Medical Mistrust, Discrimination, and HIV in Black/African American Communities

Laura M. Bogart, PhD, RAND Corporation

RAND SOCIAL AND ECONOMIC WELL-BEING

Collaborators

Sae Takada, MD, PhD

Assistant Professor, Division of General Internal Medicine and Health Services Research, Department of Medicine, David Geffen School of Medicine, UCLA

William E. Cunningham, MD, MPH

Professor, Division of General Internal Medicine and Health Services Research, Department of Medicine, David Geffen School of Medicine, and Department of Health Policy and Management, Fielding School of Public Health, UCLA

What is medical mistrust?

Distrust of

Healthcare systems

Providers

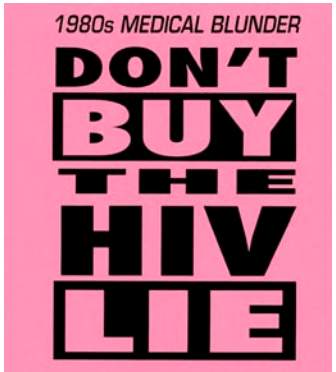
Treatments

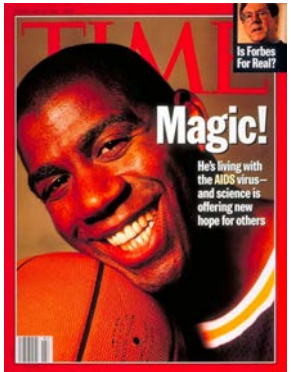
Absence of trust that providers/organizations genuinely care for patients' interests, are honest, practice confidentiality, and have competence to produce the best achievable results

African Americans show high levels of medical mistrust—which is thought to arise from historical and ongoing discrimination

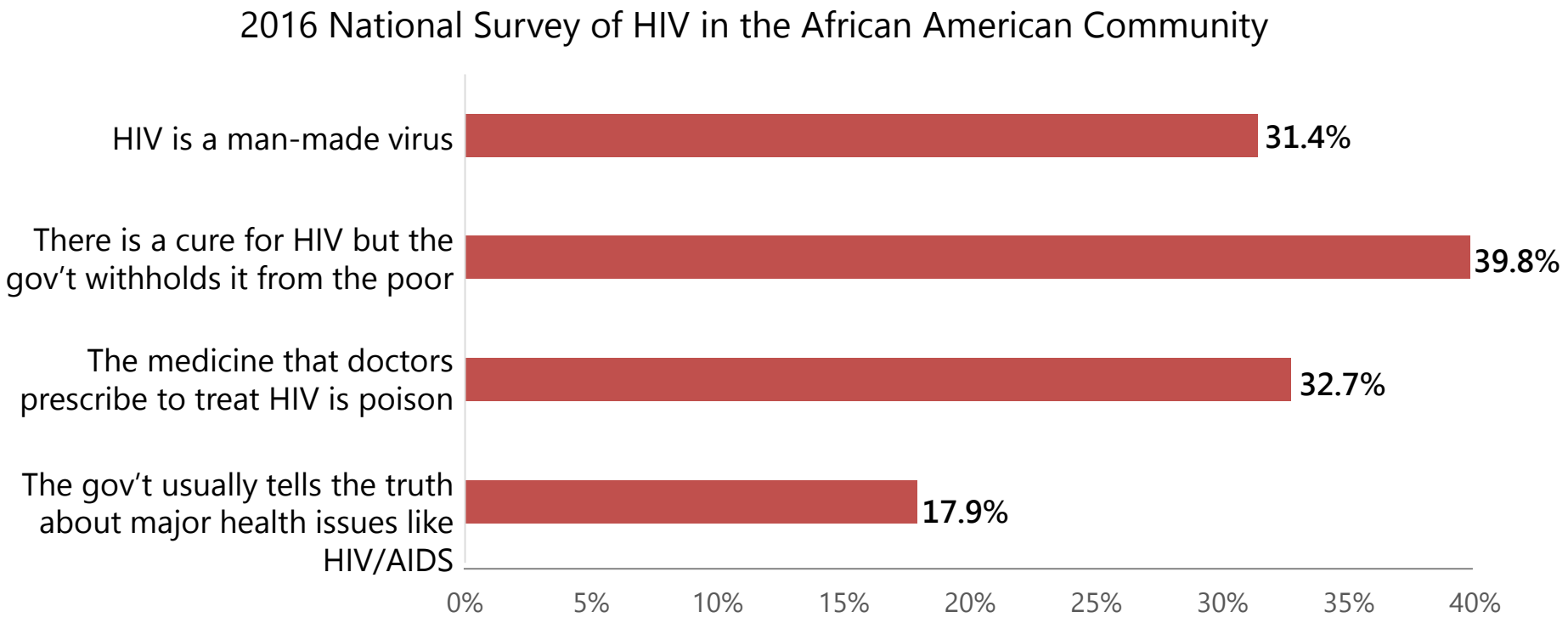
What is HIV-specific medical mistrust (aka HIV conspiracy beliefs)?

- Specific form of medical mistrust around the origin, prevention, and treatment of HIV
  - e.g., HIV was created by the government, antiretroviral treatment (ART) is poison or ineffective, a cure is being withheld
- Effort to explain HIV by reference to the actions of powerful people who attempt to conceal their role
  - Not necessarily false, harmful, unjustified, or irrational





HIV conspiracy beliefs remain common among many African Americans



How does medical mistrust affect HIV outcomes?

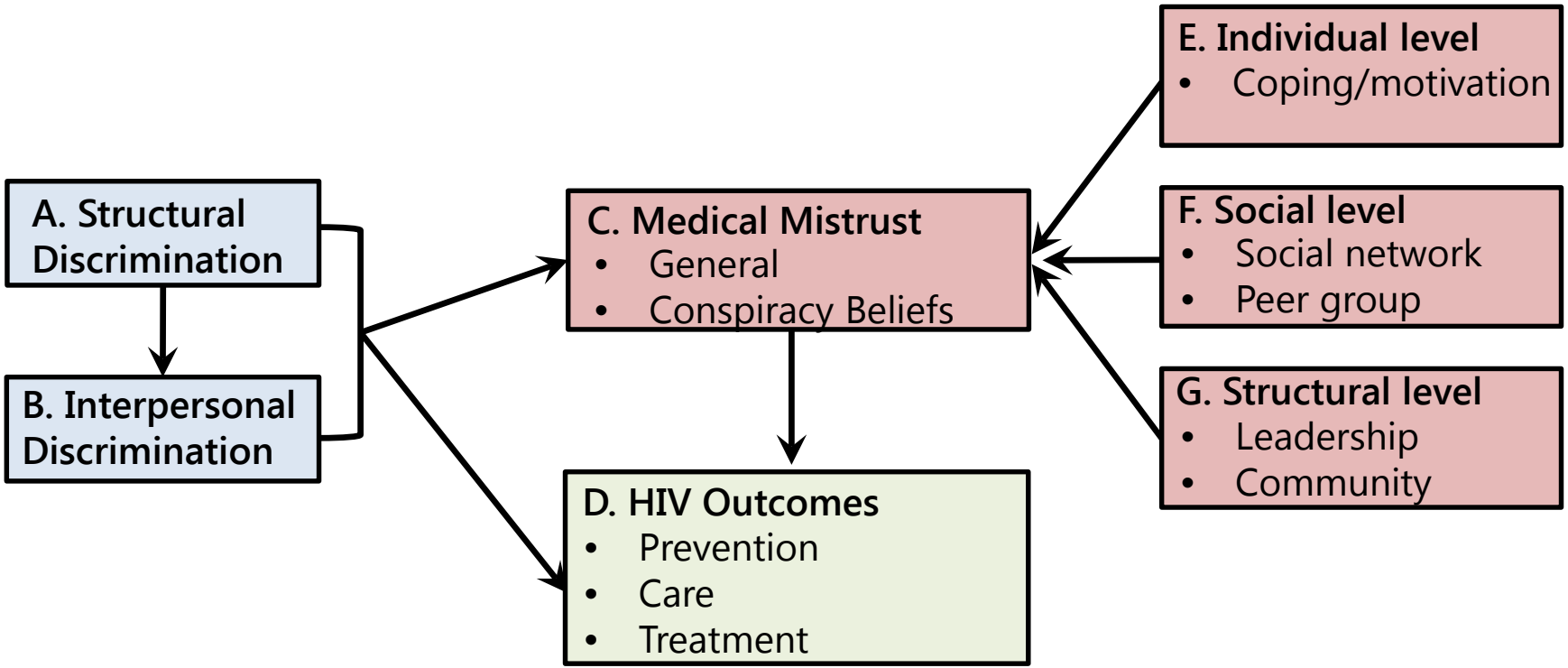
Prevention Outcomes

- ✓ **Inconsistent** condom use
- ✓ **Lower** comfort discussing PrEP with providers
- ✓ **Lower** PrEP awareness
- ✓ **Lower** intention to adopt PrEP
- ✓ **Lower** uptake of PrEP

Treatment Outcomes

- ✓ **Lower** adherence to ART
- ✓ **Detectable** viral load
- ✓ **Weaker** beliefs about the effectiveness of ART (which in turn is related to nonadherence)

Why does mistrust affect HIV outcomes? A multilevel perspective



Discrimination leads to mistrust

Mistrust stems from knowledge of current and historical injustices in healthcare and U.S. society in general

Doctor draws blood from Tuskegee participant

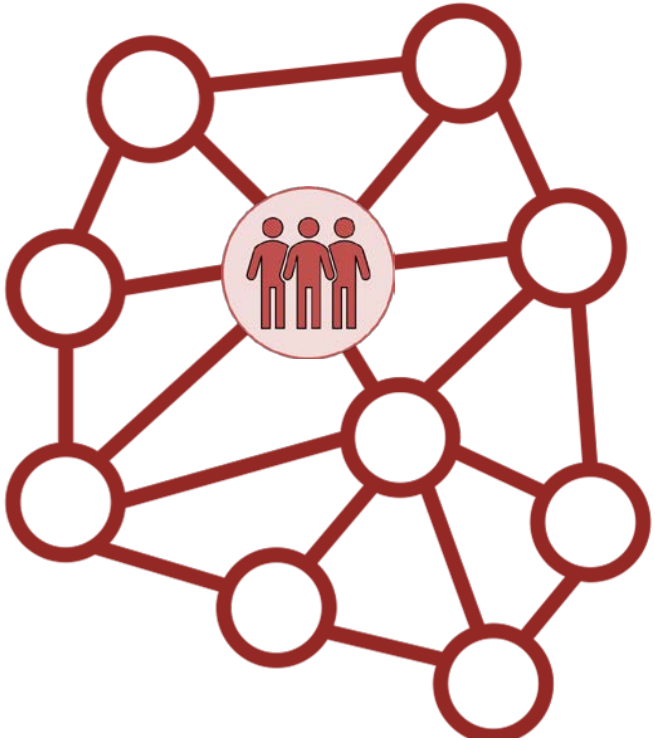
Photo: National Archives Atlanta, GA (U.S. government)

- Experiencing discrimination is associated with higher mistrust
- Mistrust explains the association between discrimination and health behaviors (longer time since medical exam, nonadherence)
- Closer residence to Macon County, AL related to more mistrust, lower healthcare utilization, and greater mortality among Black men from before to after 1972

Mistrust can be a form of resilience

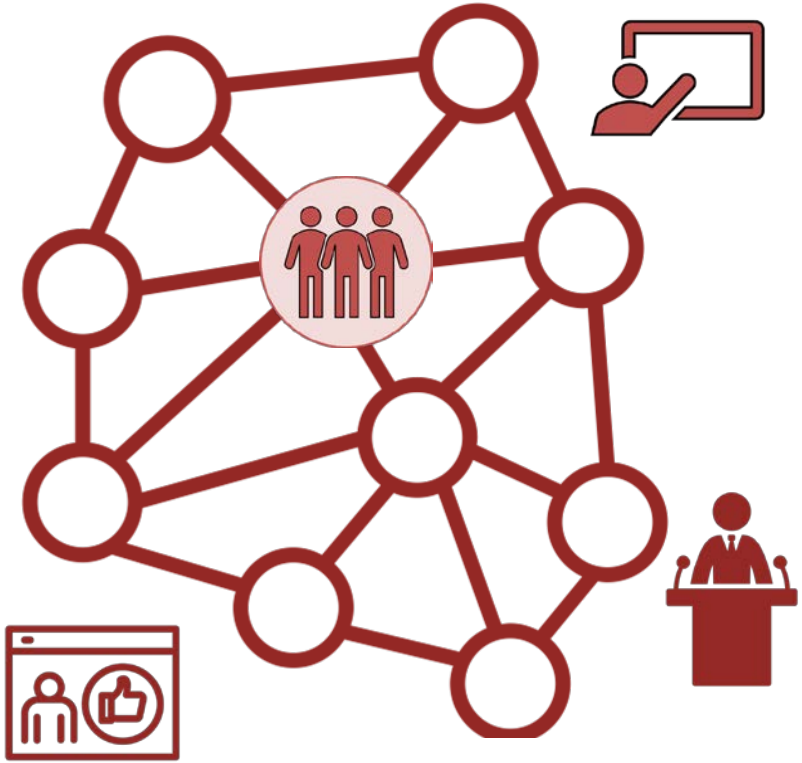
- Mistrust is not necessarily harmful
  - Can empower individuals for change when channeled effectively
- Protective/adaptive survival mechanism in face of oppression
- Healthy, functional coping mechanism

Mistrust can spread in social networks



- Reliance on social network members for healthcare advice
- Social network members understand the context of discrimination in healthcare and thus are more credible than healthcare providers
- HIV treatment nonadherence is related to hearing HIV conspiracy beliefs from similar network members

Mistrust can be reinforced at the structural level



- Formal leaders (elected officials, religious leaders) and informal popular opinion leaders (e.g., artists, musicians) may reinforce mistrust
- Online and in person (social media, music, sermons, etc.)

How can medical mistrust be addressed?

- No evidence-based interventions address medical mistrust
- A few interventions have been tested to improve trust in individual providers (not overall)
  - Training on cultural competency, empathy, and patient-centered communication
    - e.g., through intensive tailored patient case feedback
  - Most not effective; none tested for HIV

- A few patient-level interventions focus on improving trust in HIV-related information and decreasing HIV conspiracy beliefs
  - Community-based interventions (e.g., peer navigation) for peers to serve as a bridge to healthcare
  - Will be focus of another community forum

Recommendations for Providers

Develop provider trainings

- Teach providers how to respond to mistrust in a sensitive manner while conveying accurate information
  - Motivational interviewing skills
    - Empathy, reflective listening
    - Non-judgmental, non-confrontational
    - Acknowledge historical and current context of discrimination as root cause of mistrust

Harness the positive effects of mistrust

Recommendations for Communities

- Catalyze individuals to be informed healthcare consumers
  - Find out about local organizations' care quality
- Encourage healthcare organizations to engage community stakeholders on advisory boards
  - Review patient data and policies for disparities
- Civic engagement
  - Vote and encourage others to vote!

SOCIAL AND ECONOMIC WELL-BEING