National Institute of Neurological Disorders and Stroke

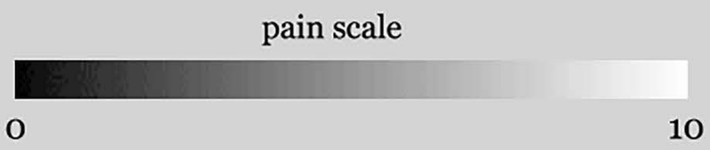
Disparities in Pain Care

Research shows that certain racial/ethnic and socioeconomic groups are more vulnerable to poor pain care and management. This infographic describes some factors that contribute to disparities in pain care.

Bias in Pain Treatment

Across the lifespan and regardless of socioeconomic status, blacks are less likely than whites to receive analgesic medication for pain [1-3]

Primary care providers are more likely to underestimate pain intensity in blacks than in other sociodemographic groups [2,4]

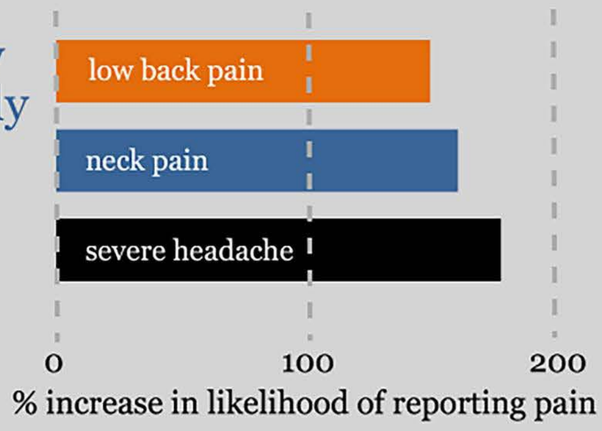


Compared with white patients, black patients were more likely to have: [5]

- more referrals for substance abuse assessment
- fewer referrals to a pain specialist
- increased drug urine tests

Socioeconomic Status

People with incomes below poverty level are more likely to report pain [1,3]



During ER visits, opioids were prescribed more frequently to patients with the highest socioeconomic status [3]

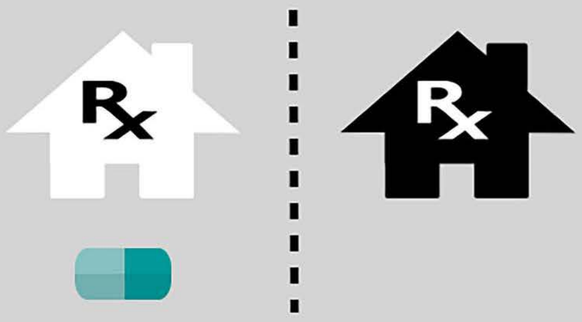
Language Barriers

Less than 20% of health professionals treating Hispanic pain patients reported Spanish proficiency at an advanced level [7]

Non-native English speakers may have: [6]

- limited health literacy
- difficulties navigating the healthcare system
- difficulties understanding healthcare providers

Access to Care



Pharmacies located in minority neighborhoods are less likely to carry sufficient prescription analgesics than those located in white neighborhoods [6]

Impoverished individuals and minorities are more likely to be uninsured or underinsured than non-minorities and people with greater incomes [2]

Reduced access to health care in general, and specialty care in particular, contributes to pain disparities, with racial and ethnic minorities and the poor having decreased access to care [2]

Learn More...

The above information points to a need for a multidisciplinary approach to pain care and treatment including clinicians' awareness of implicit bias. An IOM report on relieving pain in America (see references) called for a comprehensive population health-level strategy for pain, which is currently in progress under the Dept. of Health and Human Services.

Resources for persons with pain:
- Find a doctor
  http://healthfinder.gov/
- Talking with your doctor
  http://www.nih.gov/clearcommunication/talktoyourdoctor.htm
  https://nccih.nih.gov/timetotalk/forpatients.htm
- Learn more about chronic pain
  http://www.ninds.nih.gov/disorders/chronic_pain/detail_chronic_pain.htm

Resources for care providers:
- Cultural & linguistic competency
  http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=34
  http://www.hrsa.gov/publichealth/healthliteracy/
  http://www.nih.gov/clearcommunication/culturalcompetency.htm
- Institute of Medicine report on Relieving Pain in America - http://ow.ly/IBMbC
- Office of Minority Health – Cultural & Linguistic Competency:
  http://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=1&lvlid=6

References

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2. Anderson, K.O., C.R. Green, and R. Payne, Racial and ethnic disparities in pain: causes and consequences of unequal care. J Pain, 2009. 10(12): p. 1187-204.

3. Joynt, M., et al., The impact of neighborhood socioeconomic status and race on the prescribing of opioids in emergency departments throughout the United States. J Gen Intern Med, 2013. 28(12): p. 1604-10.

4. Tait, R.C. and J.T. Chibnall, Racial/ethnic disparities in the assessment and treatment of pain: psychosocial perspectives. Am Psychol, 2014. 69(2): p. 131-41.

5. Hausmann, L.R., et al., Racial disparities in the monitoring of patients on chronic opioid therapy. Pain, 2013. 154(1): p. 46-52.

6. Bekanich, S.J., et al., A multifaceted initiative to improve clinician awareness of pain management disparities. Am J Med Qual, 2014. 29(5): p. 388-96.

7. Chiauzzi, E., et al., Health care provider perceptions of pain treatment in Hispanic patients. Pain Pract, 2011. 11(3): p. 267-77.

NIH Pain Consortium