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Study Title: Differences in the Conceptualization of Medical Mistrust among African Americans and Whites of Low Socioeconomic Standing

Mistrust of health care institutions and health care providers is widespread among African Americans because of a history of medical abuses, discrimination, and racism in this country. These feelings of mistrust can result in unmet health needs because people are unwilling to seek out or accept care. Yet the concept of medical mistrust has not been carefully researched. The extent to which mistrust contributes to health disparities is not known. **This study examined the concept of "medical mistrust" as described by African Americans and Whites of low socioeconomic standing**. Information from focus groups and sorting/rating activities were analyzed to produce the study findings. Striking similarities and differences were noted between African Americans and Whites in how they described their experiences and expressed medical mistrust. Some findings were:

- Both groups identified issues of medical mistrust when individuals were uninsured or had inadequate insurance. Statements such as "*Before doctors care for a patient, they want to know what type of insurance they have*," and "*Hospitals can refuse to give patients needed medical care if they don't have insurance.*" These comments highlight the frustrations people felt over current health care access barriers.

- African Americans most frequently described *socially-determined* aspects of medical mistrust in their experiences. Statements such as "*Patients are at the mercy of doctors with their knowledge and power*," "*Hospitals make people of color wait longer for care because of racial prejudices*" and

"*People in African American communities get inferior care,*" are examples of socially-determined aspects of medical mistrust.

- White participants more often described interpersonal aspects of medical mistrust in their experiences. Statements such as "*Doctors don't really care about their patients*," "*Doctors only do what is easiest for them*," and "*Doctors lie to patients*," provide examples of interpersonal aspects of medical mistrust.

Conclusions:
Feelings of medical mistrust vary across groups of people. What may be an important issue for one group might be of little importance to another. Low income, African Americans reported unequal access to care because they believed they experienced bias and discrimination in health care settings. Low income Whites felt they had access to care, but they perceive it to be of inferior quality and that they did not like the way they were treated.

Health care providers, researchers and health program planners should be made aware of, and become more sensitive to, signs of medical mistrust so that they can understand how mistrust impedes accessing care and discourages people from participating in research studies or health interventions. For additional information about these findings, please contact Teri Strenski at teri.strenski@gmail.com

Dr. Teri Strenski:
Dr. Strenski is an experienced public health researcher. She recently earned her PhD in public health sciences from the School of Public Health at UIC. Her research interests include health disparities, community engagement, public health and research ethics, social and cultural aspects of health behaviors, medical decision making, and HIV prevention.