

PAIN MANAGEMENT & DISPARITIES

The undertreatment of pain in America is a growing public health crisis, especially among underserved populations, including ethnic minorities, women, older Americans and those who are socioeconomically disadvantaged. Despite an overall improvement in health for most Americans, certain segments of the population continue to experience poor health status.¹ There is compelling evidence that minorities are less likely to have access to routine, coordinated medical care or health insurance than whites. They are also more likely to receive inappropriate or insufficient care, resulting in poorer health outcomes.

As the U.S. population becomes increasingly diverse, there is an urgent need to eliminate health disparities. Patients have a right to appropriate assessment and treatment of their pain without regard to race, ethnicity or other factors.

“Of all the forms of inequality, injustice in health is the most shocking and the most inhumane.”

—Martin Luther King, Jr.

Health Disparities Defined

According to the National Institutes of Health, health disparities are defined as “differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States.”

Disparities in health care are complex and multifaceted resulting from:

- Patient/personal factors (e.g., low socioeconomic status, communication barriers)
- Healthcare provider factors (e.g., bias, cultural insensitivity)
- Systematic/health system factors (e.g., health insurance status, access to care)



Snapshot of U.S. Population, An Older and More Diverse Nation

According to projections by the U.S. Census Bureau:

- Minorities now comprise roughly one-third of the U.S. population.
- By 2023, more than half of all children will be from minority groups.
- Minorities are expected to become the majority in 2042.
- In 2050, the nation is projected to be 54% minority.
- The Latino population, already the nation’s largest minority group, will triple in size between 2005 and 2050.
- The nation's population of elders will more than double in size from 2005 through 2050 as the baby boom generation enters traditional retirement years.

Source: U.S. Census Bureau, 2008, <http://www.census.gov/PressRelease/www/releases/archives/population/012496.html>; Pew Hispanic Center.

Disparities in Pain Care

Pain is widely recognized as an undertreated health problem in the general population.² However, a growing body of research reveals even more extensive gaps in pain assessment and treatment among racial and ethnic populations, with minorities receiving less care for pain than non-Hispanic whites.^{3,4,5,6}

Differences in pain care occur across all types of pain (e.g., acute, chronic, cancer-related) and medical settings (e.g., emergency departments and primary care).^{3,4,5,6,7} Even when income, insurance status and access to health care are accounted for, minorities are still less likely than whites to receive necessary pain treatments.^{3,4,8}

Minorities are less likely to:

- Have access to pain management services and treatments
- Have their pain documented by healthcare providers
- Receive pain medications

And more likely to:

- Use the emergency department for pain care, but less likely to receive adequate care
- Experience greater severity of pain
- Experience and report physical disability
- Experience poorer health and quality of life related to pain

There are clear variations in the way pain is assessed and managed among all minority populations. Significant gaps exist in the provision of effective quality pain care due to the lack of research and medical training focused on pain care disparities.^{3,4,9}

Research also shows gender differences in the experience and

RESEARCH ON DISPARITIES IN PAIN CARE HAVE SHOWN:

- Blacks were less likely than whites to receive pain medication and had a 66% greater risk of receiving no pain medication at all.^{5,6,7,9}
- Hispanics were twice as likely as non-Hispanic whites to receive no pain medication in the emergency department (55% of Hispanics received no pain medication vs. 26% of non-Hispanic whites).^{7,10}
- Minority patients were less likely to have pain recorded relative to whites, which is critical to providing quality patient care.¹¹
- Only 25% of pharmacies in predominantly nonwhite neighborhoods had opioid supplies that were sufficient to treat patients in severe pain, as compared with 72% of pharmacies in white neighborhoods.¹²
- In a study of minority outpatients with recurrent or metastatic cancer, 65% did not receive guideline-recommended analgesic prescriptions compared with 50% of nonminority patients (P < 0.001). Hispanic patients in particular reported less pain relief and had less adequate analgesia.¹³

treatment of pain. Most chronic pain conditions are more prevalent among women; however, women's pain complaints tend to be poorly assessed and undertreated.³

Additionally, gender differences have been identified in patient responsiveness to analgesics and pain stimuli. While estrogen and progesterone play a role in how pain signals are received in men and women, psychology and culture may also account for some of the difference. For example, children may learn how to respond to pain later in life depending on how their pain complaints were treated in their formative years (e.g., receiving comfort and validation versus being encouraged to tough it out or dismiss the pain).¹⁴ For more information, see the *Special Considerations: Pain in Specific Populations* Topic Brief.

In response to the overwhelming discrepancies in pain treatment among minority groups, the Joint Commission issued a statement recognizing the rights of all patients to receive appropriate assessment and management of pain, and the World Health

Organization has declared that pain relief is a human right.

Patient and provider factors drive pain disparities

Multiple factors contribute to racial and ethnic disparities in pain care, including beliefs about pain, preconceived bias and cultural insensitivity and poor patient-provider communication.

Positive physician-patient interaction and communication is critical in accurate pain assessment.² Some research has shown that patients take a more active role in their own pain treatment when their healthcare providers are of similar ethnic backgrounds.^{3,4}

“Pain is a complex, subjective response with several quantifiable features, including intensity, time course, quality, impact, and personal meaning. The reporting of pain is a social transaction between caregiver and patient.”¹⁵

*Patient sources of racial and ethnic disparities:*³

- Low socioeconomic status
- Patients’ attitudes or beliefs regarding pain and patient-level decision making and preferences
 - Stoicism and the belief that pain is an inevitable part of disease
- Minority patients more likely to:
 - Refuse recommended pain therapies
 - Poorly adhere to treatment regimens
 - Delay seeking medical care
- Mistrust of physicians or previous negative experiences with health care system
- Limited health literacy
- Language barriers that hinder communication with providers

*Physician sources of racial and ethnic disparities:*³

- Perceptions of race and ethnicity
- Racism or bias
- Poor cross cultural communication skills/cultural insensitivity
- Underrepresentation of physicians from racially/ethnically diverse backgrounds/lack of cultural sensitivity

HOT TOPICS

Disparities & Pain: HOT TOPICS

- Aging and increasingly diverse U.S. population could lead to greater disease burden if pain remains untreated
- Undertreatment of minorities in emergency departments
- Minority pain complaints receive less attention than others
- Impact of pain on productivity and quality of life among minority patients
- Pain relief as a human right

Minorities lack access to effective pain care

Limited access to pain care services is a key contributor to poorer pain treatment among minorities.

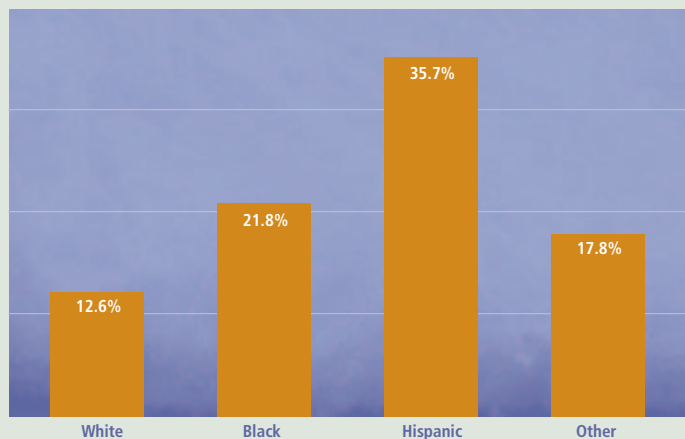
- Overall, minorities tend to be financially poorer than non-Hispanic whites.
- Socioeconomic factors can impede access to health insurance and primary health care services, and minorities are less likely to have access to pain treatment services than the general population.^{3,4,7,16,17}
- Racial and ethnic minorities are at increased risk of having their pain complaints ignored by healthcare providers, thereby limiting their options for accessing appropriate pain treatment.^{3,4,6,7}

According to the Robert Wood Johnson Foundation, 46 million

Americans, including 9 million children, are living without health care coverage. More than eight out of 10 are from working families. The consequences of being uninsured are widely recognized and include: lack of access to health care, poor quality care, lost economic productivity, as well as financial burdens on individuals and society overall. As the minority population in the U.S. continues to grow, it becomes increasingly important to address the numbers of uninsured and underinsured among racial and ethnic groups.

Barriers also exist in patient access to pain medications. Research shows that physicians may be less likely to prescribe pain medications for minority populations^{6,7,16,18} and pharmacies in neighborhoods with large minority populations often do not carry opioid medications.^{3,4,12}

PERCENTAGE UNINSURED AMONG THE NONELDERLY POPULATION BY RACE AND ETHNIC ORIGIN, 2006



Sources: Employee Benefit Research Institute estimates from the March Current Population Survey, 2007 Supplement. Cover the Uninsured, www.covertheuninsured.org.

“Inequities in access can contribute to and exacerbate existing disparities in health and quality of life, creating barriers to a strong and productive life.”

—The Commonwealth Fund

More extensive research needed to close disparities gap

While national attention has become increasingly focused on health disparities, less attention has been given specifically to inequities in pain care.^{19,20} However, the growing interest in health disparities in general provides pain treatment providers, researchers and advocates with an opportunity to raise awareness about disparities in pain management and the need for additional pain disparities research. Currently, the social impact of pain on patients, their families and communities is largely absent in most federal research plans.^{3,4}

Additional studies and a comprehensive pain research agenda are needed to:

- Understand the role of stereotypes and bias in doctor-patient interactions
- Improve training for healthcare providers
- Plan educational interventions for patients
- Understand the differences in patient behaviors that may contribute to pain care disparities
- Develop culturally sensitive pain assessment tools
- Raise consciousness about disparities in pain management and barriers to effective healthcare overall

WEB RESOURCES

CDC Office of Minority Health and Health Disparities

<http://www.cdc.gov/omhd/>

Cover the Uninsured: a Project of the Robert Wood Johnson Foundation

<http://covertheuninsured.org/>

American Pain Society: Racial and Ethnic Identifiers in Pain Management: The Importance to Research, Clinical Practice, and Public Health Policy

<http://www.ampainsoc.org/advocacy/ethnoracial.htm>

Agency for Healthcare Research and Quality: Addressing Racial and Ethnic Disparities in Health Care

<http://www.ahrq.gov/research/disparit.htm>

<http://www.ahrq.gov/qual/nhdr03/nhdrsum03.htm>

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