



Medical Mistrust, Discrimination, and Healthcare Provision in Black Communities: Recommendations for Providers

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SOCIAL AND ECONOMIC WELL-BEING

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Agenda

- Background, definition, and examples of medical mistrust
- Contribution of mistrust to health outcomes
 - HIV and COVID-19 as examples
- Recommendations
 - For healthcare providers
 - For healthcare organizations
 - For communities

What is medical mistrust?

Distrust of

Healthcare systems



Providers



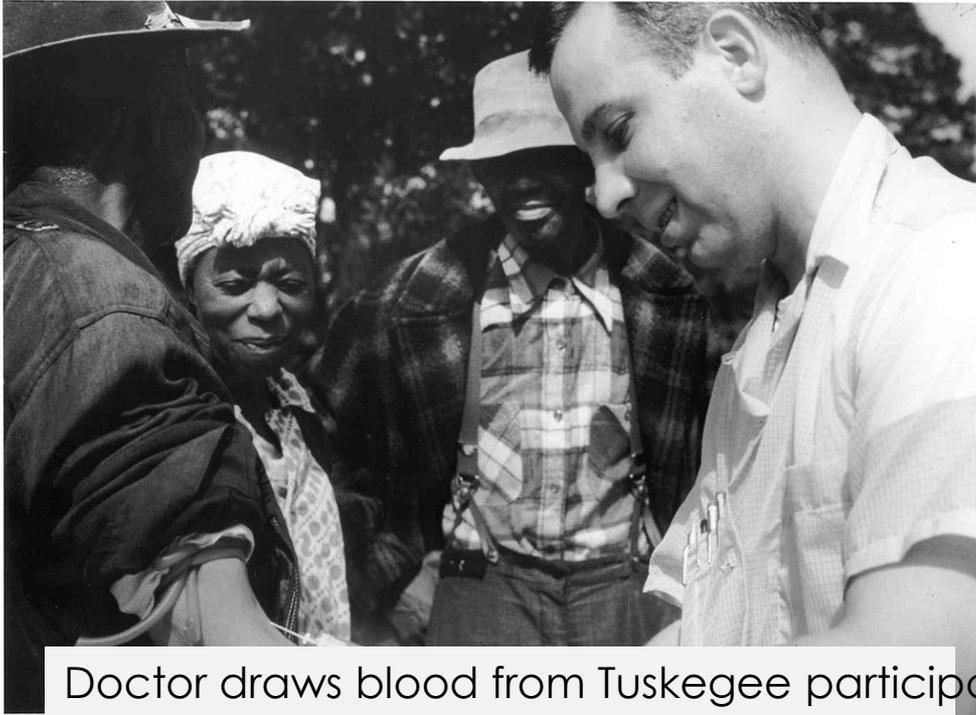
Treatments



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

Discrimination leads to mistrust

Among Black Americans, high levels of medical mistrust are a response to historical injustices and ongoing discrimination, including systemic racism



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)

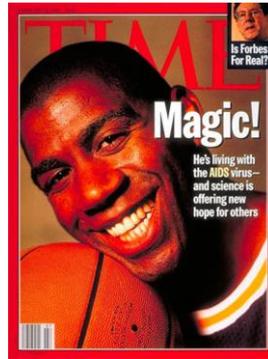
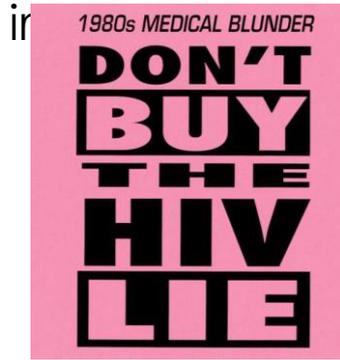
Mistrust can be a form of resilience



- 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

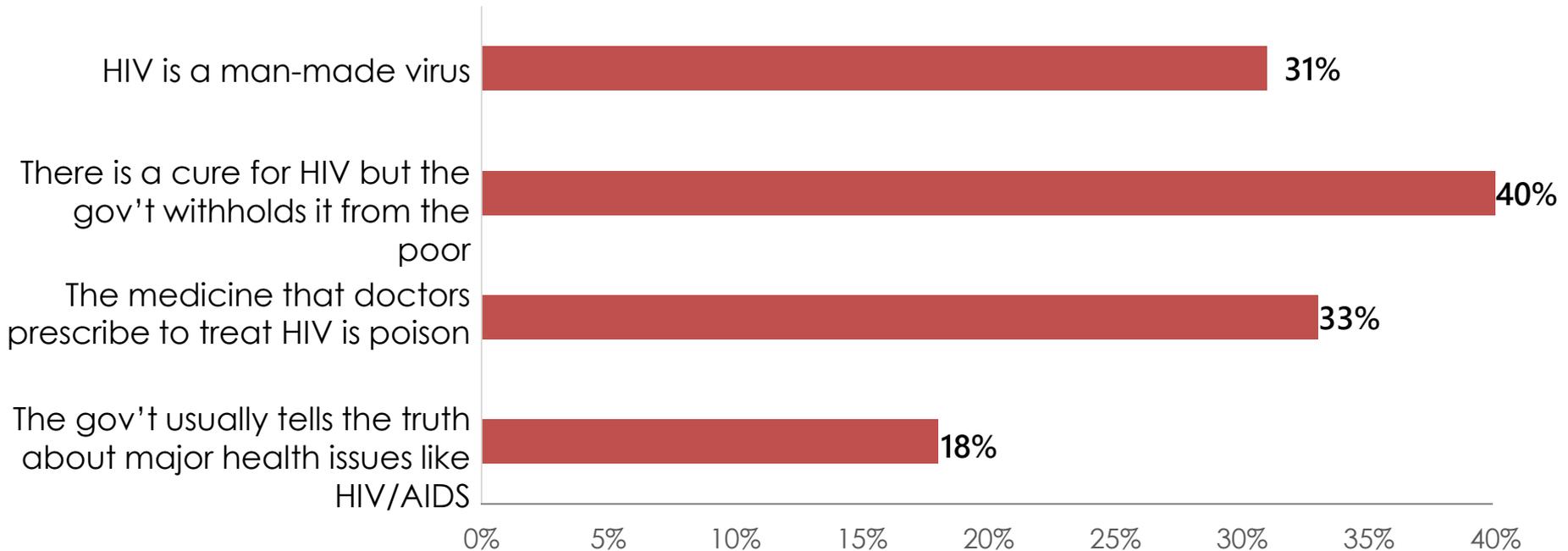
What are examples of medical mistrust?

- HIV and COVID-19 related mistrust (“conspiracy beliefs”): mistrust around the origin, prevention, and treatment of HIV or COVID-19
 - e.g., HIV was created by the government, antiretroviral therapy (ART) is poison or ineffective, COVID-19 is manmade, a cure is being withheld from Black people
- Conspiracy beliefs are not necessarily false, harmful, unjustified, or



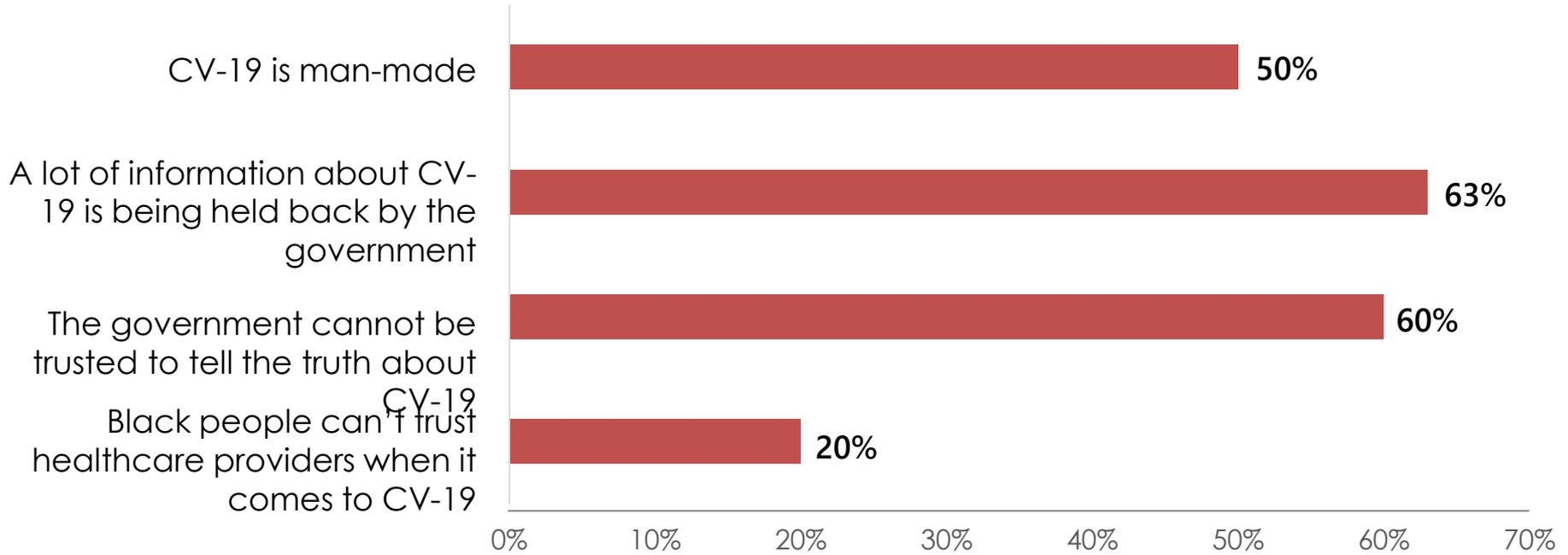
HIV-related mistrust remain common among many Black Americans

2016 National Survey of HIV in the Black Community (n = 868)



COVID-19 mistrust may be common

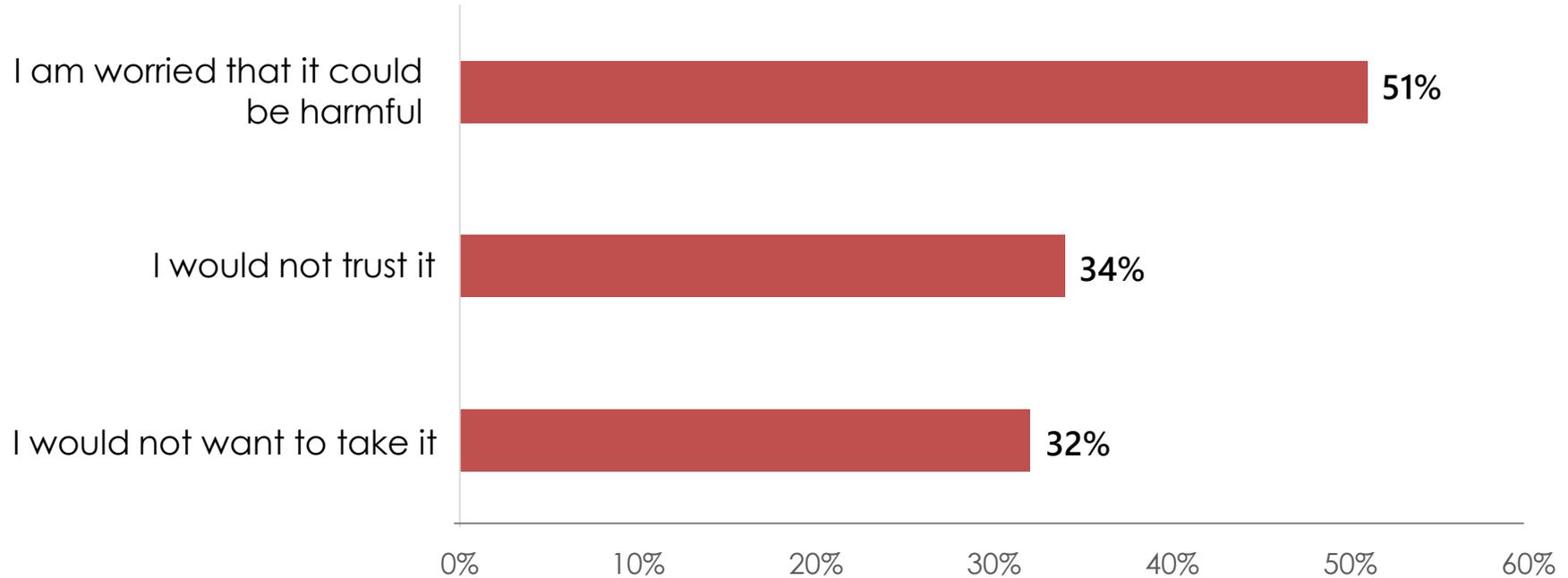
1 HIV-positive Black Adults in Los Angeles County, CA (convenience sample)



Note: 97% agreed with at least one mistrust belief (of 10 items)

COVID-19 vaccine hesitancy/mistrust may be high

If there were a COVID-19 vaccine...



101 HIV-positive Black Adults

How does medical mistrust affect health outcomes?



- ✓ **Lower** healthcare/primary care utilization
- ✓ **Greater** delay in age-appropriate cancer screening and other preventive services
- ✓ **Lower** adherence to medical advice/prescription refills

How does medical mistrust affect HIV outcomes?



Prevention Outcomes

- ✓ **Condomless** sex
- ✓ **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)

How does medical mistrust affect COVID-19 outcomes?



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- ✓ **Less** adherence to preventive measures (social distancing, mask wearing)
- ✓ **Lower** acceptability of COVID-19 treatment
- ✓ **Higher** COVID-19 vaccine hesitancy

How can medical mistrust be addressed?



- No evidence-based provider 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



How can medical mistrust be addressed?



- A few patient-level interventions focus on improving trust in HIV-related information and decreasing HIV-related mistrust
 - Community-based peer navigation, for peers to serve as a bridge to healthcare
 - Community-based peer counseling interventions that use motivational interviewing or cognitive behavior therapy strategies to acknowledge, validate, and discuss mistrust as a justified response to discrimination



Recommendations for Providers:

Psychoeducation

- Raise provider awareness about the levels of mistrust in communities and the origins of mistrust in systemic racism
- Provide psychoeducation about how mistrust is related to health inequities
 - Affects healthcare interactions, reduces healthcare engagement and adherence, and affects outcomes
- Discuss how to recognize mistrust (verbal/nonverbal cues)

Psychoeducation: Signs of Mistrust

- Lack of engagement in healthcare interaction
 - Doesn't ask questions or make eye contact, seems uncomfortable, doesn't verbally agree to recommended behavior
- Lack of healthcare engagement
 - Non-adherence, missed visits
- Direct statements
 - Says they don't like taking medication, or don't like or trust the medication

Recommendations for Providers: Motivational Interviewing

- Respond to mistrust in a sensitive manner, while conveying accurate information
 - Validate mistrust
 - Be non-judgmental and non-confrontational
 - Ask open-ended questions
 - Use reflection/reflective listening
 - Ask for permission before sharing information
 - Make eye contact, have an open figure

Recommendations for Providers: Motivational Interviewing

- Use Validation:
 - Acknowledge and affirm experiences of discrimination and expressions of mistrust
 - Communicates that patients'/clients' thoughts, behaviors, or emotions are well-grounded, justifiable, relevant, and meaningful

Recommendations for Providers: Motivational Interviewing

- Use Validation:
 - Acknowledge historical and current context of discrimination/systemic racism as root cause of mistrust
 - Reflect negative feelings toward healthcare as well as concerns stemming from mistrust
 - Show empathy

Recommendations for Providers: Motivational Interviewing

- Validate Mistrust: Example

“Given the mistreatment that Black Americans have faced, it sometimes makes sense to believe that providers aren’t looking out for your best interests. There are so many past and current examples of discrimination in the US, especially in healthcare settings, where we have heard about unethical medical experiments, like Tuskegee, and segregation in healthcare, when Black people were forced to get lower quality, separate services. So it is understandable to be cautious about healthcare providers, and wonder if the medications really work.”

Recommendations for Providers: Motivational Interviewing

- Validate Mistrust: Example

“We are trying to improve our relationships with patients. If there is anything that I do or say, or that someone at the clinic does or says that makes you feel uncomfortable, would you mind letting me know?”

Whatever you tell me will not affect your treatment or healthcare. I can keep it confidential and convey your concerns anonymously to my supervisors, if you prefer.”

Recommendations for Providers: Motivational Interviewing

- Use open-ended questions and reflective listening
 - Show you care about them holistically
 - Fully hear their concerns
- Reflect/roll with resistance: Leave room for patients to say concerns in their own words (why they do not want to do something), and reflect their concerns back to them
 - Hold back your “righting reflex”: Allow patients to make their own decision (don’t tell them what to do)

Recommendations for Providers:

Motivational Interviewing

- Example: Asking for permission (after validating)

“So it sounds like you don’t trust HIV treatment. Would it be alright if I shared some information with you about the treatment, and you can tell me what you think?”

... I understand there are many common beliefs around HIV. A lot of them are understandable responses to discrimination and mistreatment experienced by Black Americans in healthcare and society in general. At the same time, these beliefs can impede people from getting effective treatment and staying healthy. And I have personally seen many patients dramatically improve from the medications—in fact, I had a patient recently who did not initially trust the medications but decided to give them a try—and is now undetectable.”

Recommendations for Providers: Motivational Interviewing

- Example: Open-ended questions
 - “What might it take for you to take this treatment [vaccine]?”
 - Encourage patients to discuss the reasons why they may be motivated to engage in the behavior (e.g., it is consistent with their goal to remain healthy)
 - Reflect their reasons back to them
 - Hypothetical language can be less threatening than asking directly (e.g., “Why don’t you do x?”)

Recommendations for Healthcare Organizations: Examples

Call for Change in Healthcare Organizations

- Encourage healthcare organizations to:
 - Engage with community stakeholders (e.g., on advisory boards)
 - Review patient data and policies for disparities/inequities and develop an action plan
 - Diversify the healthcare workforce/pipeline
 - Train community members to perform medical assistant duties that do not require medical training (e.g., COVID-19 symptom screening; consenting patients; explaining new treatments, vaccines, or clinical trials)

Recommendations for Communities: Examples

Harness the positive effects of mistrust

- Catalyze individuals to be informed healthcare consumers
 - Find out about local organizations' care quality by race/ethnicity and community engagement policies
- Civic engagement:
 - Vote/encourage others to vote and take the census
 - Engage with local elected officials (e.g., townhall meetings)
 - Ask them to answer how current and proposed policies are anti-racist

Recommendations for Structural Change

What other ideas do you have about recommendations for structural change in healthcare organizations and communities?

Write your responses in the chat box!

Video Presentation

Thank you!

- Questions?
- Email: lbogart@rand.org