

November 12<sup>th</sup> + 13<sup>th</sup>, 2025

# EYE HEALTH SCREENING REPORT

## Thank you to the health professionals who volunteered their time to make the Eye Health Screening a great success:

### Lahey Hospital and Medical Center

- Dr. David Ramsey
- Dr. Mahesh Bhardwaj
- Dr. Dinamarie Garcia-Banigan
- Ms. Kelley McKinney

### Bermuda College

- Renee Y. Faulcon
- Student nurses: Christopher, Calvina, and Beverley

## Executive Summary

On November 12 and 13, 2026, the Bermuda Diabetes Association (BDA) conducted a free retinopathy screening in collaboration with Lahey Hospital and Medical Center and the Bermuda College Nursing Program.

Highlights:

### Screening for Retinopathy, Glaucoma and Age-Related Macular Degeneration

- Seventy-two people attended the screening for Retinopathy, Glaucoma and/or Age-Related Macular Degeneration.

- 44% of participants had signs of at least one of the screened conditions.
- 21% of participants were recommended to seek follow-up care within 1 to 3 months with an ophthalmologist.
- 2 people were newly identified as having macular edema and were referred for further assessment and care by an ophthalmologist. Detecting and treating edema promptly is important as studies show that if the macula remains swollen for too long, it can lead to permanent vision damage.

### **HbA1c Screening**

- 50% of participants had HbA1c results of 7% or higher (up to 12.5%) which is considered high or very high and may indicate a need for adjustments in treatment or lifestyle to reduce the risk of long-term complications.
- Including the HbA1c screening provided the BDA with an opportunity to detect prediabetes and diabetes as well as identify people whose diabetes was not well controlled. As a result BDA team members could discuss with these participants (during and after the screening) prevention and management of diabetes which ultimately contributes to prevention of future retinopathy.

### **Participant Engagement**

- Almost a third of participants were new to the BDA, hence providing an opportunity to strengthen our community outreach.

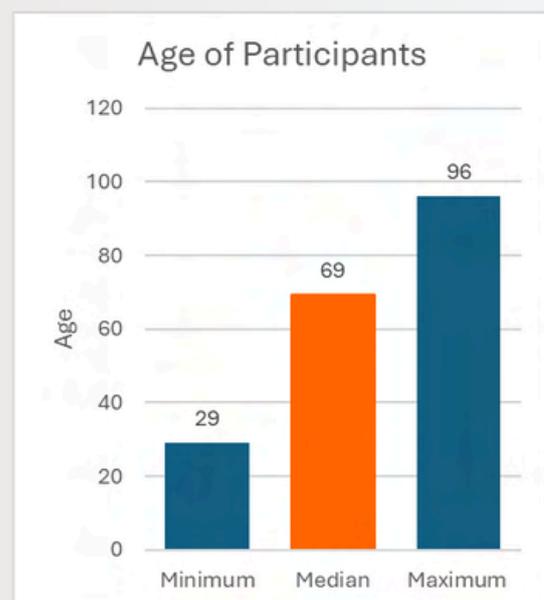
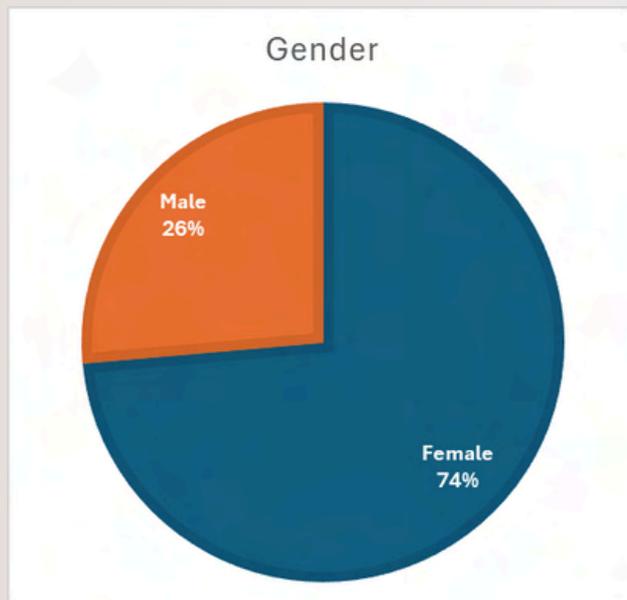
### **Supporting Follow-Up Care**

- BDA conducted a risk assessment to ensure that participants needing further eye health assessment and/or intervention to improve their glucose managements.

- 16 participants were identified as possibly at risk. To date, 12 have received assistance to have ophthalmological and/or diabetes care.

## Participants and Demographics

- Seventy-two people attended the screening for Retinopathy, Glaucoma and/or Age-Related Macular Degeneration.
- 74% of participants were women and 26% were men
- Participants ranged in age from 29 to 96. The average age was 68 and median age was 69.

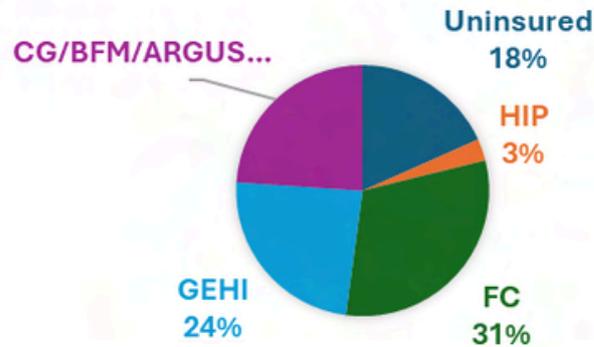


## Insurance Status

Based on participant self-reporting:

- 18% did not have health insurance (uninsured)
- 34% had Health Insurance Plan (HIP) or FutureCare (defined by the Bermuda Health Council as being underinsured)
- 48% had private insurance (i.e., GEHI, Argus, BFM, CG)

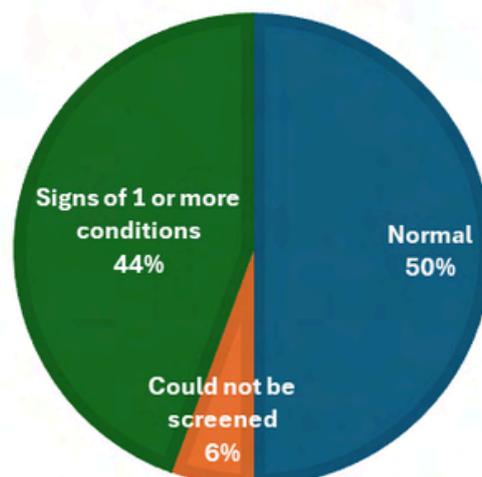
## INSURANCE COVERAGE



## Eye Health Screening Results

- 50% (36) of participants did not have signs of retinopathy, glaucoma or age-related macular degeneration.
- 44% (32) of participants had signs of diabetic retinopathy (with or without macular edema), glaucoma, and/or age-related macular degeneration.
- 6% (4) of participants could not be screened because of cataracts.

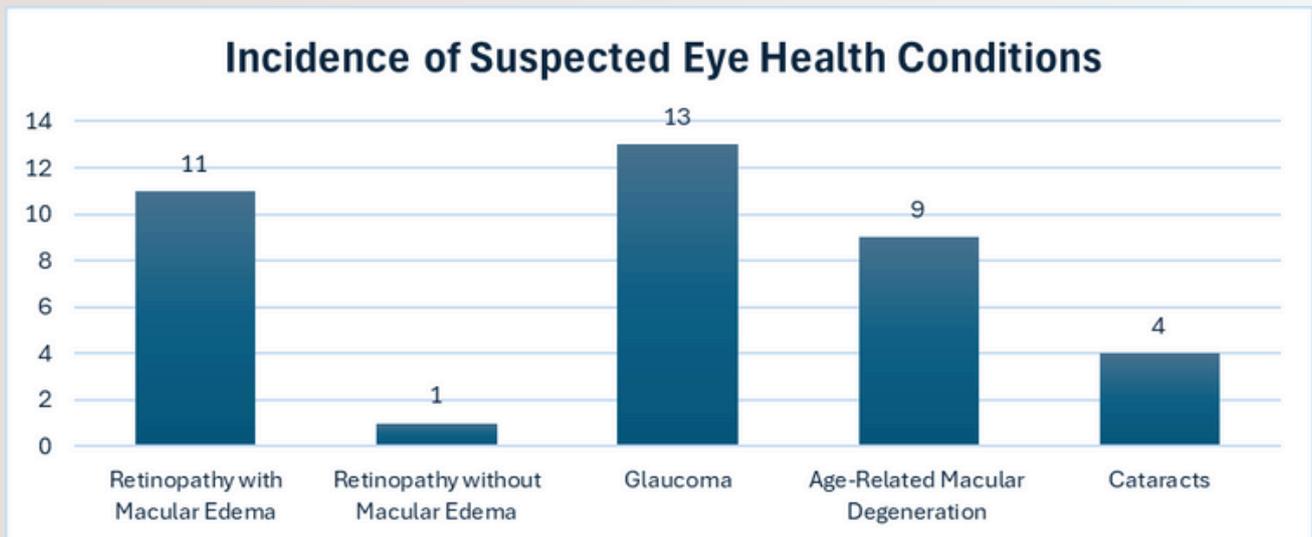
## SUMMARY OF SCREENING RESULTS



**44% of participants had signs of at least one of the screened conditions.**

Half of this group, or 21% of participants, had signs of 2 or more eye health conditions including 4 instances where participants were referred for cataract consultation.

The screening identified the following suspected eye health conditions in one or both eyes of the 32 people. In addition to signs of the four eye health conditions, 4 people were referred to an ophthalmologist for follow-up relating to cataracts.

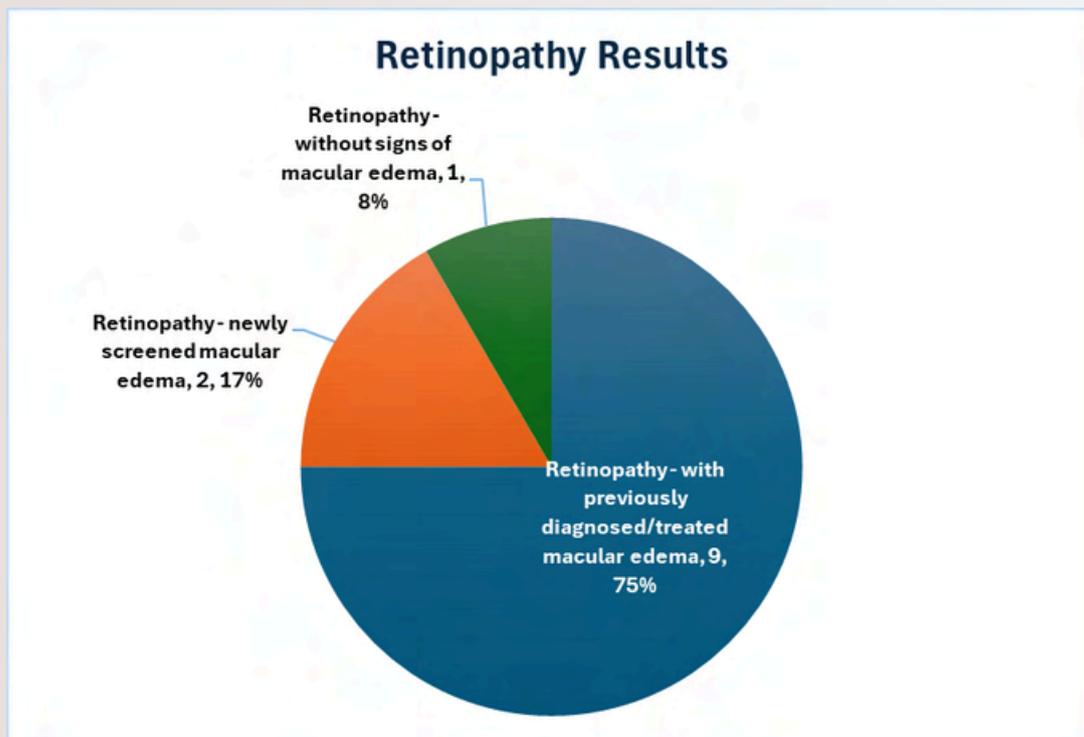


## Retinopathy in Focus

Retinopathy is the leading cause of vision loss amongst people living with diabetes. Macular edema (i.e., swelling of the central part of the retina (the macula), caused by fluid leaking from damaged blood vessels) is a serious complication associated with retinopathy.

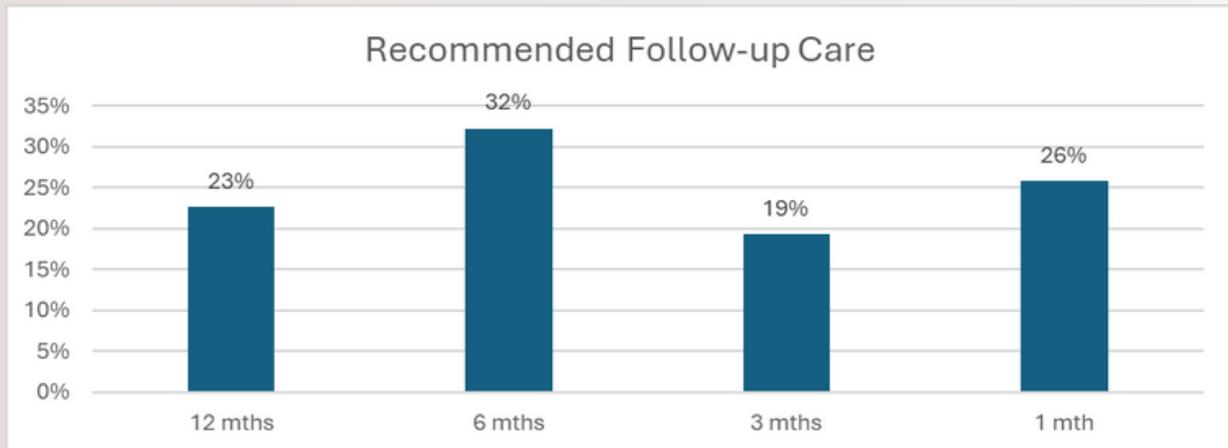
Detecting and treating edema promptly is important as studies show that if the macula remains swollen for too long, it can lead to permanent vision damage.

*Two people were newly identified as having macular edema and were referred for further assessment and care by an ophthalmologist.*



### Recommended Follow-Up Assessment

- 65% of participants were advised to continue annual eye health assessments to monitor existing conditions and detect early warning signs.
- Follow-up care with an eye specialist was recommended for 45% of the participants. The recommended period for follow-up care is shown below.



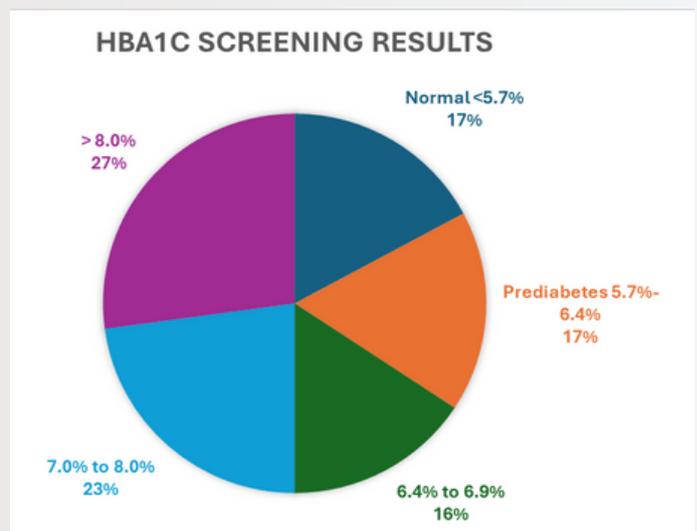
## HbA1C Screening

Free HbA1c (i.e., haemoglobin) screening was provided to all participants. HbA1c is a measurement of the individual's average blood sugar level over the past 2-3 months. It's a key blood test for diagnosing and monitoring diabetes.

### HbA1C Ranges

- <5.7% Normal (i.e., no diabetes)
- 5.7%-6.4% Prediabetes
- 6.4% - 6.9% Diabetes with controlled blood sugar
- 7.0% - 8.0% Diabetes with high blood sugar
- > 8.0% Diabetes with very high blood sugar

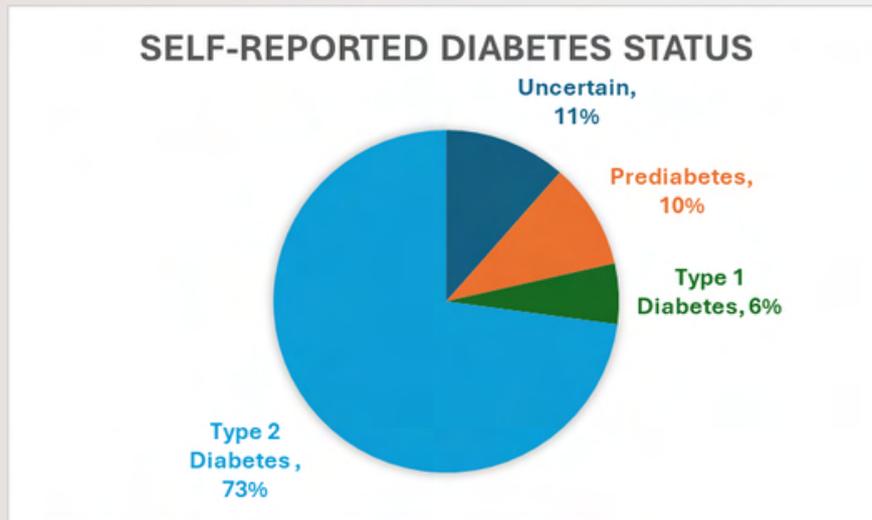
50% of participants had HbA1c results of 7% or higher (up to 12.5%) which is considered high or very high and may indicate a need for adjustments in treatment or lifestyle to reduce the risk of long-term complications.



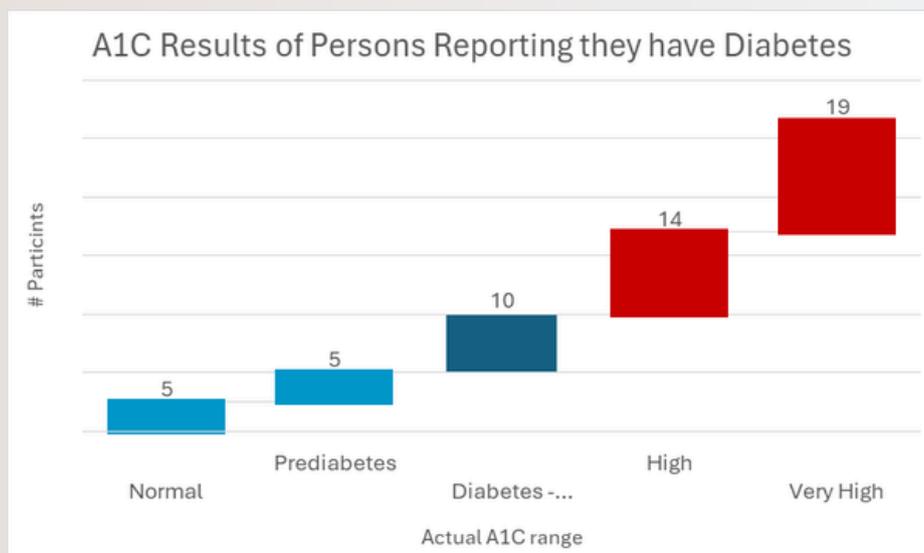
## Self Reported Diabetes Status

- 73% reported they had Type 2 diabetes
- 6% reported Type 1 Diabetes
- 10% reported prediabetes
- 11% reported they were uncertain as to whether they had diabetes

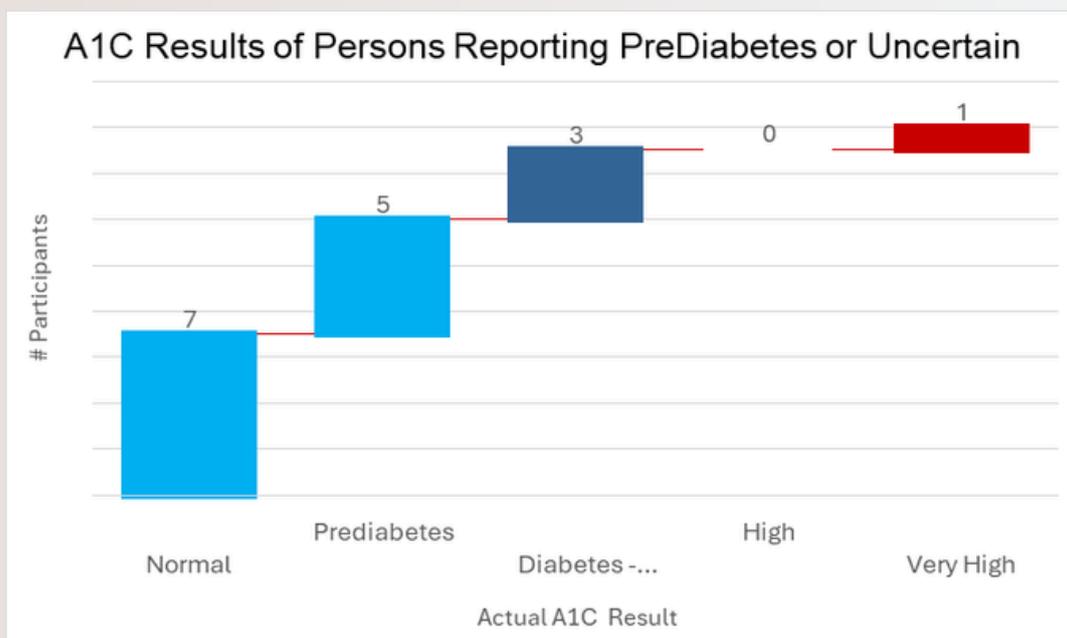
## Actual vs Self-Reported Diabetes Status



Overall, 79% of participants reported they had diabetes. Notably, 62% of this group had high or very high A1C results.



21% of participants reported they had prediabetes or were uncertain about whether they had diabetes. The HbA1c screening indicated that 56% were in the prediabetes or diabetes ranges.



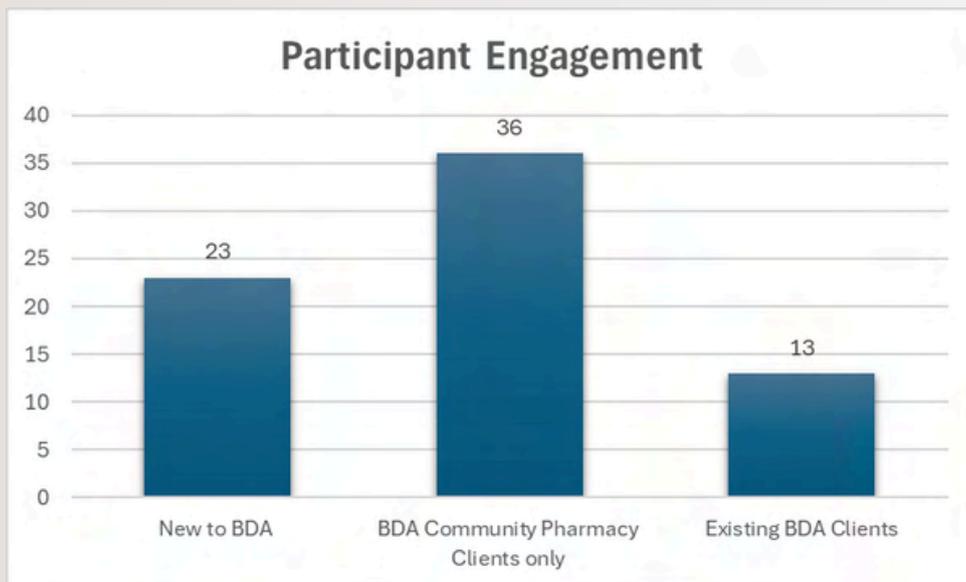
Including the HbA1c screening provided the BDA with an opportunity to detect prediabetes and diabetes as well as identify people whose diabetes was not well controlled.

As result BDA team members could discuss with these participants (during and after the screening) prevention and management of diabetes which ultimately contributes to prevention of future retinopathy.

## Participant Engagement

Providing free public health screenings are an opportunity to let the entire community know about the BDA and to engage with people who may not have previously been to the BDA.

- 23 (32%) were new to the BDA
- 36 (50%) were BDA Community Pharmacy customers who had not previously received non-pharmacy services
- 13 (18%) were existing clients



## At-risk Participants

Participants with a screened eye condition and/or HbA1c over 7% were further assessed based on identify people who may have barriers to affording follow-up ophthalmological or diabetes care. A total of 16 participants were identified as being at risk.

At risk participants included people:

- known to BDA through our Client Assistance Program (CAP provides prescription medications to people living with diabetes who cannot afford health insurance or who are unable to pay for prescription co-pays),
- who self-identified having limited or no means to seek eye specialist care, or diabetes care, and
- who were uninsured or underinsured.

As of January 21, 2026, BDA has contacted all 16 participants. BDA is providing financial support to 11 participants so they can be assessed by an ophthalmologist.

