

## CONTENT SHEET

1. WHY we are doing this. ( glaring difference between Present Indexes )
2. WHERE the root of the idea came from ( Social and Cultural inspirations)
3. WHAT are we doing to achieve this ( Description of Action, Ethic Assessments, Research, Public Engagement, Media and Communication Plan)
4. Caring For Care Presentation ( 28th, Nov 2022 )

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## **RESEARCH : CARE GROUP 12b**

### **A Push to Develop a GROSS NATIONAL CARE INDEX**

The Gross National Care Index is a media campaign to gather data on How cared for the population feels. It does revolve around the quality of healthcare, wellness, mental health and social care in the United Kingdom. We are making a case to the UK Government that happiness, wellness and care of the population is a metric worthy of consideration and of equal importance as GDP.

We are demonstrating that it is easy and feasible to collect information about this topic and that it should therefore be considered by the public representatives of the population.

We hope to gather qualitative and quantitative data on how well individuals in the UK feel cared for through a series of questions that will be launched after a sample size voluntary survey that is shared through a media and information campaign.

The Difference we are aiming for is to measure a NATIONAL CARE INDEX as opposed to what most Governments often do - they measure the National Health Index.

#### **Definition of a HEALTHCARE v CARE INDEX:**

' Health Index is **an estimation of the overall quality of the healthcare system, healthcare professionals, equipment, staff, doctors, cost, etc.** HealthCare Exp Index - is aiming to show a health care index such that it raises MORE (exponentially) if the healthcare system is of better quality.'

What it Measures :

*The Conceptual and Operational Considerations.*

- 2.3.1 Morbidity indicators.
- 2.3.2 Mortality indicators.
- 2.3.3 Indicators of behavioral risk factors.
- 2.3.4 Health services indicator.

Sources and information on the Research pros and cons.

GNHI vs GNCI

[https://www3.paho.org/hq/index.php?option=com\\_content&view=article&id=14405:health-indicators-conceptual-and-operational-considerations&Itemid=0&lang=en#gsc.tab=0](https://www3.paho.org/hq/index.php?option=com_content&view=article&id=14405:health-indicators-conceptual-and-operational-considerations&Itemid=0&lang=en#gsc.tab=0)

The Problem with GNHI Index is it is often measuring the negative outcomes of a system without trying to improve it with a more human approach. To count a system within a binary of Life and Death feels accurate but highly problematic.

The reasons for Mortality of Morbidity does not seem to take into account the social factors of a health care system - in the sense of the importance of human community and human interaction.

The factors taken into account are often from the Medical Professions data surveys and not the patients themselves, the care taker etc

it does not factor in the Care of the Medical Professionals

We are also trying to simplify the Outcome and immediacy of issues —> Problem to outcome.

One of the many differences and improvements to expand the ideas for a Gross National Health Index is to hope it becomes an index for the every person to hold their political representative's efforts as much as the price of food and gas, as well as to be bring the complicated index into a simpler understanding for the general public to be debated in a public realm.

### **How The Gross National Care Index can help the Health Industry :**

*'More than half a million people in the health-care and social services sectors quit their positions in September — evidence, in part, of burnout associated with the coronavirus pandemic — and the American Medical Association says 1 in 5 doctors plan on leaving the field within two years.'*

*The shortages have hit the health-care system like a tsunami, according to Thomas Balcezak, chief medical officer at Yale New Haven Health Hospital. He said physicians, nurses and support staff have experienced a shift in how the public treats them compared with 2020.'*

**[-https://apple.news/AqQzxSMu-SqCWx3s42CfotA](https://apple.news/AqQzxSMu-SqCWx3s42CfotA)**

Why it feels like your doctor doesn't care for you

-[https://www.instagram.com/p/CIM\\_UDCqOq2/?igshid=MDVIOGU2MWU%3D](https://www.instagram.com/p/CIM_UDCqOq2/?igshid=MDVIOGU2MWU%3D)

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## **HOW ARE YOU?!**

Basic Overview on Inspiration and Sources behind our Idea to start measuring A National Care Index :

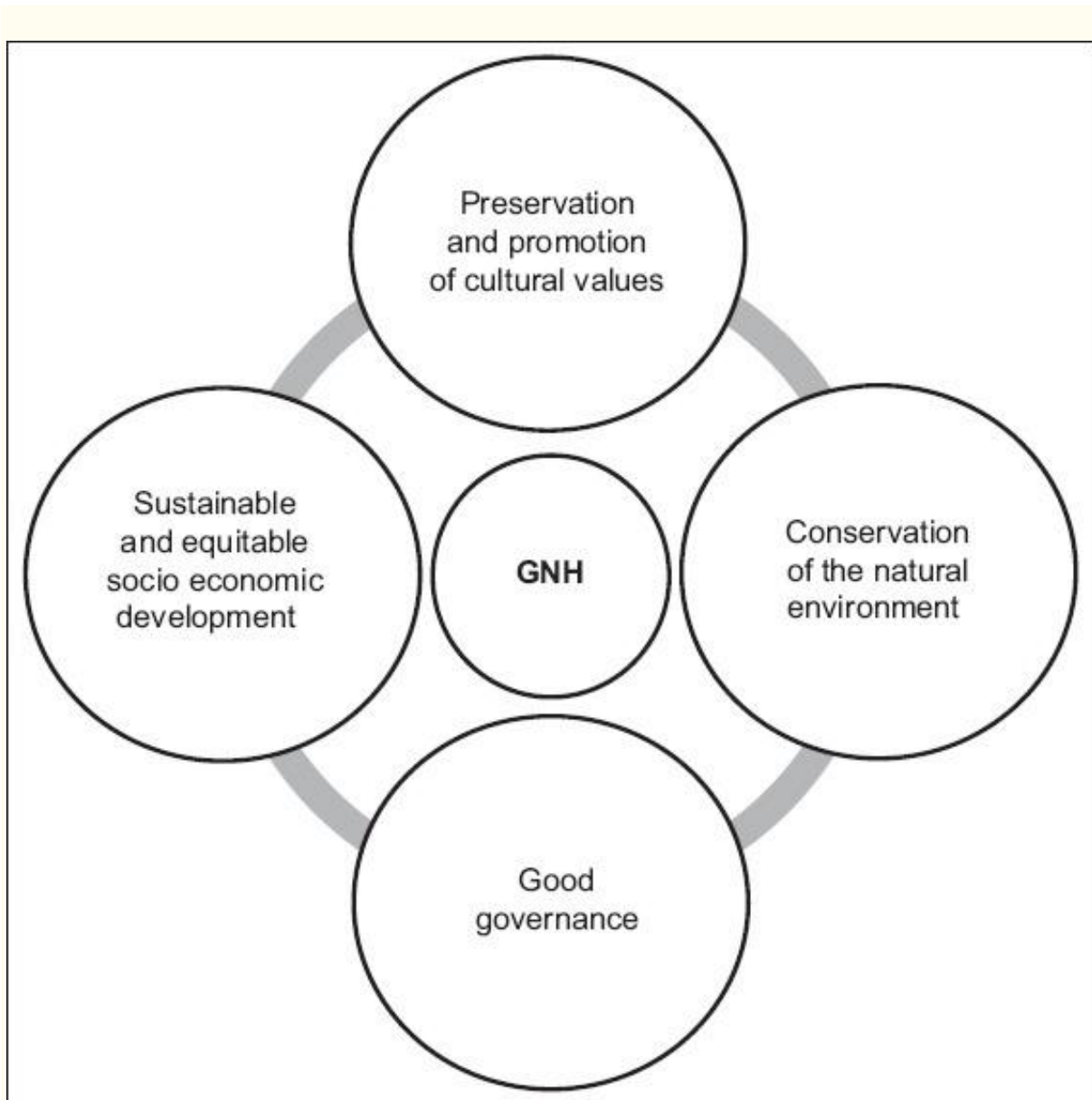
*Source : Singapore Medical Journal ; Google Scholar.*

*URL : <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4800719/>*

Bhutan is a small landlocked country measuring 38,394 km<sup>2</sup>,<sup>(1)</sup> with a population of 745,153.<sup>(2)</sup> It recently celebrated 108 years of monarchy; however, the country introduced its first constitution in 2008.<sup>(3)</sup> When the current King of Bhutan, Jigme Khesar Namgyel Wangchuck, was crowned in 2008, Bhutan was transformed into a unitary parliamentary constitutional monarchy.<sup>(2)</sup> The second and reigning Prime Minister of Bhutan, and the political head of the country, is Tshering Tobgay. Bhutan is divided into three regions (Western, Central and Eastern) and has 20 districts called *dzongkhags*. Bhutan's currency is the ngultrum (Nu) and its value is on par with and pegged to the Indian rupee. The major sectors that contribute to Bhutan's economy are tourism, agriculture, forestry and the sale of hydroelectric power. According to the 2011 National Health Accounts, its gross domestic product (GDP) per capita was USD 2,121.<sup>(2)</sup> Bhutan is known for measuring its happiness with the Gross National Happiness (GNH) Index.

The term was coined by the fourth king of Bhutan, Jigme Singye Wangchuck, in 1972 to show his commitment toward building the economy in a sustainable manner, based on Buddhist spiritual values and well-being.<sup>(4)</sup> **The Constitution of Bhutan also expresses the importance of GNH, as it states “the state shall strive to promote**

*those conditions that will enable the pursuit of Gross National Happiness*".(5) GNH has four underpinning pillars and nine domains (Fig. 1).(4)



[Fig. 1](#)

Flowchart shows the four pillars of Gross National Happiness (GNH).

In 2010, the following nine domains and their respective indicators were developed:(3)

1. Psychological well-being: life satisfaction, positive emotions, negative emotions, spirituality.
2. Standard of living: assets, housing, household income per capita.

3. Good governance: government's performance, fundamental rights, services, political participation.
4. Health: mental health, self-reported health status, healthy days, disability.
5. Education: literacy, schooling, knowledge and value.
6. Community vitality: donations (time and money), community relationships, family, safety.
7. Cultural diversity and resilience: speak native language, cultural participation, artistic skills and *Driglam Namzha* (social etiquette).
8. Time use: work and sleep.
9. Ecological diversity and resilience: ecological issues, responsibility towards environment, wildlife damage (rural), urbanisation issues.

The planning commission of Bhutan was renamed the GNH Commission on 24 January 2008 and new responsibilities were assumed to ensure that GNH would be firmly embedded in policies. As the convergence point for all prospective plans/projects and policies pertaining to Bhutan, GNH is reflected in terms of five-year plans that are implemented by various ministries. The 'Five-Year Plan' system was introduced in 1961 by the third King of Bhutan, Jigme Dorji Wangchuck; its aim was national economic development. According to the system, the ten ministries of Bhutan and other governmental agencies focus on sectoral development and submit their plan to the GNH Commission for further scrutiny. The GNH Commission assesses the plans based on its individual objectives, National and Sectoral Key Result Areas, and respective Key Performance Indicators, all of which contribute toward the achievement of the four pillars of GNH. The approved plan is then executed by various sectors and monitored in the following five-year plan. Approval from the GNH Commission also applies to new businesses in the private sector.

In 2010, a GNH survey found the following:[\(4\)](#)

- On average, men are happier than women.
- Of the nine domains, Bhutanese have the most sufficiency in health, followed by ecology, psychological well-being and community vitality.
- Urban areas tested better for health, living standards and education, while rural areas tested better for community vitality, cultural resilience and good governance.
- Happiness is higher among people with primary education or above than among those with no formal education. However, higher education did not greatly affect GNH.
- The happiest people by occupation include civil servants.
- Unmarried people and youth are among the happiest

### 3.

#### **GROUP 12 B PLAN**

- Create an initial public survey through voluntary Submissions via Guerilla Visual, Design and technology Techniques. Ig posters, sticker, leaflets, zine with QR codes
- Collect Data and propose a more specialized survey.
- Enact the Survey in a Public Domain

#### **DESCRIPTION OF ACTION**

**The Gross National Care Index is a media and Technology campaign to gather data on How cared for the population feels. We are making a case to the Government that happiness, wellness and care of a population is a metric worthy of consideration and of equal importance as GDP.**

**We are demonstrating that it is easy and feasible to collect information about this topic and that it should therefore be considered by the public representatives of the population.**

**We hope to gather qualitative and quantitative data on 'How Well' individuals feel Cared For through a series of questions that will be launched after we petition the Government with a sample size voluntary survey shared through Social media and an information campaign.**

## **Brainstorms, Inspirations, Research & Survey Development :**

### **PEEBLE PADS**

<https://rca.padlet.org/100147024/6bpyrgonawkisgew>

<https://rca.padlet.org/10012297/t8znmc19cv3jqa9l>

### **FIGMA**

<https://www.figma.com/file/Y6E5jjUi1nBeJXkct57faw/CARING-POSTERS?node-id=0%3A1&t=CjevGBCIYibNxsj4-0>

### **RESEARCH ON ETHICS & SURVEYS**

<https://docs.google.com/document/d/1dDVRk1OOsp76SXasihZDBNmuGCBbCx7GIIdhYSJ1zpc0/edit?usp=sharing>

### **RESEARCH: LITERATURE REVIEW - CURRENT STATE OF CARE IN UK - WHO POLICES IT, WHO'S CAMPAIGNING FOR BETTER, WHAT RESEARCH HAS BEEN DONE**

<https://docs.google.com/document/d/14HLVrhz8rزهITlyFp-NSfZ6dIWHWRgtO3JeysprQNU/edit?usp=sharing>

### **SURVEY / QUESTIONNAIRE DEVELOPMENT**

<https://docs.google.com/document/d/1t3dyhkcX4grXL9A14RB30u9v0CYwcQPbWdWy3f2VNL0/edit?usp=sharing>



## **ASSESSMENT & RESEARCH ON ETHICAL ISSUES AND RISK LEVELS OF OUR SURVEYS**

<https://docs.google.com/document/d/1mWeZeW6e6fGEGzNYYaf-92OiLK-z55GXynXPw7ZPBAs/edit?usp=sharing>

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## **CARE FOR CARE PRESENTATION**

<https://docs.google.com/presentation/d/16UsgrmJ7JEcSrEfLZrZTucf15J0oktjnh5CG6gHIK8Y/edit?usp=sharing>