

Health Disparities: A Summary from Virginia's Substance Use Prevention Efforts

This document was produced in 2020 by OMNI Institute in collaboration with the Virginia State Epidemiological Outcomes Workgroup (SEOW). OMNI and the SEOW compiled this document as a summary of the larger report. It can be used as a starting point to share a common definition of health disparities and see an example of a disparity in Virginia. For more extensive resources and further learning on this topic, please see [the full report](#) and the reference section included there. For more information on the SEOW, please visit VirginiaSEOW.org.

What are Health Disparities?

Health Disparity Defined

A **health disparity** is a systematic and usually avoidable difference in health between groups of people who have relatively different positions in society.

When there is a health disparity in a community, **health equity** cannot exist at the same time. Health equity is when everyone in a community can reach their highest level of health regardless of factors like race, income, and zip code.

Health disparities negatively affect the health of people linked to social, economic, and environmental disadvantages.

Factors that Influence Disparities

The cause of health disparities is often unequal social and economic resources, known as **social determinants of health**. These are factors that influence the length and quality of life.

Common Social Determinants of Health



Health & Healthcare

- Access to healthcare
- Health literacy



Neighborhood & Built Environment

- Access to healthy foods
- Crime & violence
- Environmental conditions



Social & Community Context

- Incarceration
- Discrimination



Economic Stability

- Employment
- Housing instability
- Poverty



Education

- Early childhood education & development
- Language & literacy

Example Impact of a Social Determinant of Health

Education Scenario: A low-income neighborhood in a city that relies on property taxes to fund schools. With lower property values in this neighborhood, there is less funding to support teacher salaries, school materials and infrastructure, and extra-curricular activities. Students attending these schools do not have access to the same education as students attending school in a wealthier part of the city.

Impact: Lower high school graduation and college acceptance rates, which impacts earning potential and ability to afford health care.

Health Disparity Example: Current Tobacco Use in Virginia

Below is an example of a disparity in tobacco use among Virginians, which helps demonstrate how health disparities emerge in a population. This example focuses on one potential cause of the disparity. Additional factors contributing to this disparity (such as race, gender, and age) may exist and should be further explored to inform state efforts and ensure all Virginians are served equitably.

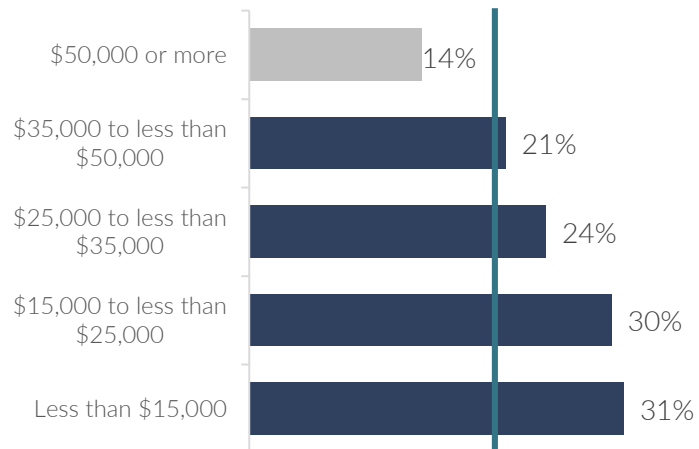
About the Disparity

As household income decreases, rates of adult tobacco use increase.

In 2017, current tobacco use among all adults in Virginia was approximately 19%. When broken out by annual household income, disparities in tobacco use rates emerged, with rates ranging from 14% to 31% depending on income level.

Those with an annual household income **less than \$50,000** had higher rates of tobacco use than the overall Virginia rate, while those with higher incomes had a lower rate of use than the state average.

Current Tobacco Use (% of adults) by Annual Household Income
State Average 19%



Why this Disparity is Occurring

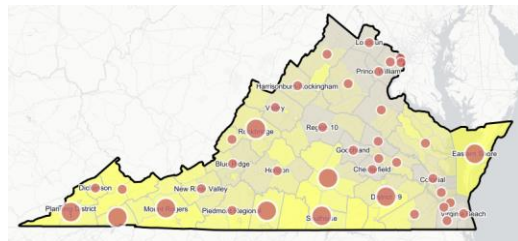
Greater availability of tobacco is linked to higher rates of smoking.

In areas where tobacco is more available, tobacco companies often target marketing efforts to give the impression that tobacco is available and accessible, encouraging further use.

This map of Virginia shows a higher density of tobacco retailers (larger circles) in areas with lower household income levels (brighter yellow shading).

Median household income
■ Lowest
■ Middle
■ Highest

Retailers per 1,000 residents
● 3+
● 1.5-2.9
● <1.5



How Virginia is Addressing this Disparity

Virginia has partnered with the organization Counter Tools since 2015 to identify the tobacco disparities that exist and advance Virginia's tobacco control strategies.



CSBs have created an **inventory of tobacco retailers** by visiting and recording every retailer across the state.



Using the inventory of retailers, CSBs have identified areas considered **"tobacco swamps,"** where policy change would be useful at reducing the number of retailers and access to tobacco products.

Identifying and Presenting Health Disparities

Health disparities data allows communities to determine what is causing health differences among groups and to create plans to work toward eliminating them.

Elements of Health Disparity Data

There are several pieces of data to consider when identifying health disparities in a population. Below are some of the elements and examples of each.



Health Status

- Life Expectancy
- Infant Mortality
- Chronic Disease



Social Grouping

- Racial or ethnic groups
- Income groups
- Educational level groups



How to Compare Groups

- Ratio/differences of health rates
- Comparing the best and worst-off

Types of Data to Explore

Through data, communities can target problematic issues causing inequities and work towards positive change. Communities can see if initiatives have reduced disparities by tracking data over time. Refer to the full document for a list of available resources for each type of data.



Health behaviors and outcome data

Can be broken down by demographic characteristics, such as race, ethnicity, or income.



Community factors and social determinants of health.

Look at data from different sectors to identify factors and other social determinants of health contributing to health disparities.



Community voices from affected populations

An effective way to frame data in the broader community context is by including community voices to help interpret and explain data.

Tips for Framing Health Disparity Data Responsibly

Framing health disparity data appropriately is important to avoid perpetuating negative stereotypes or overlooking the social determinants of health that have contributed significantly to the disparity. These tips serve as a starting point to consider when sharing health disparity data.

1. **Include data on the context** around the disparity.
2. **Incorporate community voices** from affected populations
3. **Know your audiences** and make data understandable to them.
4. **Be aware of your own thoughts** and biases when interpreting data.

Health disparity data cannot be interpreted in a vacuum without also examining the community context, culture, and voices. Without all those pieces, data are simply numbers instead of genuinely representing individuals and the disparities they face.

For more info on health disparities, [click here](#) for the extended version of this document