



Advil[®]



THE ADVIL PAIN EQUITY PROJECT

B E L I E V E *my* P A I N

Consumer Research Findings in Partnership
with Morehouse School of Medicine

September 2023



Research Objectives

Generate insights into the experience of pain sufferers in the United States

Explore perceptions of inequities in pain diagnosis and treatment among Black Americans, given the body of research demonstrating that Black communities have historically experienced pain inequity at higher levels during healthcare treatment.

Methodology

Edelman Data & Intelligence administered an online survey of American adults about their experiences with pain. A total of 2,000 respondents were surveyed including 1,000 adults roughly representative of the general population of US pain sufferers, and 1,000 who identified as Black or African American. The sample was constructed to ensure a large subsample of Black respondents to identify statistically significant differences between the two groups. Edelman utilized opt-in panels to recruit and provide incentives to all respondents, and the survey was conducted in Spring 2023.

Audience



U.S. Individuals suffering from pain

- Adults age 18+ who have experienced pain bad enough to at least consider seeking treatment from a healthcare provider.*

Sample Size



N=1,000

U.S. Adults suffering from pain

Oversample of N=1,000

Black Adults suffering from pain

Margin of Error



± 3%

± 3%

Methodology



15-minute Online Survey

Timing



Survey fielded April 18th – May 9th 2023

*This includes chronic or acute pain and may include incidents of muscle/body aches, headaches, arthritis, and other medical conditions.

Executive Summary

Black people's experience with pain is significantly more likely to be marked with bias and discrimination.

This feeling of receiving biased treatment can strongly influence one's desire to seek further treatment.

Black people suffering from pain believe better training for healthcare professionals would vastly improve their pain care experience.

The impact of pain inequity has serious impacts on the lives of Black people with broader societal implications as well.



The Findings

The impact of pain on people is staggering, cutting across all aspects of life

Among Black people suffering from pain



Say pain has an impact on their day-to-day life

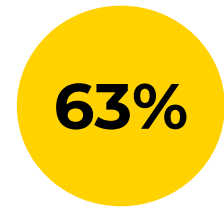
Specifically, for Black people who suffer from pain



Agree their pain impacts their ability to enjoy their life



Agree their pain impacts their emotional well-being

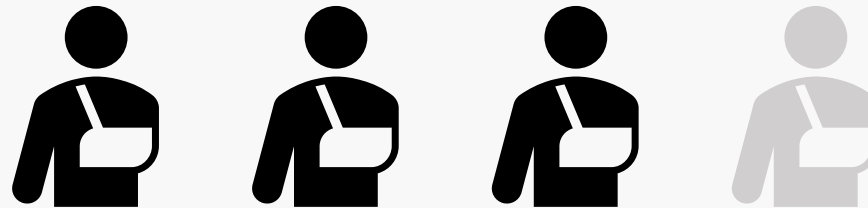


Agree their pain impacts their professional life

Q7: Still thinking about your [Chronic / Acute] pain, please tell us the impact pain has on your day-to-day life. How much of your typical daily routine do you have to change due to pain? Shown: Top 3 Box Impact at all (Critical Impact + Significant Impact + Limited Impact); Q8: Please tell us if you agree or disagree with each of the following statements regarding your [Chronic / Acute] pain experience. Shown: Top 2 Box Agree (Strongly + Somewhat); Base: Black Pain Sufferers (n=1,000).

In addition, Black people suffering from pain are significantly more likely than others to feel there is bias and discrimination in pain diagnosis and treatment.

3 in 4



Black people suffering from pain say there is bias
in how pain is diagnosed and treated (74%)

Compared to
58% of the general population

Other racial and ethnic groups similarly experience bias when they are seeking treatment for pain, including Hispanic and/or Latino people

74%

Say there is bias in how pain is diagnosed and treated

79%

Wish healthcare providers would be more supportive when it comes to the impact of pain on my life

70%

Had a negative experience before the age of 30

61%

The way I've been treated by healthcare providers has had a negative impact on many aspects of my life

The impact of such bias has real implications for the overall health and future treatment of Black people who suffer from pain

Specifically, for Black people who suffer from pain:

66%

say their pain/condition became worse or stayed the same after a negative healthcare professional experience specific to their pain

53%

of Black people suffering from pain say they didn't go back to the healthcare professional after the bad experience, and the same share say they instead tried to manage the pain on their own

38%

say they feel the way they were treated put their life at risk, and 39% say the way they were treated has had a negative impact on many aspects of their life

Q35: Still thinking about that negative experience, did your pain condition get better, worse, or stay the same? Shown: NET Worse (Somewhat worse + much worse); Q34. Which of the following have you done because you had a negative experience with a doctor/healthcare provider when it comes to your pain? Shown: % Selected response; Q33. How much do you agree or disagree with the following statements? Shown: Top 2 Box Agree (Strongly + Somewhat); Base: Pain Sufferers Who Had a Personal Negative Experience (n=827).

The impact of pain inequity isn't limited to the individual but has massive economic impacts on broader society as well.

1 in 5

Black people suffering from pain visit the hospital emergency room when they have health issues

- 10% White respondents
- 20% Black respondents
- 17% Hispanic respondents
- 5% Asian respondents

63%

Black people suffering from pain say pain impacts their professional life

- 56% White respondents
- 63% Black respondents
- 75% Hispanic respondents
- 68% Asian respondents

Q12: What kind of doctor or medical professional do you see when you have health issues, generally speaking? Shown: % Selected response; Q8: Please tell us if you agree or disagree with each of the following statements regarding your [Chronic / Acute] pain experience. Shown: Top 2 Box Agree (Strongly + Somewhat); Base: Gen Pop Pain Sufferers (n=1,000), White Pain Sufferers (n=770), Black Pain Sufferers (n=1,000), Hispanic Pain Sufferers (n=103), Asian Pain Sufferers (n=62).

To improve their experience, Black people are seeking out advocates within their own communities to provide further support

Among Black people suffering from pain:



71%

feel supported by family,
And **43%** feel supported
by friends



But only **51% feel supported by their healthcare professional**

Black people suffering from pain value seeing a healthcare professional especially one of the same race, which is challenging considering less than 6% of practitioners are Black

Among Black people suffering from pain:

1 in 5

say it is at least somewhat important that they see a healthcare professional **the same race as them**



The top reason for this is that these **healthcare professionals are seen as understanding them better and relating to them better**

"I believe someone of the same race as me is more aware of the medical bias that we face and more willing to advocate for me."

"I feel sometimes when I get a doctor that is not of the same race I have to convince them more or prove to them what I'm telling them. They tend to listen a little more to what I am saying to them."

Black people feel strongly that better cultural competency training and equitable treatment of pain among healthcare professionals is needed.

Among Black people suffering from pain:

79%

say better training for healthcare professionals on cultural differences would be helpful in preventing these incidents from happening

Among Black people suffering from pain:

83%

say better education for doctors/health care providers about pain and how people express it would be helpful to treatment

Driving Change

Advil has launched the Pain Equity Project, a multi-year commitment to help address pain inequity in the Black community in partnership with Morehouse School of Medicine and BLKHLTH.

You can help promote equity in pain treatment, whether you're a healthcare provider or a patient. Join our mission today by sharing #BelieveMyPain content and signing up for our mailing list.

Visit www.believmypain.com to take action and learn more.



Resources

Studies

[***Racial bias in pain assessment and treatment recommendations between Blacks and whites.***](#) (2016)

Results: Demonstrates that white adults with and without medical training endorse at least some beliefs about biological differences between Blacks and White patients, many of which are false and fantastical in nature.

[***Implicit bias in healthcare professionals: A systematic review.***](#)

(2017)

Results: Thirty-five articles found evidence of implicit bias in healthcare professionals and a significant positive relationship between level of implicit bias and lower quality of care.

[***Perceptual Contributions to Racial Bias in Pain Recognition.***](#)

(2019)

Results: Observed that racial biases in perception facilitated biases in pain treatment decisions, and that this relationship existed above biased judgments of status and strength, explicit racial bias, and endorsement of false beliefs regarding biological differences.

[***Detecting implicit racial bias in provider communication behaviors to reduce disparities in healthcare: Challenges, solutions, and future directions for provider communication training***](#)

(2019)

Results: Identified provider communication behaviors that can mitigate implicit racial bias that likely manifests through their communication behaviors, which in turn may offer a means of addressing racial disparities in healthcare and ultimately in health.

[***Implicit racial bias among medical graduates and students by an IAT measure: a systematic review and meta-analysis***](#)

(2022)

Results: Meta-analysis revealed that there was an implicit anti-black attitude among physicians and medical students. Although the level of racial bias in physicians and medical students was low, it could be reduced to the lowest level through informative programs and training in ways to control implicit attitudes.

[***Disparities in the emergency department management of pediatric migraine by race, ethnicity, and language preference.***](#)

(2022)

Results: Patients who were Asian, Black or African American, and Hispanic or had a language for care other than English had significantly lower odds of receiving IV treatment, while patients who were non-Hispanic White and preferred English had higher odds of receiving IV treatment.

Resources Continued

Studies Related to Racism and Pain

Brown, T. T., Partanen, J., Chuong, L., Villaverde, V., Griffin, A. C., & Mendelson, A. (2018). TDiscrimination hurts: the effect of discrimination on the development of chronic pain. *Social Science & Medicine*, 204, 1-8. <https://doi.org/10.1016/j.socscimed.2018.03.015>

Hobson, J. M., Moody, M. D., Sorge, R. E., & Goodin, B. R. (2022). The neurobiology of social stress resulting from Racism: Implications for pain disparities among racialized minorities. *Neurobiology of Pain*, 12, 100101. <https://doi.org/10.1016/j.ynpai.2022.100101>

Commentaries on the Need to Address Racism's Impact on Pain Inequities

Ghoshal, M., Shapiro, H., Todd, K., & Schatman, M. E. (2020). Chronic noncancer pain management and systemic racism: Time to move toward equal care standards. *Journal of pain research*, 2825-2836.

Morais, C. A., Aroke, E. N., Letzen, J. E., Campbell, C. M., Hood, A. M., Janevic, M. R., ... & Campbell, L. C. (2022). Confronting racism in pain research: A call to action. *The journal of pain*, 23(6), 878-892.

Letzen, J. E., Mathur, V. A., Janevic, M. R., Burton, M. D., Hood, A. M., Morais, C. A., ... & Merriwether, E. N. (2022). Confronting racism in all forms of pain research: Reframing study designs. *The journal of pain*, 23(6), 893-912.

Power-Hays, A., & McGann, P. T. (2020). When actions speak louder than words—racism and sickle cell disease. *New England Journal of Medicine*, 383(20), 1902-1903.

Strand, N. H., Mariano, E. R., Goree, J. H., Narouze, S., Doshi, T. L., Freeman, J. A., & Pearson, A. C. (2021, June). Racism in pain medicine: we can and should do more. In *Mayo Clinic Proceedings* (Vol. 96, No. 6, pp. 1394-1400). Elsevier.