours Foundation
 Teen Services/Teen Haven
 Tomorrow's Voices - Bermuda Autism Early Intervention Centre
 Turning Point Substance Abuse Programme

THE BERMUDA VITAL SIGNS® ARE ALIGNED WITH THE UNITED NATIONS SUSTAINABLE DEVELOPMENT GOALS




Goal 3: Good Health and Well-Being
 Ensure healthy lives and promote well-being for all at all ages