

TRUST MATTERS: A QUALITATIVE ANALYSIS OF MEDICAL MISTRUST AMONG OLDER AFRICAN AMERICAN ADULTS

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Background: Medical mistrust is a significant social determinant of health and a key contributor to health disparities among racial, ethnic, and other marginalized groups.

Purpose: This study explores how older African American adults perceive the healthcare system and conceptualize trust. It examines three primary research questions:

1. How do older African American adults define trust in healthcare, and how does it shape their interactions with providers?
2. What differences exist in healthcare experiences and perceptions of trust between participants with high versus low scores on the Medical Mistrust Index?
3. What provider characteristics and care preferences foster trust in this population?

Methods: African American adults aged 65 years or older (N=12) were recruited from a prior study on hospice care. Guided by the Ottawa Decision Support Framework, semi-structured interviews were conducted between March and April 2021. Open-ended questions explored participants' personal experiences and perceptions of trust, as well as factors contributing to medical mistrust. Interviews were audio-recorded, transcribed, and de-identified for analysis. Data were coded using **Atlas.ti**® software through an iterative deductive and inductive approach. A preliminary codebook was developed and refined through a collaborative coding process to ensure consensus. Thematic analysis identified key relationships and overarching themes.

Findings: Older African American adults conceptualize trust in healthcare as multidimensional, shaped by provider characteristics, systemic and socioeconomic factors, and personal healthcare experiences. Participants with higher medical mistrust frequently cited systemic and interpersonal racism, microaggressions, and dismissive care as key barriers to trust. These experiences reinforced skepticism toward providers and the healthcare system. Conversely, trust was fostered when providers demonstrated characteristics such as competence, cultural awareness, whole-person care, transparency, and mutual respect. Participants also highlighted their own agency in navigating healthcare, emphasizing the importance of self-advocacy and shared decision-making.

Conclusion: Medical mistrust remains a significant barrier to equitable healthcare for older African American adults. This study underscores the need to understand their unique healthcare experiences and perceptions of trust. While systemic factors have contributed to longstanding mistrust, positive interactions with empathetic, transparent, and culturally responsive providers present opportunities to rebuild confidence in healthcare. Addressing mistrust through patient-centered communication and structural reforms is essential to reducing disparities and fostering greater engagement with healthcare services.