

## Background

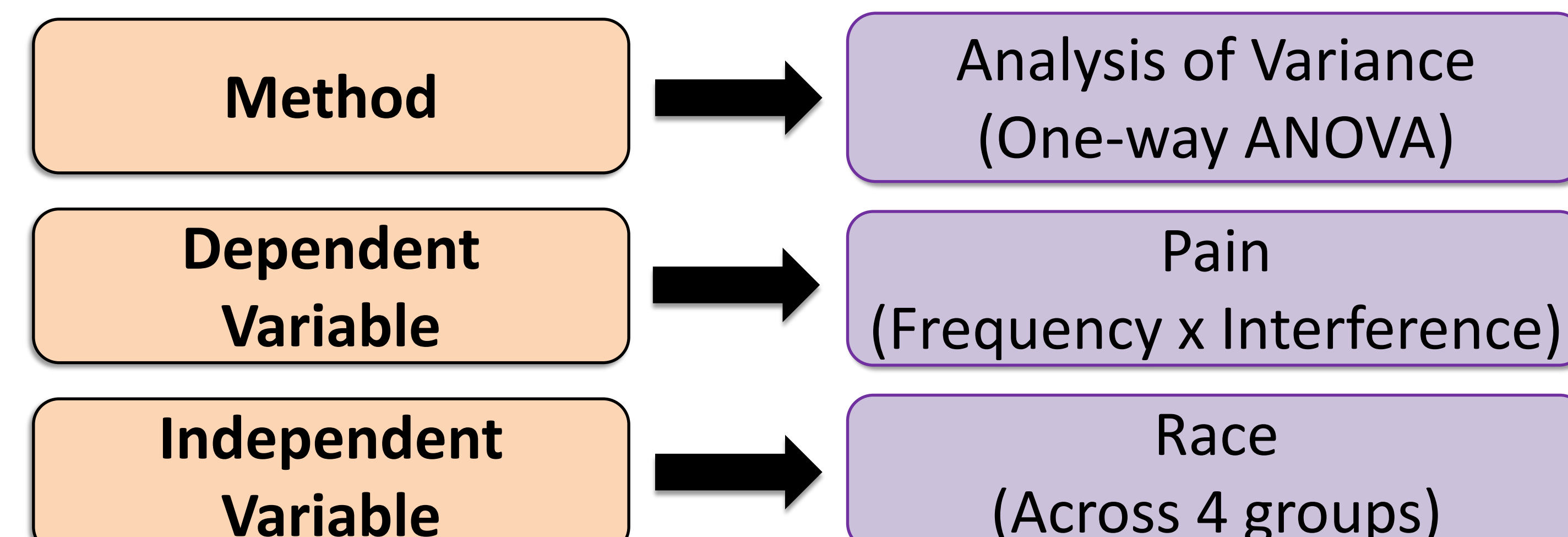
- Pain has significant quality-of-life implications for adults.
- Identifying race disparities in pain is crucial to uncover which groups of individuals are disproportionately experiencing pain-related suffering.

## Introduction

- Among White, Black, Asian, and Indigenous adults, Asian Americans have the lowest prevalence of pain while Indigenous Americans have the highest.
- Research in Canada lacks up-to-date data to characterize pain prevalence among White, Black, Asian and Indigenous Canadian adults.
- One study about midlife and older Canadian adults found the pain levels of Black and Asian Canadians do not differ significantly from White Canadians. However, these results are outdated and do not include younger adults in Canada.

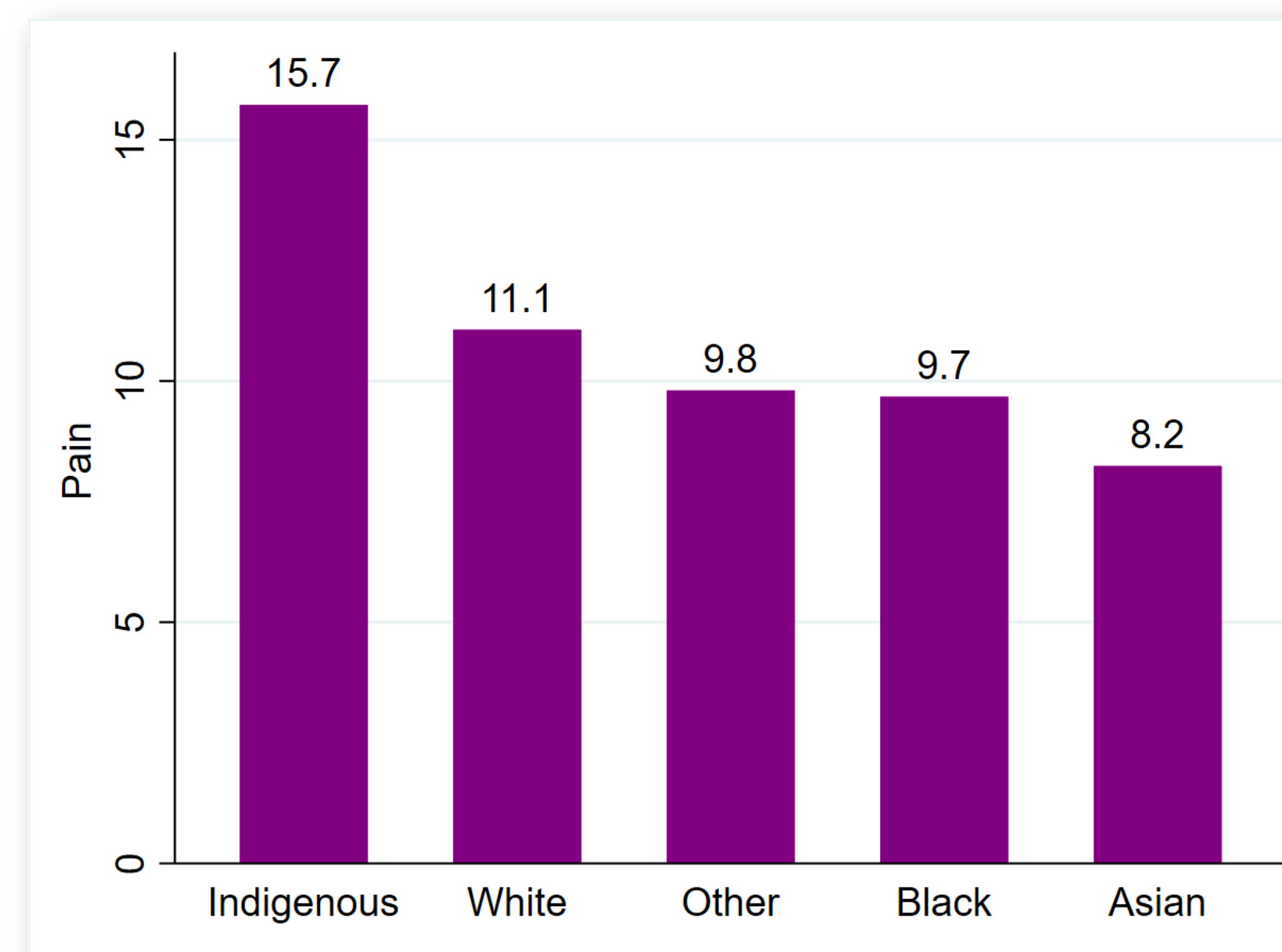
## Methods

**Recovery and Resilience: COVID 19 (2021)**  
Sample size **n = 2062**  
Canadian adults aged 18 and older

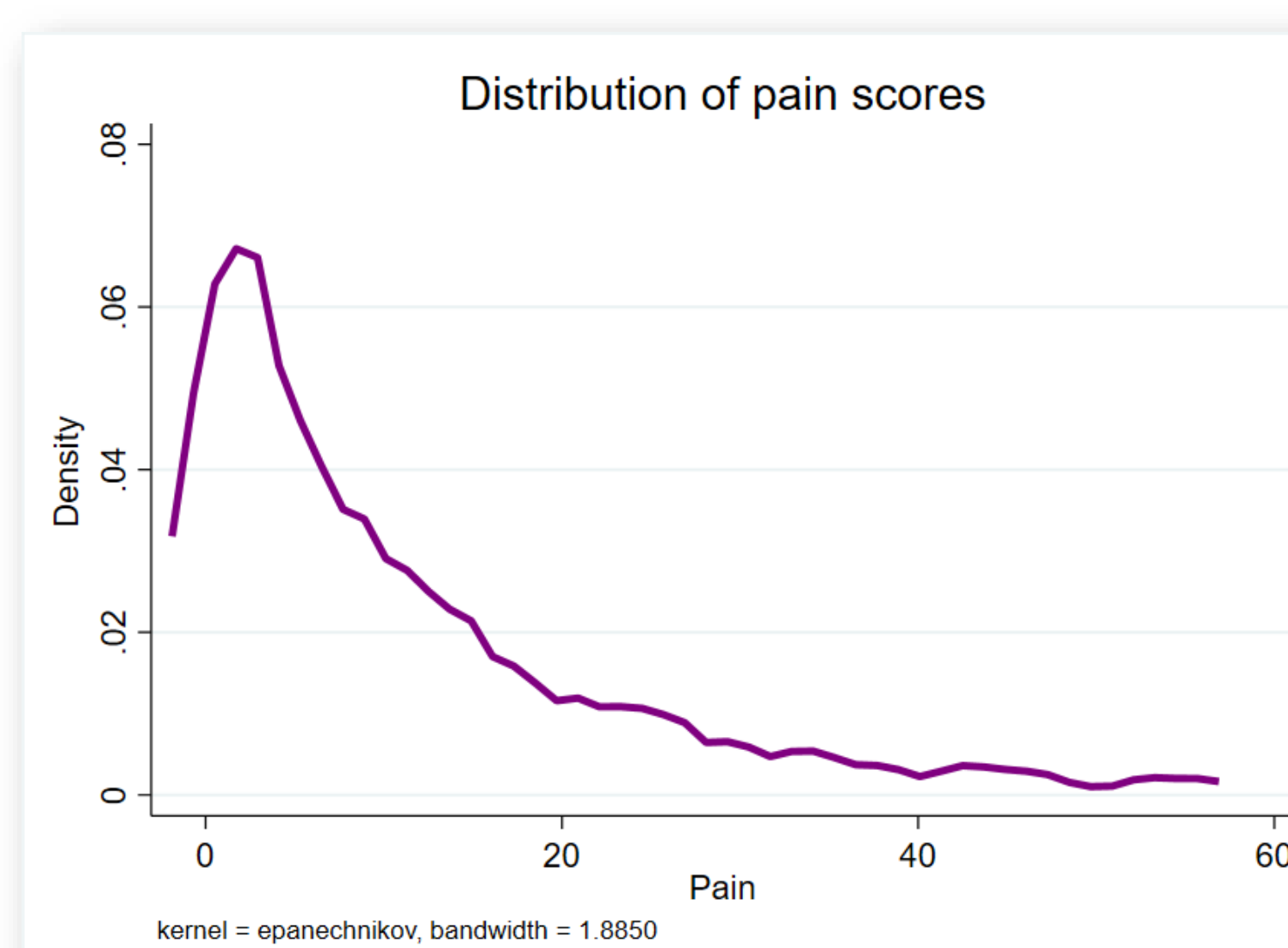


## Results

- The one-way ANOVA revealed that race differs significantly across pain,  $F(4, 2057) = 5.74, p = 0.0001$ .
- The Indigenous respondents reported the highest pain scores (15.7) while the Asian respondents reported the lowest (8.2).



Pain scores across race groups.



Kernel density estimate of pain.

Race	Frequency
White	74.7%
Black	1.9%
Asian	15.1%
Indigenous	2.1%
Other	6.1%

Descriptives of race in percentages.

	Sums of squares	df	Mean square	F	Prob > F
Between Groups	3291.435	4	822.859	5.740	0.0001
Within Groups	294770.709	2057	143.301		
Total	298062.144	2061	144.620		

One-way ANOVA test results of how pain differs across race. Results obtained using STATA 17.

## Conclusion

- Consistent with existing literature, Asian Canadians reported the lowest prevalence of pain while Indigenous Canadians reported the highest. These findings are significant as Indigenous Canadians reported pain scores nearly double those of Asian Canadians.
- It appears White Canadians report lower pain scores than Black Canadians. This is surprising since Black Canadians have worse health than White Canadians, although it is possible reporting differences may be minimizing pain disparities.
- To the best of our knowledge, our analysis is the only study that uses up-to-date data to identify racial disparities in pain among White, Black, Asian, and Indigenous Canadian adults.
- Previous studies suggest socioeconomic factors such as income have a stronger negative effect on pain prevalence than race. Next steps will be to control for socioeconomic factors using a regression-based framework.

## Acknowledgements

Thank you to Dr. Anna Zajacova and Merita Limani for their support in helping me grow my research skills during this summer internship.

## References

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