

Trust and Distrust of Health Care Institutions among African Americans, Non-Hispanic Whites, and Hispanics

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Trust and Distrust in Institutions-I

- **Trust in health care institutions may include trust of the institution itself as well as of the providers and employees of that institution**
- **It allows individual patients to place their trust in providers and other institutional “citizens” without having specific knowledge or experience with them**
- **It is important to the financial and political viability of health care institutions as patients decide to use health care services and support those institutions**

Trust and Distrust in Institutions-II

- **Lower institutional trust**
 - **Interferes with the therapeutic relationship between physician and patient**
 - **Is associated with higher rates of changing physicians, seeking second opinions, and reduced reliance on the judgment of physicians**
 - **Reduces participation in and adherence to recommended treatment and seeking and receiving needed health care**
 - **Reduces likelihood of organ donation and proactive end-of-life planning**

Balkrishnan et al. 2003; Hall et al. 2002; LaVeist, Nickerson, and Bowie 2000; Lillie-Blanton et al. 2000; Altice, Mostashari, and Friedland 2001; Egede, and Michel 2006; Johnell et al. 2004; Mansfield, Addis, and Courtenay 2005; Herek, and Capitanio 1994), (Blackhall et al. 1999; Boulware et al. 2002; Freimuth et al. 2001; Gamble 1997; Kraukauer, and Truog 1997; LaVeist et al. 2000; Lillie-Blanton et al. 2000; Plawecki, and Plawecki 1992.

Trust and Race/Ethnicity

- **Views on the trustworthiness of health care are likely to differ for African American and Latino patients**
- **Little is known about whether or not the contributors to trust and/or distrust in institutions vary across racial/ethnic groups**

Objective

- **To better understand contributors to trust and distrust in healthcare institutions and how they vary across racial/ethnic groups**

Study Design

- **Qualitative**
- **17 Focus Groups conducted**
 - **9 African American (n=66)**
 - Public hospital clinics and community organizations
 - **3 Caucasian (n=13)**
 - Private Hospital
 - **5 Latino (n=38)**
 - Public hospital clinics and community organizations
- **Semi-Structured Interview Guide**

Analysis

- **Focus Group discussions transcribed verbatim**
- **Two trained coders reviewed transcripts using ATLAS.ti 4.2 qualitative analysis software program**
 - **Intercoder reliability: K statistic = 0.90**
- **91 codes**
 - **17 initial codes based on interview guide**
 - **74 codes added during analysis**

Demographics

Table 1. Demographic Characteristics of the Sample

	African American	Caucasian	Latino	Total
<i>N</i>	66	13	38	117
Age (mean & range)	49 (18-73)	45 (22-79)	45 (18-73)	47 (18-79)
Education (%)				
Middle school or less	2%	0%	43%	15%
Some high school	18%	15%	11%	16%
High school	34%	8%	14%	23%
Some college	38%	23%	16%	29%
Complete college or higher degree	8%	54%	16%	16%
Visited a doctor in past year (%)	89%	85%	89%	89%
Number of visits to doctor (mean & range)	4.02 (0-26)	10.8 (0-25)	3.47 (0-15)	4.59 (0-26)
Health care insurance				
Private	31%	54%	26%	32%
Federal (medicaid or medicare)	27%	23%	34%	29%
Military	5%	8%	0%	4%
No insurance or Other	38%	15%	40%	36%

Presentation of Results

- **Determinants of Trust: Similarities and Differences across Racial/Ethnic groups**
- **Determinants of Distrust: Similarities and Differences across Racial/Ethnic groups**
- **Consequences of Trust and Distrust**

Determinants of Trust

- **Similarities across racial/ethnic groups:**
 - Positive interactions with staff
 - Physician competence and attention
 - Positive healthcare results
 - Not-for-profit institutions
- **Differences across racial/ethnic groups**
 - African American and white participants had higher trust in “teaching hospitals”

Trust: Positive Staff Interactions

I think the staff is important and how they treat you because a lot of the staff gets you ready for the procedure...I had cataract surgery too, and the whole place was so professional. (White participant)

Trust: Physician Competence

I have insurance [but] I use the [public hospital] because of the doctors there. I trust them more. (Hispanic Participant)

Trust: Positive Healthcare Results

The first time I had surgery, when I got hit by a car...Then I had to learn how to walk again. ...Now I do trust [the healthcare system] a lot because I didn't know if I was ever going to walk again. (White Participant)

Trust: Not-for-profit Institutions

I know [the public hospital] because it is a non-for-profit organization I would trust them. (African American Participant)

Trust: Teaching Hospitals

*You should always go to a place where they have teaching--where there is a whole lot of people coming in and out. Somebody may figure out what is wrong with you. If you just got one person you know [they may not figure it out]...If you got 10 people coming by looking at you ... you know how they make their little rounds on TV....[One] may think well you know she could have this, this one would say well you know she could have that. That means that they are thinking.
(African American Participant)*

Determinants of Distrust

- **Similarities across racial/ethnic groups:**
 - Negative interactions with staff
 - Lack of continuity of care
 - Errors in Clinical Care
 - Not-for-profit institutions
- **Differences across racial/ethnic groups**
 - Experience with and expectations of discrimination in the healthcare setting among African Americans and Hispanics
 - Medical experimentation among African Americans

Distrust: Negative Staff Interactions

[What causes distrust is] the clerical [staff]. When they failed and look at you, when they don't call you to let you know that the appointments was canceled for a reason or something. (Hispanic Participant)

Distrust: Lack of Continuity of Care

For me, the lack of time, I can accept that, but that about the continuous change of doctors for me is the worse thing that could happen for a serious sickness (Hispanic Participant)

Distrust: Errors in Clinical Care

...for five years [the private] hospital was treating me for a thyroid. And I was told that I would have to take ... pills for the rest of my life. When my money turned around I could not go there anymore....a friend of mine told me come on the [public hospital]. I went to the [the public hospital] ...they gave me three tests over three months and [found out that] I never had a thyroid problem. But I was on synthroid for four years. (African American Participant)

Distrust: Not-for-Profit Institutions

I think the worst part of the healthcare system at this point is not necessarily the medical staff, but it's the managed healthcare. The bottom line being the cost and how decisions are made using that factor above all others. (White Participant)

Distrust: Discrimination

...We are discriminated [against] for not speaking English...., because there's no interpreter, I had to wait, three or four hours. (Hispanic Participant)

If I come in your doorway and you treat me nasty then I don't need to be there. There is a lot of hospitals in the city that are racist hospitals. (African American Participant)

Distrust: Experimentation

That is just like experiments. People experimenting on black people in the forties or whenever they did. All of that stuff carries over... I think it still happening today... if there is a situation where they feel like there is no hope for you they will get you into this study...They know that you are going to die anyway. They are not really trying to get you well. (African American Participant)

Consequences

- **Trust facilitated health-seeking behavior**
- **Trust in a particular doctor trumped trust in a particular institution:**

It's the trust that one has with the doctor, that you're going to follow the doctor, because it's like I said, the trust I think that that's basic. (Hispanic Participant)

Limitations

- **Limited number of participants (n=117) differing for each racial/ethnic group**
- **Recruitment in a single urban environment**
- **Differing recruitment sites out of necessity**
- **Respondents had contact with the health care system within the last twelve months**

Conclusions

- **Determinants of trust in health care institutions similar across racial/ethnic groups, except for “teaching hospitals”**
- **Determinants were also very similar, except for discrimination and experimentation among African Americans and Hispanics**
- **Interpersonal trust in physicians weighted more by participants than institutional trust**

Recommendations

- **Approaches to building trust and preventing distrust should not be one-size fits all**
- **Health care institutions should reflect on the factors that contribute to trust and distrust and how they could improve factors that engender trust**

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