

PRESS RELEASE

BERMUDA HEALTH COUNCIL ANNOUNCES THE PUBLICATION OF THE Health Disparities Report 2013

Report and In Brief available at: www.bhec.bm

(Hamilton, Bermuda 14th March 2013) – The Bermuda Health Council (BHeC) today announced the release of the Health Disparities Report 2013. This report provides an unprecedented look at inequalities on the Island in the four following areas: health outcomes, access to healthcare, health-related behaviours, and health expenditure. It investigates inequalities between demographic groups based on: age, gender, race, marital status, household income, education and employment status.

The report is based on BHeC's extensive statistical analysis of data from the 2011 Adult Health Survey and a specially-commissioned survey by BHeC on household health expenditure.

Main findings from the report are that:

- ❖ Less educated and lower income residents have poorer physical and mental health, which include: lower life satisfaction, less social support, higher incidence of chronic conditions, more disability and obesity; and less use of health services.
- ❖ Residents of higher income and education smoke less, eat better, and are less likely to have multiple sex partners or to engage in other behaviours that increase the risk of HIV.
- ❖ Persons of higher income and education are more likely to binge-drink, and those of higher education are more likely to drive drunk.
- ❖ Race was associated with few health inequalities; where a relationship existed the findings generally indicated poorer outcomes among "other" race individuals (self-identified as mixed race, Asian, etc.).
- ❖ Non-employed persons of working age are more likely to visit the emergency room and government clinics than employed persons.
- ❖ Women engage in more healthy behaviours than men in terms of less smoking, better diet, less road traffic crashes and more seatbelt use. But they are more likely to experience fear of violence and are more likely to be a victim of domestic violence.
- ❖ 25% of low-income (less than \$60K p/year) and 10% of high-income (over \$108K p/year) households had uninsured household members.
- ❖ Although low-income residents had poorer health, 34% spent nothing out-of-pocket on medical services during the month prior to the survey.
- ❖ Despite having poorer health, low-income households spent less on health in dollar amounts, due to lower service use.

- ❖ Despite spending less in dollar amounts, the average low-income households spent nearly 20% of their income on health, compared to 3% for those in the highest income bracket.

Dr. Jennifer Attride-Stirling, Chief Executive Officer of the Bermuda Health Council, commented: “The Health Disparities Report is intended to inform the healthcare community of gaps in the health system and to help guide policy development and programme design. Many of the findings are similar to those of other countries – health inequalities exist everywhere. But we need local data to plan programmes that will target our local problems. The findings show that low income and education are more significant determinants of poor health than other demographic characteristics like gender and race. Poor health ultimately leads not only to suffering by individuals and families, but to economic dependence, creating a vicious cycle where poverty leads to ill health and ill health leads to poverty. We hope the results of this report will be of value to policy makers and the healthcare community.”

Dr. Michelle Ye, Health Economist of the Bermuda Health Council, commented: “Disparities, or inequalities, in health have been widely studied in other nations. The consensus is that they are largely caused by social and economic disparities. For Bermuda, the Health Disparities Report 2013 is the first publication in this area. Inequalities in health status as seen in Bermuda cannot be explained simply by luck, genetics, or even behaviour and access to medical care. This is because disparities in behaviour and access are also products of social and economic disparities. As evidenced by this report, major health inequalities are strongly associated with social and economic factors. Other factors such as race and gender have little or limited roles.”

The Health Disparities Report 2013 can be found on our website at www.bhec.bm under “BHeC Reports & Publications”; or you may contact BHeC for a copy at:

- ❖ Email: healthcouncil@bhec.bm
- ❖ Call: 292-6420

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About Bermuda Health Council

Established in January 2006, the Bermuda Health Council (BHeC) is tasked with regulating, coordinating and enhancing the provision of health services in Bermuda. Led by a board of 12 members representing a broad range of sectors in Bermuda’s community, and staffed by a team of committed professionals, the Bermuda Health Council works with health system stakeholders towards a sustainable healthcare system for the Island.