

# Racial and Cultural Bias in the Management of Chronic Pain

Why Our Field Should be on the Frontline for Solutions



# Eric Grigsby, MD, MBA

Founder and CEO of Neurovations  
A Patient Care and Innovation Company

# Lawrence Poree MD, MPH, PhD

Professor and Director of  
Neuromodulation Service, UCSF



# Patient Care & Innovation Since 1992

1989-90

1991-94

1997-98

2005

2010-11

2013-14

2016

2018-19

## Inaugural Napa Pain Conference

Dr Grigsby starts one of the first university pain management clinics in the US at UC Davis.

## Napa Pain Institute

Dr. Grigsby is certified in first cohort of pain management by the Board of Anesthesiology.

## Clinical Research

Leveraging Mayo Clinic training, Dr. Grigsby becomes Principal Investigator in early stage trials with active involvement in clinical and translational patient care

## Neurovations!

Research and education combine to become Neurovations-a patient care and innovation company .

## N3 Laboratories

Neuromodulation: The Science debuts focused on science and innovation of neuromodulation. Napa Pain Institute earns conference accrediting rights for continued medical education which at multiple conferences and events. N3 Laboratories is established.

## Spine and Pain Center of Kaua'i

The Kauai Clinic is established in part to handle an underserved clientele. Kauai Pain Conference debuts to an international audience.

## Redwood Pain Institute

Redwood Pain Institute opens in partnership with St. Joseph's Health.

## Neurovations Center for Hope

The Neurovations Center for Hope begins research and development phase with 5 patients.

Clinics which do clinical research



An innovation company which owns medical  
services

# Rocca

FAMILY VINEYARDS

NAPA VALLEY



**Certified Organic**

Just the good stuff



**Vegan**

No fining or filtering



**Native Yeast**

Greater complexity



**Family-run**

Crafted with love



**Small Production**

Quality over quantity



**Nothing Added**

Ever

**R O C C A W I N E S . C O M**

# The 27<sup>th</sup> Napa Pain Conference Online

August 15, 2020

Join us for Complimentary Registration and CME:

[NapaPainConference.com](http://NapaPainConference.com)

## Speakers:

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Carol A. Warfield, MD (Harvard)

Jianguo Cheng, MD, PhD (Case Western)

Penney Cowan (ACPA)

Roger B. Fillingim, PhD (U. Florida)

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Sten Lindahl, MD, PhD (Nobel Committee)

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David Provenzano, MD (Pain Diagnostics)

Richard W. Rosenquist, MD (Cleveland Clinic)

# Racial and Cultural Bias in the Management of Chronic Pain

Why Our Field Should be on the Frontline for Solutions

# The Field of Pain Management Should Rightfully Lead the Conversation Toward Equity and Reducing Racial and Cultural Bias in Medicine

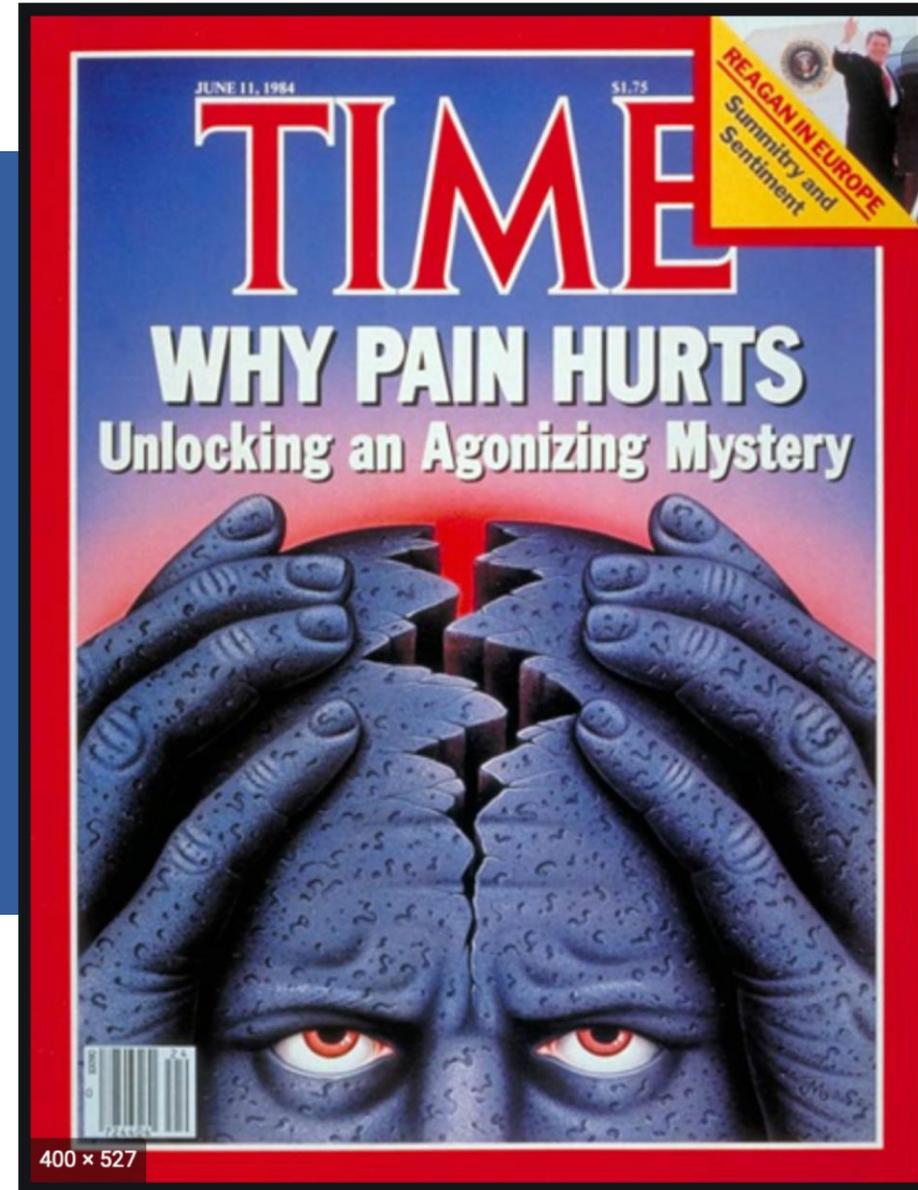
# In the Early Days of Pain Management

In the 1980's:

- Minimal tools for evaluation
- No long acting medications
- No fluoro or diagnostic ultrasound
- No pump, no useful stimulation
- No one owned surgery centers or labs
- Little was known about the pathophysiology of chronic pain.
- Pain was not a financially rewarding field

June, 1984

# Pain as a Largely Behavioral Phenomenon



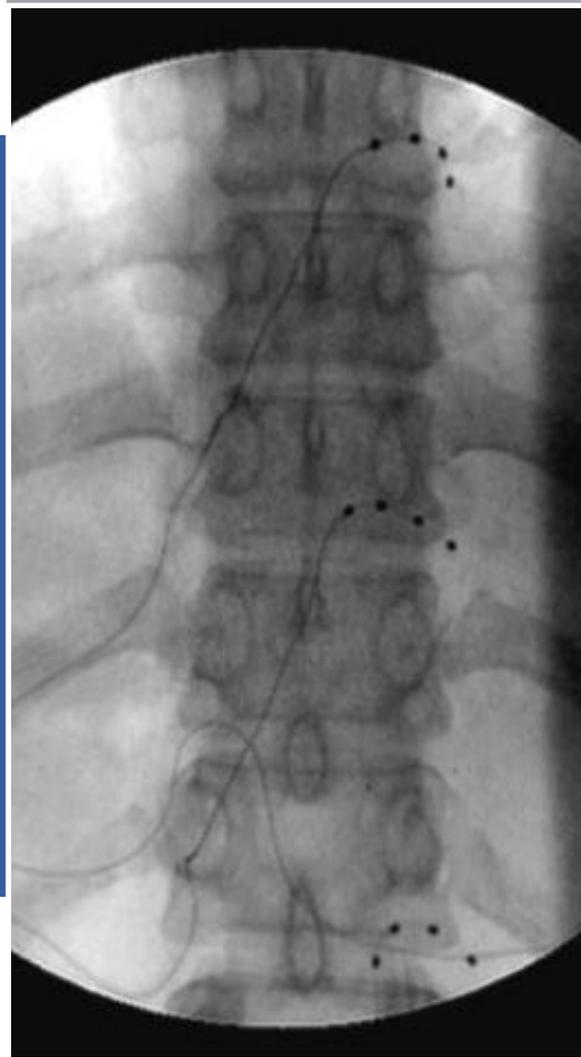
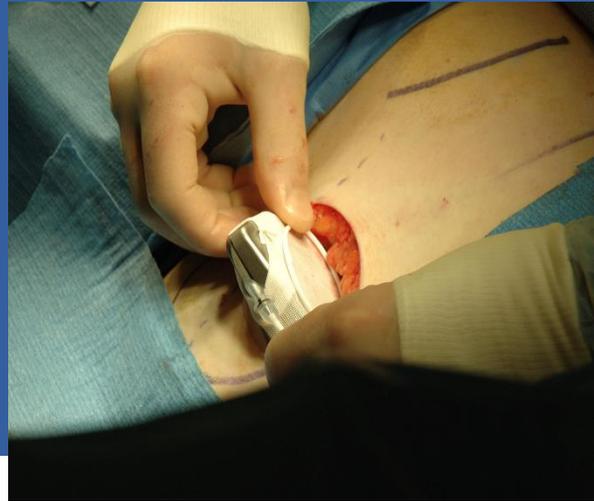
# The Early Days of Pain Management

Most of our early patients – of all races and cultures- were profoundly underserved. They had been judged and marginalized. Word on the street was they were “lazy, crazy, or addicted.”

# Tremendous Progress in the First Decade and a Half of the Specialty

We began to understand that chronic pain has predictable and often treatable neuro-psycho-social characteristics.

# Interventional Pain Management



# Biases of all kinds still exist

The recent opioid contraction, and the subsequent return of our patients feeling the suffering of discrimination and judgement has opened up an old and painful scab.

Treating the underserved, eliminating bias and judgment is a fundamental pillar of of our specialty since it's founding.

# Lawrence Poree MD, MPH, PhD

Professor and Director of  
Neuromodulation Service, UCSF



A photograph showing a close-up of a doctor's hand holding a patient's hand. The doctor's hand is on the left, and the patient's hand is on the right. A stethoscope is visible on the left, and a clipboard with a grid is partially visible. The background is a light blue wall.

# Social Injustice: Impact on Healthcare and Corrective Actions

**Lawrence Poree, MD, MPH, PhD**

Professor of Anesthesiology and Pain Medicine

Director of Neuromodulation

University of California at San Francisco

Member of the Board of Directors for the  
International Neuromodulation Society &  
North American Neuromodulation Society

**Special Article****THE EFFECT OF RACE AND SEX ON PHYSICIANS' RECOMMENDATIONS  
FOR CARDIAC CATHETERIZATION**

KEVIN A. SCHULMAN, M.D., JESSE A. BERLIN, Sc.D., WILLIAM HARLESS, Ph.D., JON F. KERNER, Ph.D.,  
SHYRL SISTRUNK, M.D., BERNARD J. GERSH, M.B., Ch.B., D.Phil., ROSS DUBÉ, CHRISTOPHER K. TALEGHANI, M.D.,  
JENNIFER E. BURKE, M.A., M.S., SANKEY WILLIAMS, M.D., JOHN M. EISENBERG, M.D.,  
AND JOSÉ J. ESCARCE, M.D., Ph.D.

Same History: More likely to be recommended for cardiac cath



E



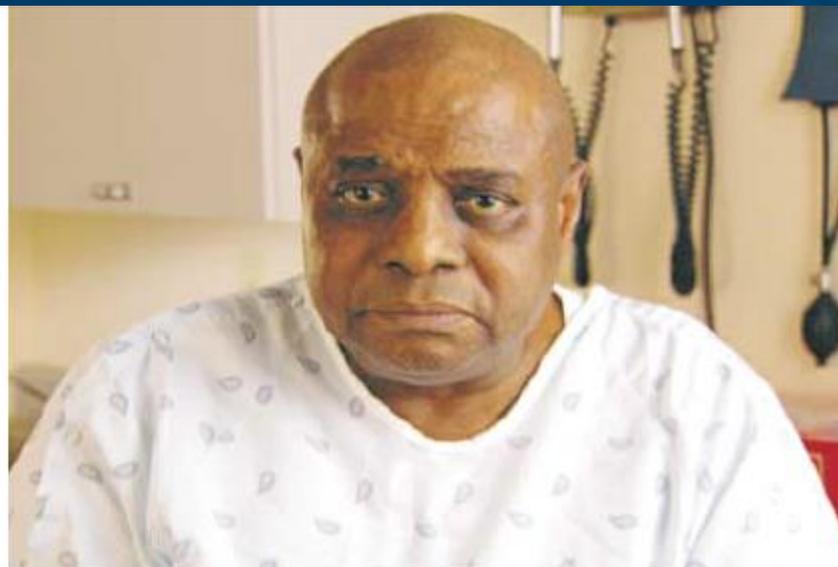
F



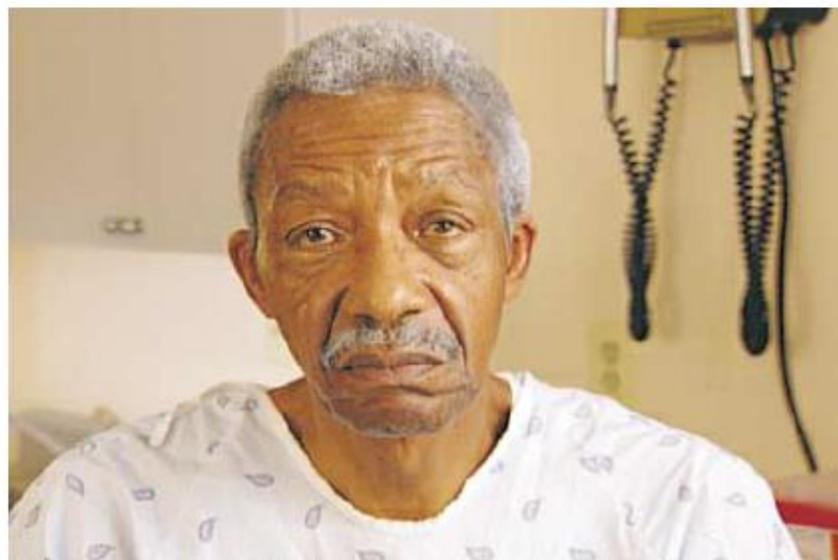
Same History: Less likely to be recommended for cardiac cath



A



B

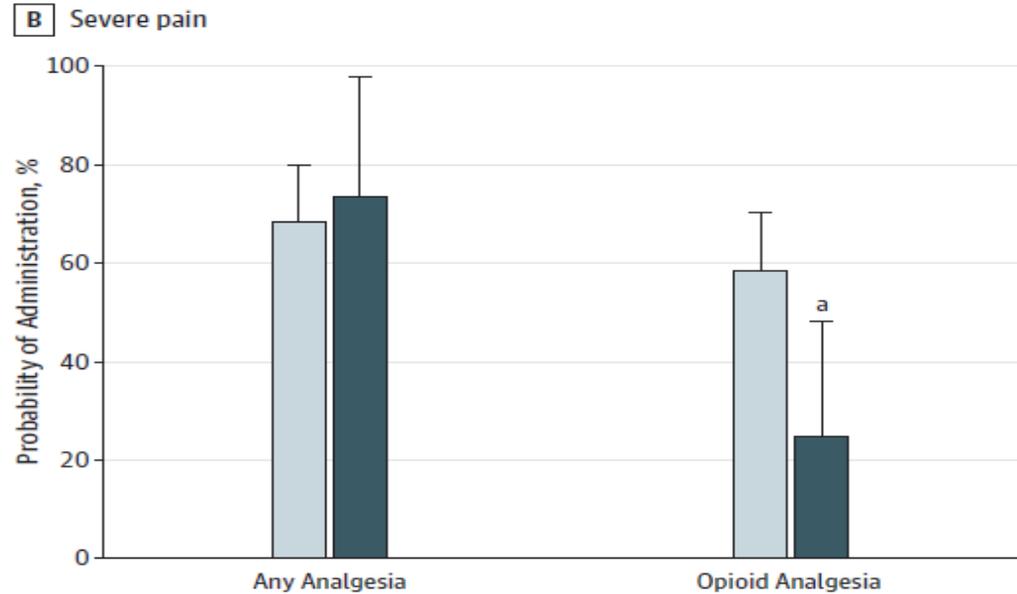
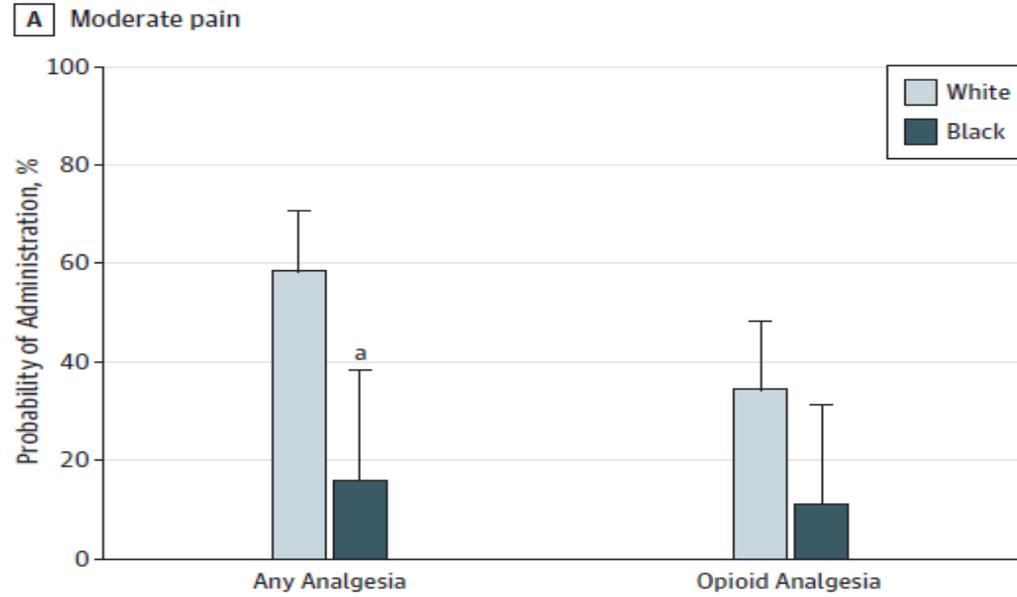


# ***JAMA Pediatrics* Journal Club Slides: Racial Disparities in Pain Management for Appendicitis**

Goyal MK, Kuppermann N, Cleary SD, Teach SJ, Chamberlain JM.  
Racial disparities in pain management of children with appendicitis in  
emergency departments. *JAMA Pediatr*. Published online September  
14, 2015. doi:10.1001/jamapediatrics.2015.1915.

# Results

Predicted Probabilities for Analgesic and Opioid Administration by Race Stratified by Pain Score and Adjusted for Ethnicity



A, Moderate pain. B, Severe pain.

<sup>a</sup> Statistically significant difference in administration ( $P < .05$ ).



# Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites

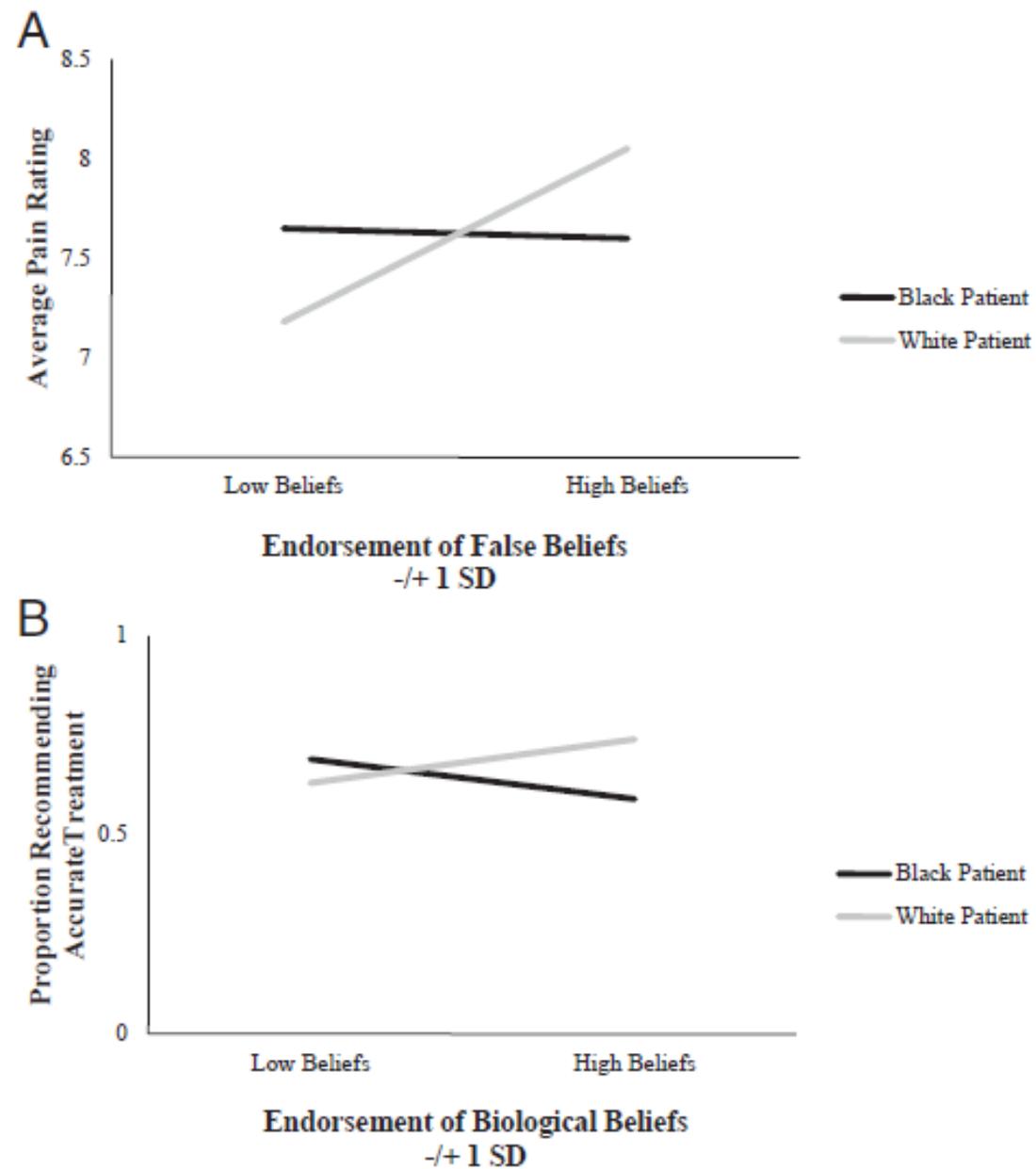
Kelly M. Hoffman<sup>a,1</sup>, Sophie Trawalter<sup>a</sup>, Jordan R. Axt<sup>a</sup>, and M. Norman Oliver<sup>b,c</sup>

<sup>a</sup>Department of Psychology, University of Virginia, Charlottesville, VA 22904; <sup>b</sup>Department of Family Medicine, University of Virginia, Charlottesville, VA 22908; and <sup>c</sup>Department of Public Health Sciences, University of Virginia, Charlottesville, VA 22908

Edited by Susan T. Fiske, Princeton University, Princeton, NJ, and approved March 1, 2016 (received for review August 18, 2015)

Table 1. Percentage of white participants endorsing beliefs about biological differences between blacks and whites

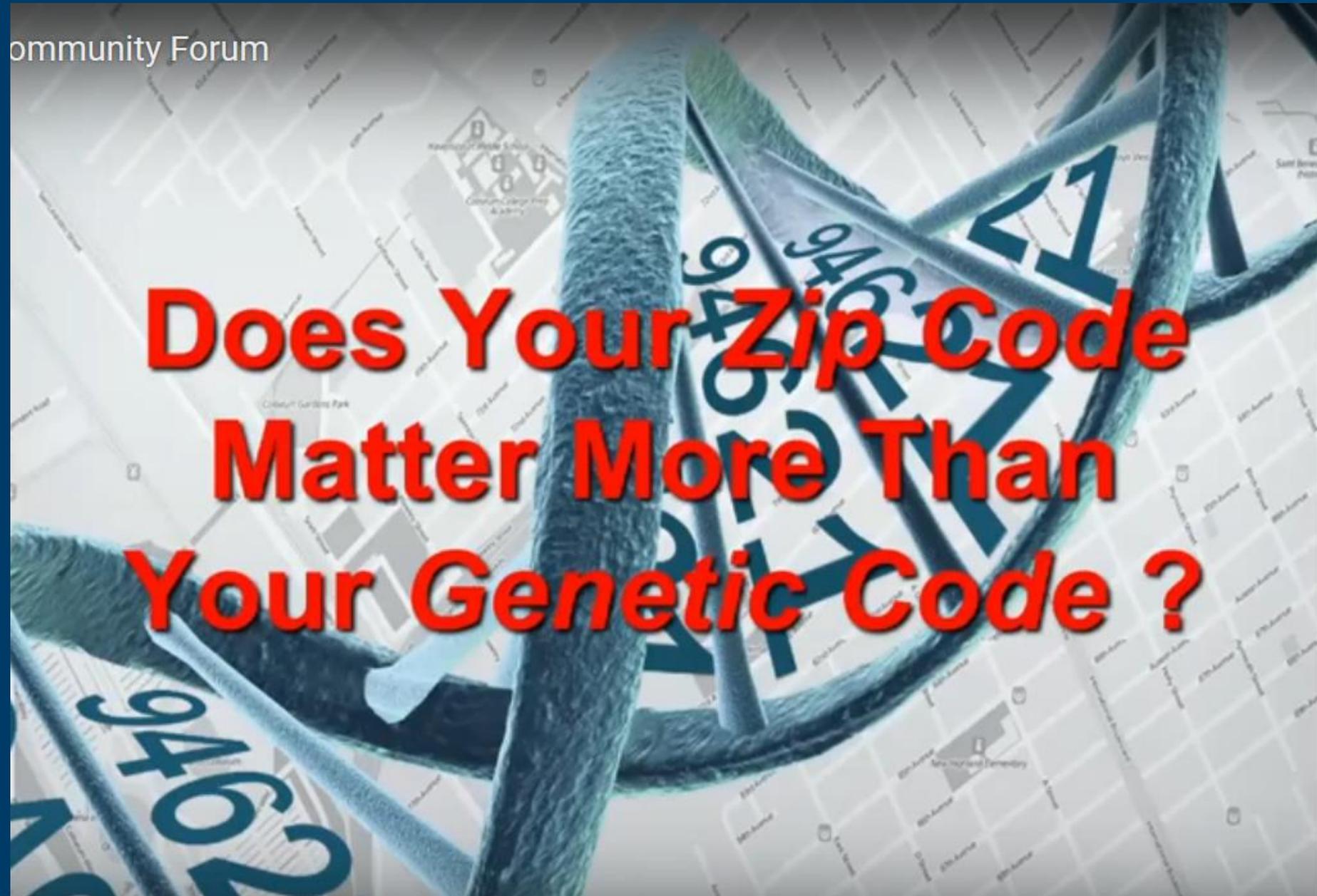
Item	Study 1: Online sample (n = 92)	Study 2			
		First years (n = 63)	Second years (n = 72)	Third years (n = 59)	Residents (n = 28)
Blacks age more slowly than whites	23	21	28	12	14
Blacks' nerve endings are less sensitive than whites' *	20	8	14	0	4
Black people's blood coagulates more quickly than whites'	39	29	17	3	4
Whites have larger brains than blacks	12	2	1	0	0
Whites are less susceptible to heart disease than blacks* *	43	63	83	66	50
Blacks are less likely to contract spinal cord diseases*	42	46	67	56	57
Whites have a better sense of hearing compared with blacks	10	3	7	0	0
Blacks' skin is thicker than whites' *	58	40	42	22	25
Blacks have denser, stronger bones than whites*	39	25	78	41	29
Blacks have a more sensitive sense of smell than whites	20	10	18	3	7
Whites have a more efficient respiratory system than blacks	16	8	3	2	4
Black couples are significantly more fertile than white couples	17	10	15	2	7
Whites are less likely to have a stroke than blacks* *	29	49	63	44	46
Blacks are better at detecting movement than whites	18	14	15	5	11
Blacks have stronger immune systems than whites	14	21	15	3	4
False beliefs composite (11 items), mean (SD)	22.43 (22.93)	14.86 (19.48)	15.91 (19.34)	4.78 (9.89)	7.14 (14.50)
Range	0-100	0-81.82	0-90.91	0-54.55	0-63.64
Combined mean (SD) (medical sample only)			11.55 (17.38)		



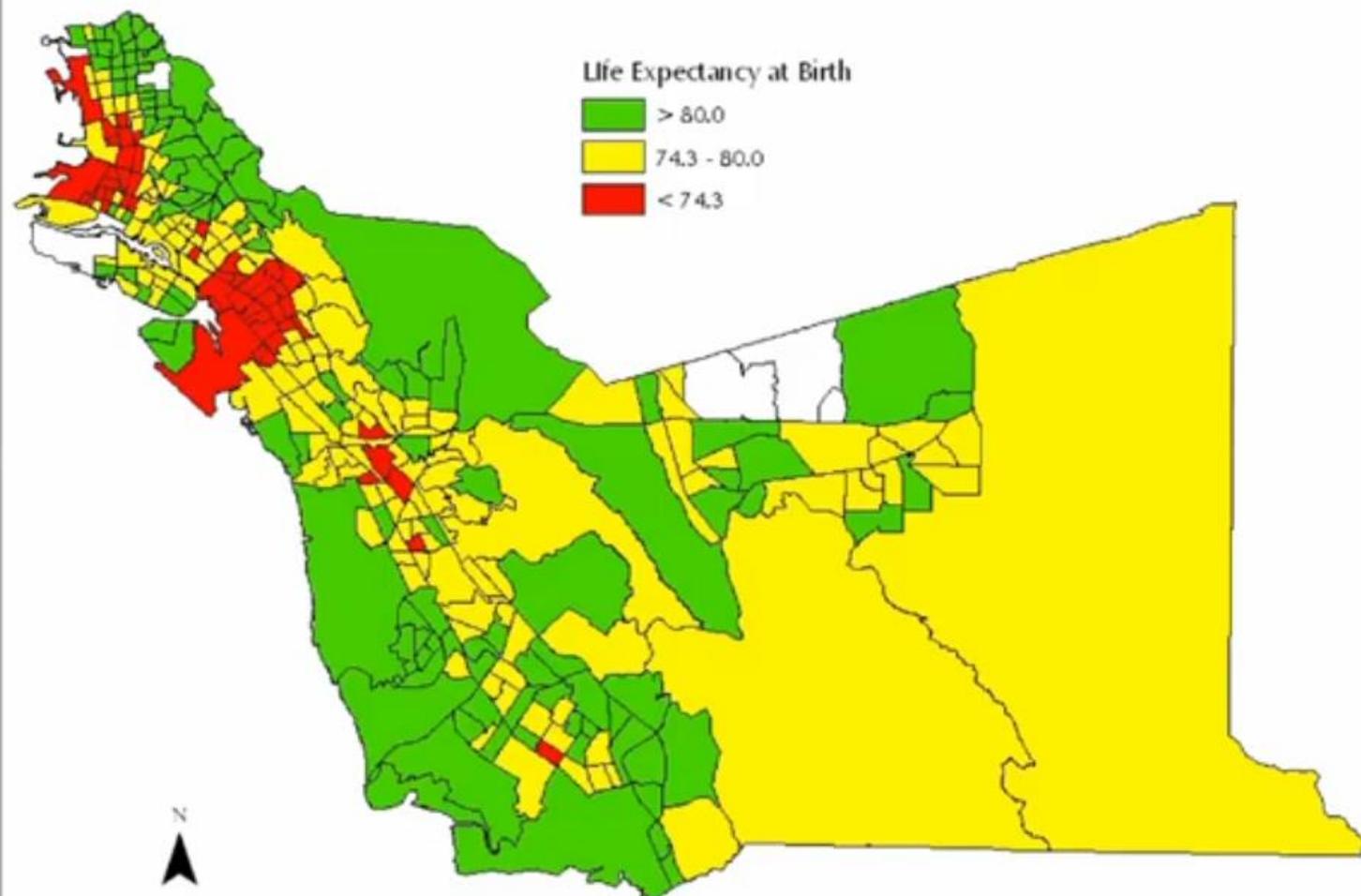


**Dr. Anthony Iton, MD, JD, MPH**

Senior Vice President for Healthy  
Communities at The California  
Endowment



**Does Your Zip Code  
Matter More Than  
Your Genetic Code ?**







ZIP CODE  
**94621**  
LIFE EXPECTANCY

ZIP CODE  
**94611**  
LIFE EXPECTANCY

**74**

**84**



ZIP CODE  
**94621**  
LIFE EXPECTANCY

ZIP CODE  
**94611**  
LIFE EXPECTANCY

**74**

**84**



ZIP CODE  
**93706**  
LIFE EXPECTANCY

ZIP CODE  
**93730**  
LIFE EXPECTANCY

**69**

**81**



ZIP CODE  
**92104**  
LIFE EXPECTANCY

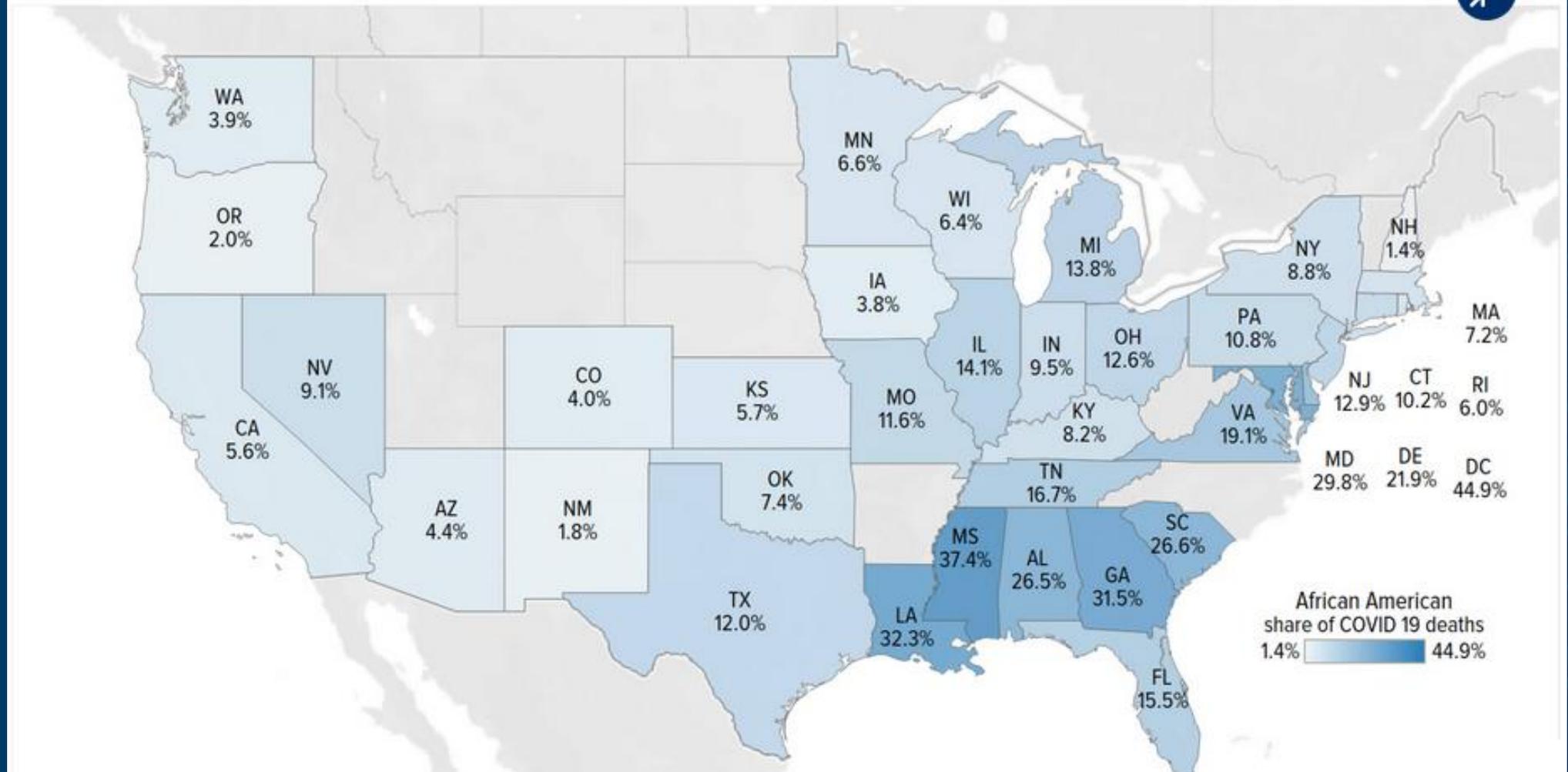
ZIP CODE  
**92130**  
LIFE EXPECTANCY

**73**

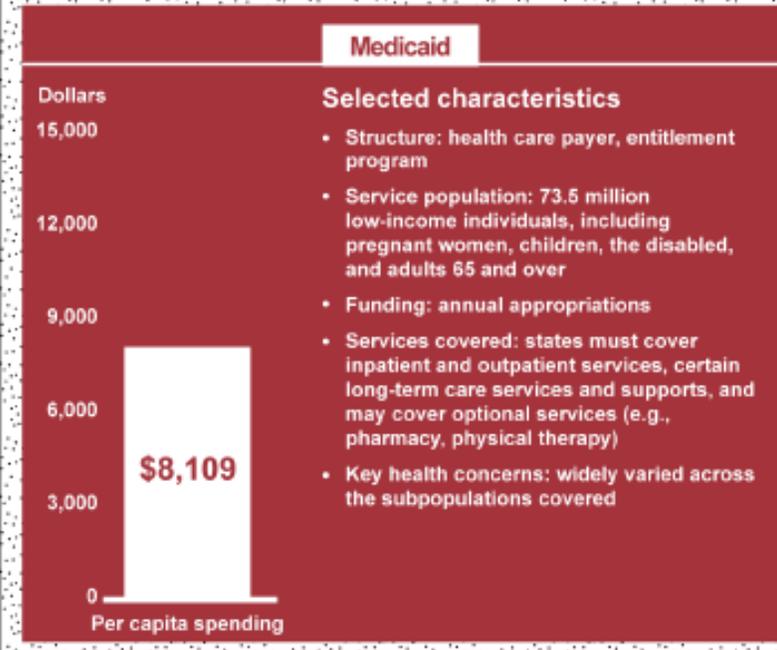
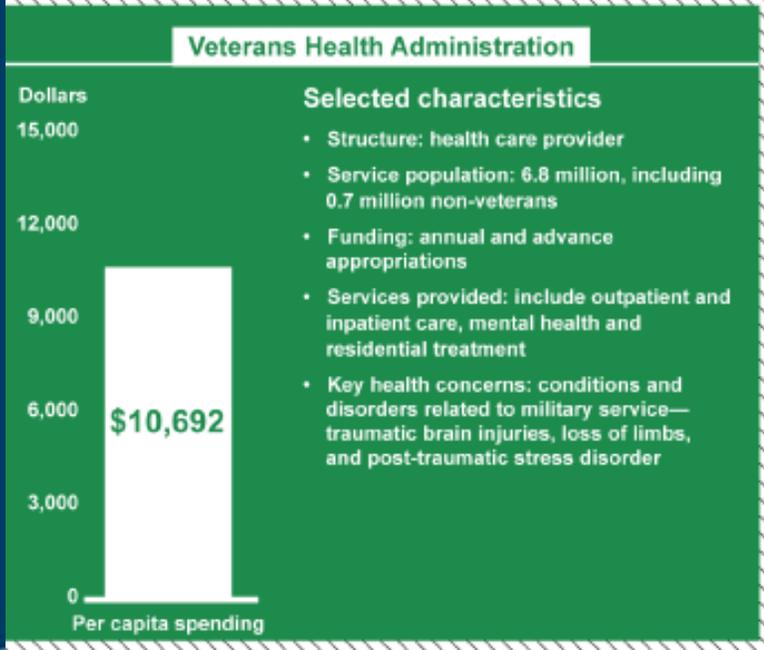
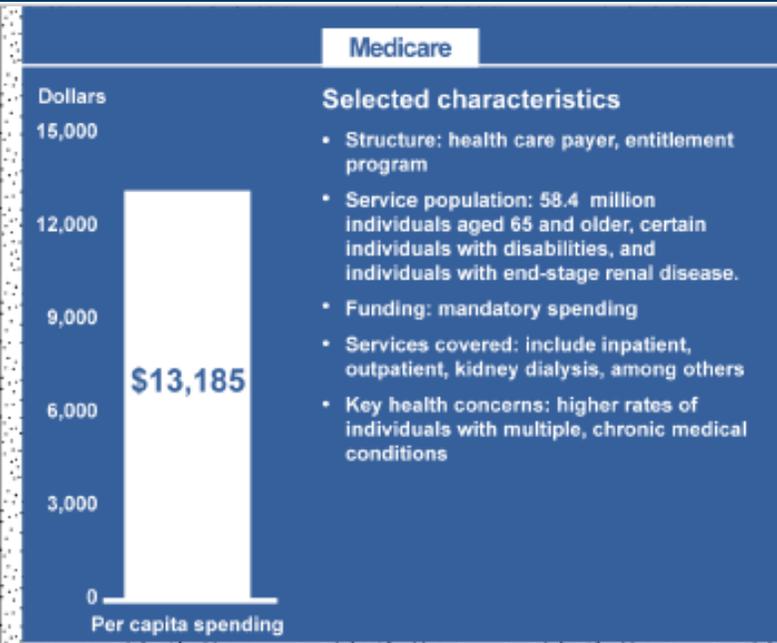
**81**

# Consequence of Social Injustice on Health: African Americans are twice as likely to die from Covid19 as White Americans

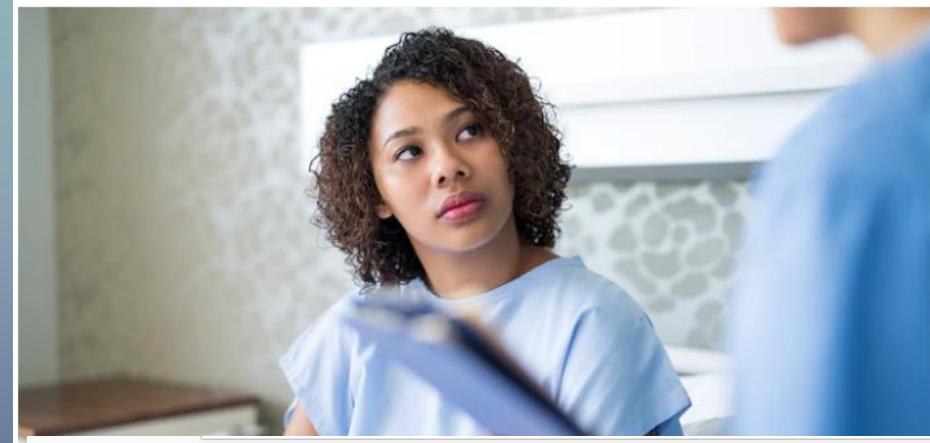
## COVID-19 death rates among African Americans - Unweighted



SOURCE: CDC, as of May 20, 2020, unweighted distribution of population



# Is bias keeping female, minority patients from getting proper care for their pain?



The New York Times

## *The Secret to Keeping Black Men Healthy? Maybe Black Doctors*

In an intriguing study, black patients were far more likely to agree to certain health tests if they discussed them with a black male doctor.



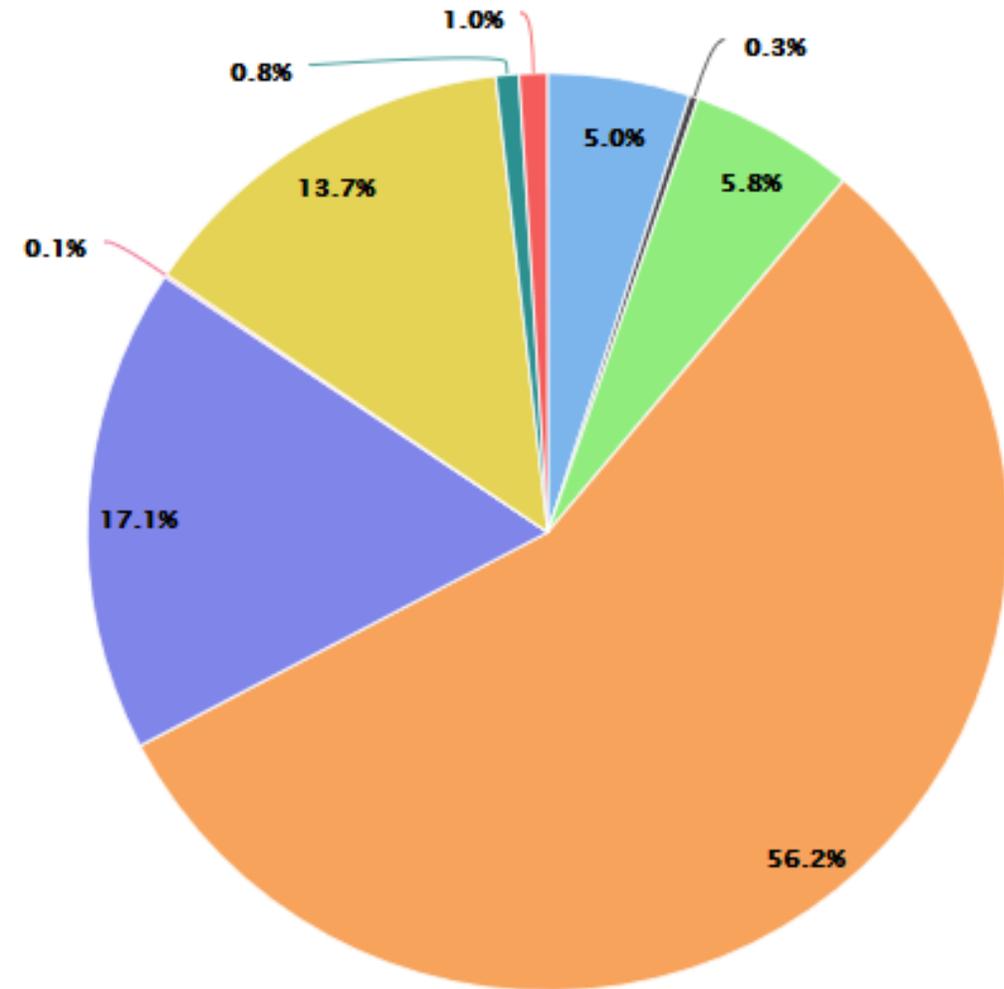
### PowerPost

PowerPost • Analysis

## The Health 202: Black patients are less likely to face discrimination from black doctors

- Just 5 percent of doctors in the United States are black, even though 13 percent of the population is black

Figure 18. Percentage of all active physicians by race/ethnicity, 2018.



Click on legend item below to add or remove a section from the report.

- |  |   |
|--|---|
| ● American Indian or Alaska Native (2,570) | ● Asian (157,025)                                 |
| ● Black or African American (45,534)       | ● Hispanic (53,526)                               |
| ● Multiple Race, Non-Hispanic (8,932)      | ● Native Hawaiian or Other Pacific Islander (941) |
| ● Other (7,571)                            | ● Unknown (126,144)                               |
| ● White (516,304)                          |   |

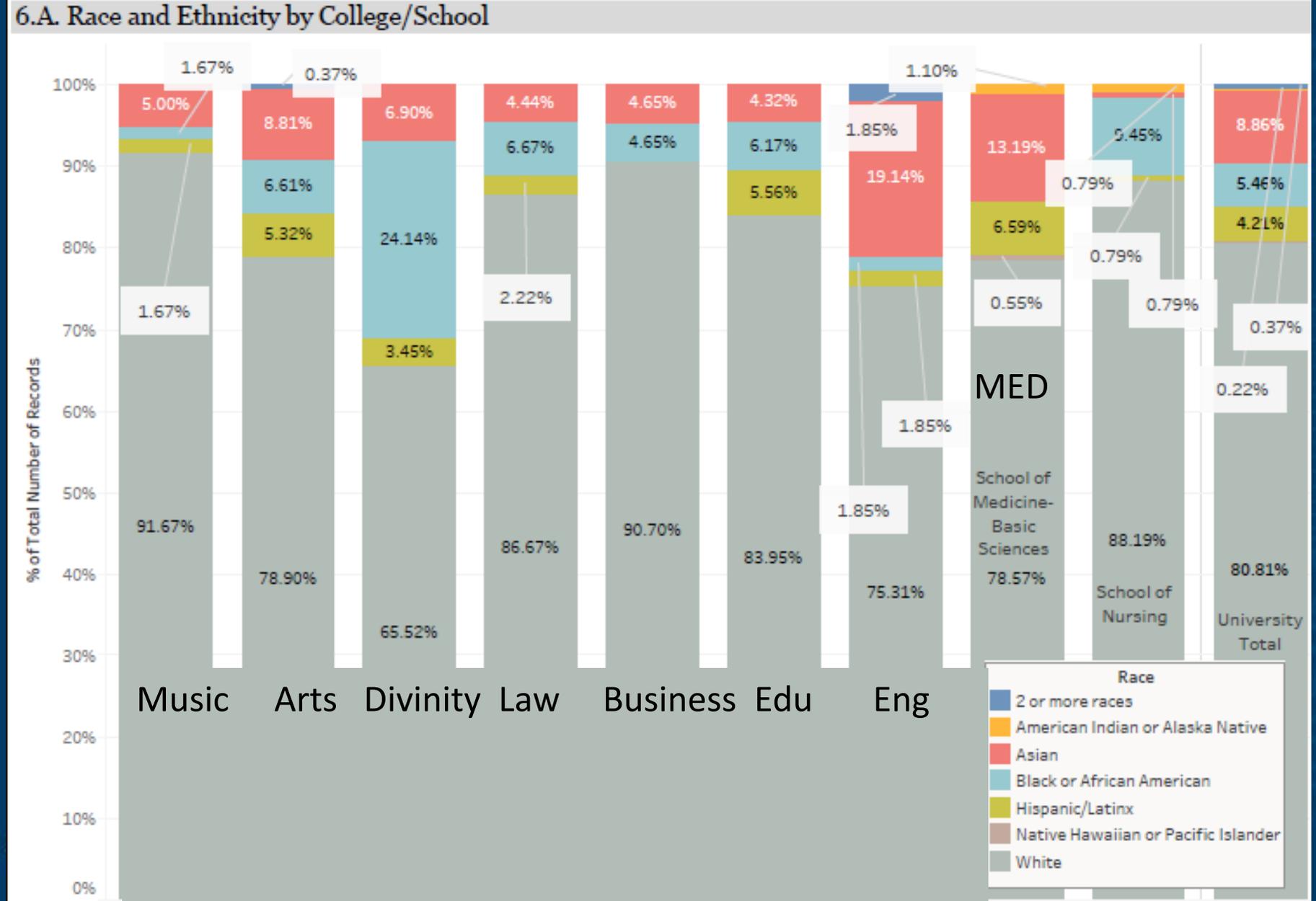


As the leader in healthcare education Universities should strive to be as diverse as our patient population and take note of big business strategies

Example of lack of diversity among medical school faculty at one major university with 0% AA faculty 0% in state with 16% AA.

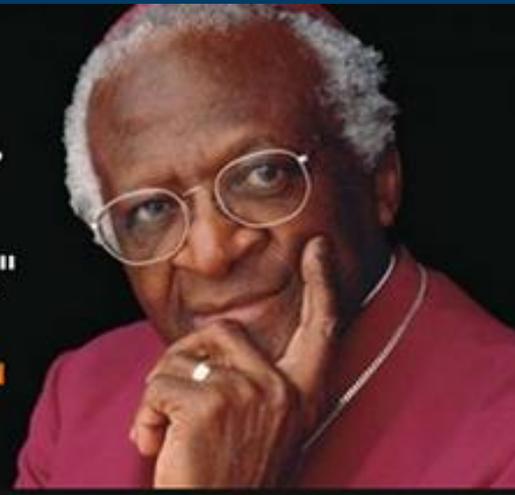
Open question: How does lack of diversity of faculty impact trainees decision to pursue careers neuromodulation or patients to accept neuromodulation? How can NANS fill these gaps in access to mentors and diverse physicians?

SCHOOL



"If you are neutral in situations of injustice, you have chosen the side of the oppressor."

- Archbishop Desmond Tutu



UCSF National Center of Excellence in Women's Health

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Community

Education

Black Women's Health



Black Women's Health & Livelihood Initiative

# NANS Diversity and Outreach Committee Leadership

**Stephanie G. Vanterpool, MD, MBA, FASA:**  
Outreach committee chair and NANS BOD



**Johnathan Goree, MD**  
Mentorship



**Ken Ike, MD:**  
Research



**Eric Lee MD**  
Native American Outreach



**Myrdalis Diaz-Ramirez, MD**  
Hispanic Outreach



# Questions?

Thank you for attending!

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David Provenzano, MD (Pain Diagnostics)

Richard W. Rosenquist, MD (Cleveland Clinic)

# The 2020 NPC Legacy Lecture *Navigating Career Crossroads*

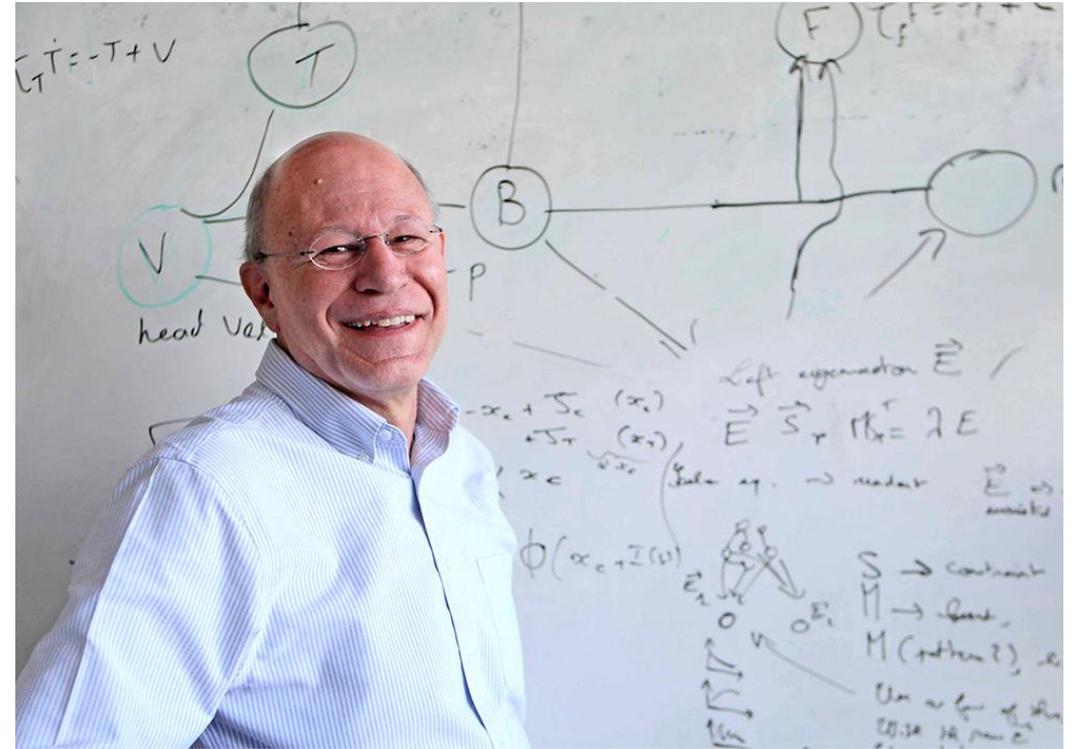
**Carol A. Warfield, MD**

**Edward Lowenstein Distinguished  
Professor of Anaesthesia,  
Harvard Medical School**



# The 2020 Lindahl Lecture *Homeostasis Mechanisms Gone Berserk*

Larry Abbott, PhD



William Bloor Professor of Theoretical Neuroscience  
Professor of Physiology and Cellular Biophysics  
Principal Investigator at Columbia's Zuckerman Institute

A long, narrow outdoor dining table is set up in a vineyard at sunset. The table is covered with a white tablecloth and is set with plates, glasses, and water bottles. A large group of people, including men and women in formal attire, are seated along the table, engaged in conversation and dining. The vineyard rows are visible on both sides of the table, and the background features rolling hills under a warm, orange and yellow sky. String lights are strung across the vineyard, adding to the ambiance.

Welcome to  
The Napa Wine College  
[NapaWineCollege.com](http://NapaWineCollege.com)

[Roccawines.com](http://Roccawines.com)



What are our next steps?  
Email us at  
[education@Neurovations.com](mailto:education@Neurovations.com)

Thank you for attending!



