



HEALTH & PERSONAL WELL-BEING SUMMARY 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%

MENTAL
HEALTH



59%

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”.

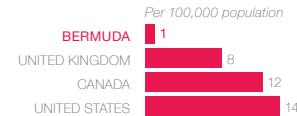
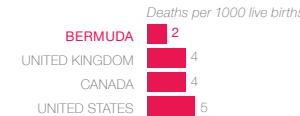
The foundation is hosting the Vital Conversation Series to further refine the valuable information gathered from the community. In this phase, local stakeholders convene to access public opinion, local, and international data for each of the Vital Signs® areas and prioritize the top outcomes that will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

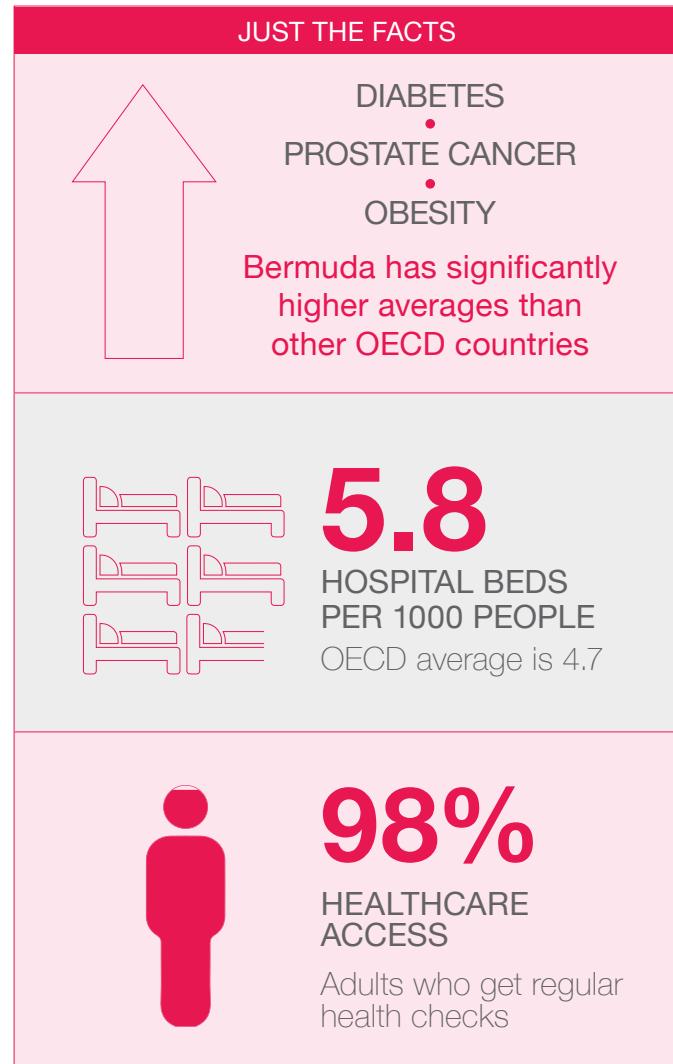
FEEL
STRESSED**35%**

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.





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

- 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

- 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

- 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

- 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

- 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

- 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:

Key Outcome Category

Specific Outcome

• Indicator(s)



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

- 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

- 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)

- 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

- Equality throughout the population in life expectancy and preventing premature death
- Equality throughout the population in healthy eating and exercise

- 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

- Level of social services care accessed
- Rate of employment of people with long term conditions
- Ability to conduct activities of daily life

- Score on self-assessment survey tools designed to measure overall quality of life

- 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

- Average time spent in hospital per person

KEY:

Key Outcome Category

Specific Outcome

• Indicator(s)



Public and corporate policies and expenditures that support good physical health

Improved investment, expenditure and procurement

- 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)

Improvements in policy and legislation

- 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)

• MENTAL HEALTH •

Equal access to good quality mental health services

Equal access to mental health services

- Availability and use of mental health services
- Number and geographical coverage of public mental health centres
- Proportion of people who are offered rehabilitation services after discharge from care

Improved availability of preventative support and programmes

- Number and geographical coverage of community based programmes
- Rates of mental health incidents and admissions into hospitals, regional secure units or secure hospitals

Improved quality of mental health services

- Excess under 60 mortality rate in adults with a learning disability
- Excess under 75 mortality rate in adults with a serious mental illness
- Potential Years of Life Lost (PYLL) from causes considered amenable to mental health care
- Proportion of people who experience improved mental health following use of services
- Proportion of people who recover from mental health problems following use of services
- Waiting times for mental health emergencies

KEY:

Key Outcome Category
Specific Outcome
Indicator(s)



Vulnerable people are supported to live with greater independence.

Improved access to high-quality supported and sheltered accommodation for those who need it

- Number of sheltered accommodation schemes meeting standards set by external inspectors
- Number of social housing supported lettings (by private registered social housing providers (PRPs) and by local authorities)

More individuals successfully move through emergency and transitional shelter

- Number of clients considered ready for move on
- Number of clients with planned move on
- Number of clients with unplanned move on

More people with specific needs are supported to live independently

- Number of people demonstrating greater:
 - Confidence
 - Control
 - Involvement
- Number of vulnerable people supported to maintain independence through adaptations
- Percentage of vulnerable people supported to achieve independent living

People are better able to manage their mental health and lead a full life

Increased numbers of people are able to manage their mental health problems

- Score on Mental Health Recovery Star (or equivalent)
- Score on psychological scales to measure ability to cope

Increased numbers of service users enter employment

- Number of people with mental health problems that enter employment
- Number of people with mental health problems that sustain employment

Increased numbers of service users feel in control of their lives

- Numbers of service users reporting a sense of having control over their own destiny and ability to make decisions

Service users are better able to manage their finances

- Number of service users in control of personal finances, including budgeting, managing indebtedness, and claiming appropriate level of benefits
- Number of service users reporting that they have adequate knowledge, confidence and access to personal finance, bank account, savings, and credit

Service users become more active citizens

- Number of people who are given any unpaid help or worked as a volunteer for any type of local, national or international organisation or

Service users have improved social networks

- Responses validated psychological scales looking at social networks

Service users have increased self-esteem

- Number of service users with increased feelings of self-worth and improved self-assessment of their own capabilities

Service users increase their skills and gain appropriate qualifications

- Number of service users achieving GCSEs, A Levels NVQs, BTEC, degrees and other academic, vocational or skills-based qualifications
- Number of service users participating in education and training activities

KEY:

Key Outcome Category

Specific Outcome

• Indicator(s)



Reduced stigma and discrimination of mental health problems

Health practitioners are better able to identify mental illness and act appropriately	Policy changes create a society more supportive of those with mental health problems	The public have improved attitudes towards people with experience of mental distress	The public have improved knowledge of mental health	The public's behaviour towards people with experience of mental distress improves	Workplaces demonstrate improved understanding of mental health problems
<ul style="list-style-type: none"> Number of mental health cases diagnosed and referred from GP surgeries Number of practitioners that 'feel confident' at dealing with mental health problems and know where to direct people Number of practitioners trained in mental health 	<ul style="list-style-type: none"> Number of policy initiatives (at specified level eg, local/national government, employers) directed at improving support for those with mental health problems Number/extent of outcomes attributed to policy change (ie, any of the outcomes featured in this framework) 	<ul style="list-style-type: none"> Number of people with improved attitudes to mental health problems (ie, how tolerant they are, and the language that they use) 	<ul style="list-style-type: none"> Number of people with improved knowledge about mental health problems 	<ul style="list-style-type: none"> Number of people demonstrating improved treatment of people with mental health problems 	<ul style="list-style-type: none"> Number of court cases and employment tribunals around discrimination of employees with mental health problems Number of employers willing to be understanding in the event of a crisis Number of employers willing to employ people with a history of mental health problems Number of employers willing to make adaptations

Strong public awareness and participation in matters relating to mental health and well-being, and good sectoral understanding

Improved participation, choice and voice for people with mental health problems	Improved public awareness and engagement	Improved sectoral understanding as to how best to optimise mental health and well-being	Reduction in stigma and discrimination associated with mental health
<ul style="list-style-type: none"> Improved ability for people with mental health problems to make informed choices about how they live and recover Improved choice of mental health service and service providers Number of family members, friends and carers who report that they have been included or consulted in discussions about the person they care for, and in planning and influencing Number of people using mental health services who are participating in their service design or delivery Number of people using mental health services who report feeling listened to and able to manage their own support as much as they wish 	<ul style="list-style-type: none"> Change in public perception General availability of information Level of media exposure (e.g. number of articles published on the subject in mainstream media; exposure on tv, radio; internet traffic) Level of public awareness about the causes and consequences of mental health and well-being problems Number of campaigns running to inform public about mental health problems Public donations to related charities Public events, rallying and campaigning Public volunteering on projects and initiatives related to mental health and general emotional well-being 	<ul style="list-style-type: none"> Funding for research Innovation of new ideas, technologies and approaches Research and evidence relating to the problem and interventions (e.g. clinical trials, studies into therapies, treatments and cures, papers published) Retirement of previous methods shown by research to be ineffective Support for the sector through quality umbrella bodies Uptake of new ideas by other mental health care providers or government 	<ul style="list-style-type: none"> Number of anti-discrimination trainings given in workplaces and educational institutions Reported bullying relating to mental health problems Reported social exclusion relating to mental health problems

KEY:

Key Outcome Category
Specific Outcome
• Indicator(s)



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,	Angria Bassett	Treatment Coordinator
Nelson Bascome Substance Abuse Treatment Center	Brenda Dale	AVP, Wellness
BF&M Limited	Carolyn L. Armstrong	President
Multiple Sclerosis Society of Bermuda	Carolyn L. Armstrong	Director
S.T.A.R. (Supportive Therapy for A.I.D.S. Victims and their Relatives)	Cathy Sousa	Chair
Learning Disabilities of Bermuda	Chrissie Kempe	Executive Director
Windreach Bermuda	Cheryl Peek Ball, MD	Chief Medical Officer
Ministry of Health	Claudette Fleming, PhD	Executive Director
Age Concern Bermuda	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	Bermuda Sport Anti Doping Authority (Formerly Known as Bermuda Council for Drug Free Sport)	Learning Disabilities Association of Bermuda
Action on Alzheimer's And Dementia	Bermuda Stroke & Family Support Association	Live Healthy Bermuda Foundation
Aerie Foundation	Bermuda Youth Counselling Services	Maternal Health and Family Planning
Agape House	BF&M	Melange
Argus	Child and Family Services	Michael Dolding Prostate Cancer Foundation
Association for the Mentally Handicapped of Bermuda	Chrysalis Foundation	Mid Atlantic Wellness Institute - Acute Community Health Service
Bermuda Asthma and Allergy Support Group (The)	Colonial	Ministry of Health
Bermuda Autism Support and Education Society	Communicable Disease Clinic	Neverland Foundation (The)
Bermuda Cancer and Health	Community Rehabilitation Occupational Therapy and Physiotherapy Services	Open Airways
Bermuda Cerebral Palsy Support Network	Continuing Care Programme	Orange Valley Centre *
Bermuda Diabetes Association	Department of Health	Order of St. John (Bermuda) St. John Ambulance Brigade
Bermuda Fibro Institute	Depression & Bipolar Support Group	Ostomy Association of Bermuda
Bermuda Fibromyalgia & Chronic Fatigue Syndrome	Fair Havens Christian Care Association	P.A.L.S.
Bermuda Health Council	Family Centre (The)	Pathways (Formerly Caron) Bermuda
Bermuda Heart Foundation (The) & Core Health Clinic	Fight for Life Foundation	Pride (Bermuda)
Bermuda Hospitals Board	Focus	Residents Family Council (The)
Bermuda Hospitals Charitable Trust	Friends of Hospice	Seniors' Wellness Clinics*
Bermuda Islands Association of The Deaf	Friends of Lefroy House Association (The)	Silver Lining Foundation (The)
Bermuda Life Skills Group	Health Headquarters	Syncairly Yours Foundation
Bermuda Lupus Association	Health Insurance Department	Teen Services/Teen Haven
Bermuda Mental Health Foundation (The)	Health Promotion Office	Tomorrow's Voices - Bermuda Autism Early Intervention Centre
Bermuda Organ and Tissue Donor Association	Healthy Schools	Turning Point Substance Abuse Programme
Bermuda Overseas Missions	HIV/AIDS Programme	
Bermuda Psychologists Registration Council	Just Between Us	
Bermuda Schizophrenia Society	K Margaret Carter Centre	
Bermuda Society for The Blind	La Leche League Bermuda at BCF	

If you have ideas about who should be included in upcoming sessions, please email us at admin@bcf.bm. For the tentative schedule of Bermuda Vital Signs® convenings through to March 2019, go to www.bcf.bm.

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