Trust Matters: A Qualitative Analysis of Medical Mistrust Among Older African American Adults

Tsion Shiferaw, MPH; Channing E. Tate, PhD, MPH; Denae Gerasta, BS

University of Colorado School of Medicine, Aurora, Colorado

University of Colorado Anschutz Medical Campus

BACKGROUND

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

- Older African American adults, in particular, have faced historical and systemic inequities that continue to shape their healthcare experiences.

OBJECTIVE

To examine 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

Participants
- African-American adults (≥65 years) (N=12)
- High v Low medical mistrust index (MMI) scores

Data Collection
- Semi-structured interviews (March-April 2021)
- Open-ended questions on healthcare experiences based on the Ottawa Decision Support Framework

Data Processing
- Audio-recorded and professionally transcribed
- Reviewed by research team for accuracy and uploaded onto Atlas.ti

Data Analysis
- Selected 4 interviews for thematic analysis including initial coding, consensus building, and codebook development
- Coded all 12 interviews using finalized codebook. Each interview was coded by at least two people to establish reliability
- Developed analytical framework to systematically organize an interpret data.

RESULTS

Key Findings:
- Participants conceptualized trust as multidimensional, shaped by **provider characteristics, historic and socioeconomic factors,** and **their own roles** in navigating care.
- While some participants actively advocated for themselves, others feared mistreatment for speaking up. Fatigue from navigating healthcare systems and past experiences also influenced their willingness to engage, shaping their overall trust in providers.
- Participants in the high MMI group 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

> My ideal provider is one who looks at you as a person not as a disease. I am not a type 2 diabetes. I'm a 79 years old, who has a health and illness belief system of her own

> " I think he's honest, and he's down to earth, and we have all kinds of conversations. He knows most of my grandchildren

> I was the only black nurse in the whole hospital. I had to advocate for my patients, and I know what people do. It's just really hard to get people of color to speak up for themselves. It's hard to advocate for yourself. It's easier to advocate for somebody else.

> "I'm a minority. I'm African American. 'He's pretty easygoing. I can take advantage of his time'…I feel that way 'cause I don't complain... If I do complain, then you're gonna get worse"

What's your Ideal Provider?

Provider Characteristics

Accessibility	
Bedside Manner	
Competence	
Communication	
Cultural Awareness	Ideal Provider
Feeling Heard	Type of Provider
Misconceptions	
Mutuality/Respect	
Professionalism	
Shared Decision-Making	
Transparency	
Whole-Person	

Historic and Socioeconomic Factors

Beliefs and Values	Age	Past Experiences	Historic Discrimination
Justice	Geography	Current Expectations	Changes Over Time
Health Education	Gender	Future Expectations	Current Discrimination
Trust in Institution(s)	Insurance		
	Race		
	Religion		

Patient Characteristics

Self-Advocacy	Belongingness
Self-Efficacy	Fear of Mistreatment
Vulnerability	Care Frequency
Other Advocates	Medical History
	Weariness
	Withholding

> " …I feel like I'm fighting by myself and I don't wanna, I want somebody that's in there fighting for me"

> "I think they think Black people are superhuman or something. I think that they think, "Oh, they can take it. They're strong enough, they can take it. No need to do—they can take it"

> "… They're much more open to patients being more self-advocating than they used to be. I think younger doctors, many times, are a little more open to that than older ones."

> " If your skin is brown and you've been around for a while, then most of the time people don't listen to you. It's hard to assert yourself under those circumstances. It's really hard to get people to wanna stand up on their own behalf. The healthcare system is notorious for doing so."

CONCLUSIONS

- **Medical mistrust** remains a significant barrier to equitable healthcare for older African American adults.
- Understanding **unique healthcare experiences** and **perceptions of trust** is crucial for improving care.
- **Systemic factors** have contributed to longstanding mistrust, but **positive provider interactions** offer opportunities for rebuilding confidence.
- **Empathy, transparency, and cultural responsiveness** in providers foster trust and engagement.
- **Patient-centered communication** and **structural reforms** are essential to reducing disparities in healthcare.

ACKNOWLEDGMENT