

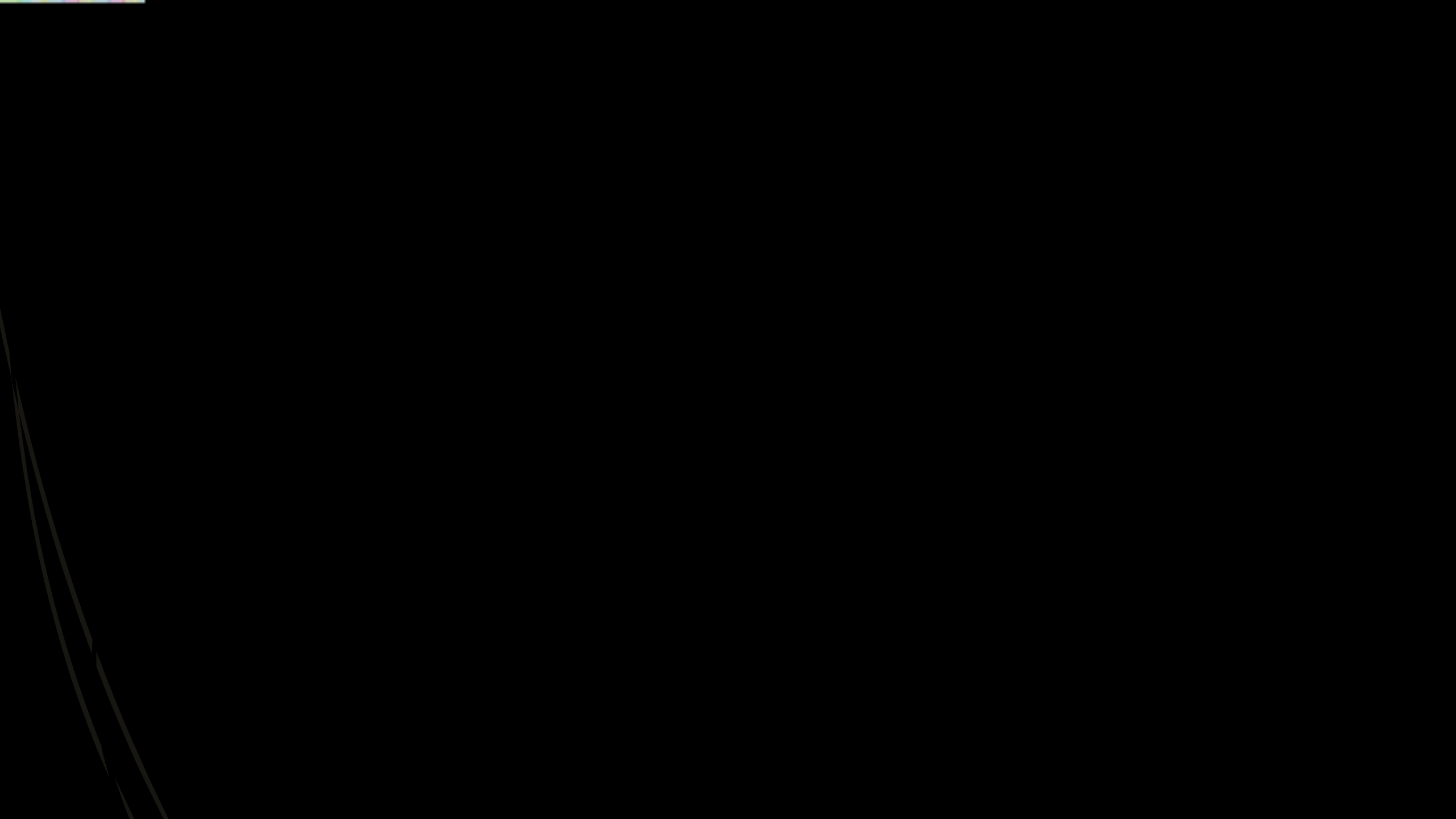


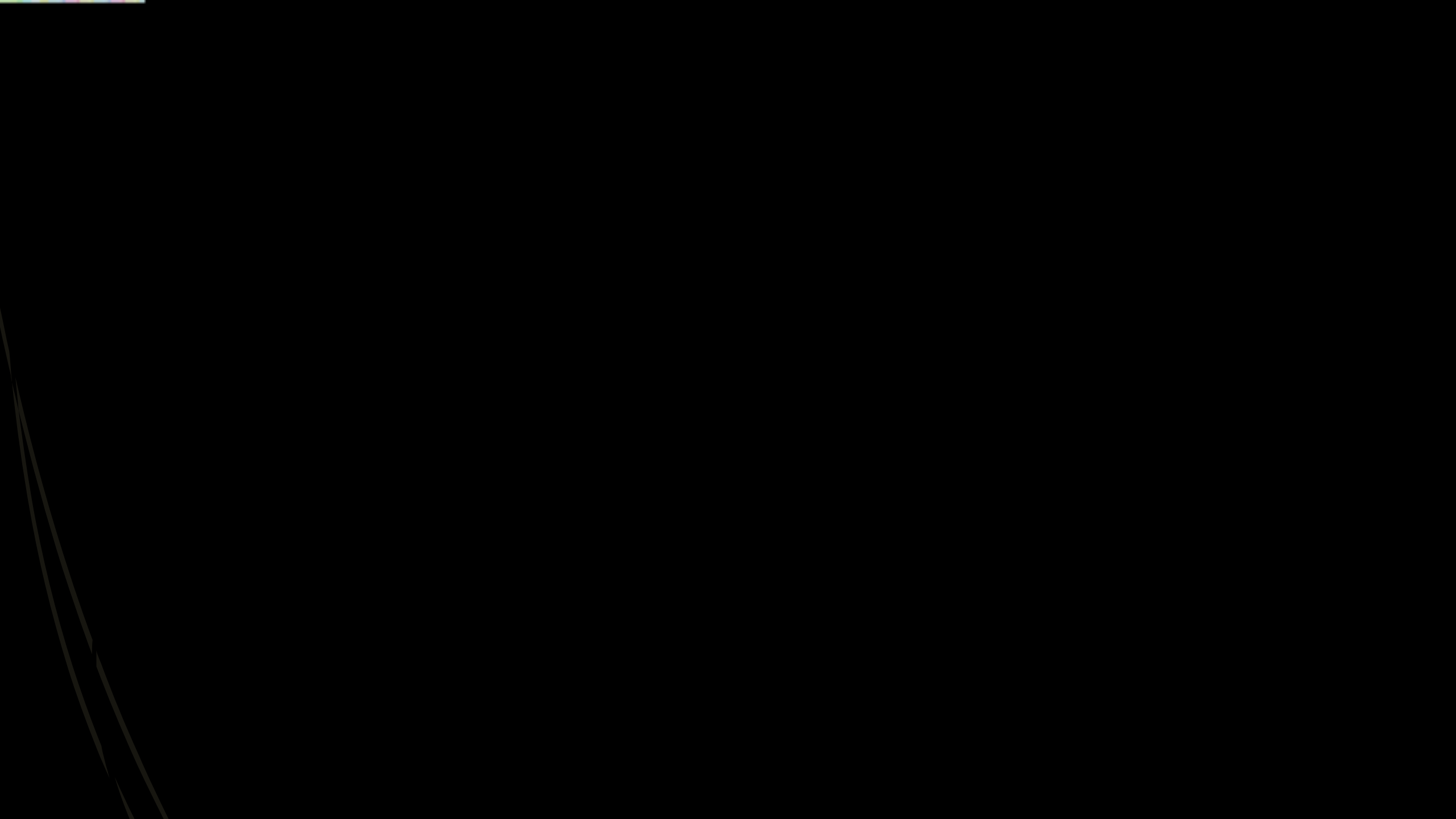
Results

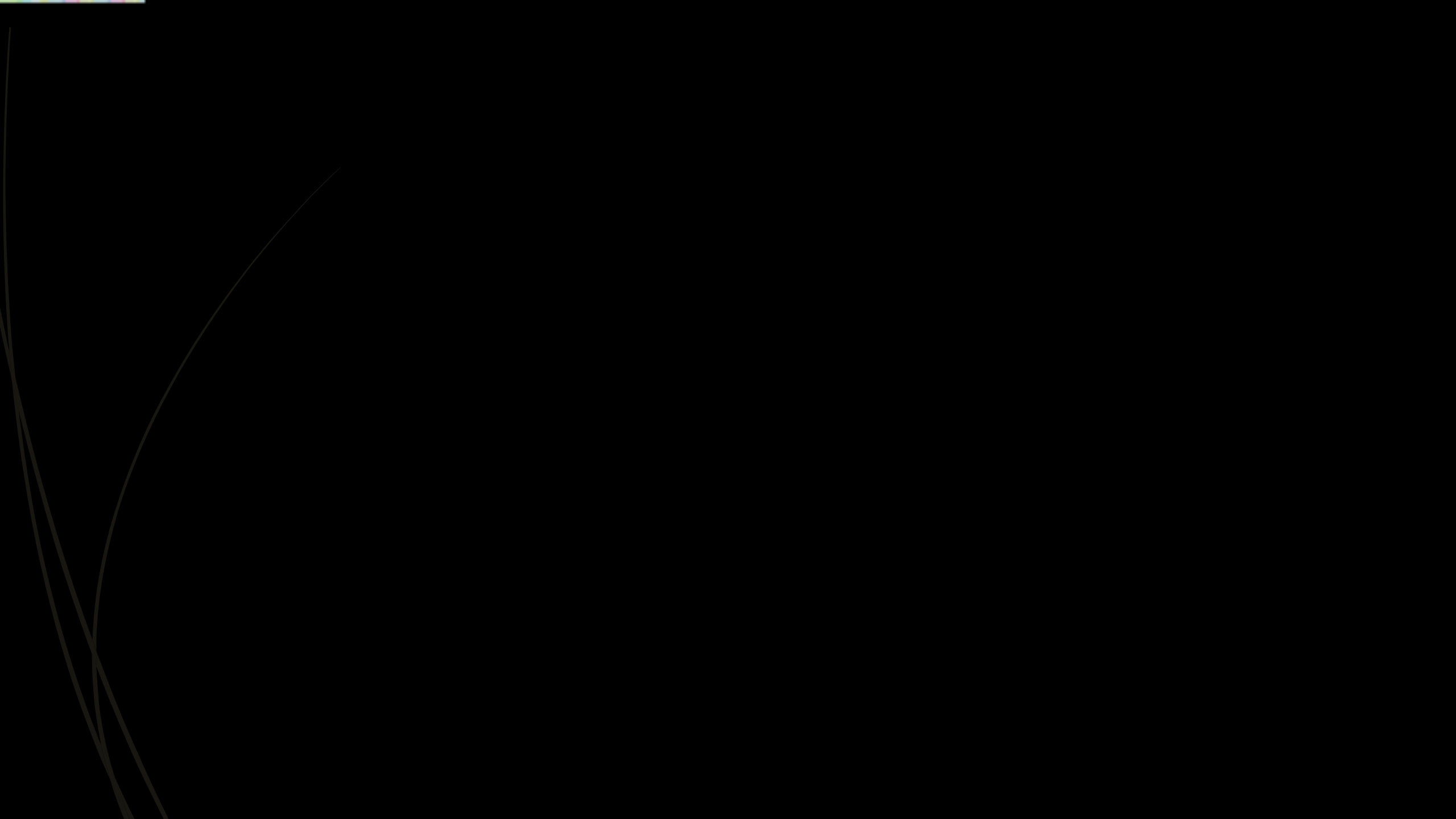
763 articles were screened for eligibility and fourteen studies met inclusion criteria for qualitative synthesis. The total study population included 7070 non-Hispanic White patients, 1538 Hispanic, 3125 Black, and 50.3% female. Black patients were less likely than white to receive analgesia for acute pain: OR 0.60 [95%-CI, 0.43–0.83, random effects model]. Hispanics were also less likely to receive analgesia: OR 0.75 [95%-CI, 0.52–1.09].

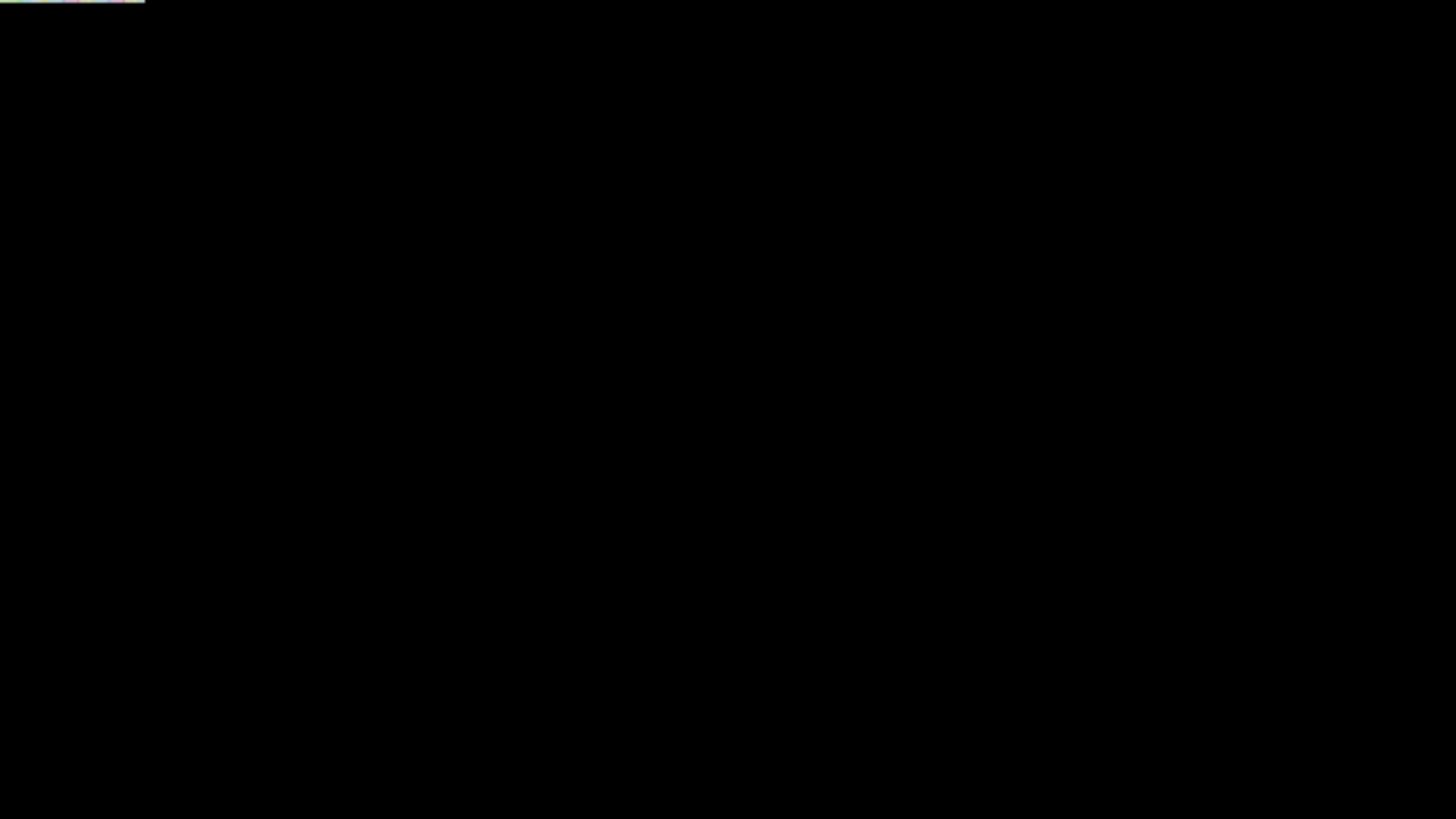
Conclusion

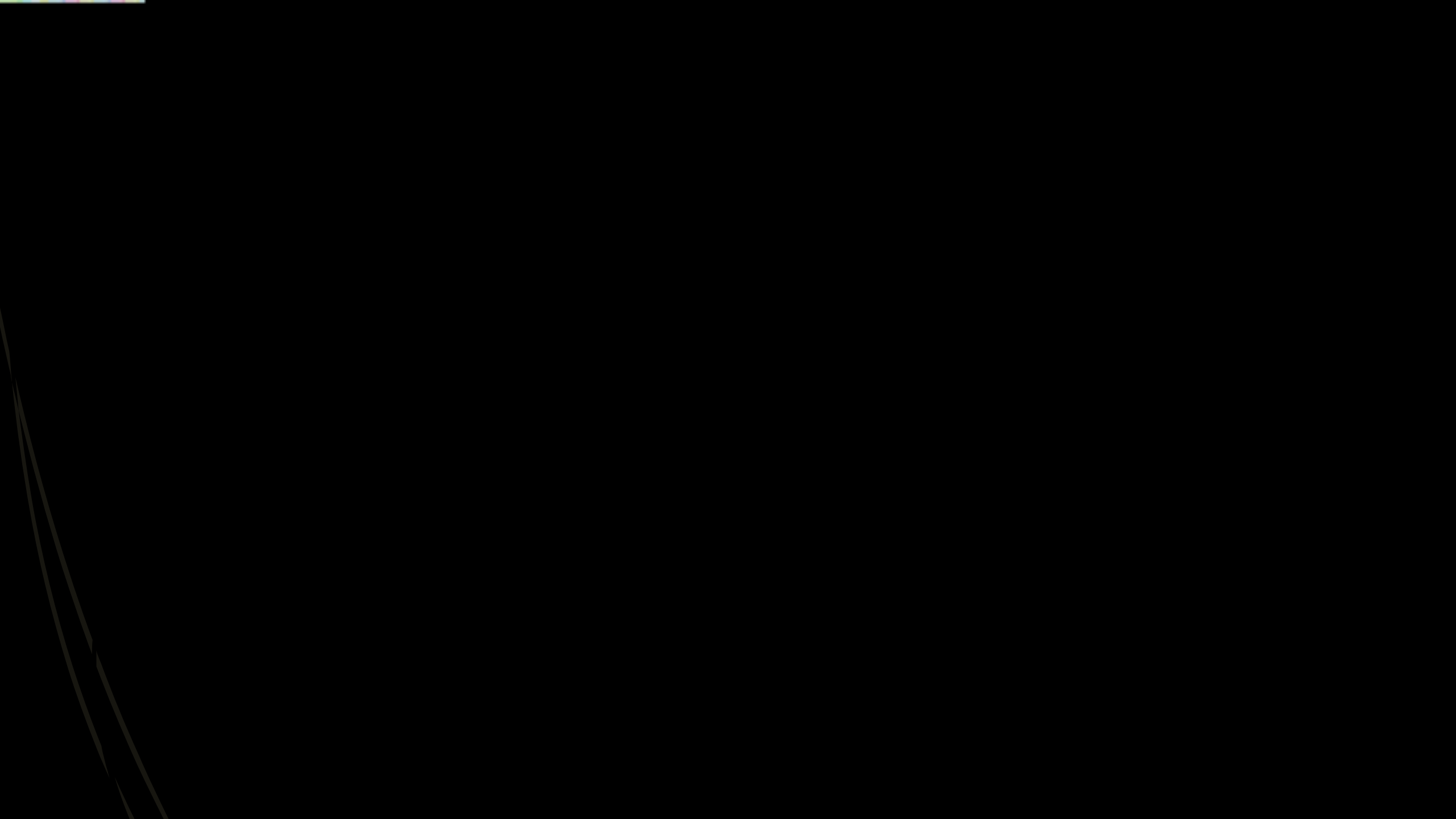
This study demonstrates the presence of racial disparities in analgesia use for the management of acute pain in US EDs.

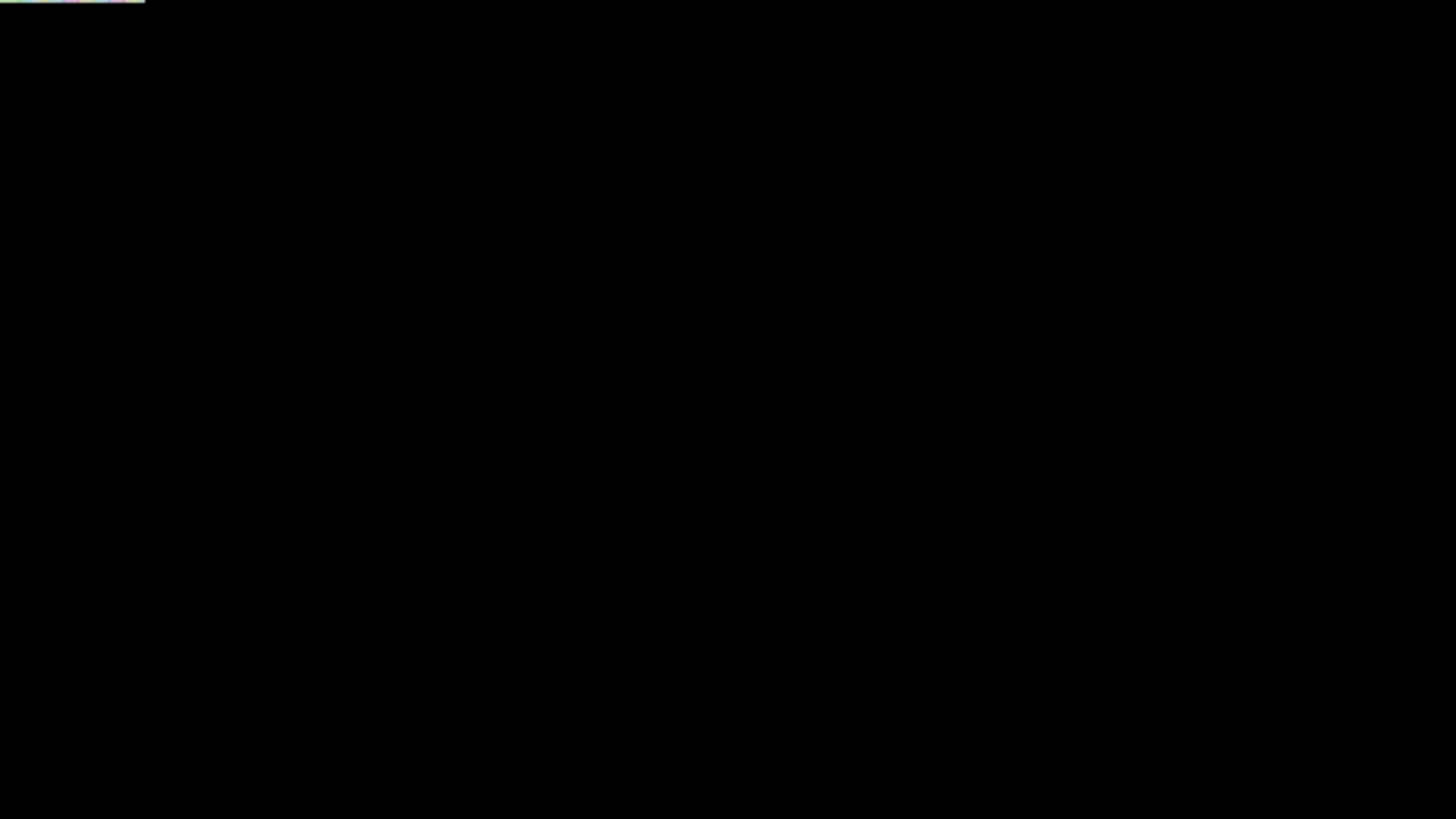


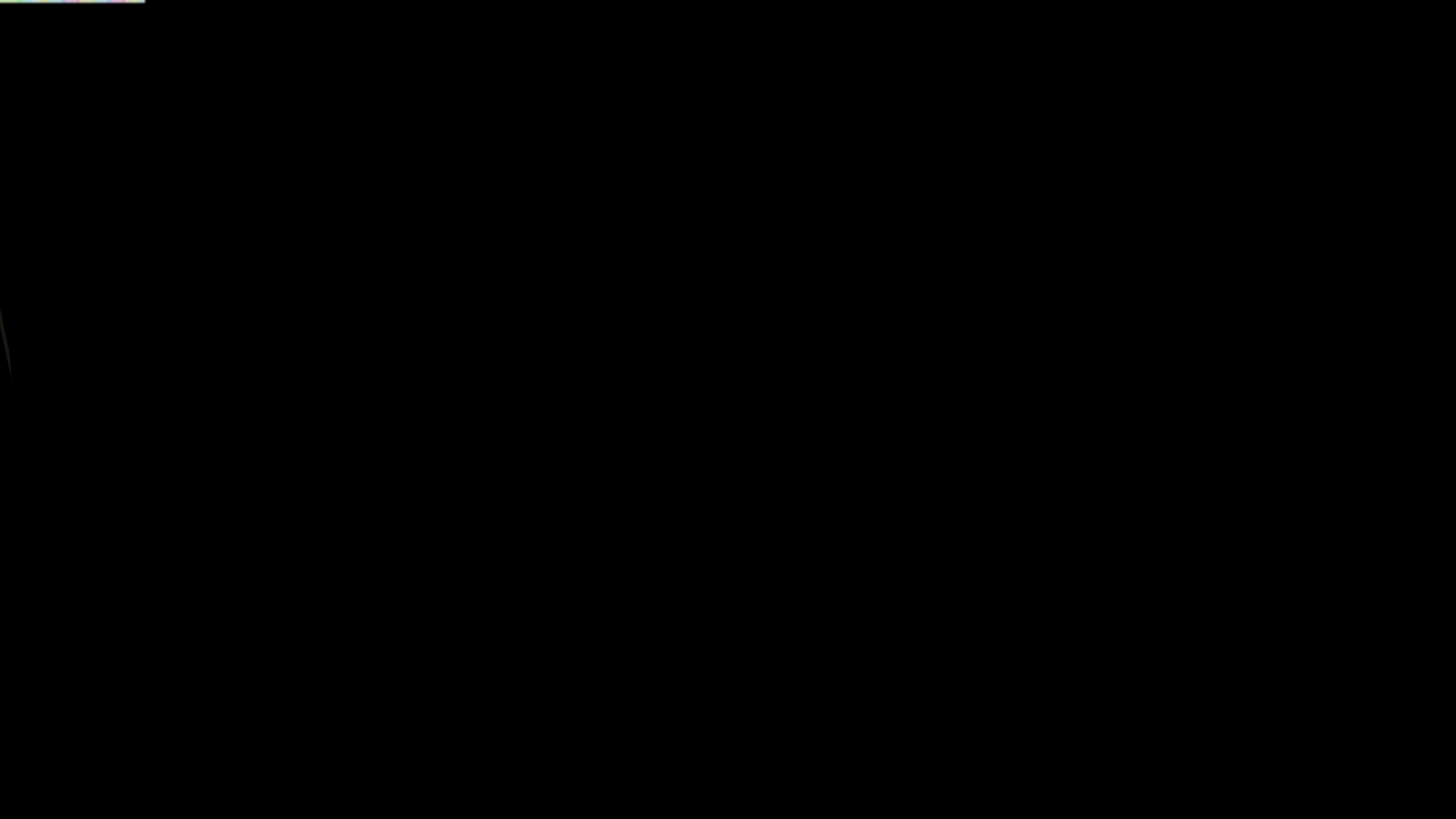


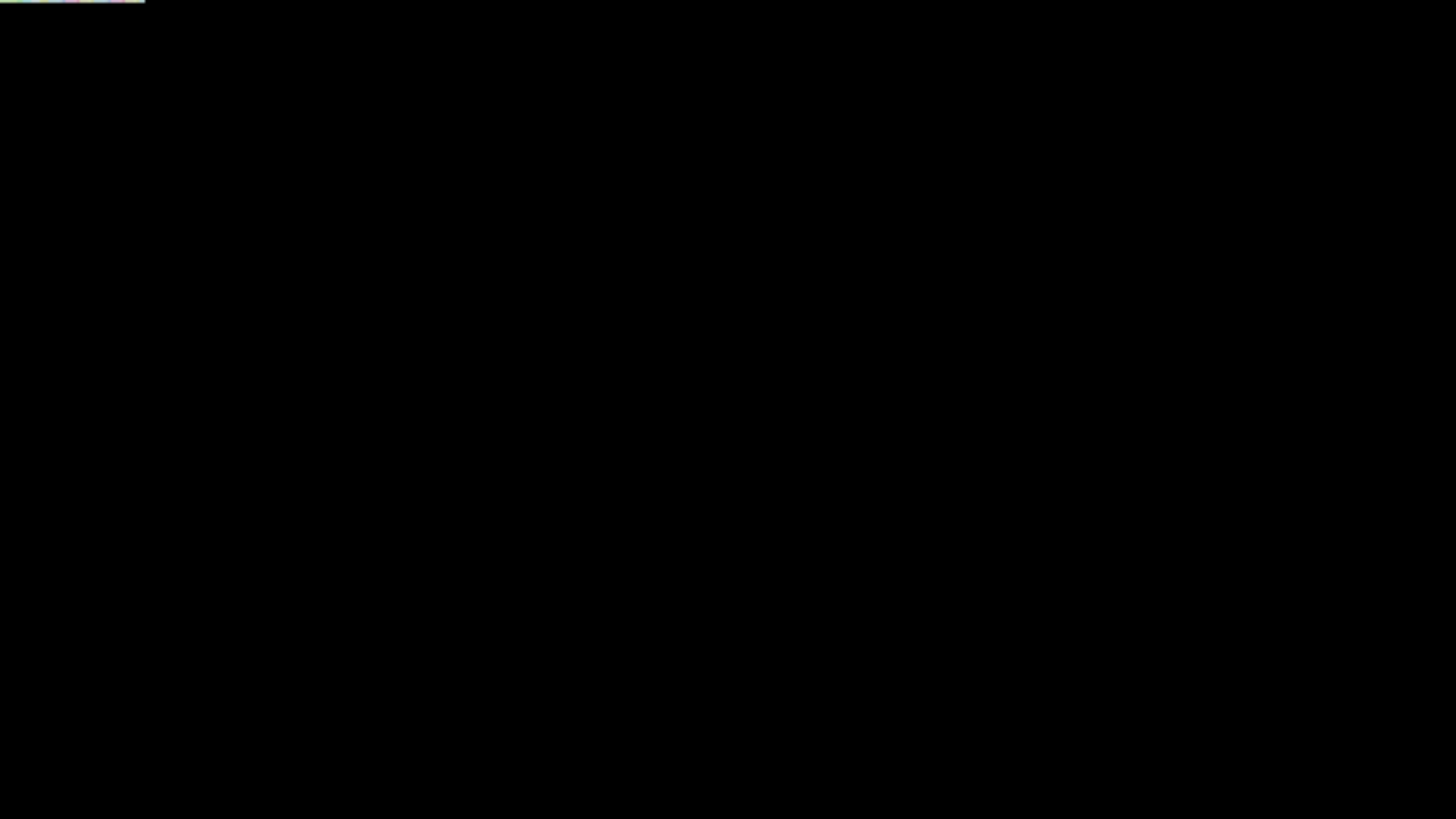


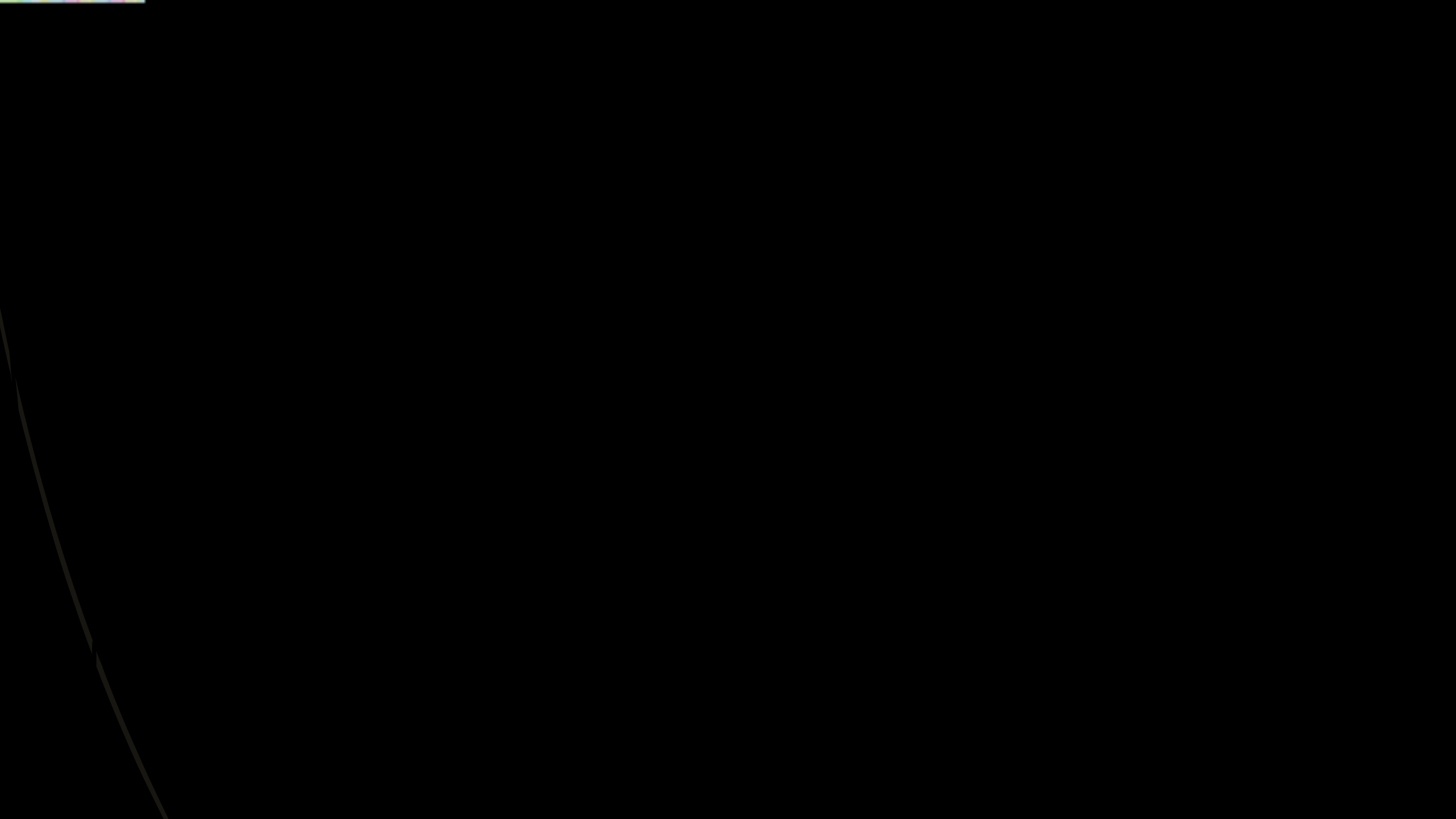


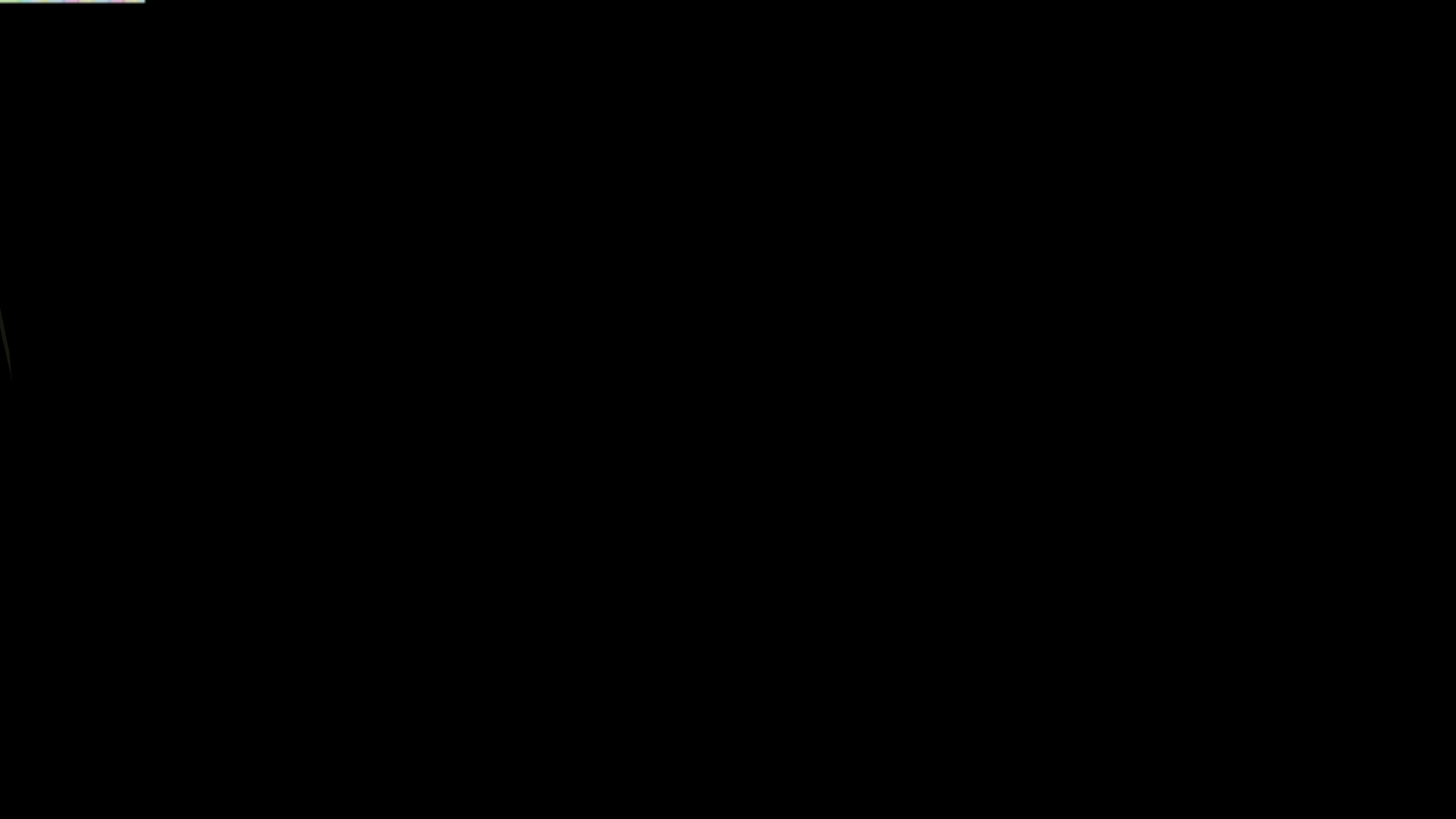


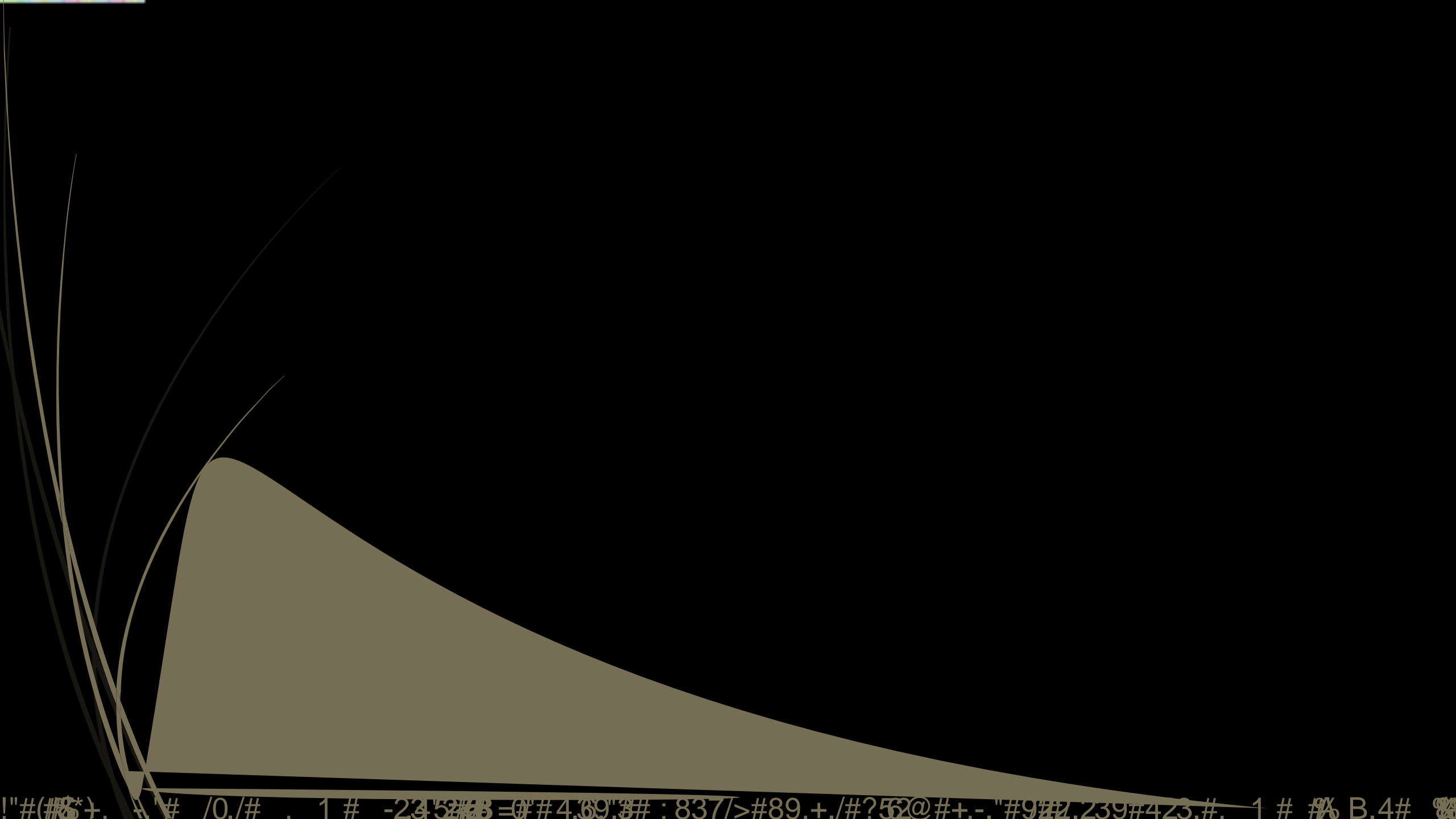




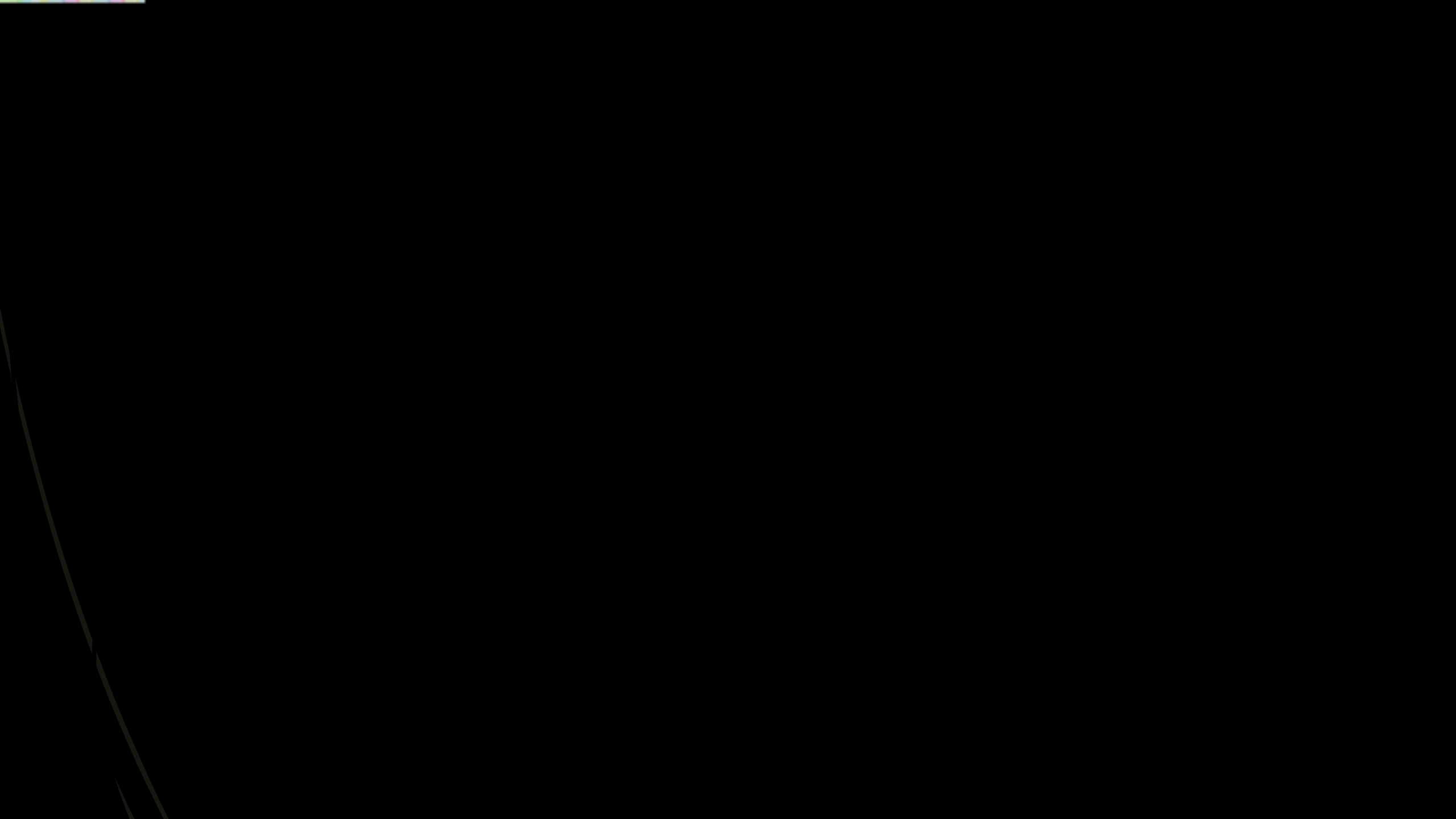


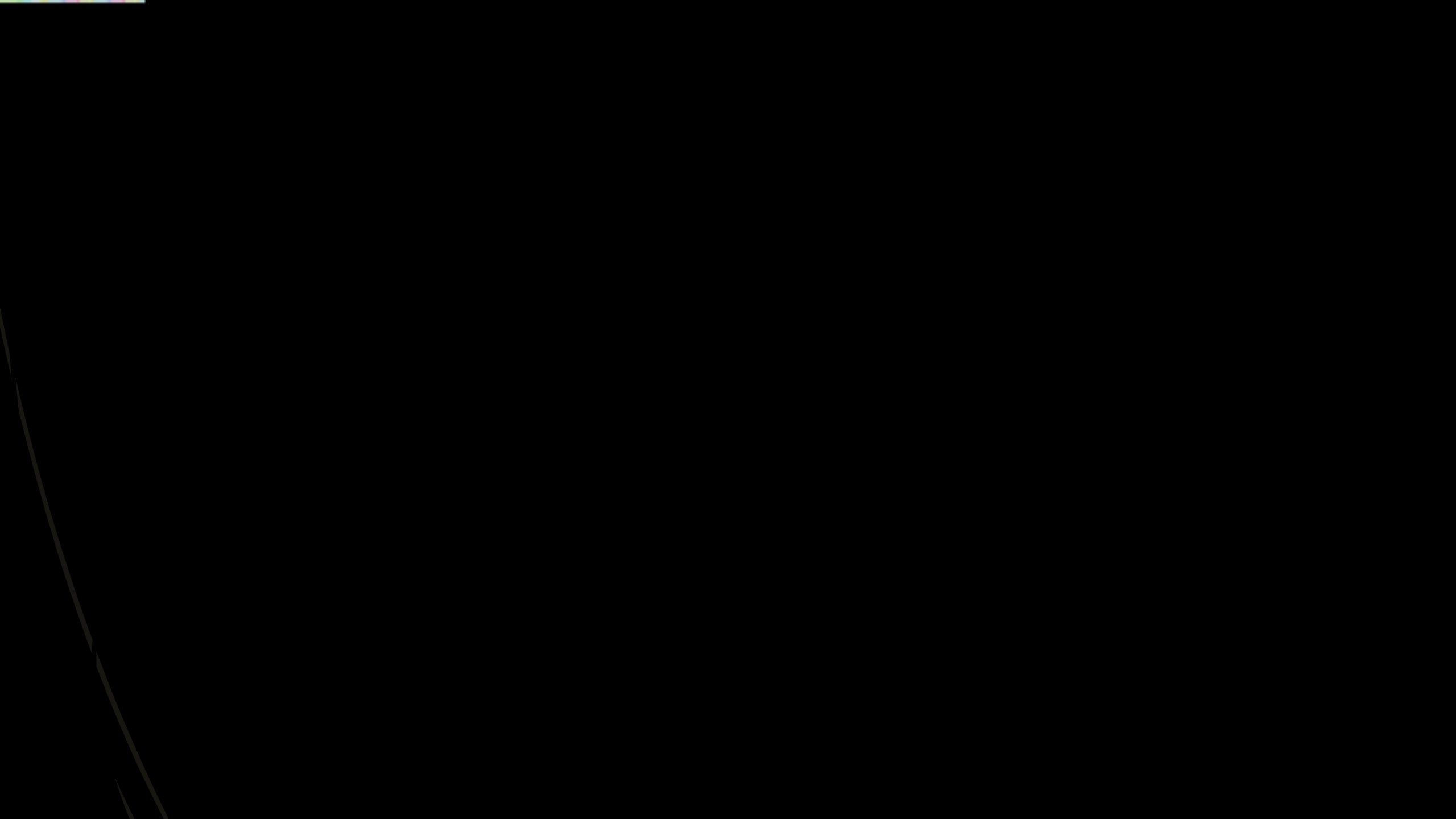


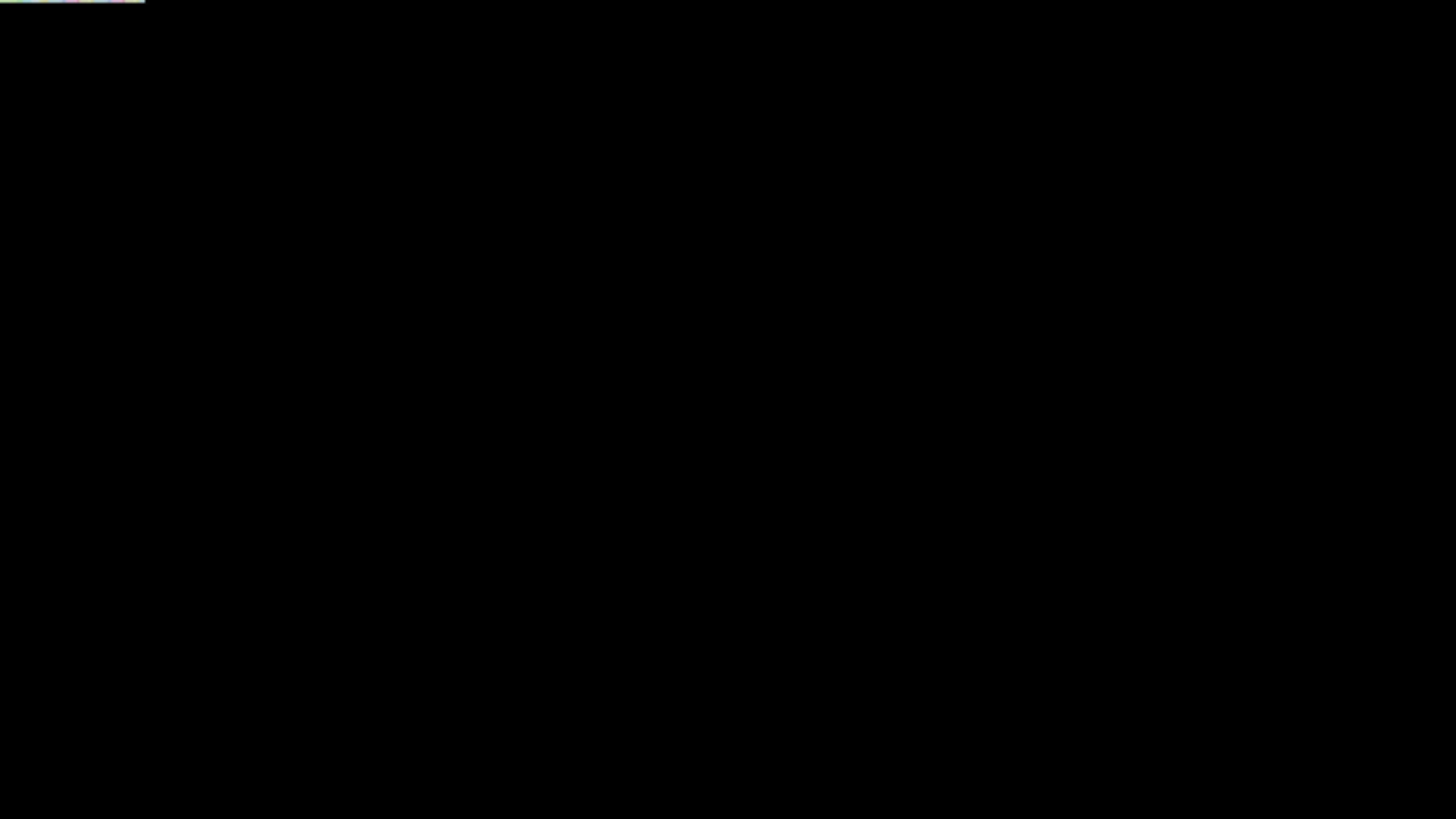


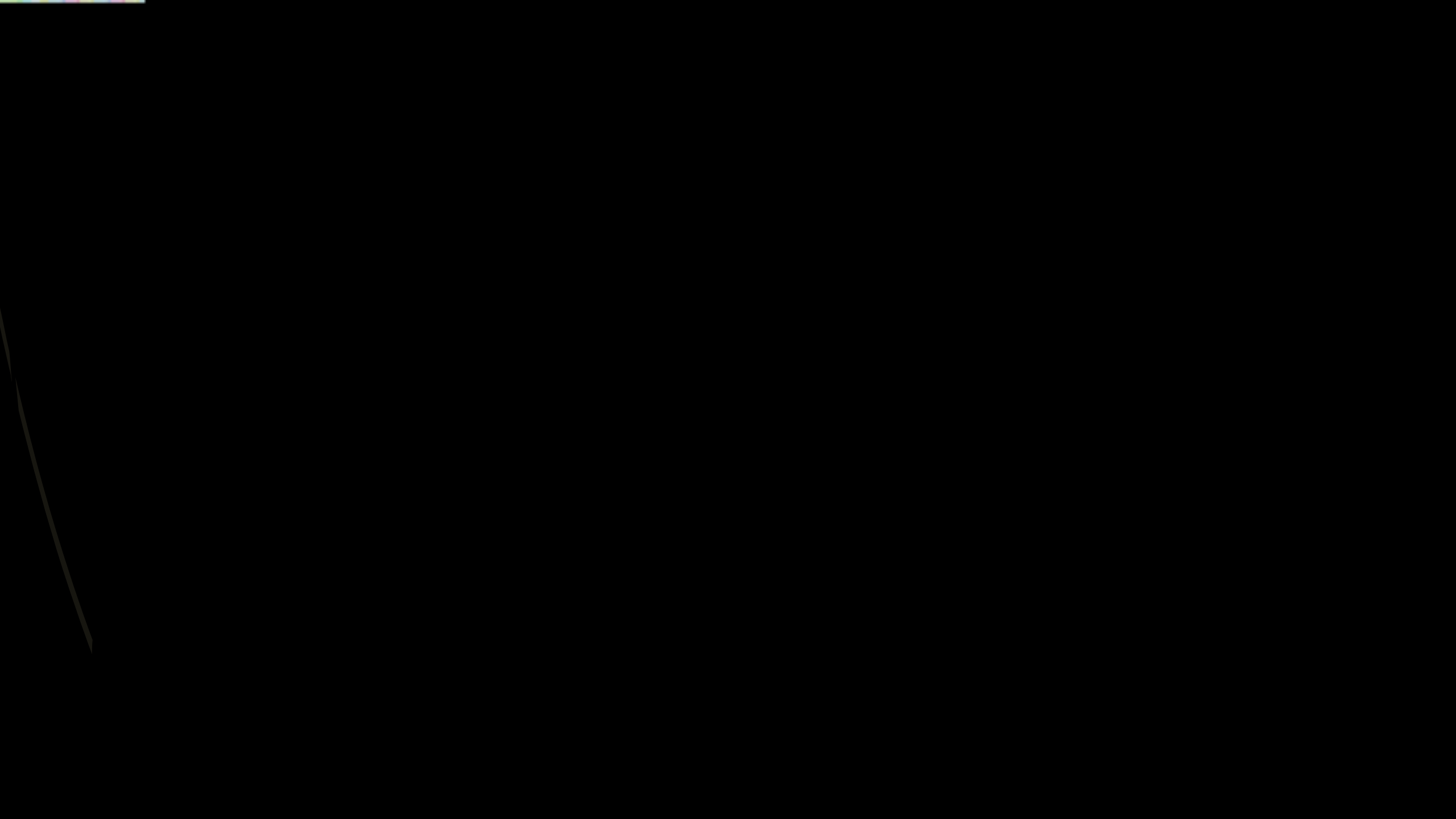


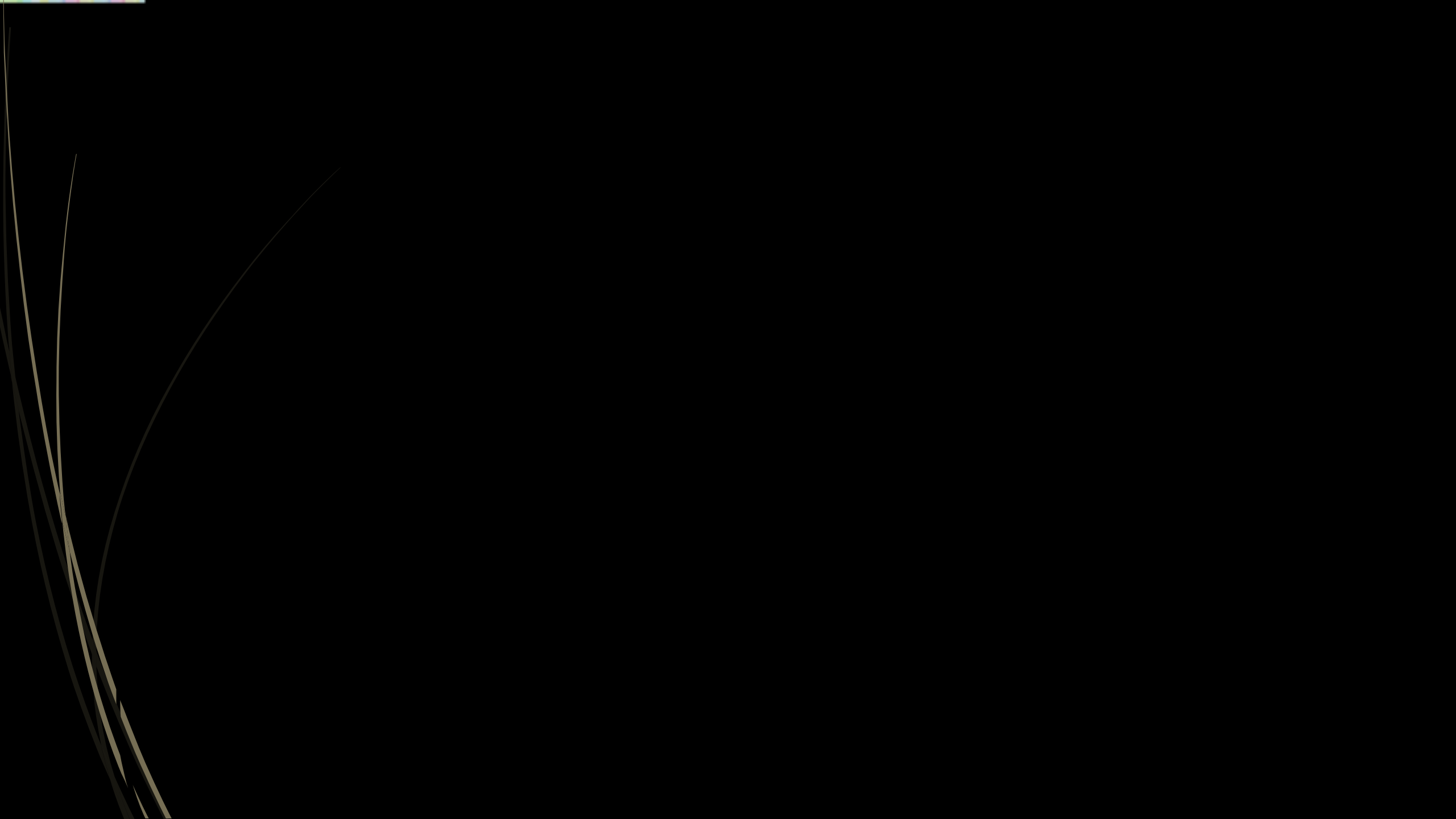


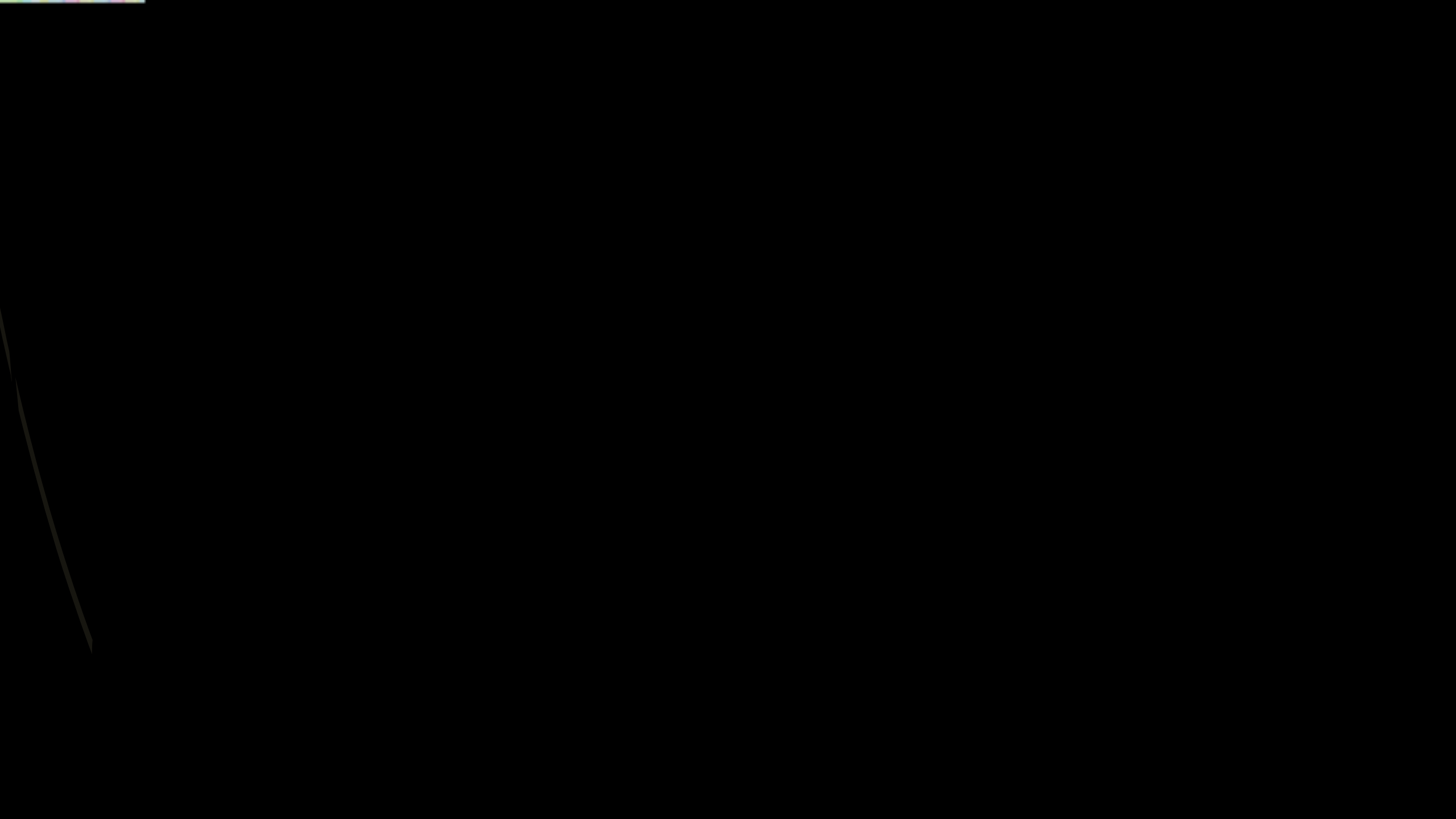


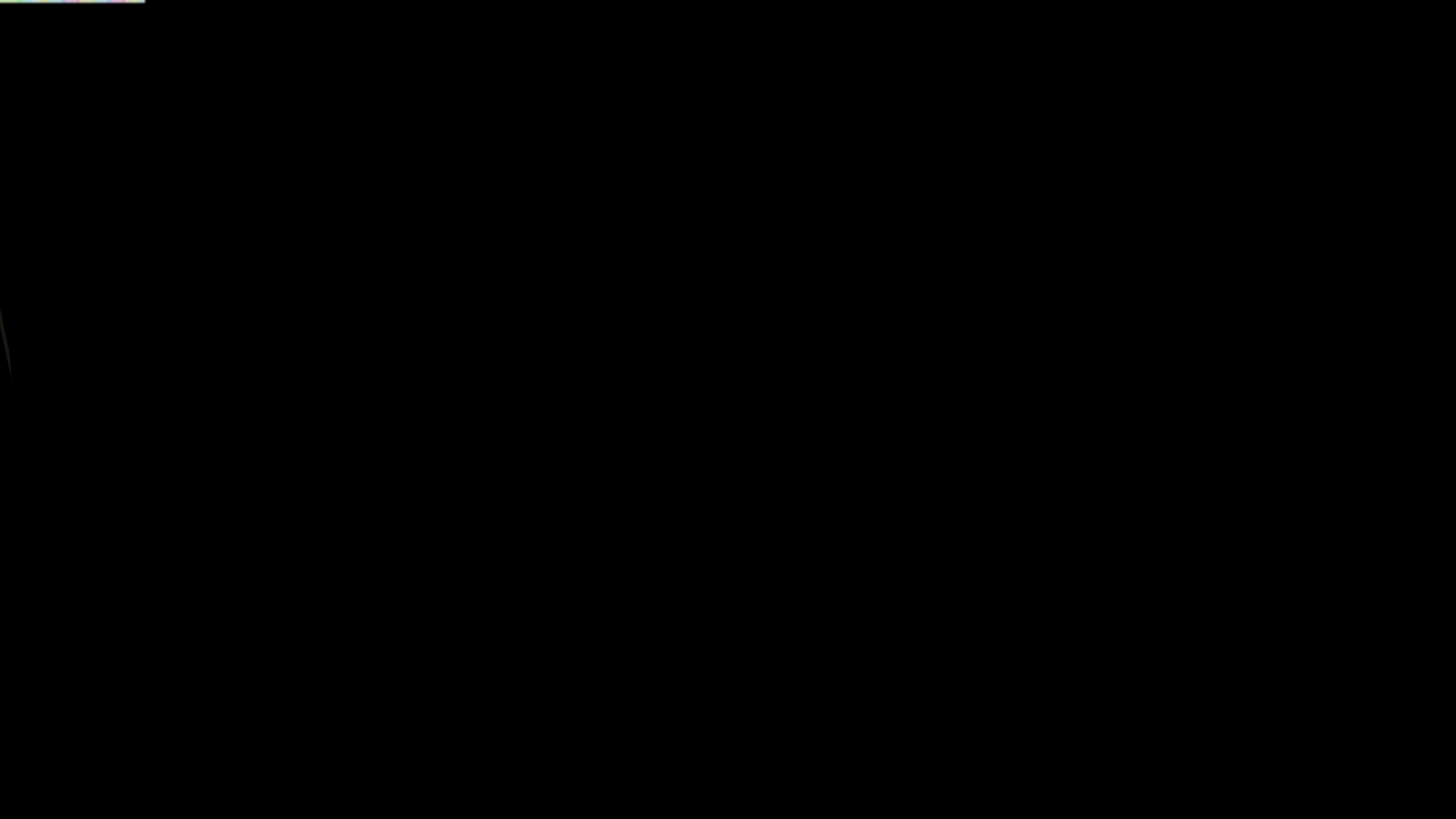


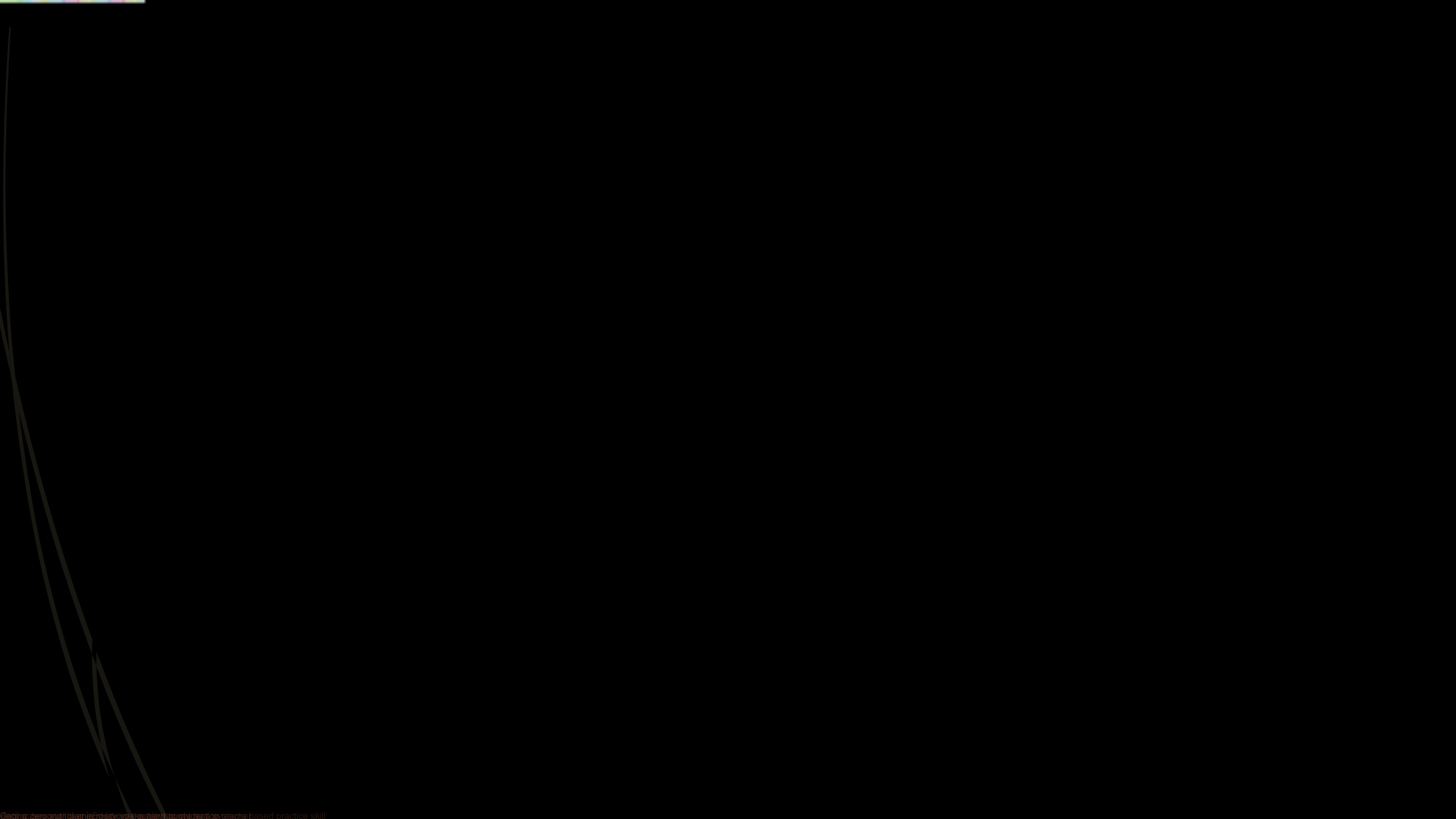














Money for rural programs; support for doctors working in underserved areas

Rural medical school payback programs

AHEC Area Health education Centers

JAMP Joint Admission medical Program



