Can Midwives Be Trusted?: Medical Mistrust Among Women of Color and Implications for Practice

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Objectives

By the end of this session, attendees will:

- Outline the history of medical mistrust in communities of color
- Describe findings relating to medical mistrust among racially diverse women and survivors of sexual violence
- Discuss implications of medical mistrust for health professionals

Overview

I. History of mistrust among communities of color
II. Sexual violence in communities of color
III. THRIVE Study
IV. Findings of THRIVE Study
V. Clinical implications

The THRIVE Study Team
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. . . [P]eople will trust you, confide in you, and appreciate your efforts. You can do amazing things for people if you don't let the system get you down."

- Wes Fischer, M.D.

Patient-Provider Trust

- Equally important as providing evidence-based care
- When patients trust:
  - Willing to seek care
  - Increased satisfaction
  - Greater adherence to treatment and recommendations
  - Willingness to return for follow-up

(Benkert, Peters, Tate & Dinardo, 2008)

Medical Mistrust

- Generally refers to lack of confidence in the medical community
- Complex
- Medical mistrust ≠ absence of trust
- Medical mistrust = suspicion that ill will is at play
- History-based but stimulated by lived experiences
- Associated with lower health services utilization and satisfaction

(Jaiswal, 2019)

Satisfaction with Nurses

- Components of the Advanced practice nurse (APN)–patient relationship may foster trust
- Black adults report high satisfaction and moderate trust with APN care despite known medical mistrust of the entire health system
- Satisfaction was positively related to female gender and nurse-centered care
- Nurse-centered care can potentially help diminish medical mistrust
- More research needed

(Benkert, Hollie, Nordstrom, Wickson & Bins-Emerick, 2009)

Medical Mistrust and People of Color

- Significant association with race
- Particularly due to long history of race-based mistreatment
- Evidence cites that Black Americans report higher medical mistrust than White Americans
- Emerging evidence studying mistrust in Latinx population

https://www.blac.media/news-features/evils-in-medicine-have-bred-a-distrust-amongst-black-americans

(Jaiswal, 2019)

Understanding the problem

Mistrust Among Black Population

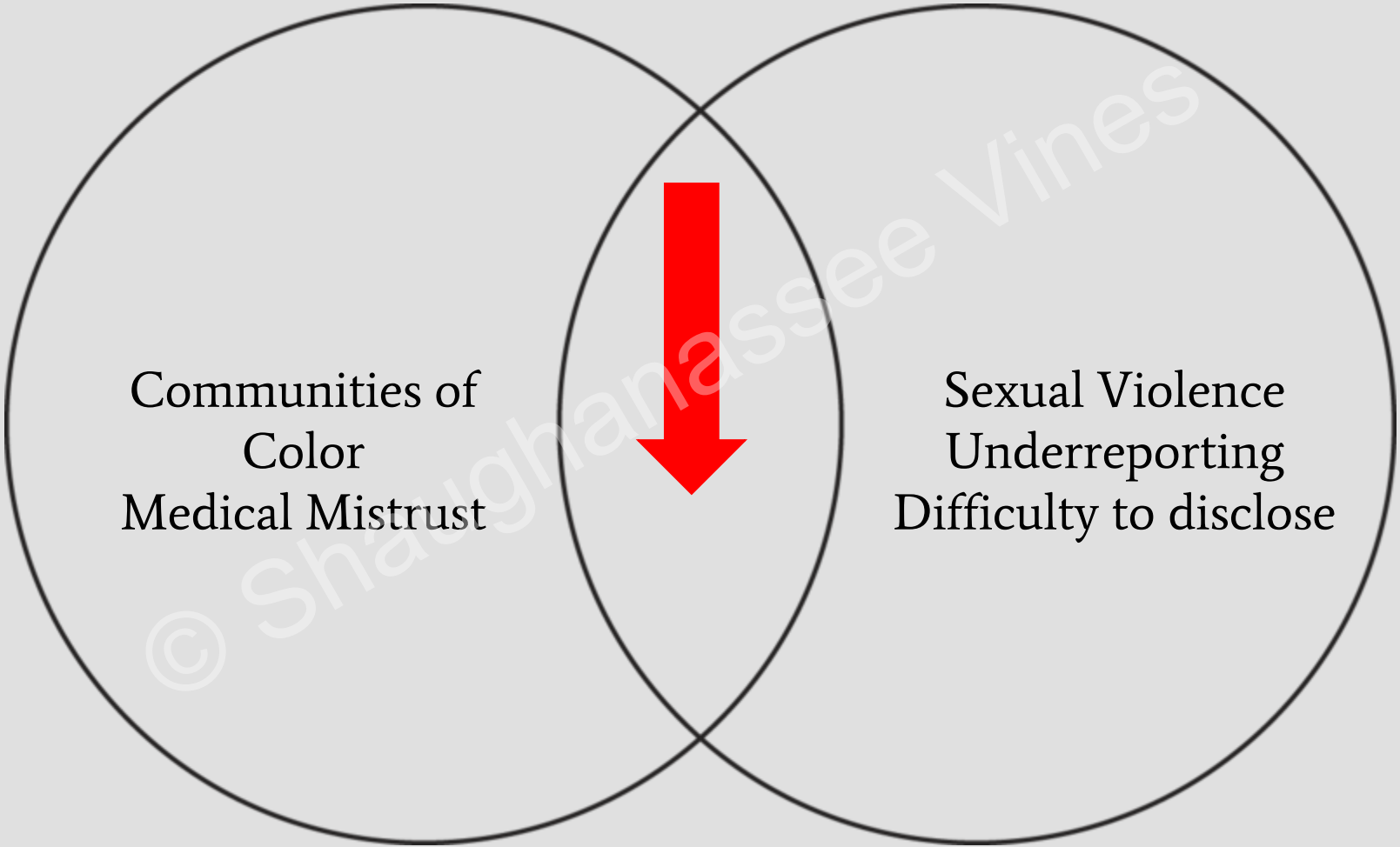
Tuskegee Syphilis Study	• Fear of experimentation and gov. agencies • Lack of informed consent and intent to harm
History of Racism in Healthcare	• Historical mistreatment of Black slaves • Substandard hospitals and care systems
Implicit Bias Among Providers	• Experiences of racial mistreatment • Racial stereotypes concerning health
Daily Discrimination	• Known racial health disparities • Chronic stress from systemic racism

(Jaiswal, 2019; Marvin et al., 2018; Susan G. Komen, 2020)

Black Women And Sexual Violence Reporting

- Approximately 19.3% of women experience rape, 43.9% experience other forms of sexual violence
- Vastly underreported
- Birth workers often care for sexual violence survivors
- May disclose to informal support systems; formal reporting less common
- Mistrust of health workers, law enforcement and government agencies are barriers to reporting
- Culturally specific reporting barriers:
  - “Strong Black Woman” stereotype
  - Historical mistrust
  - Cultural mandate to protect Black male offenders

(Henninger, Iwasaki, Carlucci & Lating, 2020; Lindquist et al., 2016)



Understanding The THRIVE Study

The THRIVE STUDY

- Funded by National Institute of Allergy and Infectious Diseases
- UC San Diego, UC Irvine, George Washington University
- Aim: Examine the correlation between sexual violence and changes to the female genital tract immunity and dysregulation of the HPA axis
- Biological females ages 14-45 in San Diego, California
- Recent forced vaginal penetration or are consensually sexually active
- Current sample size = 58

(THRIVE, 2020)

Design and Methods

- Prospective case-control study
- Participants responded to 12-item Group Based Medical Mistrust Scale (GBMMS)
- Consists of three subscales: suspicion, perceived discrimination and group-based disparities in healthcare settings, and lack of support
- Likert scale response options from strongly disagree (1) to strongly agree (5). Higher scores denote distrust.
- Descriptive analyses (t-tests) to examine the items of interest
- Examined statements across race/ethnicity
- Eight found meaningful

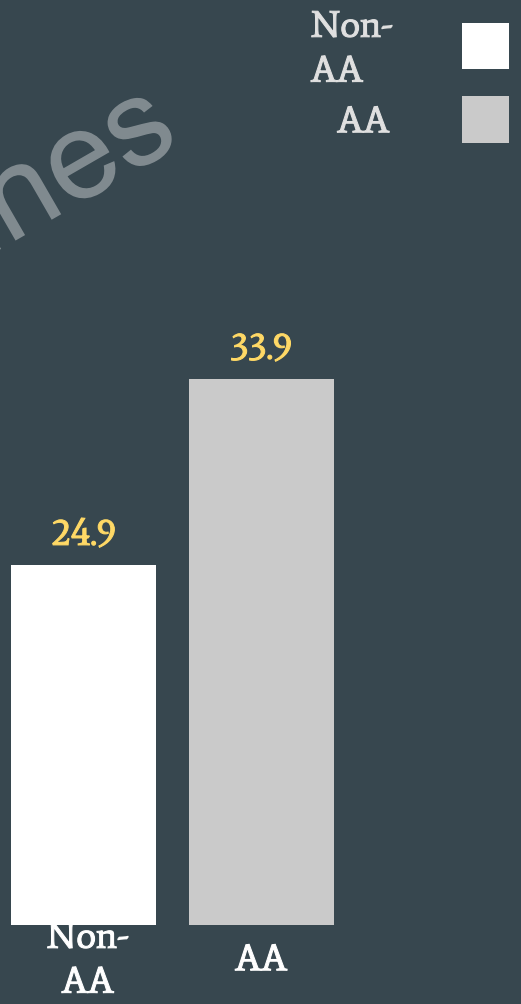
(Sutton, A., He, J., Edmonds, M., & Sheppard, V. (2018); THRIVE, 2020)

Findings

Black/AA identifying women had significantly higher medical mistrust scores than non-Black/AA women

Data:

- AA Medical Mistrust 33.9375 vs. Non-AA Medical Mistrust 24.9286
- P = 0.001

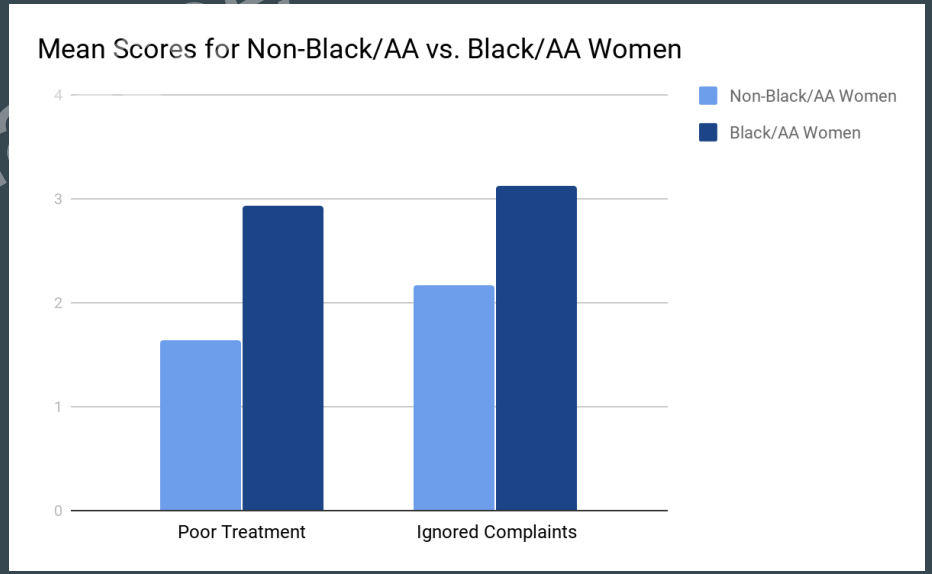


Findings

Black/AA-identifying women had significantly **MORE AGREEMENT** with these statements than non-black/non-AA identifying women:

"I have personally been treated poorly or unfairly by doctors or health care workers because of my race or ethnicity." (2.94 vs. 1.64, p=0.002)

"Doctors and health care workers do not take medical complaints of people in my race or ethnic group seriously." (3.13 vs. 2.17, p=0.017)

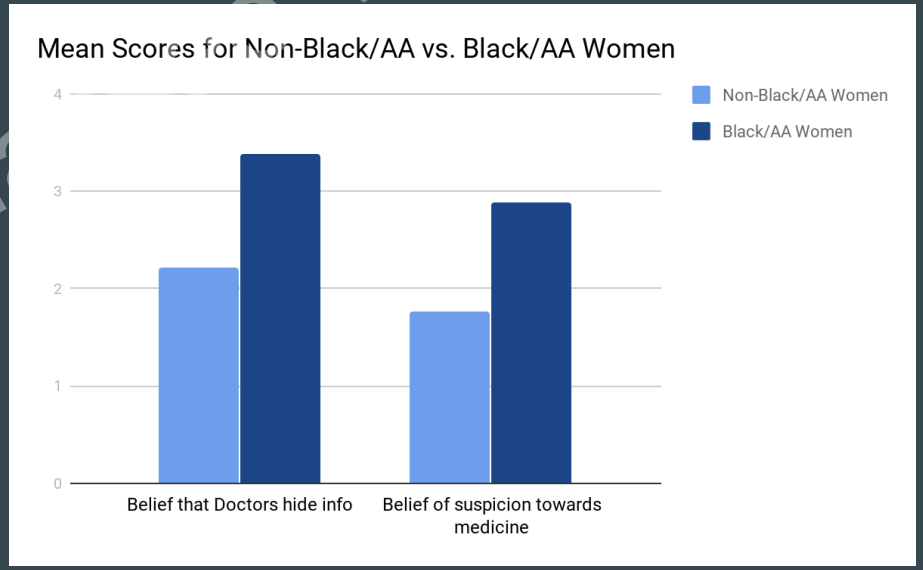


Findings

Black/AA-identifying women also had significantly **MORE AGREEMENT** with these statements than non-black/non-AA identifying women:

"Doctors and health care workers sometimes hide information from patients who belong to my race or ethnic group." (3.38 vs. 2.21, p<0.001)

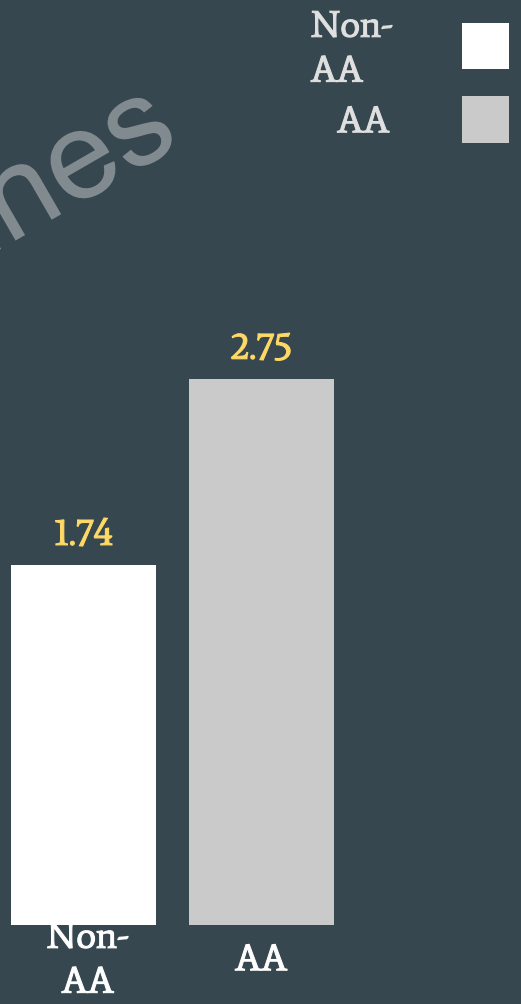
"People of my race or ethnic group should be suspicious of modern medicine." (2.88 vs. 1.76, p=0.005)



Findings

Black/AA identifying women had significantly higher agreement with the following statement than non-Black/AA women:

“Doctors and health care workers treat people of my race or ethnic group like "guinea pigs.” (2.75 vs. 1.74, p=0.001)



Findings

Black/AA-identifying women are **NOT** significantly more likely to agree with the following statements than non-black/non-AA identifying women:

- "People of my race or ethnic group receive the same medical care from doctors and health care workers as people of other groups." (p=0.431)
- "Doctors have the best interests of people of my race or ethnic group in mind." (2.94 vs. 2.31, p=0.027)

Findings

Black/AA-identifying women are **NOT** significantly more likely to agree with the following statement than non-black/non-AA identifying women:

- "People of my race or ethnic group should not confide in doctors and health care workers because it will be used against them." (2.19 vs. 1.57, p=0.012)

Clinical Implications

Feelings of mistrust towards the medical community continue to resonate throughout the Black community.

Acknowledge Black patient's/client's lived experiences of poor/unfair treatment due to their race/ethnicity

Acknowledge that Black patients/clients may feel:

- ➔ That they receive differential treatment based on race/ethnicity
- ➔ Health providers may not have their best interest at hand
- ➔ Health providers may hide information from them
- ➔ They should be suspicious of health providers
- ➔ Their medical requests will go unheard

Clinical Implications

“I have personally been treated poorly or unfairly by doctors or health care workers because of my race or ethnicity.”

- Vulnerable
- Institutionalized racism
- Provider implicit bias
- Enhance cultural competency and sensitivity
- Value their experience
    - “Would you mind sharing a little bit about your last experience?”
    - Avoid dismissals or belittling

(Susan G. Komen, 2020)

Clinical Implications

"Doctors and health care workers do not take medical complaints of people in my race or ethnic group seriously."

- Compounded fear of not being heard
- Patient agenda vs. Provider agenda
- Asking what concerns the patient/client would like addressed
- Prepare questions beforehand, bring to visit
- Active listening
  - Non-verbal body language
  - Avoid interruptions
  - Restating/Repeat back
- Empathy and genuine interest
- Make meaningful referrals

(Bickett, n.d.; Susan G. Komen, 2020)

Clinical Implications

Better Provider Communication:

- Greater medical mistrust observed in women who reported poor patient-provider communication
- Assess (not assume) patient health literacy
  - Those with lower health literacy reported worse patient-provider communication
- Enhance communication
  - Personally notifying patient of changes
  - Skills training

(Sutton, He, Edmonds & Sheppard, 2018)

Clinical Implications

“Doctors and health care workers sometimes hide information from patients who belong to my race or ethnic group.” or “People of my race or ethnic group should be suspicious of modern medicine.”

- Power in patient empowerment
- Shared-decision making
- Patients/Clients are partners in their own care
- Provide guidance on what to expect during the visit
- Culture of transparency
  - Patient portals
  - Ease of accessibility to providers
  - Reading back clinical notes (if applicable)
- Sharing results quickly and not “holding on to them”
- Diversify workforce/clinical staff

(Benkert, Peters, Tate & Dinardo, 2008; Sutton, He, Edmonds & Sheppard, 2018)

Clinical Implications

Overcoming Mistrust and Rebuilding Trust

Fear of Experimentation	Fear of Unequal Care	Fear of Malicious
Full explanations; no medical jargon	Equity lens - more support to the vulnerable who need it	Some question motive and practices
Stop for questions; assess understanding; don't rush decision-making	Continually reassess internal bias	Give Reassurance: visit purpose/goal; privacy; confidentiality
Respect autonomy; right to decline care/change providers	Verbally reassure of giving best care - holds providers accountable	Explain upfront who's involved, why, and what happens to the info

(Scharff, 2010)

Conclusions

- Deeply rooted history of medical mistrust among Black community
- Racially motivated mistrust coupled with reporting barriers for sexual violence is uniquely challenging for health providers
- Mistrust has unique meaning within various communities.
- Establishing trust is gradual. This process may not be linear
- Nurse-led care can help diminish medical mistrust in Black women
- Clinical implications for health workers:
    - Acknowledge past accounts of poor treatment
    - Continually dismantle implicit bias
    - Patient education and shared decision making
    - Respect autonomy, ensure fully informed consent, offer reassurance when needed

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